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Meeting Trust Board Meeting

Paper Title Guardian of Safe Working Quarterly Report 1 August – 31 October 2019

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Executive Summary

All doctors in training at The Shrewsbury and Telford NHS Trust (SaTH) are employed under the Terms and Conditions of Service (TCS) of the 2016 Junior Doctor Contract. In June 2019 a BMA referendum voted in favour of an amended contract - the Refresh Contract 2018 - with an agreed staggered implementation of the changes beginning in August 2019. New safe limits on hours and rest were recognised.

The GoSW continues to champion safe working hours in the Trust to ensure the new safe working limits are introduced.

The TCS of the JDC 2016 stipulated that all exception reports should be addressed within 7 days. An amendment to this has been agreed in the 2018 Refresh contract and in order for the employers to comply with this condition the GoSW now has the authority to action the unaddressed report at 7 days.

15 Exception reports have been received in the past quarter. These have all been addressed and relate to hours worked over in the main.

No immediate safety concerns were raised.

No breach fines were imposed.

Compliance with the Exception reporting process timelines continues to improve.

The Trust have purchased the Allocate software which will provide organic tracking of all doctors once the system is implemented.

The GoSW would recommend this work is prioritised as once populated it will provide live data regarding the availability of all doctors at all times and provides a safety net regarding compliance with the safe limits in instances where doctors swap shifts or are requested to do so at short notice to cover colleagues.

Recommendations to the Board

1. To implement the purchased rostering software as soon as possible to enable organic tracking of Junior Doctors staffing levels.
2. To support the timely implementation of the 2018 “Refresh” Contract and with particular reference to support the recruitment of additional doctors and/or healthcare professionals to those areas where rotas remain non-compliant.

Previously considered by

The Board is asked to:

<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

Safe

Effective

Caring

Responsive

Well-led

Link to strategic objective(s)

Select the strategic objective which this paper supports

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

Freedom of Information Act (2000) status

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA

Financial assessment

Guardian of Safe Working
The Shrewsbury and Telford NHS Trust (SaTH)
Quarterly Report
1 August – 31 October 2019

Background

All doctors in training at the Shrewsbury and Telford NHS Trust (SaTH) are employed under the Terms and Conditions of Service (TCS) of the 2016 Junior Doctor Contract (JDC). Currently there are 247 doctors in training employed under these conditions of service.

The five pillars of this Contract that supported patient and doctor safety were that:

1. Trainees receive work schedules that recognise the safe working limits for hours and rest.
2. Doctors in training have a process for reporting episodes that breach these limits and for raising concerns as a consequence of variations in service commitments.
3. The concerns regarding the above together with missed educational opportunities reach senior management via the Guardian of Safe Working and the Director of Medical Education.
4. The most serious breaches should lead to fines directed to the appropriate Care Group.
5. Junior Doctor Forums are held at regular intervals to discuss working and training issues.

Amendments to this Contract were agreed nationally in June 2019. The proposed and staggered implementation of these changes commenced in SaTH in August 2019.

The following highlights the changes to safe hours and rest limits and the timelines required by Trusts to ensure junior doctor rotas are compliant.

Implementation timeframe		<u>2016 Contract</u>	<u>2018 Refresh</u>
<u>August 2019</u>	Maximum 72 Hours	Assessed over 7 consecutive calendar days.	Assessed over a consecutive period of 168 hours.
December 2019 (to be included in December 2019 rotas but can be left to be updated in February 2020)	Night Rest	46 hours rest required after working 3 or 4 consecutive night shifts.	46 hours rest required after working any number of consecutive night shifts (maximum of 4).
	Weekend Frequency	Maximum of 1 in 2	Maximum of 1 in 3. Reasonable steps should be taken to avoid a greater frequency however if a clearly identified clinical reason is identified by the clinical director and deemed appropriate by the GoSW and junior doctors working on the rota.
<u>February 2020</u>	Study Leave Prospective Cover	Locally determined how cover for study leave is managed. SaTH currently expects its junior doctors to provide internal cover if wishing to take study leave.	If junior doctors expected to provide internal cover for study leave a prospective cover calculation needs to be applied to their hours, this results in an increase in hours
<u>August 2020</u>	Maximum Consecutive Days	Maximum of 8 consecutive days.	Maximum of 7 consecutive days.
	Long Days	Maximum of 5 consecutive long day shifts followed by 48 hours rest.	Maximum of 4 consecutive long day shifts followed by 48 hours rest.

