

Report to:	Public Board of Directors	Agenda item:	14
Date of Meeting:	30 October 2019		

Title of Report:	Guardian of Safe Working Quarterly Update Report
Status:	For Information
Board Sponsor:	Dr Bernie Marden, Medical Director
Author:	Dr Lukuman Gbadamoshi, 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

- There has been continuing drive to raise the awareness of the junior doctor's contract and its implications by attending junior doctors induction and teaching sessions. Encouraging exception reporting and promoting a change in culture among junior staffs. There is also plan to meet with consultants to discuss medical staffing and safety issues.
- Due to staffing issues and workload in medical HR there was a delay in some of the doctors being sent their DRS log in details. The problem has now been rectified and all the junior doctors should now have access to the DRS system to report exceptions.
- The method for payment of accepted exception reports appears to work smoothly
- Gathering information on updates and latest changes in the junior doctor's contract by attending the national NHS guardian of safe working seminar.
- Meeting of the Junior Doctors' Forum planned for the 19th of November 2019.
- Unfortunately, reviews of exception reports by Educational or Clinical Supervisors are not always completed in an appropriate timeframe, and considerable time is still spent chasing these
- The number of exception reports continues to increase compared to the previous year – this is likely due to increasing understanding and acceptance of the system by doctors and their supervisors

1.2 Exception reporting

- The exception report system replaces rota monitoring and is intended to provide the Trust with "real time" data on rotas with potential problems so that changes can be made more quickly than under the old system. It also allows the Trust to monitor new, more strict, limits to the number of hours a doctor is asked to work. There has been an increase in the monthly number of reports submitted by doctors across the Trust compared to 2018 – it is likely that this reflects an increased level of understanding and engagement of the exception

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reporting process. It is important to note, however, that many potential “exceptions” go unreported.

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

- 192 exception reports from 56 trainees (32 FY1s, 14 SHO-level doctors and 10 registrars)
- One 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: 110 exception reports:

- FY1 medicine: 32 exception reports: 12 from Gastroenterology and 20 from OPU
- FY1 surgery: 58 exception reports
- Others included 6 exception reports from FY1s on the acute block and 4 from FY1s on Psychiatry

SHO grades: 74

- General Medicine SHOs: 39 exception reports; 25 from OPU and 8 from Cardiology, 5 acute medicine, 1 GU medicine
- General Surgery SHOs: none
- T&O SHOs: 30 exception reports
- Obstetrics and Gynaecology: 5 Exception reports
- Paediatrics SHOs: 0 exception reports
- Psychiatry SHOs: 0 exception reports

Registrar Grades: 18 Exception Reports

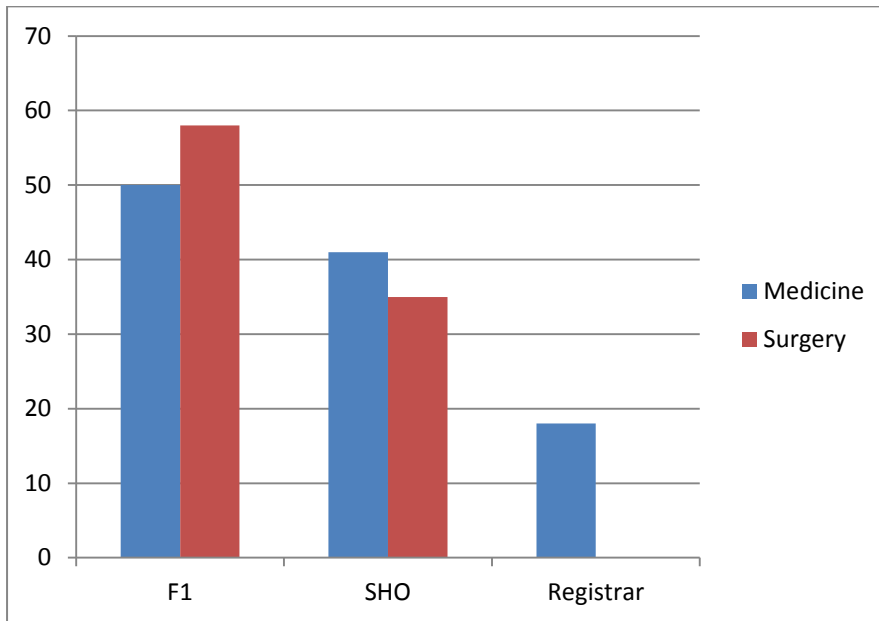
- Haematology ST3+: 12 exception reports due to hours & rest
- Geriatrics Medicine ST3+: 3
- Accident and Emergency ST3+: 2
- Respiratory ST3+: 1

- 58 exception reports are awaiting review
- Of the 134 exception reports that have been reviewed all have been agreed
- 20 of these exception reports were due to Education reason.

