**Meeting** | Board of Directors | **Date** | 7 March 2018
---|---|---|---
**Subject** | Summary of Reports for Noting and Information | **Enclosure** | T

**Nature of item** | For information | **Decision required (if any)** | The Board is asked to receive and note the summary of the Guardian of Safe Working Annual Report.
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For approval
For decision

**General Information** | Report Author | Mr. Faiz Hashmi, Consultant Orthopaedic Surgeon and Guardian of Safe Working Lead Director | Dr Charles Ashton, Medical Director

**Received or approved by** | Meeting | Management Board | **Date** | 26 January 2018
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**Resource Implications** | Revenue | Capital | Workforce | Use of Estate | Funding Source

**Applicable Quality Improvement Priorities** | Integrated Care | Normal Birth Rates Patient Experience – End of Life | Leg Ulcer Healing Rates Patient Experience – Dementia | Electronic Observations Patient Experience – Booking | Medicines Management Delayed Transfers of Care

**Freedom of Information** | Confidential (Y/N) (if yes, give reasons) | No | Final/draft format | Final
---|---|---|---|---
Ownership | Trust | Intended for release to the public | Yes
Guardian of Safe Working Annual Report

Executive Opinion

As part of the Terms and Conditions of Service of the New Junior Doctor Contract (2016), the Trust is required to report annually to the Board of Directors the activity and data related to the implementation and ongoing operational management of the contract.

Dr Charles Ashton
Medical Director
Introduction

This is the first annual report produced by the Trust. The report outlines the activity relating to the contract from 1 December 2016 to 30 November 2017 and covers the largest rotation of doctors in training which took place on 2 August 2017. During this period all junior doctors in training posts have transitioned onto the new contract terms and conditions.

The doctors in training receive full and continuing support from the Medical Workforce team, Medical Education team, Clinical and Educational Supervisors to seek to minimise concerns and maintain safe and effective care.

High Level Data

Number of doctors / dentists in training posts (total at year end): 114

Number of doctors / dentists in training posts on 2016 TCS (total): 114

Amount of time available in job plan for guardian to do the role: 0.5 PAs per week
Admin support provided to the guardian (if any): Supported by the Medical Workforce team
Amount of job-planned time for educational supervisors: 0.25 PAs per trainee

a) Exception Reports (with regard to working hours)

There have been 13 exception reports during this year.
No of exception reports – 13
Immediate safety concern – 2 (Doctor worked more than 13 hours)

All 13 exception reports raised by junior doctors were paid as a basic hourly rate as specified in the National Terms and Conditions of Service. The 2 immediate safety concerns were addressed and resolved by the Guardian of Safe Working (GosW). The department was fined (4x enhanced hourly rate) for the safety breach. The individual was paid 1.5 x basic salary and 2.5x basic pay rate was paid to the GosW budget.
Gaps

The list below shows the number of vacant posts allocated to the Trust by Health Education England (West Midlands) which were not recruited to.

*Please note that figures will vary throughout the period covered as more doctors transferred onto new terms & conditions.*

**December 2016 - February 2017**

**FY1 Gaps December 2016 till February 2017**
- 2 X WTE FY1 in General Surgery
- 2 LTFT (60%) FY1 trainees in General Medicine
- 1 FY1 Trainee on Long Term sickness from December 2016 until end of February 2017

**GP gaps from 01 February 2017 until 28 February 2017**
- 1 GP trainee on maternity leave

**March 2017 – May 2017**

**FY1/FY2 Gaps from 1 March 2017 until 31 May 2017**
- 1 X WTE FY2 in Trauma and Orthopaedics (01 March 2017 till 04 April 2017)
- 2 X WTE FY1 in General Surgery (01 March 2017 till 04 April 2017)
- 2 LTFT (60%) FY1 trainees in General Medicine (01 March 2017 till 04 April 2017)
- 1 LTFT (60%) FY1 trainee in General Medicine (05 April 2017 till August 2017)

**GP gaps from 1 March 2017 until 31 May 2017**
- 1 GP trainee on Maternity leave
- 2 GP LTFT (60%) trainees
- 1 GP trainee unable to cover the night shifts