To date the Trust has aligned 82% of its junior doctor rotas to the Contract Refresh. The remaining rotas are on track to have the necessary changes made and introduced in February 2020.

With respect to the maximum 1 in 3 weekend frequency, NHS Employers have issued the following advice:

“We recognise that this provision is more problematic to introduce on some rotas than others. In some cases, the introduction of this provision would require recruitment of additional doctors or other healthcare professionals to fill the gaps left on the rotas, which may not be possible by February 2020. If an employer believes it is not feasible for a rota to function at a frequency of 1:3 weekends, or less, then prior to February 2020 the appropriate clinical director for the rota should set out the clinical justification for retaining the rota at a higher frequency, which the guardian of safe working hours must adjudge to be appropriate. This justification should be clearly set out and shared with the affected doctors. Following this justification, rotas which exceed the 1:3 weekend frequency should be co-produced with the affected doctors and agreed via the junior doctor form (JDF). All rotas which exceed the 1:3 weekend frequency should be reviewed annually to assess whether it is still necessary to retain the rota at a frequency greater than 1:3 weekends. As long as there are no safety implications for both patients and doctors, then it is possible that a rota could remain in place with a weekend frequency above 1:3”.

Three rotas are affected by this condition in SaTH: one in Neonates and two in A and E.

Clinical Directors from both Care Groups have issued statements confirming that they require an increase in the workforce to comply with this condition. The A and E department recognise that an additional 14 more middle grades doctors are needed and in Neonates the Care group are looking to increase their workforce with additional healthcare professionals. This situation will become a standing item on the agenda at the Senior Medical Leadership team meetings. The GoSW has confirmed that both departments have provided a just clinical reason for non-compliance and has agreed to the rotas with a proviso that both departments continue to recruit as appropriate.

The Guardian of Safe Working (GoSW) will continue in the role to champion safe working hours and will continue to liaise with the workforce team to ensure that the new safe working limits are introduced in accordance with the new TCS.

Exception reports

Details of the 15 ERs received in the period 1 August -31 October 2019 are attached as Appx 1.

In AMU concerns regarding inefficient or long ward rounds were a factor and in both Emergency Care and AMU. Difficulties in handover were common themes.

In Emergency care a new departmental SOP has been introduced which ensures the junior doctors do not pick up new cases in the last 30 minutes of their shift to ensure completion of cases, reduce handover and to ensure coding is completed.

In AMU a series of initiatives have been taken to address the issues raised.

In one further report a trainee reported working 5 hours outside of a work schedule in order to complete mandatory training. Trainees have been allocated 1 day for mandatory training and in future this will be completed at induction or prior to joining the Trust with compensatory time granted once certificates are completed.

In Neonates 3 reports cited difficulties in taking breaks due to workload and an excessive workload on the scheduled 08.30 to 12.30 shift.

All reports were compensated by time off in lieu except 2 where it was felt appropriate to offer financial reimbursement as there was no risk to the doctors breaching the safe limits.

Work schedule reviews

One work schedule review was performed in Neonates on account of the weekend shift. This shift will be extended to 13.00 in the future. The GoSW is waiting for trainee agreement with this outcome.

Immediate Safety Concerns

There were no immediate safety concerns raised in this quarter.

Breach fines

There were no breach fines issued in this quarter.

Compliance

Compliance with the ER process timelines continues to improve.

A revised process involving the medical staffing team and GOSW administrator has resulted in the majority of ER addressed in the required 7 day window. E-mail chasers and improved engagement from the Clinical Supervisors has helped improve adherence to the process. The GoSW has actioned two reports as a result of these not being addressed within the 7 day window.

