

Report to:	Public Board of Directors	Agenda item:	18
Date of Meeting:	29 July 2020		

Title of Report:	Guardian of Safe Working Quarterly Update Report
Status:	For Information
Board Sponsor:	Dr Bernie Marden, Medical Director
Author:	Dr Lukuman Gbadamoshi, Guardian of Safe Working
Appendices	None

1. Executive Summary of the Report
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.

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

3. Legal / Regulatory Implications
<ul style="list-style-type: none"> There are no legal or regulatory implications regarding the 2016 contract. The GMC mandates a clear educational governance structure within each trust.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
<ul style="list-style-type: none"> Currently, no risks have been identified on the risk register regarding the 2016 contract. This will be reviewed in liaison with the Medical Workforce Planning Group as required. 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.

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

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

7. References to previous reports
Updates on the 2016 junior doctor's contract have been highlighted during the project implementation group which is held monthly and the Medical Workforce Planning Group.

8. Freedom of Information
Public – involves public finance

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1. The Guardian of Safe Working

The Guardian of Safe Working position has been recruited to since August 2016.

1.1 Progress

- There has been a continued drive to raise the awareness of the junior doctor's contract and its implications by attending junior doctor's induction and teaching sessions, encouraging exception reporting and promoting a change in culture amongst junior staff.
- Productive meeting with Consultants in department with high numbers of exception reporting to review work schedules and possible solutions to improve junior doctors working hours.
- The method of payment of agreed exception reports appears to work well.
- Meeting of the Junior Doctors' Forum now happening remotely despite COVID
- Reviews of exception reports by Educational or Clinical Supervisors are now usually completed in an appropriate time frame. However there were still some delays despite there being no exception reports between the months of April to June while the pan hospital rota was operating.
- Introduction of the guardian newsletter and working hour information provided on Doctors Toolbox (an online resource to disseminate information among junior doctors).

1.2 Exception reporting

- The exception report system replaces rota monitoring and is intended to provide the Trust with "real time" data on rotas with potential problems so that changes can be made quicker. This will allow the Trust to monitor new, stricter limits to the number of hours a doctor is asked to work. There has been an increase in the monthly number of reports submitted by doctors across the Trust compared to 2019 – it is likely that this reflects an increased level of understanding and engagement of the exception reporting process. It is important to note however, that many potential "exceptions" go unreported.

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The data below covers the preceding three months, from 1st January 2020 – 31th March, 2020.

Due to the COVID outbreak and the introduction of the pan hospital rota the system was not equipped to capture the data after the 31st of March.

- 200 exception reports from 44 trainees
- 22 from accident and emergency
- 138 from General Medicine and Geriatrics Medicine
- 21 from Trauma and Orthopaedics
- 13 from Obstetrics and Gynaecology
- 4 from paediatrics
- 1 from haematology
- 50 of the exception reports are from F1 trainees
- 140 from F2 and CT trainees
- 10 from ST3-7 trainees all from Obstetrics and Gynaecology department ? accurate data (comments suggest made by F1/SHO grades)

Most of the exception reports relates to working hours

- 180 exception reports related to hours worked
- 20 Educational exception reports
- Pattern similar to previous quarter
- The exception reports has resulted in extra payments to trainees of 536 hours
- No fines levied – fines could have been levied as some doctors did work more than 72 hours in a seven day period, but they did not submit their exception reports within the required seven days
- Importantly none of the exception reports highlighted immediate safety concerns

Immediate Safety Concerns

Exception reporting and COVID

Prior to the Pan Hospital Rota an area of persisting challenge relates to the constant high number of exception reports submitted by trainees in specialty such as Trauma and Orthopaedics rotation. Whilst it is positive to note that trainees have more confidence in the exception reporting system it was undoubtedly disappointing that the experience of trainees in some specialties like Trauma and Orthopaedics rotation appears to be less than satisfactory.

