

NLG(17)464

DATE OF MEETING	October 2017
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Bryony Simpson Guardian of Safe Working Hours
CONTACT OFFICER	Jane Heaton
SUBJECT	Quarterly Report
BACKGROUND DOCUMENT (IF ANY)	
PURPOSE OF THE PAPER:	For Assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	<p>The Quarterly report, August – October 2017 details the update on the Guardian’s work and the progress within NL&GFT regarding the implementation of the 2016 Contract including the Exception Reporting system which is a part of the 2016 contract TCS for Junior doctors.</p> <p>It examines issues arising from the process and possible solutions. Issues to note are:</p> <ul style="list-style-type: none"> • Increased numbers of Exception Reports • Increased engagement of Education Supervisors • Failures by the Trust to meet the requirements of the 2016 Contract regarding Induction <p>Ongoing challenges regarding:</p> <ol style="list-style-type: none"> 1. Full engagement of medical staff -some still not engaging and/or breaching response times 2. Rota issues 3. Vacancies and use of Locums 4. The provision of Work Schedules for all Trainees <p>Actions to address challenges:</p> <ul style="list-style-type: none"> • Escalation of non-compliance and involvement of CEO re failure of College Tutors to produce Work Schedules • Rotas cleansed and compliance checked • Liaison with JD representatives via the JDF SWH • Collaboration with BMA to write Guidance and ensure compliance with 2016 Contract • Meeting held to investigate failures in August Induction process and compilation of standards and deadlines for future Inductions by December end 2017 • Production of Guidance / e presentation regarding NLG’s processes for Exception reporting and Escalation

HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	YES
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	YES
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	YES
THE PROPOSALS OR ARRANGEMNTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	The 2016 contract is mandatory
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	2016 TCS
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	YES
ACTION REQUIRED BY THE BOARD	The Board is asked to note the update regarding the implementation of the 2016 contract and the obstacles encountered together with recommendations for future action.

Board of Directors

Guardian of Safe Working Report

Q4 report August to October 2017

1. Introduction and background

This is the fourth quarterly report concerning the progress of the implementation of the 2016 Junior Doctor Contract by the Guardian of safe working hours, including the Exception Reporting system for the quarter August to October 2017.

August 2017 marked the date for the extension of the 2016 Contract to nearly all Trainees whereas until August the contract applied mainly to FY1 and FY2 trainees.

There are no trainees within the Dentistry service at NLG and so the report applies only to Junior Doctors.

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours. The Guardian role was introduced with the responsibility of ensuring doctors are properly paid for all their work and by making sure doctors aren't working unsafe hours.

The role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours for the junior doctors. The work of the guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

The Board receives a quarterly report from the Guardian, which includes:

- Aggregated data on exception reports, broken down by categories such as specialty, department and grade.
- Details of fines levied against departments with safety issues.
- Data on rota gaps / staff vacancies/locum usage
- Qualitative narrative highlighting areas of good practice and / or persistent concern.

Work scheduling –junior doctors and employers are required to complete work schedules for the doctors in training. This begins as a generic schedule setting out the hours of work, the working pattern, the service commitments and the training opportunities available during the post or placement.

This work schedule should be developed by the College Tutors and offered to the trainees **before** they begin their placement in order that they can meet with their Educational Supervisor and discuss their individual training needs and how they will be factored into their timetable. This enables a personalisation of the schedule and ensures that Trainees can meet their training and development requirements and receive a quality experience that they can recommend to others. Trainee Doctors must complete their Portfolios and pass their ARCP (Annual Review of Competency Progression) to move on to the next stage of training.

The duty roster should also be provided at least six weeks in advance of the doctor starting in post.

Unfortunately, the vast majority of trainees arriving at NL&GFT in August 2017 did not receive their full work Schedule which has led to difficulties for them planning their work and training. With the exception of Paediatric and Anesthetics at DPOW, College Tutors did not write work schedules and this duty has been fulfilled by Medical Education with most schedules only going out in November, some 4 months late.

