

GUARDIAN OF SAFE WORKING FIRST BOARD REPORT

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1. INTRODUCTION

- 1.1 Currently the employer and the doctor must comply with the regulatory limits set out in the Working Time Regulation WTR (1998).
- 1.2 The revised Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, TCS 2016 limits junior doctors to an average of 48 hours of actual work per week, no more than 72 hours actual work should be rostered for or undertaken by any doctor, working on any working pattern, in any period of seven consecutive calendar days, no shift (other than an on- call period) shall be rostered to exceed 13 hours in duration.
- 1.3 TCS 2016 applies to doctors and dentists in approved postgraduate training programmes under the auspices of Health Education England (HEE). Health Education North West (HENW) oversees this Trust.
- 1.4 In line with the implementation guidance from NHS Employers this Trust is proposing transitioning to the new contract from April 2017.
- 1.5 The safety of patients is a paramount concern for the NHS. Significant staff fatigue is a hazard both to patients and the staff themselves. The safeguards around junior doctors' working hours in these TCS 2016 are designed to ensure that this risk is effectively mitigated and that this mitigation is assured.
- 1.6 There are three functions which oversee the safety of doctors in the training and service delivery domains of their working experience:
 - a. The employer or host organisation designs schedules of work that are safe for patients and safe for doctors, and ensures that work schedules are adhered to in the delivery of services.
 - b. The director of medical education (DME) oversees the quality of the educational experience.
 - c. The guardian of safe working hours (GoSW) provides assurance to the employer, and host organisation if appropriate, on compliance with safe working hours by the employer and the doctor.

1.7 The employer must appoint a GoSW to assure the safety of doctors. The Trust appointed a GoSW in June 2016.

1.8 The GoSW shall:

- a. Act as a champion of safe working hours for doctors in approved training programmes
- b. Provide assurance to doctors and employers that doctors are safely rostered and enable to work hours that are safe and in compliance of TCS 2016
- c. Receive copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service.
- d. Escalate issues in relation to working hours, raised in exception reports, to the executive medical director for decision and action, where these have not been addressed at departmental level
- e. Require intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk
- f. Require a work schedule to be undertaken, where there are regular or persistent breaches in the safe working hours, which have not been addressed
- g. Have the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily
- h. Distribute monies received as a consequence of financial penalties to improve the training and experience of doctors. The guardian of Safe Working will make the decision in collaboration with the Junior Doctors' Forum (JDF) on how the money is spent. Examples of how fines can be utilised are food, microwave, coffee machine etc.
- i. Fines will be levied to the Trust when working hours breach one or more of the following provisions
 - a. The 48 hour average weekly working limit
 - b. Contractual limit on maximum of 72 hours worked in any consecutive 7-day period
 - c. Minimum 11 hour rest has been reduced to less than 8 hours

1.9 The GoSW will report to the board on a quarterly basis. This is the first report and details the work done and evidence gathered by the Trust GoSW to demonstrate what the current situation is in the Trust regarding safe working by junior doctors.

2. MONITORING COMPLIANCE AND EXCEPTION REPORTING

2.1 The current system for generation of compliant rotas is the DRS4 system.

2.2 Exception reporting is the mechanism used by doctors to inform the employer when their day-to-day work varies significantly and/or regularly from the agreed work schedule.

2.3 The GoSW for the Trust, through their collaboration with DME, foundation programme director, clinical and educational supervisors, HR, medical staffing, payroll workforce systems managers (project lead for introducing 'Allocate'), JDF, BMA, regional and national forums has been able to resolve many of the exception reports received by the GoSW at the departmental level.

3. CURRENT POSITION

3.1 The GoSW was appointed by the Trust in June 2016, with the official commencement of the role in August 2016

3.2 There have been a series of training events for the GoSW across the region and nationally. The first event was in July 2016

3.3 Training for the Education Supervisors was undertaken in November 2011. This was designed to update ES on what their responsibilities will be with regards to exception reporting.

3.4 DRS4 training and update was provided to the GoSW jointly by the Trust HR partners and DRS4 representatives.

3.5 The Junior Doctors Forum, also known as the exception reporting forum was established by the Guardian and the DME. The timing was determined following a survey of the junior doctor's forum. This meeting will meet quarterly at a venue to be determined by the secretariat.

3.6 The first meeting of the forum took place on the 27th January 2017. The terms of reference was discussed and accepted. The various membership categories and scope of responsibilities was discussed and established.

3.7 Rota gap and vacancy reports : December 2016 to August 2017 (note that the anaesthetic post has been vacant since August 2016)

| Specialty | FY1 | FY2 | GPVTS | ST1 | ST2 | CT2 | MG/SPR/ST4-6 |
|--------------------|-----|--------------|-------|-----|-----|-----|--------------|
| Emergency Medicine | 0 | 1 (Trust CF) | 1 | 0 | 0 | 0 | 0 |
| Internal medicine | 1 | 0 | 2 | 2 | 1 | 1 | 2 |
| Orthopaedics | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Paediatrics | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| O&G | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Surgery | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| Anaesthesia | 0 | 0 | 0 | 0 | 0 | 0 | 3 |

3.8 Exception Reports (from 1/12/16 -15/03/17): There were reports, all relating to hours and rest. No fines due and all have been closed.

| Department | Number of exceptions | Reason for exception | Grade of doctor |
|------------------|----------------------|----------------------|-----------------|
| Trauma/Ortho | 2 | Hours/rest | FY1 |
| General medicine | 1 | Hours/rest | FY1 |

4. NEXT STEPS

4.1 There is a national shortage of junior doctors. The Trust has been able to fill some of the vacancies with locums. This obviously has its shortcomings in terms of cost and training opportunities.

4.2 Trainees can volunteer to cover rota gaps but by taking on extra shift this may cause them to be working unsafe hours.

4.3 The board is asked to;

- a. Note the report and continue to monitor compliance with the TCS 2016
- b. Note the current level of vacancies