

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>10</b>
<b>Date of Meeting:</b>	<b>25 July 2018</b>		

<b>Title of Report:</b>	<b>Guardian of Safe Working Quarterly Update Report</b>
<b>Status:</b>	<b>For Information</b>
<b>Board Sponsor:</b>	<b>Dr Bernie Marden, Medical Director</b>
<b>Author:</b>	<b>Dr Fenella Maggs, Guardian of Safe Working</b>
<b>Appendices</b>	<b>None</b>

<b>1.</b>	<b>Executive Summary of the Report</b>
<p>The report gives an update of the current status of the national implementation of the junior doctors' contract across the Trust by the Guardian of Safe Working.</p>	

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
<p>The main outline of the report is for noting and discussion as appropriate.</p>	

<b>3.</b>	<b>Legal / Regulatory Implications</b>
<p>There are no legal or regulatory implications regarding the implementation of the new contract.</p> <p>The GMC mandates a clear educational governance structure within each trust.</p>	

<b>4.</b>	<b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)</b>
<p>Currently, no risks have been identified on the risk register regarding the implementation of the new contract. This will be reviewed in liaison with the Medical Workforce Planning Group as required. Any potential risks will be identified from the phased contract implementation timeline as agreed nationally.</p> <p>Risks identified relate to patient safety, as noted already on the HESW Quality Risk Register and to risk of withdrawal of trainees in unsatisfactory placements.</p>	

<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
<p>The financial implication of the implementation of the contract for all junior doctors' in training across 38 rotas currently is being reviewed.</p>	

<b>6.</b>	<b>Equality and Diversity</b>
An equality impact assessment for the contract implementation has been attached for information.	

<b>7.</b>	<b>References to previous reports</b>
Updates on the junior doctor's contract implementation have been highlighted during the project implementation group which is held monthly and the Medical Workforce Planning Group.	

<b>8.</b>	<b>Freedom of Information</b>
Public – involves public finance	

## 1. The Guardian of Safe Working

Dr Maggs has been in post as the Guardian of Safe Working since August 2016.

### 1.1 Progress

- Dr Maggs continues to raise awareness of the contract and its implications by attending junior doctors' inductions and teaching sessions, introducing herself and the new contract and encouraging exception reporting. She also visits wards out-of-hours to encourage exception reporting amongst trainees who are working beyond their rota'd hours, and meets with Consultants to discuss ward-level staffing and to advertise exception reporting.
- A meeting of the Junior Doctors' Forum, which reviews exception reporting data and issues arising from the 2016 contract, was held on 11<sup>th</sup> May 2018, with the next meeting scheduled for 18<sup>th</sup> September 2018.

### 1.2 Exception reporting (data from December 1<sup>st</sup> 2017 – February 28<sup>th</sup> 2018)

- 176 exception reports from 42 trainees
- Seven reported 'immediate safety concerns'
- 168 exception reports due to hours, 12 due to education hours and rest exception reports - rotas affected (in significant numbers):
- FY1 medicine: 47 exception reports, 35 from doctors on OPU wards
- FY1 surgery: 14 exception reports
- FY1 acute block: 10 exception reports
- General Medicine SHOs: 41 exception reports, mainly from doctors on OPU and Parry wards
- MAU SHOs: 8 exception reports
- ENT: 23 exception reports
- Community geriatrics: 13 exception reports
- Of the 176 exception reports, 5 have been declined. These were duplicates, or contained errors (e.g. incorrect dates).
- Twelve exception reports are awaiting review; the remainder have been agreed.
- Of the accepted exception reports, the majority have resulted in payment; thirteen resulted in 'no action' and one in TOIL (time off in lieu).
- Over this three month period payment has been made for an additional 294 hours.

