Report to:	**Public Board of Directors**	**Agenda item:**	**11**
Date of Meeting:	**31 October 2018**		

Title of Report:	**Guardian of Safe Working Quarterly Update Report**
Status:	**For Information**
Board Sponsor:	**Dr Bernie Marden, Medical Director**
Author:	**Dr Fenella Maggs, Guardian of Safe Working**
Appendices	**Appendix 1: Trend Data**

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

- 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.)

- 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 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
- Dr Maggs attended the Guardians of Safe Working Hours conference in Leeds on 17th September, and a Guardians of Safe Working meeting at Severn Deanery on 19th September
- A meeting of the Junior Doctors' Forum, which reviews exception reporting data and issues arising from the 2016 contract, was held on 11th May 2018 and 18th September 2018
- Reviews of exception reports by Educational or Clinical Supervisors continue to be done in a timely fashion
- The process for payment of accepted exception reports appears to work smoothly

1.2 Exception Reporting

The data below covers the preceding three months. However, as there were many changes made (e.g. new rotas, new appointments to previously unfilled posts) for August it is sensible to look at the data pre- and post- August separately:

Data from June 1st 2018 – July 31st 2018:

- 78 exception reports from 26 trainees
- Three reported 'immediate safety concerns'
- 70 exception reports due to hours, 8 due to education
- One fine levied (>72hrs worked in a seven day period)

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

- 36 from FY1s
- FY1 medicine: 21 exception reports, 16 from doctors on OPU wards, 5 from doctors on Parry Ward
- FY1 surgery: 15 exception reports
- General Medicine SHOs: 12 exception reports, mainly from doctors on OPU
- MAU SHOs: 5 exception reports

- Haematology ST3: 12 exception reports (5 hours & rest, 8 education)
    - These mainly educational exception reports have flagged by Miss Langdon, DME, and this area is under review
- ENT: 4 exception reports
- Of the 78 exception reports, one was declined and the remainder have been agreed.
- Of the accepted exception reports, 60 resulted in payment and three in TOIL (time off in lieu); 14 resulted in 'no action'.
- Over this two month period payment has been made for an additional 116 hours

Data from August 1st 2018 – August 31st 2018:

- There have been 72 exception reports in August
- No 'immediate safety concerns'
- 68 exception reports due to hours, 4 due to education

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

- 57 exception reports have been submitted by F1s, with 36 from surgery, and a handful from F1s on Haygarth, OPU and Respiratory
- Of the 72 exception reports, none have been declined. Seventeen exception reports are awaiting review; the remainder have been agreed.
- Of the accepted exception reports, 29 have resulted in payment and 20 in TOIL (time off in lieu); two resulted in 'no action'.
- Over this one month period payment has been made for an additional 40.75 hours.

1.3 Immediate Safety Concerns

Three immediate safety concerns were reported, one of which was down-graded on review. Concerns reported as follows:

- "An extraordinary number of patients requiring emergency surgery and attending the take led to surgical SHO and registrar having to be in theatre all day. Surgical admissions … largely dealt with by F1s (one on 8-5pm shift; another 2-8pm). Many patients waiting several hours before being seen by a doctor due to sheer volume of patients who arrived at once. Overwhelming amount of direct admissions to SAU of patients who had been referred by GPs. Nurses coping admirably; but equally finding it difficult. On call consultant aware and also in theatre."

- "As this appears to be an unusual one-off no further investigation or action has been taken, but exception reports from doctors on SAU will continue to be monitored

- "On Friday only one doctor on ward; no registrar; consultant not in building after 2pm. At start of week raised concerns regarding how short staffed it would be on Friday. On Friday raised my concerns that one doctor on the ward was not safe clinical practice. Multiple sick patients. Other sister ward Pierce also only had one doctor. Between us we also were responsible for clerking new hip fracture patients in ED of which there was one on Friday PM. For the time period one doctor clerking; other doctor responsible for two wards of patients… Remained late for 2 and a half hours due to clinical load and as no senior in building; need to seek out the Med Reg for assistance with sick patient. Colleague next door also stayed late two hours. As Friday need to ensure Weekend Handover completed. Unacceptable staffing in my opinion and putting excess stress on junior doctors to safely manage patients."