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However there were no exception reports during the period of the pan hospital rota.

The feedback during the pan hospital rota was that all areas including Trauma and Orthopaedic were adequately staffed by both junior and senior staffs resulting in less need to exception report. In addition there were various educational opportunities as a result of increased in senior staff availability and reduction in workload due to lower hospital admissions for elective procedures and some acute medical presentations. It is anticipated that moving forward hospital admissions are likely to change, leading to increase in work load as elective procedures are restarted. Hence it will be important to keep monitoring the situation across all specialties to ensure that working condition and hours is satisfactory for all our trainees across the trust.

1.4 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.

There have not been any work schedule reviews in the last six months.

1.5 Rota Gaps

The rota gaps (according to HR) as of now:

2 x Trust Dr ST1-2 Acute Medicine (1 from February)
1 x Trust Dr ST1-2 Cardiology (0 from February)
1 x Trust Dr ST1-2 Cheselden OPU (0 from February)
1 x Trust Dr ST1-2 Oncology
1 x Trust Dr ST1-2 Stroke Medicine from February 2020

1x Trust Dr ST3 + Acute Medicine
1 x ST3+ Anaesthetics from Feb 2020
1 x Trust Dr ST3+ Anaesthetics from Feb 2020
1 x ST3+ GUM
1 x Echo Fellow ITU

Accurate data on rota gaps is difficult to obtain. Although HR have a record of unfilled or partly-filled posts, as above, gaps due to sickness or pregnancy where a post may be partially filled (e.g. the trainee may be in post but not

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working out of hours) are not recorded, as such gaps are usually managed at a departmental level.

1.6 Benchmarking Data

- No data available for this quarter but the aim is to benchmark last year data against other trust. This will be available as soon as data is gathered from other trusts.

1.7 Future challenges

- Reviews of exception reports by supervisors

Prior to the onset of COVID there was a fall in the timely review of exception reporting by Clinical and Educational Supervisors. This is partly (but not completely) explained by the fact that we are seeing exception reporting in specialities that have not reported before. There is a widely held view among supervisors that the online reporting system can sometimes be challenging to use.

The HR department have now acquired a new online reporting system, although training for the use of the system is delayed due to extreme workload in HR. It is anticipated that we will start utilising the new ALLOCATE system from September this year.

- **Safety at night**

The outcome and recommendations of the working group reviewing night time working are awaited.

In the meantime, as of June, medical junior doctor rotas have been altered to increase twilight and night-time staffing.

- **Rota gaps**

As discussed above, obtaining accurate rota gap data is complex, but will be vital going forwards for workforce planning and appropriate gap filling.

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Rota Changes

- There are new contractual changes that have expanded the scope of exception reporting. The changes are listed below but are likely to impact on the junior doctors work load. Based on these changes it is anticipated that there will be increase in the total number of exception reports in the next quarter.
- The change applies to the junior doctor's Rotas within the trust. There has been adjustment to the junior doctor's rota in general medicine to reflect the recent changes and the medical rota is now compliant.
- The ED rotas were non-compliant prior to the onset of COVID due to the new rota rules which were introduced nationally particularly the weekend frequency (currently 1 in 2) which needs to be reduced to 1 in 3 weekends. I am happy to report that the new ED rota is now compliant. At the Doctors forum it was agreed that all the Drs that worked on the non-compliant rota should be paid the recommended supplement rate.
- There is also plan to ensure there is overview of all the various rotas across the trust to ensure that as well as being compliant they are practical taking into consideration other relevant factors that promotes wellbeing.

Scope of Exception reporting now expanded to include (but is not limited to):

- Any activities required for the successful completion of ARCP and any additional educational or development activities
- Activities that are agreed between the doctor and their employer

Safety and rest limits

- Night shifts of 12 hours or more receive third 30 min Paid break
- Maximum 8 shifts in 8 days reduced to 7
- Maximum 5 long day shifts reduced to 4

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