

Report to:	Public Board of Directors	Agenda item:	16
Date of Meeting:	20 December 2017		

Title of Report:	Guardian of Safe Working Quarterly Update Report
Status:	For Information
Board Sponsor:	Dr Bernie Marden, Acting Medical Director
Author:	Dr Fenella Maggs, 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 implementation of the new 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 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. 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 junior doctor's contract implementation 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

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 has continued to raise awareness of the new contract and its implications by attending junior doctors' inductions and teaching sessions, introducing herself and the new contract and explaining how to exception report.
- The new contract dictates that a Junior Doctors' Forum be set up. Under the terms of the new contract the forum has to include junior doctor representatives from the LNC as well as the Chair of the LNC, and relevant educational and HR colleagues. A meeting of this forum was held on 12th December 2017.
- All juniors are now on the new 2016 contract.

1.2 Exception reporting (data from September 1st – November 30th 2017)

- 170 exception reports from 51 trainees
- 4 immediate safety concerns – 3 downgraded on review (one from September presented previously)
- 162 exception reports due to hours, 10 due to education

Hours and rest exception reports - rotas affected (in significant numbers):

- ENT: 16 exception reports
- FY1 medicine: 41 exception reports, 26 from Haygarth
- FY1 surgery: 39 exception reports
- Medicine SHOs: 19 exception reports, 8 from Haygarth
- Of the 170 exception reports, 10 have been declined (3 due to education, 8 due to hours). These were duplicates, inappropriate use of exception reporting, or the reports not submitted on time.
- Two exception reports are awaiting review; the remainder have been agreed.
- Of the accepted exception reports, the majority have resulted in payment; only seven have resulted in TOIL (time off in lieu).

1.3 Immediate Safety Concerns

- One previously presented in September's report. Feedback from the review of the escalation policy in Staffing Solutions is awaited.

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.

F1 cover rota - FY1 Surgery

Issues:

- A reconfiguration of the surgical registrars' working day has resulted in a more supported and organised working day for the surgical FY1s, e.g. there are fewer ward rounds after 5pm, and the FY1s are able to complete the jobs during their scheduled hours. This has been demonstrated both by feedback from FY1s and from a reduction in exception reporting.
- Staggered start and finish times have not been introduced after resistance from juniors. The current proposal is for a nominated FY1 to stay late if necessary, and take the time back within two weeks.
- Methylene blue administration for parathyroidectomy patients remains a time-consuming part of the surgical FY1s' jobs. There are plans to allow Nurse Practitioners to take on this role, and amendment of the protocol is in progress. Currently, if methylene blue administration results in an exception report then acceptance of a payment request is automatic.

F1 cover rota – FY1 Medicine

- Exception reports continue to be submitted by FY1s working on a variety of wards but with a preponderance from Haygarth and Cardiac wards
- Reports from trainees on these wards will continue to be monitored and reviewed but a work schedule has not yet been requested

General Medicine SHO cover rota

- Exception reports are mainly being submitted by doctors working on Haygarth, and to a lesser extent, Cardiac wards
- There appears to be the acceptance that these are particularly busy wards
- Dr Maggs has asked for the rota for the SHO-grades working on these wards to be reviewed

ENT SHO rota

- The weekend daytime rota has been changed to include extra hours. This has not resulted in a significant pay increase as the trainees were already paid for a 40h week.
- Exception reports for night-time working are being monitored.
- Work is in progress to potentially merge this rota with other rotas in the surgical division.

1.5 Rota gaps

Below are the Junior Doctor gaps as of 7th December 2017 (trainees and Trust Doctors):

MD2017356	Clinical Fellow (ST3-9)	Urology
MD2017296	Trust Doctor (CT1-2) x3	Stroke & Intensive Care Medicine
MD2017530	Trust Doctor (CT1-2)	General Surgery
MD20171098	Specialty Doctor (ST3) x3	Intensive Care
MD20171145	Trust Doctor (ST1-3)	Paediatrics

1.6 Future challenges

- Dr Maggs would like to record her thanks to all clinical and educational supervisors for completing exception reports – currently only two are overdue.
- Engagement with the exception reporting process and maintaining momentum

Many trainees choose not to exception report as they see themselves as professionals and potentially working beyond their hours as a routine occurrence – and this attitude can only be welcomed and respected. However, some choose not to exception report due to other reasons: there have been concerns expressed by trainees that exception reporting may have a negative impact on their reputation or that it is ‘too much admin’. It is vital that trainees feel free and able to exception report as they see fit, so that we can clearly uncover problem areas. Dr Maggs is working with junior doctor representatives to encourage exception reporting.

Trainees may also refrain from exception reporting if they believe that nothing is being done to address their exception reports. Dr Maggs provides feedback to the trainees on ongoing work schedule reviews and keeps them up to date with ongoing discussions.

- There are ongoing difficulties with the software. For example, the deletion of duplicate exception reports cannot be done in-house and takes many weeks to be done, causing difficulties both for supervisors trying to work out which reports to sign off, and for the Guardian when analysing the data.