

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	30 January 2019		

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	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 continues to raise awareness of the contract and its implications by attending junior doctors' inductions and teaching sessions, introducing herself and encouraging exception reporting. She also meets with Consultants to discuss medical staffing and safety and to advertise exception reporting
- Dr Maggs will be attending a Guardians of Safe Working meeting at Severn Deanery on 31st January
- A meeting of the Junior Doctors' Forum, which reviews exception reporting data and issues arising from the 2016 contract, was held on 18th September 2018, with the next meeting scheduled for 22nd January 2019
- 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, from 1st October 2018 - 31st December 2018.

- 112 exception reports from 37 trainees (21 FY1s, 12 SHO-level doctors and 5 registrars)
- Three reported 'immediate safety concerns'
- 103 exception reports due to hours, 19 due to education
- No fines levied

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

- 66 from FY1s
- FY1 medicine: 35 exception reports, 14 from doctors on Haygarth Ward, 11 from doctors on OPU wards, 7 from MAU
- FY1 surgery: 22 exception reports
- General Medicine SHOs: 24 exception reports, 7 from Haygarth ward and 5 from OPU wards
- General Surgery SHOs: 5 exception reports (two from ENT)
- MAU SHOs: 6 exception reports
- Haematology ST3: 7 exception reports (7 hours & rest, 2 education)

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- Nine exception reports are awaiting review
- Of the 103 exception reports that have been reviewed, one was declined and the remainder have been agreed
- Of the accepted exception reports, 86 resulted in payment and ten in TOIL (time off in lieu); 6 resulted in 'no action'
- Over this three month period payment has been made for an additional 270 hours

1.3 Immediate Safety Concerns

Three immediate safety concerns were reported, but all three were down-graded on review.

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

- A work schedule review has taken place
- It has been decided to stagger the working hours of the surgical FY1s so that they work either an early or a late shift. This has been agreed with Mr Mike Williamson and Dr Sara Evans, and thanks are due to Ms Julie Wiggins who has implemented this change
- This was started in December 2018, so exception reporting from the surgical FY1s will be monitored

1.5 Rota gaps

Below are the Junior Doctor gaps as of 7th January 2019:

Division	Department	F1	F2	GPST	ST1-2	ST3 and above	Total
Medicine	Elderly Care	0	0	0	1	0	1
Medicine	Emergency Medicine	0	0	0	0.5	0.9	1.4
Surgery	Intensive Care	0	0	0	1	0	1
Surgery	Intensive Care	0	0	0	0	2	2
	Intensive Care	0	0	0	0	1	1
Surgery	Ophthalmology	0	0	0	1	2	3
Women & Children's	Obstetrics & Gynaecology	0	0	0	0	0.4	0.4
Medicine	Rheumatology	0	0	0	0	1.2	1.2

Surgery	Urology	0	0	0	0	1	1
Surgery	Orthopaedics	0	0	0	1	0	1
Medicine	Dermatology	0	0	0	0	0.4	0.4
Women & Children's	Paeds Community	0	0	0	0	0.8	0.8
Medicine	Gastroenterology	0	0	0	0	1	1
Medicine	Haematology	0	0	0	0	0.2	0.2
							15.4

1.6 Future challenges

- Rota gaps**
 Although there have not been many rota gaps in the preceding months, there are predicted gaps ahead: for example, the MAU SHO rota has two gaps out of a 15-person rota from February, despite active recruitments attempts and requested locum cover. It is expected therefore that there will be an increase in exception reporting in medicine due to unsafe working hours, especially during the winter months of February and March.
- 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 precarious, and can 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.
- Potential conflicts between maintaining safe rotas across the 24hour clock and education.**
 Safe working hours are vital for education. Although a trainee can learn when the working environment is unsafe, either for them or for the patient, learning is likely to be improved by a safe and supportive environment. There is an increasingly challenging balance to be found between providing education, and ensuring that working hours are safe. For example, it would be safer to have more doctors on call overnight – but this would move them away from their daytime work and educational opportunities such as teaching sessions, clinics and procedure lists. It is important that educational opportunities are sought, and recognised, even when it appears that the role is purely for service.