- Investigation findings: Planned consultant leave of only Hip Fracture Unit (HFU) Friday consultant. There was very frequent phone contact with the ward SHOs by non-working consultants including liaison with theatres and anaesthetists. There was good support from covering consultant. Given inability to recruit permanent locums to maternity and TD posts the staffing has been challenging and the junior doctors have worked longer days at time to cover the work load. It is standard practice when cross covering that not all patients will have senior review unless causing particular concern and the off-site consultants were able to talk through any cases. Given SHO heightened concerns locum SHO support from another staffing challenged ward was obtained. Ultimately though there is simply insufficient senior cover to the HFU such that non-working HFU consultants cover gaps remotely on non-worked days, not all red patients will have senior review daily. Junior staffing is overly stretched given rising patient numbers

- Recommendations: There has been agreement in the Trust to support the appointment of additional consultant sessions to support HFU in the next few months. OPU staffing levels have been escalated and a 1-3 year plan is being considered to support increased patient numbers with additional TD post from August to backfill gaps.

- Exception reporting from Hip Fracture Unit will continue to be monitored

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

- Dr Maggs has requested a work schedule review given the high numbers of exception reports from this cohort of doctors. This review is in progress

F1 cover rota – FY1 Medicine

- Prior to August exception reports were submitted by FY1s working on a variety of wards, but especially OPU wards
- They reported short staffing due to a variety of reasons, and a large number of outliers, resulting in a heavy workload

General Medicine SHO cover rota - OPU

- Exception reports were mainly being submitted by doctors working on OPU
- Doctors reported 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 to assist with nursing tasks.
- Measures put in place to address these issues include:
    - a full complement of junior staff
    - a newly appointed consultant
    - plans in place to increase the nursing workforce, with a new Band 6 development post in the mix
    - one of the MNPs has also just passed her prescribing exam, which will make her much more useful day to day

MAU SHO rota

- There were two gaps on a fifteen-person rota
- Dr Maggs worked closely with the MAU team and Staffing Solutions to try to ensure gaps were covered
- From August, all posts in MAU are filled

ENT rota

- Exception reports are often due to trainees working over the rostered hours at night

- The current rota is has been replaced by a new rota in August

1.5 Rota gaps

Below are the Junior Doctor gaps as of 1st September 2018:

Division	Department	F1	F2	GPST	ST1-2	ST3 and above	Total
Medicine/Surgery	Acute Medicine/Surgery	0	0	0	0	1	**1**
Medicine	Cardiology	0	0	0	0	0	**1**
Women & Children's	Paediatrics	0	0	0	0.6	0	**0.6**
Surgery	Anaesthesia	0	0	0	0	1.1	**1.1**
Medicine	Elderly Care	0	0	0	1	0	**1**
Medicine	Emergency Medicine	0	0	0	0	1.1	**1.1**
Surgery	Intensive Care	0	0	0	0	2	**2**
Surgery	Ophthalmology	0	0	0	1	1	**2**
Surgery	General Surgery	0	0	0	0	0.6	**0.6**
Women & Children's	Obstetrics & Gynaecology	0	0	0	0	0.6	**0.6**
Medicine	Rheumatology	0	0	0	0	0.2	**0.2**
Surgery	Urology	0	0	0	0	3	**3**
Medicine	Occupational Medicine	0	0	0	0	0.6	**0.6**
Surgery	ENT	0	0	0	0	0.2	**0.2**
Surgery	Orthopaedics	0	0.6	0	1	0	**1.6**
Medicine	Oncology	0	0	0	0	1	**1**
Surgery	Surgical Specialties	0.6	0	0	0	0	**0.6**
Medicine	Dermatology	0	0	0	0	0.6	**0.6**
Medicine	GU Medicine	0	0	0	0	1	**1**
Women & Children's	Paeds Community	0	0	0	0	1.8	**1.8**
							21.6

1.6 Future challenges

- Safety at night

Data from other sources such as Datixes and verbal feedback from trainees suggest that staffing at night for the medical division is challenging , and has the potential to quickly become unsafe if there is an unfilled rota gap. Although trainees may not be working beyond their rota'd hours, the intensity of the work can be a cause for concern. Dr Maggs has asked the rota coordinator in medicine to review night-time staffing, and to look at options including more doctors at night, more Medical Nurse Practitioners at night and an electronic system for logging jobs for the trainees overnight.

- Engagement with the exception reporting process

  An exception reporting survey carried out by trainees within the Trust has raised concerns that juniors are experiencing a negative attitude towards exception reporting, with some clear dissuasion in particular areas. This survey has been reviewed with Dr Marden (Medical Director) who has addressed these issues at divisional meetings across all three divisions.

  Dr Maggs has met all new F1 doctors to advertise exception reporting, and to emphasise that dissuasion will not be tolerated. Currently the F1s appear to be engaging well.