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### 1.3 Immediate Safety Concerns

Seven immediate safety concerns were reported, four of which were down-graded on review. Three concerns were reported as follows:

- Due to exceptional circumstances secondary to poor weather; worked the 13 hour long day immediately followed by night shift. Night SHO and night Reg unable to get to work and 4x4s not available to retrieve. Team attempted to coordinate retrieval of night staff from home- not possible. Consultant stepped down to hold registrar bleep overnight.
- Very short-staffed medical day team on Saturday. No clerking SHO until 2pm with a very busy medical take and post-take ward round; meaning the registrar had to clerk alone throughout the day and not attend the post-take ward round (leaving just myself and the consultant) which did not finish until well into the afternoon. Due to the large number of urgent jobs on post-take medicine; and lack of available support; I had to leave after 19:30pm instead of 5pm as the jobs could not be safely handed over due to the workload on a short-staffed team. Met with on-call consultant and registrar early afternoon to try and contact other available medical team members to support the take and post-take work; however also staff missing from ward jobs meaning we could not pull any extra support.
- Medical staff shortage on the Children's ward. Only one registrar and a consultant to cover ward patients, PAU and ED emergencies. No SHO's available due to induction/rota shortages and no other SpRs available due to induction and booked leave.

Rota gaps continue to be a concern and are a clear factor in unsafe working.

## 4. Work Schedule Reviews

Work schedule reviews are necessary if there are regular or persistent breaches in safe working hours that have not been addressed. They can be requested by the junior doctor, Educational Supervisor, Manager or Guardian.

### F1 cover rota – FY1 Medicine

- Exception reports continue to be submitted by FY1s working on a variety of wards, but especially OPU wards
- They report short staffing due to a variety of reasons, and a large number of outliers, resulting in a heavy workload

### General Medicine SHO cover rota

- Exception reports are mainly being submitted by doctors working on OPU and Parry wards

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- As with the medical FY1s, these doctors report short staffing, again due to a variety of reasons, and an increase in the numbers of outliers
- In OPU lack of nursing staff has resulted in exception reporting, with juniors reporting that they are staying late as they are feeding and turning patients, and giving medication. This has been escalated to the Clinical Lead for OPU and the OPU Matron
- The ratios of patients to doctors on the OPU wards is being reviewed to see if some juniors could be moved to busier wards

### MAU SHO rota

- There are currently two gaps on a fifteen-person rota
- Dr Maggs is working closely with the MAU team and Staffing Solutions to try to ensure gaps are covered

### ENT rota

- Exception reports are often due to trainees working over the rostered hours at night
- The current rota is under review, and will be replaced by a new rota in August

## 1.5 Rota gaps

Below are the Junior Doctor gaps as of 1<sup>st</sup> June 2018:

Division	Department	F1	F2	GPST	ST1-2	ST3 and above	Total
Medicine/Surgery	Acute Medicine/Surgery	0	0	1	1	0	2
Medicine	Cardiology	0	0	1	0	0	1
Women & Children's	Paediatrics	0	0	1.6	1.6	0	3.2
Surgery	Anaesthesia	0	0	0	1	0.5	1.5
Medicine	Elderly Care	0	0	0	2.6	0	2.6
Medicine	Emergency Medicine	0	0	0	1	1.4	2.4
Surgery	Intensive Care	0	0	0	1	0	1
Surgery	Ophthalmology	0	0	0	1	0	1
Surgery	General Surgery	0	0	0	2	1	3
Medicine	Stroke Medicine	0	0	0	1	0	1
Women & Children's	Obstetrics & Gynaecology	0	0	0	0	1.8	1.8
Medicine	Radiology	0	0	0	0	1	1
Medicine	Rheumatology	0	0	0	0	1.8	1.8

Surgery	Urology	0	0	0	0	2	<b>2</b>
Medicine	GU Medicine	0	0	0	0	1	<b>1</b>
Medicine	Occupational Medicine	0	0	0	0	0.6	<b>0.6</b>
	ENT	0	0	0	0	0.2	<b>0.2</b>
							<b>27.1</b>

## 1.6 Future challenges

- Rota gaps and lack of cover

There have been several reports of rota gaps left unfilled. This is closely monitored to see if it could have led to unsafe working, particularly from the point of view of any potential risk to patient safety. Dr Maggs is investigating how rota gaps are identified, and the process by which shifts are put out for cover through Staffing Solutions, to see if there are improvements that could be made to this process.

- Engagement with the exception reporting process

An exception reporting survey carried out by trainees within the Trust has raised concerns that there may be on some occasions a less than encouraging attitude towards exception reporting, and a lack of understanding on the part of some senior doctors as to the usefulness of the process. This survey has been reviewed with Dr Marden (Medical Director) who has addressed these issues at divisional meetings across all three divisions.

Dr Maggs will meet all new doctors in August to advertise exception reporting, and to emphasise that dissuasion will not be tolerated.