

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	24 April 2019		

Title of Report:	Guardian of Safe Working Quarterly Update Report
Status:	For Information
Board Sponsor:	Dr Bernie Marden, Medical Director
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Appendices	Appendix 1: Rota gaps as of April 9th 2019

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

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 has produced a Guardian newsletter which has been sent to all juniors. Posters of the newsletter are displayed in areas where the juniors meet such as the Mess
- Dr Maggs attended a Guardians of Safe Working meeting at Severn Deanery on 31st January 2019
- A meeting of the Junior Doctors' Forum, which reviews exception reporting data and issues arising from the 2016 contract, was held on 22nd Jan 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 January 2019 - 31st March 2019.

- 218 exception reports from 45 trainees (21 FY1s, 18 SHO-level doctors and 4 registrars)
- Two reported 'immediate safety concerns'
- 197 exception reports due to hours, 35 due to education
- No fines levied

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

FY1s: 121 exception reports

- FY1 medicine: 79 exception reports across all wards: 26 from gastroenterology, 22 from respiratory, 11 from endocrinology, 7 from OPU, 7 from cardiology and 6 from MAU
- FY1 surgery: 42 exception reports
- General Medicine SHOs: 44 exception reports; 14 from MAU, 15 from OPU, 9 from respiratory, 4 from cardiology, 2 from endocrinology, and none from gastroenterology
- General Surgery SHOs: 10 exception reports (including two from ENT)

- Haematology ST3: 15 exception reports due to hours & rest
- Thirteen exception reports are awaiting review
- Of the 205 exception reports that have been reviewed, five were declined and the remainder have been agreed
- Of the accepted exception reports, 154 resulted in payment and 17 in TOIL (time off in lieu); 29 resulted in 'no action'
- Over this three month period payment has been made for an additional 216 hours

1.3 Immediate Safety Concerns

Two immediate safety concerns were reported, as follows:

- Highlighting the pressures felt while being a single SHO in a busy high acuity area and difficulties in successfully completing tasks and how this might translate into patient safety.
- When known rota gaps are left unfilled, difficulties with managing spread of patients across a number of wards.

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

- As a result of a work schedule review, the working hours of the surgical FY1s are now staggered so that they work either an early or a late shift
- Since the introduction of these staggered shifts in December 2018 exception reporting from the surgical FY1s has declined (however, this does also correspond with a decrease in the surgical bed-base due to increased medical outliers over the Winter)

Medical wards, FY1 and SHO-level grades

As expected there has been an increase in exception reporting from juniors on the medical wards over the winter months. An increase in the numbers of medical outliers (and so a decrease in the surgical bed base - and perhaps a corresponding decrease in surgical exception reporting) is partly to account for this, but other pressures include 'flu and the lack of phlebotomy. The lack of phlebotomists has especially affected the FY1s, as generally they now perform these tasks.

There is no simple solution to the FY1 working hours. Reviewing rotas with the rota coordinator demonstrates that, within the allowed working hours, FY1s cannot work longer days without having time off elsewhere, which does then not allow adequate cover on the wards, or sufficient training opportunities. The number of FY1s is determined centrally and cannot be increased locally, and Trust-grade FY1s do not exist (as FY1s are pre-registration). However, the FY1 workforce can be supported by professionals such as Medical Nurse Practitioners or Physicians Associates. These have been employed successfully in some areas already; for example, Parry Ward has seen a decrease in exception reporting since the recruitment of two MNPs. Areas that have a high level of exception reporting have been made aware that this might be a possible solution, and are encouraged to look at the option of employing MNPs or Physicians Associates.

1.5 Rota gaps

Junior doctor gaps as of 9th April 2019 are tabulated in Appendix 1.

Accurate data on rota gaps is proving difficult to obtain. Although HR have a record of unfilled or partly-filled posts, gaps due to sickness or pregnancy where a post may be partially filled (e.g. the trainee may be in post but not working out of hours) are not recorded, as such gaps are usually managed at a departmental level.

Nevertheless, rota gaps have been, and continue to be, challenging, especially at the front door. Although some of these rota gaps are due to unfilled Trust-grade posts, some are due to pregnancy or illness.

The rota coordinator ensures that all gaps go out to bank and to locum agencies, and the Heads of Medicine and Surgery have agreed to pay enhanced rates for out of hours shifts that if unfilled would compromise patient safety.

For the future, Chief Registrar Dr Carvey has designed bespoke Trust grade jobs which we hope will encourage take up of our Trust grade jobs, as these are the posts that we can struggle to fill.