Appendix 1 - Trend Data

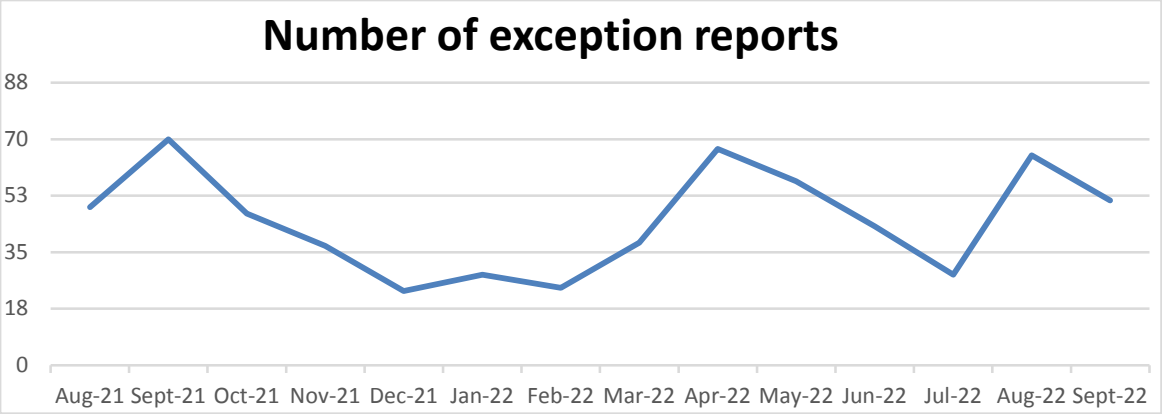
After the previous report to the Board, the question was asked whether there was any trend data available to provide a sense of whether the pressures were the same, improving or deteriorating.

As the Guardian of Safe Working, the data available to Dr Maggs is that of exception reports. While she use datixes if they are flagged to her, and verbal feedback, she does not receive sufficient data from these alternative sources to identify trends.

Analysing exception reporting data for trends is complicated by the fact that juniors can choose whether or not to exception report. No-one has chosen to report if they work less than their rota'd hours, and there may be many reasons, ranging from apathy, to disagreement with the 2016 contract, to fear of reprisal, as to why juniors may not exception report. So, when reviewing exception reporting data, all we can infer is that if there are exception reports there is (potentially) a problem, but the lack of exception reports does not mean that there isn't an issue.

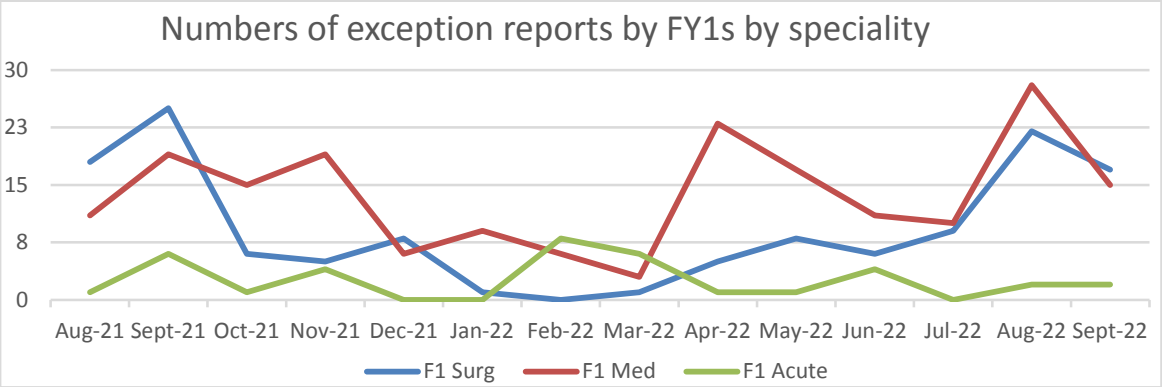
Below are some trend data, showing exception reporting numbers for various groups from August 2017 until September 2018. These last fourteen months are illustrated as it is only since August 2017 that all trainees have been on the 2016 contract.

This graph shows the total number of exception reports (for working hours):

