Board of Directors' Meeting Report – 2 May 2017

Agenda item 45/17

Title	Guardian of Safe working (GOSW) – Quarterly report (December 2016 to March 2017)
Sponsoring Director	Mary Foulkes, Chief Human Resources Director
Author(s)	Mr B Praveen, GOSW Contributors Nicola Jones – Rota and Exception reporting Administrator Claire Harris – Medical HR Manager
Purpose	To provide assurances and update the board on the Trust's reporting processes for monitoring Junior Doctors working hours
Previously considered at	N/A

Executive Summary

A fundamental aspect of the recently introduced junior doctor's contract is the requirement to maintain and report on working patterns and for an independent appointee (Guardian of Safe working) to maintain an overview of and report on Trust processes for maintaining appropriate working patterns. This report provides a summary for the board in relation exceptions to contractual working pattern following introduction of the new contract in December 2016 for FY1 doctors

Date Reviewed by Execs	6 April 2017
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability – Financial, Operational, Estate
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 3 – Failure to meet operational performance targets Risk 4 – Trust not being financially sustainable
Legal implications / regulatory requirements	Poor staffing levels and poor performance can affect all aspects of the organisation resulting in possible regulatory sanctions and legal claims against the Trust.
Quality impact assessment	The aim of this report is to ensure that patient, public, and workforce safety is maintained to the highest standards.
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.

Recommendations:

The Board is asked to note and receive assurance therefrom.

BACKGROUND :

A mandatory component of the new Junior Doctors' contract implemented in 2016 was the process of 'Exception Reporting'. This was to formally record any deviations in implementation that might involve the number of hours worked, rest periods, patterns of work, level of support at work, problems with access to educational activities or any other issue that might affect the safety of staff and patients. This resulted in the creation of a new role, 'The Guardian' – an independent person to monitor, escalate, intervene, when there were deviations in Junior Doctors' working patterns from the agreed work schedules. The regular reports from the Guardian provide updates about Quality Assurance regarding the manner of implementation of the new contract and any safety issues encountered.

Appendix 1 of this document – contains detail of restrictions and incidences in which the fine will be levied.

STRUCTURE:

The Guardian of Safe Working (GOSW) who leads on this process of Exception Reporting was appointed at Southend in December 2016, following a formal selection process. The Guardian is supported in his work by two other team members, one each from HR and Medical Education. A Junior Doctors' Forum (JDF) has been established which provides the Junior Doctors' representation in this process. The Guardian actively interacts with all the stake holders in the hospital such as JDF, HR and the CDs and ADs of the various directorates and Rota co-ordinators. There is also an active network and liaison amongst the various Guardians in the region through regular meetings, as well as nationally through an on-line forum.

PROCESS:

The Exception Report is sent to the Clinical Supervisor and copied to the GOSW and the Guardian team. This is followed by an 'Initial Meeting' between the trainee and the Clinical Supervisor to discuss the circumstances leading to the report and achieve local resolution, usually by appropriate financial compensation or Time Off In Lieu (TOIL). A pattern of similar reports would lead to a 'Work Schedule review'. Any Immediate Safety Concern (ISC) would require a meeting and remedial action within 24 hours. The GOSW monitors the progress of this process and send standard reminder emails or talks with the trainee / supervisor in person when progress is slow or reports are overdue. Fines would be levied on the directorate, in line with standard national recommendations. The annual report from the Guardian would be part of Trust Quality Report and is available to external stake holders such as BMA, GMC, HEE, CQC and CCG.

DETAILS OF ACTIVITY FIGURES:

In summary 135 exceptions have been raised in the period from December to March 2017, of the 135 reports, reviews have been completed in 116 (86%) cases. The outcomes included financial compensation, prospective changes, TOIL and 'No further actions'. Work schedule reviews were undertaken in 10% of cases. Safety concerns were recorded in only 5% of reports. All these were promptly escalated and actions taken to remedy the risks.

A further analysis is shown in the tables below

Summary Tables

Table 1

Period	Total number of exceptions raised	Staff Group raising Exceptions
1.12.2016 to 31.03.17	135	Year 1 Doctors - FY1

Table 2

Reasons for Exception	Numbers of Exceptions raised	Percentage of overall exceptions raised
Increased hours (working above/excess hours)	94	70%
Change in pattern of work	17	13%
Inadequate service support	12	8.5%
Educational Issues	12	8.5%
	135	**100%**

Exceptions by Directorate

Table 3

Directorate	Numbers of Exceptions raised	Percentage of overall exceptions raised
Medicine	81	60%
D&T (Oncology)	38	28%
Surgery	16	12%
Educational Issues	12	8.5%
	135	**100%**

SALIENT FEATURES AND LESSONS LEARNT:

The observations over this period showed a very high level of activity during the first two months (highest in the region) followed by a reduction later. The initial high activity is reflective of the problem of rota gaps, initial discrepancies in rota planning, increased awareness and enthusiasm, as well as a certain degree of mistrust and reduced morale

among the Junior Doctors. The reduction in numbers seen subsequently could reflect prompt recognition of areas of problems and actions taken to address them. It also reflects benefits of the numerous meetings with stake holders to secure their engagement and co-operation, whilst increasing their awareness about the process and avoidable issues.

The most common reason for filing the report was deviation in the number of hours worked – may reflect the problems in rota gaps due to staff shortages.

The dashboard revealed that the majority of the reports were from Medical Directorate with some departments (Oncology, DME, Respiratory and Renal) being more commonly involved. Personal discussions were held with the concerned supervisors, CD and Rota Co-ordinator to engage them actively and work together to resolve the underlying issues. The Rota planning was changed to address rota gaps as well as ensure a better skill-mix. Changes were implemented to ensure 'bleep free' periods as well as introduction of a 'Diary record' system to communicate Junior Doctor non-urgent jobs rather than bleep each time.