Junior Doctor Forum

The GoSW organises a Contract Forum at 3 monthly intervals in line with the TCS. Junior doctors are offered forums within their own specialities at regular intervals. The Foundation Year (1 and 2) forums are well attended because they are scheduled alongside compulsory teaching. At other forums attendance is variable. Trainees are encouraged to raise concerns to their respective representatives. Currently clinical commitments restrict the GoSW from attending all forums. The minutes of all forums are copied to the GoSW and Medical Director. Any immediate safety concerns are actioned appropriately.

At a recent FY2 forum a concern was raised regarding insufficient numbers of bleeps for Junior Doctors. This concern was immediately escalated by the MD to the CEO with authorisation given to purchase new bleeps if necessary.

Inefficient systems within the workplace are cited as having an effect on how Junior Doctors perform their duties. Informal discussions continue to suggest that physician staffing levels are inadequate in both unscheduled and scheduled care at weekends. Care groups continue to advise that doctors remain well supported and supervised.

The GoSW is pleased to hear that medical assistants (medical students who have completed competency training) will be working alongside doctors in the near future.

Whilst relatively few Junior Doctors Exception report, the information gained from these reports and forums regarding their working lives is extremely valuable. The feedback of this information to Care groups should support improvement and change in the workforce. Since joining the Senior Medical Leadership team I have even more confidence that the Junior Doctors are being heard, although I echo their concerns that feedback to them is often overlooked. This will be a continuing challenge to the GoSW. I am uncertain whether the Trust is ensuring Junior Doctors receive adequate rest as this is not often reported formally but raised in informal discussions. The Trust have received a significant amount of money to support the "Fatigue and Facilities Charter" and I understand Junior Doctors are currently discussing how best these monies maybe deployed.

Ongoing GoSW activities

1. **Exception Reporting for Locally Employed Doctors** –the Trust are now working towards work towards implementation of this activity.
2. **Informal “Drop in” sessions sponsored by the BMA continue at regular intervals.** The next meeting is scheduled in January 2020. These meetings provide an opportunity to highlight the Exception Reporting process to Trainees and encourages a culture that supports appropriate reporting of concerns. This initiative taken by the GoSW has seen many doctors from all grades and specialities raising concerns which again can be fed directly to the Medical Director. These meetings are also supported by the Freedom to Speak-up Guardians and Medical staffing. An extended invite has been made to all Executives Directors to attend in the future if they are available. The Executive team have been advised that any concerns raised in these forums will be escalated appropriately.
3. Cross functional working – the GoSW will work with HR, Medical staffing and the Education team to implement amendments of the 2018 “Refresh” Contract.
4. Rostering software – the GoSW continues to liaise with the Workforce Directorate regarding the introduction of rostering software that provides an organic system to track staffing levels. This package has been purchased but is not yet operational. The planned implementation date for this system is April 2020. This work should be prioritised in order that the GoSW might be able to provide assurance to the Board that our trainees are working to the safe limits. The GoSW will continue to highlight the importance of this project to the Workforce Committee and the Board.
5. **The National GoSW Conference September 2019.** The GoSW attended this meeting. There were reports of this being a post with a high turnover. The key developments of the role were discussed. NHS Employers continue to work with the BMA to provide GOSWs with a template for reporting to the Board-the previous template has not been adopted by most Trusts and as a result of discussions this report will no longer contain information on locum bookings and spend.
6. **Senior Medical leadership Team** – the GoSW has recently joined the weekly meetings of the Senior Medical Leadership team. This development has enabled the Guardian to highlight immediate concerns to the Medical and Care Group Directors, and potentially offer the GoSW “real-time” resolution of Trainees’ issues.

Recommendations to the Board

1. To implement the purchased rostering software as soon as possible to enable organic tracking of Junior Doctors staffing levels.
2. To support the timely implementation of the 2018 “Refresh” Contract and with particular reference to support the recruitment of additional doctors and/or healthcare professionals to those areas where rotas remain non-compliant.

The Board are asked to read and approve this report.

Author: Dr Bridget Barrowclough – Guardian of Safe Working

Date: November 2019