**1 June – 31 August 2017**

**FY1/FY2 Gaps from 1 June 2017 until 31 August 2017**

- 5 April to 1 August 2017:
  - General Medicine 1 LTFT (20% gap) at FY2
  - General Medicine 1 LTFT (40% gap) at FY1

- 2 August to 31 August 2017:
  - General Medicine 1 LTFT (40% gap) at FY1
  - General Surgery 1 LTFT (40% gap) at FY1
  - Trauma and Orthopaedics 1 WTE at FY2

**GP Gaps from 1 June 2017 until 31 August 2017**

- 5 April to 1 August 2017:
  - Emergency Medicine 1 WTE
  - ENT 2 LTFT trainees (2 x 40% gaps)
  - Geriatric Medicine 1 WTE
  - Paediatrics 1 LTFT trainee (40% gap) offset by 2 x 60% LTFT trainees in a slot share
  - Trauma & Orthopaedics 1 GP trainee unable to cover the night shift
2 August to 31 August 2017:
Emergency Medicine  1 WTE
Geriatric Medicine  2 WTE
Obstetrics & Gynaecology  1 WTE
Paediatrics  1 LTFT trainee (40% gap)
Trauma & Orthopaedics  1 WTE

Other Grades

5 April to 1 August 2017:
Acute Medicine  1 WTE ST3+
Anaesthetics   1 WTE CT
Emergency Medicine  1 LTFT ST3+ (40% gap)
ENT   1 WTE ST3+ in ENT plus 1 ST3+ in ENT 1 July to 31 August
General Medicine  1 LTFT CT (40% gap)
Obstetrics & Gynaecology  1 LTFT ST3+ (40% gap)
Paediatrics  1 WTE ST1-3

2 August to 31 August 2017:
Acute Medicine  1 WTE ST3+
Anaesthetics   1 LTFT ST3+ (40% gap)
Emergency Medicine  1 WTE CT
ENT   1 WTE ST3+
Geriatric Medicine  1 WTE CT
Haematology   1 WTE CT
Obstetrics & Gynaecology  1 WTE ST3+ (offset by 2 x 60% LTFT in a slot share)
Paediatrics  1 LTFT ST4+ (20% gap)
Trauma & Orthopaedics  1 LTFT ST3+ (40% gap)

1 September – 30 November 2017

FY1/FY2 Gaps from 01 September 2017 – 30 November 2017
1 Sep – 30 November 2017:
General Medicine  1 WTE at FY2
General Medicine  1 LTFT (40% gap) at FY1
General Surgery  1 LTFT (40% gap) at FY1

GP Gaps from 1 September 2017 until 30 November 2017
Emergency Med  1 WTE
General Medicine  2 WTE
Obstetrics & Gynecology  1 WTE
Trauma & Orthopaedics  1 WTE
Paediatrics  1 LTFT (40% gap)
Other Grades

1 Sep – 30 November 2017:
- Emergency Medicine: 1 WTE (ST3+)
- Diabetes: 1 WTE (ST3+)
- Acute Medicine: 1 WTE (ST3 + until 2nd October)
- General Medicine: 2 WTE (CMT)
- Anaesthetics: 1 LTFT 40% gap (ST5)
  1 WTE (ACCS)
- Obstetrics & Gynaecology: 1 WTE (ST3+)
- Trauma & Orthopaedics: 1 LTFT 40% gap (ST4+)
- ENT: 1 WTE
- Paediatrics: 2 WTE (ST3+)

Locum Bookings

Total number of shifts that required covering for the period 1 December 2016 – 31 November 2017.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Total number of shifts</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1/F2/GP/CST</td>
<td>780</td>
</tr>
<tr>
<td>SpR</td>
<td>178</td>
</tr>
<tr>
<td>Total shifts</td>
<td>958</td>
</tr>
</tbody>
</table>

Total number of shifts 01 December 2016 – 31 November 2017
Breakdown of the shifts covered by Bank or Agency staff for the period 1 December 2016 – 31 November 2017

<table>
<thead>
<tr>
<th>Shifts covered by</th>
<th>Number of shifts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
<td>584</td>
</tr>
<tr>
<td>Agency</td>
<td>374</td>
</tr>
<tr>
<td>Total</td>
<td>958</td>
</tr>
</tbody>
</table>