Exception Reporting – To date Exception Reporting has given valuable information regarding the state of play on the frontline enabling doctors to raise exception reports where their work schedules do not reflect their actual work patterns and to highlight areas of concern. Combined with the JDF SWH this information has led to improvements in care and behaviours. It is important that the ER system is seen in this positive light not only to protect safe working hours but also to give insight into pressures and practices that can be addressed. There have been reports from some Juniors that some Consultants have not seen the need for the Exception Reporting system and perhaps view it as a failure in their Department if a Junior logs an ER. It is important that from the Board down and throughout the organisation the Exception Reporting system is seen as a means to inform the organisation of areas of pressure and alert the system to make changes where necessary to ensure that working hours are safe.

2. Guardian of Safe Working Report

Implementing the Role

The Guardian has now been in post since December 2016 and liaises at a national and regional level with other Guardians. The Guardian has been working closely with the Director of Medical Education and colleagues from medical staffing, rostering, post graduate medical education, human resources and finance to establish the role in the Trust and build relationships. For some aspects of the system guidance is still being written by NHS Employers and all employers are learning together as the system is rolled out.

By the end of 2017 all junior doctors will be on the new contract. The table below shows the number of trainee posts available and filled by Health Education Yorkshire and the Humber. Some of the vacancies have been filled by the Trust.

	SGH		DPOW	
Grade	Posts	Filled by trainees	Posts	Filled by trainees
F1	24	17	24	19
F2	16	10	25	17
GPVTS	10	9	11	9
CT 1/2	20	7	20	8
ST 1/2	38	9	38	6
TRUSTGRADES		18		14

Currently Trust grades are not covered by the 2016 contract although Trusts across England are starting to include them anyway in a spirit of equal opportunities and TCS. This decision has not been made in NL&GFT and so Trust Grade Doctors sit outside of the 2016 Contract and the Exception Reporting system.

The Board will want to decide whether this is to continue or whether they wish to offer the same conditions to Trust Doctors.

Challenges

Engagement

Engagement with the Junior Doctors has largely taken the form of the regular meetings of the Safe Working Hours - Junior Doctors Forum (SWHJDF). The Guardian has been supported by the BMA, Junior Doctor representatives from DPOW and SGH who liaise with their peers informing and encouraging them. An information and training package has been devised and delivered by the Guardian at Induction sessions and is available electronically. The Junior Doctor representatives regularly liaise with the Guardian regarding any ongoing issues and act as a bridge with the LNC.

The BMA regional representative attends the SWH JDF and is supportive offering advice and liaising with the national BMA. The LNC Chair or deputy has a place at the SWH JDF and receives the minutes of meetings and copies of Board reports.

Engagement with the Educational Supervisors (ES) and other Consultants has been challenging. In the period from 1.12.16 to 31.8.17, 80% of the Exception Reports were not responded to by Educational Supervisors and had to be signed off by the Guardian. The Contract specifies that Educational Supervisors should respond in a timely fashion, within 14 days of the Exception report being logged. They should agree/disagree with the report and decide on action - either TOIL or payment. Training regarding the system and Q and A sessions have been delivered at MAC, HCC, Educational Supervisors meeting, sub regional Education meeting, the Dean's Conference, the area Education

Committee and on a 1-1 basis by request. All Consultants have been given details of an e-learning package, which takes 15-20 minutes to complete and is available to all. Some ES do not agree that they have a role in this, despite it being a Contractual requirement and discussions are underway to resolve the issue internally.

An issue has arisen where a trainee working in NL&G has an Educational Supervisor who is a GP and who refuses to sign off ERs committing NL&GFT to payment or TOIL. This has been escalated nationally via the BMA and we are waiting for a response. In the meantime, the Guardian is fulfilling this duty.

There has however been a slight improvement in responses from Educational Supervisors since August and the situation was as follows at the end of the quarter:

Overdue Exception reports = 30

Open Exception reports for Hours/Rest within timescale = 35

Open Exception Reports for Education = 2

Exception reports for Hours/Rest closed = 76

Exception Reports for education closed = 2

Total Closed = 81

For information the following relates to ERs logged on the system

Top 5 Specialties

Specialty	
General Surgery	46
General Medicine	43
Paediatrics	8
Obstetrics and gynaecology	8
Accident and emergency	4

