Report to:	**Public Board of Directors**	**Agenda item:**	**11**
Date of Meeting:	**29 January 2020**		

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

- 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.)

- 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 a continued drive to raise the awareness of the junior doctor's contract and its implications by attending junior doctor's induction and teaching sessions, encouraging exception reporting and promoting a change in culture amongst junior staff.

- Productive meeting with Consultants in department with high numbers of exception reporting to review to work schedule and possible solution to improve junior doctors working hours.

- The method of payment of accepted exception reports appears to work well.

- 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 4^{h} of February 2020.

- Reviews of exception reports by Educational or Clinical Supervisors are now usually completed in an appropriate time frame, and less time spent chasing these.

- The number of exception reports continues to increase compared to the previous quarter – 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. This will allow the Trust to monitor new, stricter 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 reporting process. It is important to note however, that many potential "exceptions" go unreported.

The data below covers the preceding three months, from 1st October 2019 – 31th December, 2019.

- 208 exception reports from 51 trainees (13 FY1s, 34 SHO-level doctors and 4 registrars)
- One reported 'immediate safety concerns'
- 177 exception reports due to hours, 31 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: 40 exception reports:

- FY1 medicine: 30 exception reports: 3 from Gastroenterology, 7 from Acute Medicine, 12 from Cardiology, 4 from Endocrinology and 4 from OPU
- FY1 surgery: 10 exception reports

SHO level grades including CMT, CT, F2 and GPST: 148

- General Medicine SHOs: exception reports; 25 from OPU, 37 from Cardiology, 18 acute medicine, 6 Endocrine medicine
- General Surgery SHOs: none
- T&O SHOs: 43 exception reports
- Obstetrics and Gynaecology: 5 Exception reports
- Paediatrics SHOs: 12 exception reports
- Psychiatry SHOs: 2 exception reports

Registrar Grades: 20 Exception Reports

- Haematology ST3+: 19 exception reports due to hours & rest
- Neurology: 1

- 33 exception reports are awaiting review
- Of the 175 exception reports that have been reviewed all have been agreed
- 31 of these exception reports were due to Educational reasons.
- Of the accepted exception reports, 154 resulted in payment and 1 in TOIL (time off in lieu); 20 resulted in 'no action'
- Over this three month period payment has been made for an additional 232 hours, with the potential for another 57 hours if the 33 exception reports awaiting review are all agreed and paid.

Immediate Safety Concerns

Trauma and Orthopaedics

An area of persisting challenge relates to the constant high number of exception reports submitted by trainees in trauma and Orthopaedics rotation. Whilst it is positive to note that trainees have more confidence in the exception reporting system it is undoubtedly disappointing that the experience of trainees in Trauma and Orthopaedics rotation appears to be still less than satisfactory.

The senior management were contacted in T&O and the assurance given to improve the current working environment is as follows:

The senior clinicians in this specialty are aware of the issues that have been raised and are endeavouring to address them with changes to consultant rotas and clinics. The provisional plan, which has had the full support of the consultant body, is to start this in February pending approval by the surgical board. It is hoped that by having more senior oversight with a consultant undertaking a daily ward round, issues can be highlighted and addressed more efficiently.

Further reassurance was given about Core Trainees having a regular protected theatre slot and a clinic slot but clearly staffing constraints have been an issue.

Jointly with Geriatrics Medicine, a revised policy regarding frail patients with incidental fractures has been put in place and these patients should now be under the care of Geriatric Medicine. T&O will then provide support for the management of the orthopaedic injuries as required. There have been instances when it has been difficult to interpret the referral pathway and the patient is admitted under a shared care arrangement on an orthopaedic ward. There has been additional orientation of the clinical teams to the correct pathway and the situation is being reviewed closely.

With regard to the provision of medical support for the sick and frail femoral fracture patients, a meeting is awaited with the ortho-geriatric physicians and the associated management teams to discuss how the existing excellent service they provide may be expanded. These fractures are due to come under the best practice tariff for hip fractures in the New Year. It is hoped that their input will improve patient care, support the trainees clinically and educationally and enable the team to achieve BPT.

Phlebotomy Service

There have been some challenges in delivering a consistently available phlebotomy service. The Guardian of Safe Working hours has received assurance that there has now been improvement in the provision of the phlebotomy service. From this January all the wards and the department are adequately covered. Exception reports pertaining to the provision of phlebotomy services will be investigated jointly with the phlebotomy service management team to further improve the quality of the service provided. Wards delivering acute medical and surgical care will also be prioritised.

Cardiology

There was considerable challenge in term of junior doctor's workload and working pattern in the Cardiology department. This has resulted in increased number of exception reports, the second highest in the trust in the last quarter. The senior management in cardiology has been instrumental in improving the situation in a short period of time. The changes instituted include changing the MNP working pattern and junior rota. Ward now prioritised, with clinics etc. only booked with capacity left after ward cover allocated. Training opportunities are now being identified prospectively and records kept. There is better coordination of annual leave regarding ward cover.

Business planning for additional MNPs is being developed. There is also potential for future reallocation of junior staff within the medical division. The Foundation Trainee Education director is working toward the redistribution of F1 trainees across the Trust.

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.

1.5 Rota Gaps

The rota gaps (based on most up to date HR information):

2 x Trust Dr ST1-2 Acute Medicine (1 from February)
1 x Trust Dr ST1-2 Cardiology (0 from February)
1 x Trust Dr ST1-2 Cheselden OPU (0 from February)
1 x Trust Dr ST1-2 Oncology

1 x Trust Dr ST1-2 Stroke Medicine from February 2020

1x Trust Dr ST3 + Acute Medicine
1 x ST3+ Anaesthetics from Feb 2020
1 x Trust Dr ST3+ Anaesthetics from Feb 2020
1 x ST3+ GUM
1 x Echo Fellow ITU

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 centrally, as such gaps are usually managed at a departmental level.

1.6 Benchmarking Data

- No data available for this quarter

1.6 Future challenges

- Reviews of exception reports by supervisors

  Unfortunately in recent months there has been a fall in the 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. The online reporting system sometimes can be challenging to use. It is anticipated that in the future the Trust might move to a new system rather than the current DRS system which often cannot operate properly outside of Chrome system.

- **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.

  Rota Changes
- There are new contractual changes that have expanded the scope of exception reporting. The changes are listed below but are likely to impact on

the junior doctors work load. Based on these changes it is anticipated that there will be increase in the total number of exception reports in the next quarter.

- The change applies to the junior doctor's Rotas within the trust. There has been adjustment to the junior doctor's rota in general medicine to reflect the recent changes.

- The ED rotas are currently non-compliant due to the new rota rules which have recently been introduced particularly the weekend frequency (currently 1 in 2) which needs to be reduced to 1 in 3 weekends. With support from the BMA we are working with the doctors working on the rota to negotiate a temporary exemption while a sustainable solution is found. The national contractual changes pose a significant challenge across all Trusts in the region.

  Scope of Exception reporting now expanded to include (but is not limited to):
  • Any activities required for the successful completion of ARCP and any additional educational or development activities
  • Activities that are agreed between the doctor and their employer

  Safety and rest limits
  • Night shifts of 12 hours or more receive third 30 min Paid break
  • Removal of maximum 1 in 2 weekend frequency, Exemption for FY2 trainees by December 2019
  • Maximum 8 shifts in 8 days reduced to 7
  • Maximum 5 long day shifts reduced to 4