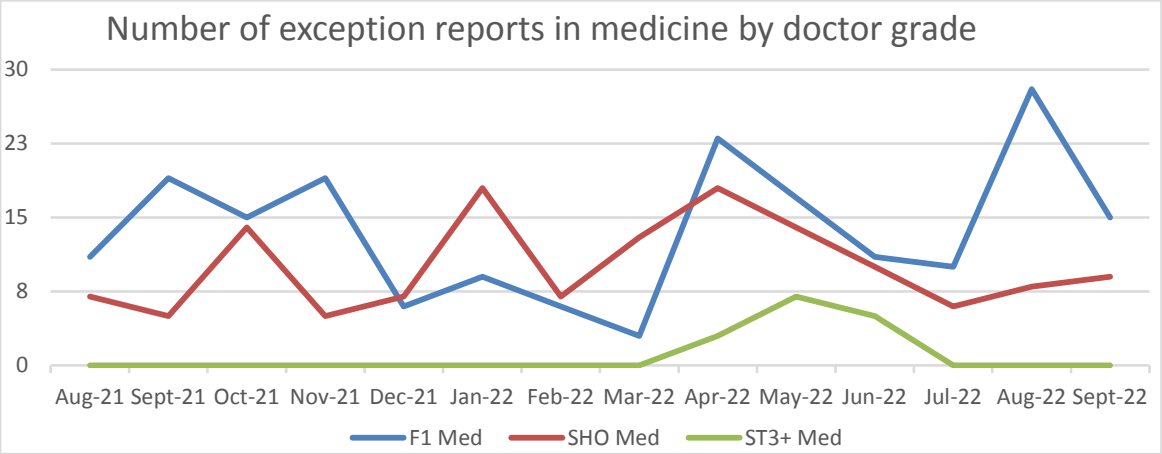


There was a decrease in number of reports between October and March 2017, which is possibly explained by a reluctance to report. This lack of exception reporting, and factors causing it, was illustrated by a survey (previously discussed), and measures were taken to address these. There followed two spikes in exception reporting in April 2018 and August 2108, both times when FY1s rotate to new roles.

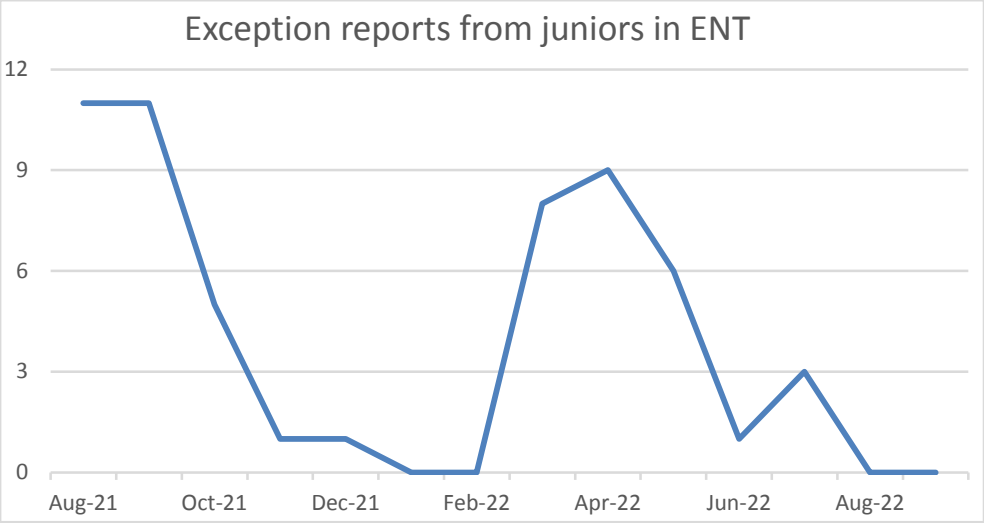
Most exception reports are raised by FY1s. The following graph shows how these have fluctuated over the previous 14 months:



As before, it is thought that the lull between December and March is due to lack of exception reporting rather than a sign that there were no issues. The medical spike in April – July 2018 reflects pressures in OPU, while both medical and surgical FY1s have reported more in August 2018 as they start new jobs.



The number of exception reports from medical juniors remains fairly constant, with a spike in April – May 2107 (known gaps on rotas and pressures in OPU), and spikes in April and August when FY1s move to new roles.



A success story. Exception reports dropped in November 2107 after the rota was changed to allow for more intense weekend working. Reports continued to be raised due to night-time hours, but since a completely new rota in August, with ENT moving to a hospital-at-night system with other surgical specialities, there have been no exception reports.

In summary, there is not evidence from exception reports that pressures are improving. However, it is clear that pressures change: for example, juniors tend to work longer hours in August as they settle into new roles, over the winter months medical juniors struggle with the numbers of outliers, while the surgical juniors' workload is less. In medicine in May – July 2018 there were several rota gaps (or juniors not doing on-calls) which put a strain on medicine on-call services, and there were both medical and nursing staffing issues in OPU in the summer which led to exception reports.

Some of these pressures have eased. For example, OPU have recruited an extra Consultant and two MNPs, and exception reporting in these wards is currently down. Rota gaps are much lower currently, meaning that the acute services and nights are safer. However, more recently we are seeing issues on William Budd ward, which is an area of concern.