Top 5 Rotas

DRSID	Rota	
24177	SGH 20 F1 Gen Surg Live	25
24176	F1 LIVE 3 DPOW 1 in 7	19
24200	LIVE 9 SGH F1/F2	12
24206	LIVE CT SGH 6	12
38668	13 F1 & F2 Gen Med	12

Top 5 Grades

Grade	
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F1	88
StR	18
FStR (FT)	7
F2	2
SHO	1

Software System

The Trust uses a nationally procured system for medical staff rotas called the Doctors Rostering System 4 (DRS4), which is the system now used for exception reporting. Each junior doctor on the new contract has been given log in details and been registered on the system to submit an exception report as necessary. The Educational Supervisors have also been registered and set up on the system. This process must happen with each rotation. The Guardian has sight of all reports and responses.

The DRS4 does not 'speak' to payroll and thus all requests for additional payment for hours worked must be administered manually. Therefore, the Guardian has written a local protocol for the smooth transfer of information from DRS Medical Staffing to Finance and payroll to ensure that JDs are paid any monies owing on time.

We are working closely with the authors of the system, Skills for Health, and making improvements incrementally. The Guardian has written a protocol for the smooth payment of extra hours incurred via Exception Reporting. This internal process to record and validate payments in line with the current payroll cut off period for prompt payment of additional hours is now up and running.

There are concerns regarding the DRS4 system and its functionality for reporting. The Regional Guardians group have met with the authors of DRS4 and offered their feedback and changes are being made. The Guardian and Medical Staffing Manager have reviewed an alternative system called 'Allocate', favoured by some other Trusts but functionally and financially it is not seen to offer enough advantage to merit a change.

Workload

NLaG have allotted four hours per week to the Guardian Role to cover NLG and Navigo. In the long-term this may be adequate but during the introductory phase there has been much extra work. The Guardian has also taken on the trainees hosted by Navigo from 1st August 2017 and although small in numbers they still require Induction training, regular JDFs and liaison. Workload has also increased following the inclusion of all Trainee grades from 1st August 2017. Currently there is a system in place where additional sessions are paid to the Guardian upon submission and the Head of Medical Staffing has compiled a paper for review by the MD.

Currently the Guardian has been assisted by admin from Post Graduate Education. The Medical Staffing Manager, Caroline Taylor has also been hugely supportive in introducing the new system, answering queries from users and devising and introducing an escalation process to aid the educational supervisors with the timescales for responding/authorising ER's.

The new contract does have workload implications for both educational supervisors and clinical supervisors when a trainee submits an exception report. The amount of time varies and is most onerous for those in Medicine and Surgery. However, for most Supervisors it is one or less per month although for a few Supervisors it has been one or two a week.

Junior Doctors Forum -Safe Working Hours

In Line with the requirements of the 2016 Contract the Guardian has established the Safe Working Hours- Junior Doctor Forum (SWHJDF); there is one forum across both hospital sites. To date the JDF SWH has met more often than required by the Contract to embed behaviours and address issues. From September 2017 the JDF SWH has reverted to quarterly meetings as specified in the Contract.

Terms of reference and membership have been agreed. Every effort has been made to widen the junior doctor membership of the Forum to encourage a more diverse representation across the Trust.

The following issues have been discussed at the Junior Doctor Forum and addressed by the Trust:

- Development of an APP for JDs
- Inadequate IT provision at SGH means JDs are queuing to load information
- Rotas in Surgery need reviewing because of ongoing vacancies -an incorrect rota was issued in August 2017 causing problems with hours but this has now been rectified
- Short notice of changes, sometimes on the day, mean that Juniors are unable to plan life outside of work and do not know from day to day where they will be working
- A chain of escalation is not always in place – this includes juniors working on RDaSH site but employed by NLG
- Lack of back up from senior staff overnight
- Handovers planned regularly outside of the Junior's working hours
- Ward rounds late in the day meaning all JD jobs arising from the ward round detain the JD after their allotted time.
- Lack of staff- particularly senior cover
- Inappropriate tasks being assigned to JDs
- Phlebotomy tasks being disproportionately assigned to JDs
- Mandatory training- ALS- scheduled over 2 ten-hour days, exceeding working hours

An Action log of tasks arising from the SWH JDF is maintained and monitored by the Guardian.

Exception Reports and Fines.