Shifts covered by Bank or Agency staff for the period 01 December 2016 – 31 November 2017

- Bank: 61%
- Agency: 39%
Reasons for booking additional staff to cover the shifts for the period 1 September 2017 – 31 November 2017

<table>
<thead>
<tr>
<th>Reasons for booking</th>
<th>Number of shifts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacancies</td>
<td>848</td>
</tr>
<tr>
<td>Sickness</td>
<td>62</td>
</tr>
<tr>
<td>Carer’s</td>
<td>2</td>
</tr>
<tr>
<td>Maternity/Paternity</td>
<td>38</td>
</tr>
<tr>
<td>Induction</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>958</strong></td>
</tr>
</tbody>
</table>

**Number of shifts 01 September 2017 – 31 November 2017**

Fines

There were 2 fines administered during this period.

<table>
<thead>
<tr>
<th>Fines by department</th>
<th>Number of fines levied</th>
<th>Value of fines levied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma and Orthopaedics</td>
<td>2</td>
<td>£139.88</td>
</tr>
</tbody>
</table>

**Qualitative Information**

As part of the Terms and Conditions of Service of the New Junior Doctor Contract (2016), the Trust is required to report annually to the Board of Directors the activity and data related to the implementation and ongoing operational management of the contract.

This is the first annual report and now encompasses all doctors in training. There were a limited number of doctors who required pay protection as well as senior trainees who were subject to category 2 pay protection and will continue to be paid under the old terms and conditions until the end of their training.
Work schedules (timetables) have been developed by the Postgraduate Clinical Tutor and these are amended in line with training, educational and departmental operational demands.

Any concerns a doctor in training may have regarding their working schedules are dealt with by the educational/clinical supervisor and, if necessary, the operational general manager in a timely manner and with agreed actions to resolve any issues.

**Issues Arising**

The Trust continues to experience high levels of vacancies in its junior doctor allocations from Health Education England (West Midlands) due to training posts remaining unfilled.

The Trust seeks to recruit to these vacancies but is largely unsuccessful due to the short-term nature of the placements (4 or 6 months) and the general shortage of doctors looking for ad hoc work.

These vacancies can be variable as the vacant posts ‘rotate’ throughout the year but continue to have a financial and service impact.

Bank and agency cover is used to cover shortfalls where necessary however this also brings with it a financial cost.

**Actions Taken to Resolve Issues**

Every effort is taken to fill vacant slots either by active recruitment or with internal/external locum cover to maintain operational service delivery and patient safety. The Trust also continues to redesign its services/skill mix to minimise any impact on patient care.

The Trust is looking into alternative & creative ways to fill existing vacancies. There is currently a team looking at establishing a clinical attachment programme and overseas recruitment for Medical Training Initiative (MTI) posts. It is hoped that these will lessen the impact of vacant training posts by enhancing the Trust’s ability to recruit to these positions.

Locum (bank or agency) staffing is utilized to cover unfilled shifts wherever possible by the medical staffing department establishing a list of contacts who can regularly be called upon to cover shortfalls.

**Summary**

The Trust has successfully implemented the 2016 Junior Doctor contract with junior doctors transitioning to the new terms and conditions commencing from December 2016 to October 2017.

The Trust appointed Mr F Hashmi as GoSW. He has established a GoSW meeting for junior doctors which take place bi-monthly. The GoSW also holds fortnightly meetings with Medical Workforce and Medical Education teams as well any ad-hoc meetings as required. He also attends the regional and national GoSW meetings.

The Trust successfully implemented an exception reporting process for Junior Doctors, a key requirement of the new contract. During the period covered by this report a total of 13
separate exception reports have been received, including 2 reports that raised ‘immediate safety’ concerns of working hours exceeding the contractual limit due to staffing issues. A meeting was held with the Clinical Director and actions were taken to address the situation.

No doctors in training have raised any lack of training/educational opportunities via the exception reporting system whilst on placement with the Trust.

Future quarterly reports will be produced over the next 12 months and continue to be reported to the Management Board.