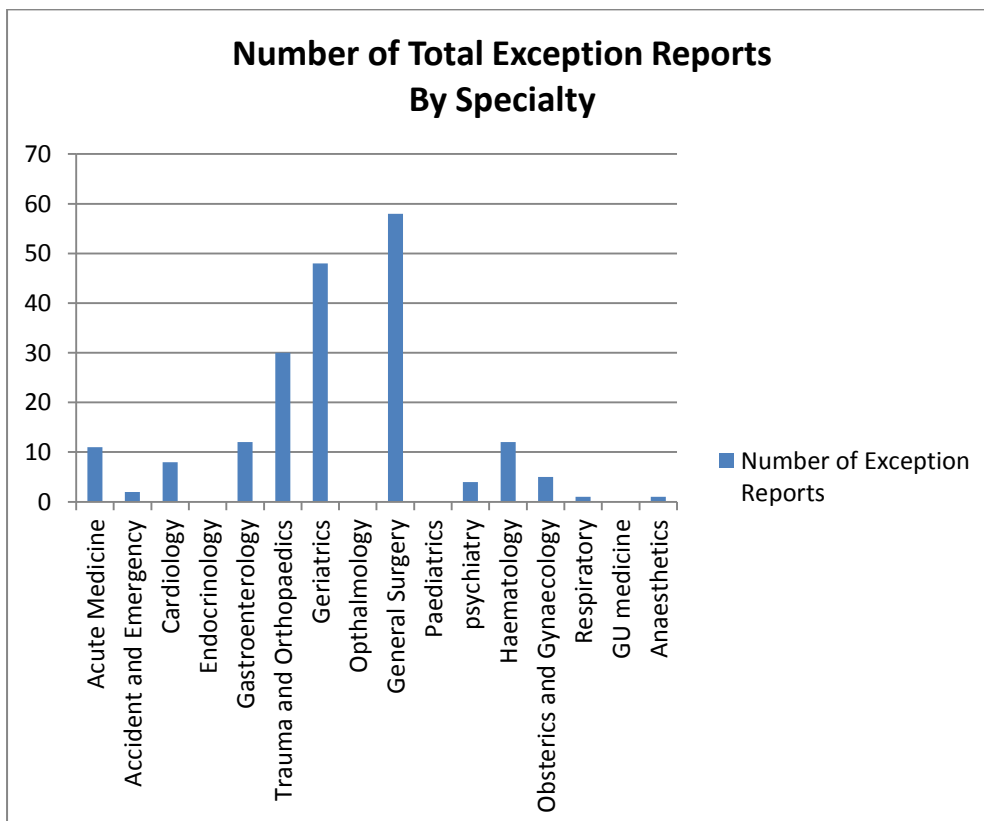
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- Of the accepted exception reports, 107 resulted in payment and 5 in TOIL (time off in lieu); 22 resulted in 'no action'
- Over this three month period payment has been made for an additional 160 hours, with the potential for another 82 hours if the 58 exception reports awaiting review are all agreed and paid

Number of Exception Reporting by Grade



Number of Total Exception Reports By Specialty



Immediate Safety Concerns

One immediate safety concern was reported and downgraded on review. This relates to the increase work load during the handover period in August.

The safety concern was reported as follows:

“Called to very sick patient and wanted to do the best job in looking after him but was constantly bleeped to other jobs; some also urgent. Amount of work at weekends puts patients at risk and I feel that I am unable to give the high quality care I want to give to all patients during weekends.”

There have been persistent issues with the workload, challenges in maintaining senior support and access to educational opportunities on the Trauma and Orthopaedic ward. The educational questionnaire from last year and feedback from junior doctors currently based on the T&O ward has also clearly identified there are issues that need to be addressed. If not improved there is concern that the deanery might review the training experience in this environment and remove approval for these posts.

In response, the orthopaedic team have engaged with the Head of Medicine and Clinical Lead for OPU. There has been agreement to change the referral guidelines for frail elderly patients with muscular-skeletal injuries to now be referred to OPU with orthopaedic support rather than the other way around. This change was due to start September 2nd. It is too early to assess the impact of this change.

The orthopaedic team are also actively assessing a change in the on call rota to provide a consultant ward round of all patients each weekday. The hope is that this would be implemented for 2020.

There are also ongoing discussions with the medical division regarding the provision of service for the entirety of the management of elderly patients with injuries, and the development of a new model of care to increase in Orthogeriatric provision, which is a longer-term goal. In the meantime measures would need to be put in place to ensure that the junior doctors posting in T&O remains educationally beneficial.

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.

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There have not been any work schedule reviews in these three months.

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 Tuberous 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

- No data available for this quarter

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

From August, There has been changes to the Junior Doctor's contract that 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.

- Lack of Phlebotomy Support on the wards remain a very important challenge and is contributing significantly to junior doctor's work load.
- 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.

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