The whole point of the exception reporting system is to allow employers to address issues and concerns as they arise, in real time, and to keep doctors' working hours, both rostered and actual, within safe working limits. If the system of work scheduling and exception reporting is working correctly then most reports should be responded to with TOIL as the spirit of the agreement is that JDs hours are not excessive during the course of a week and extra payments and fines kept to a

minimum.

To the end of October 2017 one fine has been imposed by the Guardian for exceeding a working time of 72 hours in 7 consecutive days. This was incurred in the Cardiology placement at DPOW. The fine imposed amounted to 7 hours at £31.57 =£221.02 for the 72 hours breach in 7 days, paid to the JD and £132.62 for the Guardian SWH JDF training fund.

From 1st August 2017 to 31st October 2017 we have received 120 exception reports from Doctors totalling 181.96 hours.

DPOW

- 45 exception reported total hours 92.5
- 18 exception reports agreed of which 9.5 hours to be paid as additional hours
- 24 exception reports Yet to respond total 29.5 hours
- 21.5 hours given as TOIL
- 6 exception reports not agreed total 16 hours

SGH

- 72 exceptions reported total hours 85.16
- 4 exception reported total 5.25 hours to be paid as additional hours
- 26 exception reports Yet to respond total 35.3 hours
- 6 exception reports agreed as no action required total 2.5 hours
- 39.06 hours given as TOIL

Escalation

We are still struggling to engage Educational Supervisors (ES) in the process and are breaching our time targets for responding to the Exception Reports.

To try and improve performance on this front we have devised an Escalation process, agreed with the SWH JDF, which involves the Medical Staffing Manager sending a reminder alert to the ES and their administrative support requesting that they action the ER and offering to support them if they are unfamiliar with the system.

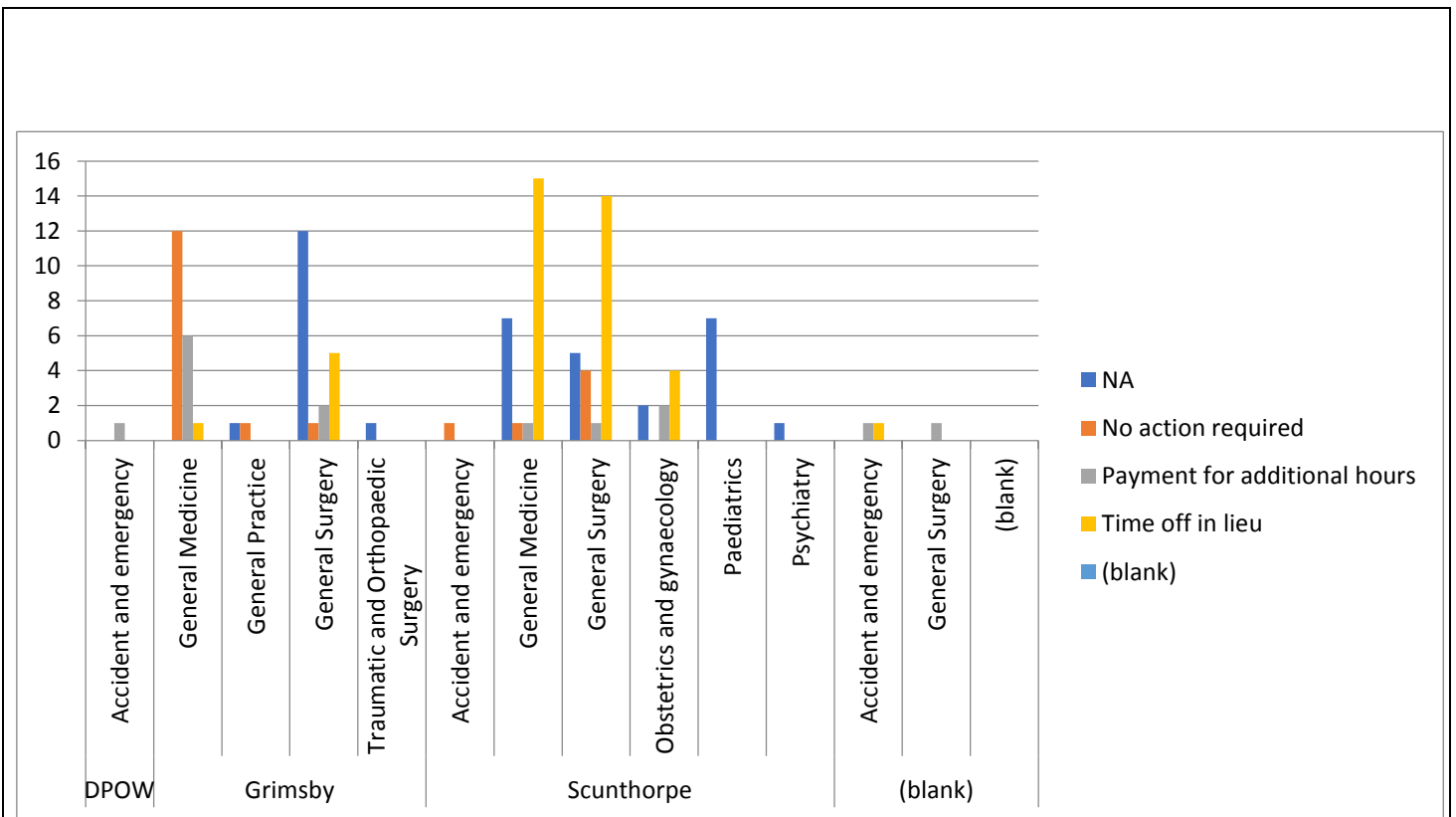
To date this is having little success and the Guardian has had to send individual reminders to ES and then intervene with some very overdue ERs and action them in lieu of an ES response This is unsatisfactory and against the Contract guidance.