The most common outcome was financial compensation – many of these awards are still to be implemented and the total amount incurred as a result of this should be available by the time of the next report. There has been no external fine levied at the trust to date.

Table 4 - Financial compensation

December 2016 to January 2017 (February and March data is currently being reviewed)

Medicine	
Reason	**Total Payable**
Early Start	156.18
Shift Overran	2827.73
Grand Total	**£2,983.91**
Oncology - Med	
Reason	**Total Payable**
Early Start	23.13
Shift Overran	46.26
Grand Total	**£69.39**
Surgery	
Reason	**Total Payable**
Shift Overran	202.39
Grand Total	**£202.39**
Trust	
Reason	**Total Payable**
Early Start	179.31
Shift Overran	3076.38
Grand Total	**£3,255.69**

ACTIONS UNDERTAKEN / FUTURE PLANS:

The local pathways for exception reporting, escalations and templates for reminders and standard communication have been written by the Guardian and ratified in the JDF meetings.
Numerous face to face meetings as well as email communications have been undertaken with all stake holders to ensure awareness and education regarding the process.
The JDF has been constituted and two meetings, as well as several informal sub-group meetings, have been held during this period.
The Guardian attended the Regional Guardian Network meeting at Cambridge to represent Southend and learn from mutual experience.
Future plans include implementation of the financial compensations awarded and the constitution, by the trust, of a specially designated Junior Doctors' fund. This fund would be for the monies obtained through fines levied on directorates. The use of this money would be dictated by views of the Junior Doctors.
Consideration may also be given to increase staffing in the areas recording high reports by appointment of non-trainee posts. This can help minimise the breaches.

CONCLUSION:

This is a new process and hospitals nationally are still in a process of learning and evolving. Southend, though a late entrant, has quickly established the local process and has successfully weathered the initial storm of having the largest number of exception reports in the region. The main focus has been on learning from the reasons for exception reports and ensuring prompt remedial actions were taken to address them. This approach has been successful in reducing the number of reports. An important priority has been to ensure that the Junior Doctors' confidence in the process is maintained by listening to their concerns and suggestions, as well as actively involving them in the process.

APPENDIX 1 – SAFE WORKING RULES

Rule	Notes
Max 48 hour average working week	A GSWH fine will apply if this rule is breached
Max 72 hours' work in any 7 consecutive days	A GSWH fine will apply if this rule is breached
Max 13 hour shift length	On-call periods can be up to 24 hours
Max 5 consecutive long shifts, at least 48 hours rest following the fifth shift	Long shift – a shift rostered to last longer than 10 hours
Max 4 consecutive long daytime/evening shifts, at least 48 hours rest following the fourth shift	Long evening shift – a long shift starting before 16:00 rostered to finish after 23:00 (a long shift starting after 16:00 will fall into the definition of a night shift)
Max 4 consecutive night shifts. At least 46 hours rest following the third or fourth such shift	Night shift – at least 3 hours of work in the period 23:00 to 06:00. Rest must be given at the conclusion of the final shift, which could be the third or fourth
Max 8 consecutive shifts (except on low intensity on-call rotas), at least 48 hours rest following the final shift	Low intensity on-call – duty on a Saturday and Sunday where 3 hours, or less, work takes place on each day, and no more than 3 episodes of work each day. Up to 12 consecutive shifts can be worked in this scenario provided that no other rule is breached
Max frequency of 1 in 2 weekends can be worked	Weekend work – any shifts/on-call duty periods where any work falls between 00.01 Saturday and 23:59 Sunday
Max frequency of 1 in 2 weekends can be worked (special extension for nodal point 2)	For one placement at F2 (typically emergency medicine) the definition of weekend work is any shift rostered to start between 00:01 Saturday and 23:59 on a Sunday
Normally at least 11 hours continuous rest between rostered shifts (separate on-call provisions below)	Breaches of rest subject to time off in lieu (TOIL) which must be given within 24 hours. In exceptional circumstances where rest reduced to fewer than 8 hours, time will be paid at a penalty rate & doctor not expected to work more than five hours the following day. A GSWH fine will apply in this circumstance.
30 minute break for 5 hours work, a second 30 minute break for more than 9 hours	A GSWH fine will apply if breaks are missed on at least 25 per cent of occasions across a four week reference period. Breaks should be taken separately but if combined must be taken as near as possible to the middle of the shift.
OC - no consecutive on-call periods apart from Saturday and Sunday. No more than 3 on-call periods in 7 consecutive days	A maximum of 7 consecutive on-call periods can be agreed locally where safe to do so and no other safety rules would be breached; likely to be low intensity rotas only
OC - Day after an on-call period must not be rostered to exceed 10 hours	Where more than one on-call period is rostered consecutively (e.g. Sat/Sun), this rule applies to the day after the last on-call period
OC - Expected rest while on-call is 8	If it is expected this will not be met, the day after must not exceed

hours per 24 hour period, of which at least 5 hours should be continuous between 22:00 and 07:00	five hours. Doctor must inform employer where rest requirements not met, TOIL must be taken within 24 hours or the time will be paid
OC - No doctor should be rostered on-call to cover the same shift as a doctor on the same rota is covering by working a shift	Unless there is a clearly defined clinical reason agreed by the clinical director and the working pattern is agreed by both the GSWH and the director of medical education

Source: NHS Employers – Factsheet – rota rules at a glance