

Report to:	Public Board of Directors	Agenda item:	19
Date of Meeting:	31 July 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 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

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

1.1 Progress

- The Guardian of Safe Working 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
- The Guardian of Safe Working 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
- A meeting of the Junior Doctors' Forum, which reviews exception reporting data and issues arising from the 2016 contract, was held on 7th May 2019. This meeting was supported by the BMA, which was useful. Attendance was good with fourteen staff members attending
- Unfortunately, reviews of exception reports by Educational or Clinical Supervisors are not always completed in an appropriate timeframe, and considerable time is spent chasing these
- Exception reporting from grades above F1s is continuing to increase suggesting improving buy-in to the process
- The method for payment of accepted exception reports appears to work smoothly

1.2 Exception reporting

The data below covers the preceding three months, from 1st April 2019 – 30th June 2019.

- 177 exception reports from 48 trainees (22 FY1s, 18 SHO-level doctors and 8 registrars)
- Two reported 'immediate safety concerns'
- 158 exception reports due to hours, 23 due to education
- 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

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

FY1s: 81 exception reports:

- FY1 medicine: 33 exception reports: 6 from Endocrinology; 14 from Gastroenterology and 11 from OPU
- FY1 surgery: 41 exception reports
- Others included five exception reports from FY1s on the acute block and two from FY1s on Psychiatry

SHO grades:

- General Medicine SHOs: 37 exception reports; 25 from OPU and 8 from Cardiology
- General Surgery SHOs: none
- T&O SHOs: 18 exception reports
- Paediatrics SHOs: 8 exception reports
- Psychiatry SHOs: 5 exception reports

- Haematology ST3+: 16 exception reports due to hours & rest

- 48 exception reports are awaiting review
- Of the 129 exception reports that have been reviewed all have been agreed
- Of the accepted exception reports, 102 resulted in payment and 8 in TOIL (time off in lieu); 19 resulted in 'no action'
- Over this three month period payment has been made for an additional 152 hours, with the potential for another 72 hours if the 48 exception reports awaiting review are all agreed and paid

1.3 Immediate Safety Concerns

Two immediate safety concerns were reported, one of which was down-graded on review.

The remaining immediate safety concern was reported as follows:

“Excessive load of work over the bank holiday weekend including handed over jobs from the previous day on call doctor; emergency situations and clerking in of new patients.”

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 these three months.

The doctors who worked more than 72 hours in a seven day period have been given time off in lieu. This breach occurred due to hours worked on bank holiday Mondays, and this non-compliance was not identified via the rota compliance software as Mondays were treated as normal days not on-call days (which are longer).

This has been recognised and rotas for August onwards have been altered to ensure this will not happen again.

1.5 Rota Gaps

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

Job Title	No of WTE	Department	Division	Posts on Rota	% vacancy on rota	Vacancy from (Date)
Trust Doctor (ST1-2) in Medicine (Bespoke)	1	Emergency Medicine	Medicine	14	7.14%	Aug-19
Trust Doctor (ST1-2) in Medicine (Bespoke)	1	ITU	Surgery	7	14.28	Aug-19
Specialty Doctor in Tuberos Sclerosis Complex	1	Paediatrics	W&C	N/A	N/A	now
Trust Doctor (ST3-9) in Acute Medicine	1	Medicine	Medicine	NA	NA	now

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

1.6 Benchmarking Data

It may be useful to compare our exception reporting data with nearby Trusts. However, there are many caveats to this, as other Trusts have different numbers of junior doctors, different numbers of rotas, and, often, run their rotas in very different ways. Having a low number of exception reports might suggest a lack of support for the process rather than demonstrating safe working, and it would be equally worrying were we to be an outlier in terms of low numbers of exception reports as high numbers.

The data below has been supplied by the Guardians for Safe Working at nearby Trusts:

Name of trust	Numbers of doctors in training	Exception reports Jan-Mar	Exception reports Apr-Jun
RUH	216	218	177
North Bristol	383		30
Great Western	199	113	59
UHB	360	157	142
Taunton	No data returned		

1.7 Future challenges

- Reviews of exception reports by supervisors

Unfortunately in recent months there has been a fall in 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 (e.g. Trauma and Orthopaedics, Paediatrics, Psychiatry) and the supervisors are not familiar with the process. Chasing supervisors has been, and still is, time consuming.

From August, changes to the contract will allow the Guardian to close (and pay) all un-reviewed exception reports at the end of a rotation. Although this is fairer for the junior doctor who will receive payment in a more timely fashion, this may encourage Supervisors not to review reports as they will be aware that they will be closed anyway. This defeats one of the objects of exception reporting which is that it starts a conversation between trainee and supervisor to identify concerning themes. Therefore, review and sign off by supervisors should still be strongly encouraged.
- Safety at night

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

In the meantime, as of August, 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.