It is proposed that we introduce another system where the DME and then MD send reminders to ES who do not respond

to their trainees exception reports.

Count of Response	Column Labels					Grand Total
	NA	No action required	Payment for additional hours	Time off in lieu	(blank)	
Row Labels						
Accident and emergency			1	2	1	4
Difference in work pattern			1			1
Scunthorpe			1			1
Late finish				2	1	3
DPOW				1		1
(blank)				1	1	2
General Medicine	7	13		7	16	43
Difference in work pattern	1					1
Scunthorpe	1					1
Early start		5			1	6
Grimsby		5				5
Scunthorpe					1	1
Late finish	6	6		7	14	33
Grimsby		6		6	1	13
Scunthorpe	6			1	13	20
Unable to achieve breaks					1	1
Scunthorpe					1	1
Unable to attend scheduled teaching/training		2				2
Grimsby		1				1
Scunthorpe		1				1
General Practice	1	1				2
Early start		1				1
Grimsby		1				1
Late finish	1					1
Grimsby	1					1
General Surgery	17	5		4	19	45
>72 hours work in 7 days		1				1
Scunthorpe		1				1
Difference in work pattern	1					1
Scunthorpe	1					1
Early start	1			1	1	3
Grimsby	1					1
Scunthorpe				1	1	2
Early start;Late finish	1				3	4
Grimsby	1				3	4
Early start;Late finish;>72 hours work in 7 days	2					2
Grimsby	2					2
Early start;Late finish;Unable to achieve breaks				1		1
Grimsby				1		1

Late finish	12	1	2	14	29
Grimsby	8		1	2	11
Scunthorpe	4	1		12	17
(blank)			1		1
Late finish;Unable to achieve breaks				1	1
Scunthorpe				1	1
Unable to attend clinic/theatre/session		2			2
Scunthorpe		2			2
Unable to attend scheduled teaching/training		1			1
Grimsby		1			1
Obstetrics and gynaecology	2		2	4	8
Late finish	2		2	3	7
Scunthorpe	2		2	3	7
Late finish;Unable to achieve breaks				1	1
Scunthorpe				1	1
Paediatrics	7				7
Difference in work pattern	5				5
Scunthorpe	5				5
Late finish	2				2
Scunthorpe	2				2
Psychiatry	1				1
Difference in work pattern	1				1
Scunthorpe	1				1
Traumatic and Orthopaedic Surgery	1				1
Late finish	1				1
Grimsby	1				1
(blank)					
(blank)					
(blank)					
Grand Total	36	20	15	40	111