1.6 Future challenges

- Rota gaps – both obtaining accurate data and tackling gaps
As discussed above

- **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 vulnerable to becoming potentially 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. A working group is currently reviewing night time working, and will 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.

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Appendix 1: Rota gaps as of April 9th 2019

Job Title	No of WTE	Department	Division	Posts on rota	% vacancy on rota	Vacancy dates
Trust Dr CT1-2 Acute Medicine	1	Acute Medicine	Medicine	14	14.28%	Feb 19 - Aug 19
GPST Acute Medicine	1	Acute Medicine	Medicine			Feb 19 - May 19
Trust Dr ST3 Acute Medicine	1	Acute Medicine	Medicine	1	100%	Feb 19 - Aug 19
GPST Rheumatology	1	Rheumatology	Medicine	6	16.66%	May - Aug 19
Trust Doctor (CT1-2) Geriatrics	1	Geriatrics	Medicine	1	4.34%	Feb 19 - Aug 19
Trust Doctor (ST1-2) Emergency Medicine	1	Emergency Medicine	Medicine	14	7.14%	Mar 19 - Aug 19
Trust Doctor (ST1-2) Haematology	1	Haematology	Medicine	N/A	N/A	Feb 19 - Aug 19
ST3-8 Diabetes	1	Diabetes	Medicine	12	8.33%	Apr 19 - Oct 19
Clinical Fellow (ST3-9) in Endoscopy/Gastroenterology	1	Gastroenterology	Medicine	0	0.00%	Mar 19 - Aug 19
Trust Doctor (ST1-2) in Medicine (Bespoke)	15	Medicine	Medicine	N/A	N/A	Aug
Trust Doctor (ST4+) Emergency Medicine	1	Emergency Medicine	Medicine	N/A	N/A	Aug-19
Clinical Fellow (ST3-9) replacing SAS Dr	1	Dermatology	Medicine	N/A	N/A	June 19 - May 2020
Clinical Fellow (ST3-9) in Endoscopy/Gastroenterology	2	Gastroenterology	Medicine	N/A	N/A	Sep-19
Clinical Simulation Fellow	1	Emergency Department/Education	Medicine	N/A	N/A	Aug-19
Clinical Teaching Fellow with ED	2	Emergency Department/Education	Medicine	N/A	N/A	Aug-19
Clinical Research Fellow	2	Rheumatology	Medicine	N/A	N/A	June 19 & Aug 19

Job Title	No of WTE	Department	Division	Posts on rota	% vacancy on rota	Vacancy dates
Trust Doctor (ST1-2) ITU	1	ITU	Surgery	7	14.28%	June 19 - Aug 19
Trust Doctor (ST1-2) Ophthalmology	2	Ophthalmology	Surgery	5	40%	Feb 19 - Aug 19
Clinical Fellow (ST3-9) Anaesthetics	1	Anaesthesia	Surgery	8	12.50%	Feb 19 - Aug 19
ST3-8 General Surgery	1.8	General Surgery	Surgery	10	18.00%	Apr 19 - Oct 19
Trust Doctor CT1-2 in General Surgery	1	General Surgery	Surgery	N/A	N/A	Aug-19
Chief Registrar in Urology	1	Urology	Surgery	N/A	N/A	Aug-19
Clinical Fellow (ST3-9) in Anaesthetics	8	Anaesthesia	Surgery	N/A	N/A	Aug-19
Clinical Fellow Breast Surgery	1	Breast Surgery	Surgery	N/A	N/A	Aug-19
Clinical Teaching Fellow with General Surgery	2	General Surgery/Education	Surgery	N/A	N/A	Aug-19

Job Title	No of WTE	Department	Division	Posts on rota	% vacancy on rota	Vacancy dates
Specialty Doctor in Tuberous Sclerosis Complex	1	Paediatrics	W&C	N/A	N/A	ASAP
GPST Paediatrics 0.4 WTE	0.4	Paediatrics	W&C	11	12.72%	Feb 19 - Aug 19
Trust Doctor (ST1-2) Paediatrics	1	Paediatrics	W&C			Mar 19 - Aug 19

This data has been provided by HR. However, it should be interpreted with caution, as it does not give an accurate picture of staffing. For example, these gaps do not include pregnancy or sickness related issues where trainees cannot work the on call rota. Furthermore, this data does not take into consideration where only part of an on call is occupied (i.e. in general surgery ST3+ where only half of an on call slot is occupied by 1 WTE), or where there are doubling up arrangements in place i.e. on the ST3+ medicine rota.