Trust Trainee vacancies

August 2017 31.81%

September 2017 31.22%

October 2017 28.45%

Locum information from 1st August 2017 to 31st October 2017

Filled by	Internal Bank
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Locum bookings (bank) by Grade

Grade	Data		
	Total Shifts	Total Hours	Total Bank Hours
Associate Specialist	53	518	518
Consultant	304	2518	2518
Core Trainee/ST1&2 (formally SHO)	419	3777.75	3777.75
FY 1	159	1301.25	1301.25
FY 2	81	715	715
GPVTS	2	20	20
Middle Grade	742	6738	6738
StR (ST3-8)	348	3216.5	3216.5
Nurse	6	71	71
Grand Total	2114	18875.5	18875.5

Filled by	Internal Bank
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Locum bookings (bank) by department

Specialty	Data		
	Total Shifts	Total Hours	Total Bank Hours
Acute Medicine	246	2228	2228
Anaesthetics	396	2939	2939
Anaesthetics and Critical Care	25	281	281
Cardiology	12	75	75
Care of the Elderly	109	953	953
Diabetes	70	577	577
Emergency Medicine	379	3365	3365
ENT	14	222	222
Gastroenterology	10	54	54
General Medicine	37	395	395
General Surgery	110	1262	1262
Haematology	30	225	225
Obstetrics and Gynaecology	105	770	770
Ophthalmology	22	319	319

Orthopaedic and Trauma Surgery	94	1195	1195
Paediatrics	2	16	16
Paediatrics and Neonates	234	1944	1944
Respiratory Medicine	11	115	115
Stroke Medicine	164	1324	1324
Urology	32	520	520
Surgical Ophthalmology	10	75	75
Rheumatology	2	25	25
Grand Total	2114	18876	18876

Filled by	Internal Bank
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Locum bookings (bank) by reason

Reason	Data		
	Total Shifts	Total Hours	Total Bank Hours
Annual Leave	17	131	131
Compassionate/Special leave	36	458.25	458.25
Exclusion/suspension	10	150.5	150.5
Exempt from On Call	89	1111	1111
Extra Cover	147	318	318
Induction	48	426.5	426.5
Maternity/Pregnancy leave	9	101	101
Novice EM DR	75	746	746
Patient transfer	2	3.5	3.5
Restricted Duties	7	60	60
Seasonal Pressures	11	129	129
Shadowing	3	27.5	27.5
Sick	128	1236.75	1236.75
Study Leave	21	158	158
Vacancy	1463	13377.75	13377.8
Paternity Leave	1	12.5	12.5
Vacancy - Deanery Gap	47	428.25	428.25
Grand Total	2114	18875.5	18875.5

Filled by	Agency
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Locum bookings (agency) by department

Specialty	Data		
	Total Shifts	Total Hours	Total Agency Hours
Acute Medicine	1108	10172.58	10172.6
Anaesthetics	189	1697.25	1697.25
Anaesthetics and Critical Care	69	539.25	539.25
Cardiology	530	4252.49	4252.49
Care of the Elderly	504	4115.67	4115.67
Diabetes	75	630.25	630.25
Emergency Medicine	1057	10012.91	10012.9
ENT	497	5131.59	5131.59
Gastroenterology	425	3524.75	3524.75
General Medicine	195	1935.5	1935.5
General Surgery	1030	9597.91	9597.91
Haematology	104	834.83	834.83
Histopathology	167	1319.17	1319.17
Obstetrics and Gynaecology	27	299.42	299.42
Oncology	66	487.5	487.5
Ophthalmology	232	1971.08	1971.08
Orthopaedic and Trauma Surgery	658	6305.58	6305.58
Paediatrics and Neonates	173	1700.33	1700.33
Radiology	42	348	348
Respiratory Medicine	275	2332.76	2332.76
Stroke Medicine	134	1164.5	1164.5
Urology	218	1918	1918
Surgical Ophthalmology	35	264.25	264.25
Rheumatology	4	48	48
Grand Total	7814	70603.57	70603.6

Filled by	Agency
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Locum bookings (agency) by Grade

Grade	Data		
	Total Shifts	Total Hours	Total Agency Hours
Consultant	1802	15831.51	15831.5
Core Trainee/ST1&2 (formally SHO)	2711	24444.26	24444.3
FY 1	247	2077	2077
FY 2	384	3528.57	3528.57
GPVTS	15	158.5	158.5
Middle Grade	1440	13647.49	13647.5
StR (ST3-8)	1215	10916.24	10916.2
Grand Total	7814	70603.57	70603.6

Filled by	Agency
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Locum bookings (agency) by Reason

Reason	Data		
	Total Shifts	Total Hours	Total Agency Hours
Annual Leave	32	261.75	261.75
Compassionate/Special leave	62	628	628
Exempt from On Call	16	193.5	193.5
Extra Cover	117	1117.41	1117.41
Induction	14	133.5	133.5
Maternity/Pregnancy leave	1	1	1
Novice EM DR	2	19	19
Restricted Duties	24	224.5	224.5
Seasonal Pressures	5	50	50
Sick	48	466.08	466.08
Study Leave	16	163.5	163.5
Vacancy	7445	67021.33	67021.3
Vacancy - Deanery Gap	32	324	324
Grand Total	7814	70603.57	70603.6

Filled by (Multiple Items)

Total Hours

Row Labels **Sum of Estimated Quantity**

01/08/2017	33094
01/09/2017	31141
01/10/2017	31384

Grand Total **95619**

Filled by (Multiple Items)

Total Shifts

Row Labels **Count of Estimated Quantity**

01/08/2017	3642
01/09/2017	3458
01/10/2017	3597

Grand Total **10697**

Special (Multiple Items)

Sent to Agency

Row Labels **Count of Shift From**

01/08/2017	3079
01/09/2017	2959
01/10/2017	3079

Grand Total **9117**

Filled by Agency

Agency Filled

Row Labels **Count of Shift From**

01/08/2017	2629
01/09/2017	2531
01/10/2017	2654

Grand Total **7814**

Filled by	Internal Bank	
	Internal Filled	
Row Labels	Count of Shift From	
	01/08/2017	783
	01/09/2017	654
	01/10/2017	677
Grand Total		2114

Networking

The Guardian is attending national meetings and training and is a member of the quarterly, regional forum of safe working Guardians as well as having email contact with many other Guardians in the region to share updates etc. There is a view that junior doctors are reluctant to report excess hours, for fear of damaging their relationship with their training /clinical supervisor - even possibly affecting their jobs in the future, hence the culture of no blame being of utmost importance.

Next Steps

- To circulate updated NLG guidance to all Trainees and Supervisors
- To continue to build on positive working relationships with new BMA reps at NL&G
- To increase engagement and support Educational Supervisors as they familiarise themselves with the new system and make decisions. This will be tackled through the KPIs for ES and working with the DME support ES to fulfil their contractual duties.
- To implement the proposed new Escalation process and speed up the responses to ERs ensuring they are dealt with within the specified time.
- To ensure that Navigo JDs are included within the system and receive a service tailored to their requirements.
- To share data from the ER system with specialty managers ensuring that they are aware of costs incurred and issues raised so that they can work on improvements .

3. Conclusion

The roll out of the 2016 Safe Working Hours TCS continues with the extension from FY1s to all trainees . Many Juniors have embraced the system and are genuinely committed to Exception Reporting and maintaining a professional work-life balance, promoting safe working. Information gleaned from the ERs enables the Guardian and DME to keep abreast of the challenges and threats to the provision of quality Trainee placements at NL&G and evidence to date shows that this has been acted upon.

Much work has been done to devise internal systems for escalation and payment of hours and the introduction of the NL&G App with its Junior Doctor section which can access DRS4 and ER has been popular.

The challenge increases around Consultant engagement and improving the response to their contractual duties.

The recruitment and induction of trainees in August failed to offer a quality experience and caused many complaints, thus damaging the reputation of the Trust as a provider of training places.

4. Recommendation

1. The Board are asked to read and note this fourth, quarterly report from the Guardian of Safe Working Hours.
2. The Board are asked to support robustly the encouragement of clinical directors, directorate managers and educational supervisors to be aware of, and fulfil their responsibilities within the new contract.
3. The Board are asked to promulgate positive messages regarding the 2016 contract and the importance of the ER system as a tool to improve safety and training.

Author

Bryony Simpson
Guardian of Safe Working

Owner

Chief Executive

Date

November 2017

