

Board of Directors

Date: 13th September 2017

Item Ref:

09

TITLE OF PAPER	Guardian of Safe Working (junior doctors)
TO BE PRESENTED BY	Dean Wilson – Director of Human Resources
ACTION REQUIRED	To receive, for information and assurance, an updated report. Previous versions were received by EDG on 6 th July 2017 and WODC on 28 th July 2017.
OUTCOME	To be noted at Board.
TIMETABLE FOR DECISION	For information and discussion.
LINKS TO OTHER KEY REPORTS / DECISIONS	Exception reports. Allocate reporting system. Organisational structures. Enhanced Junior Doctors Forum. Safeguards.
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	As above.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	As described in the report, as appropriate.
CONSIDERATION OF LEGAL ISSUES	As above.

Author of Report	Simon Mullins
Designation	Consultant Psychiatrist, Guardian of Safe Working
With input from	Dean Wilson, Director of Human Resources Mike Hunter, Medical Director
Date of Report	6 th September 2017

SUMMARY REPORT

Report to: Board of Directors

Date: 13th September 2017

Subject: Guardian of Safe Working (junior doctors)

Presented by: Dean Wilson, Director of Human Resources

Author: Simon Mullins, Consultant Psychiatrist, Guardian of Safe Working

With input from: Dean Wilson, Director of Human Resources
Mike Hunter, Medical Director

1. Purpose

To update the Board on implementation of the new Juniors Doctors contract (2016) and to provide assurance to the Board.

Provide an update on the role of the Guardian of Safe Working.

2. Summary

- Positive progress made in implementing new contract (all rotas and work schedules compliant).
- Only one exception report received (June 2016).
- On line reporting system (Allocate) introduction commenced in August 2017 for Exception reporting.
- Identify any training needs for supervisors.
- Identify any areas of concern.
- Further development of the role of the Guardian within organisational structures still required.
- Establishment of Junior Doctors Forum to promote collaborative approach and further proposal to develop additional Forum as necessary and in line with recommendations from the Royal College of Psychiatrists.

3. Next Steps

Further progress plans for Training, address any areas of concern, develop plans for any other Forum.

Agree integration of GOSW into organisational meetings that are relevant to junior doctors' safe working in line with best practice recommendations.

4. Required Actions

GOSW to agree plan for next steps with Director of Human Resources and/or Medical Director.

5. Monitoring Arrangements

6 monthly updates and an annual report required from GOSW to Board.

6. Contact Details

For further information, please contact: dean.wilson@shsc.nhs.uk

Guardian of Safe Working (for Junior Doctors) Annual Report to the Board of Sheffield Health and Social Care NHS Foundation Trust

1. Background

The 2016 Terms and Conditions of Service (TCS) for doctors in training introduced a new role, the Guardian of Safe Working (GOSW) in all organisations that employ or host NHS trainee doctors. The role was devised to give trainee doctors an independent individual who could develop an environment of safe working as well as oversight of compliance with contractual safeguards. The GOSW exists to support the resolution of breaches, but is not directly responsible for managing the processes. It is advisable that the GOSW should not hold any managerial role within the organisation, but is accountable to the Board, and provides assurance to the organisation of compliance with safeguards.

The Junior Doctors contract 'went live' on 3 August 2016 followed by a phased implementation. In August 2017 all newly appointed medical trainees became subject to the new contract. Clearly, there continues to be a transition period with some trainees appointed before this date (training schemes typically lasting three years) remaining on the pre-2016 contract.

2. GOSW Appointment

Simon Mullins was appointed as GOSW in July 2016 and has attended 2 national and 2 regional events hosted by NHS Employers as professional development for the role.

This is the first formal report to the Board.

Administrative support has been identified within the Postgraduate Medical Education Department.

The GOSW has worked with colleagues in the Post Graduate Medical Education Department as well as the trainee doctors to support implementation of the new contract.

3. New Contracts (July 2017)

	Filled posts	Vacancies	New contract
Foundation Y1	7	1	7
Foundation Y2	5	0	5
Core Trainees	14	1	0
Higher Trainees	8 (GA) 4 (OA)	2 0	1 0
GP Trainees	3	0	3

3.1 New contracts (August 2017)

	Filled posts	Vacancies	New contract
Foundation Y1	8	0	8
Foundation Y2	5	0	5
Core Trainees	14	1	1
Higher Trainees	6 (GA) 4 (OA)	3 0	1 0
GP Trainees	3	0	3

4. Rota compliance

All current rotas are compliant with safeguards 2016 TCS.

From August the Higher Trainee rota increased from 1 in 11, to 1 in 8 (with 4 of the 6 General Adults higher trainees included on the rota). The rota is compliant with 2016 safeguards.

5. Rota Gaps

There are no scheduled gaps in rotas.

6. Locum use and expenditure

The table outlines spend on Locums for 12 months up to March 2017 and includes 'out of hours' rotas and daytime locums. The process of offers to locums with advice from PGME ensures there are no breaches in safeguards.

April 2016 to March 2017

Running Total for Financial Year:			£ 192,179.30
Month	Internal	Agency	Total Locum spend
Apr-16	£ 1,292.72	£ 7,100.50	£ 8,393.22
May-16	£ 2,327.65	£ 20,834.50	£ 23,162.15
Jun-16	£ 3,315.96	£ 5,547.35	£ 8,863.31
Jul-16	£ 3,520.89	£ 12,929.38	£ 16,450.26
Aug-16	£ 1,123.98	£ 3,237.75	£ 4,361.73
Sep-16	£ 532.45	£ 1,711.07	£ 2,243.51
Oct-16	£ 552.24	£ 2,158.50	£ 2,710.74
Nov-16	£ 2,480.63	£ 539.63	£ 3,020.25
Dec-16	£ 1,946.54	£ 33,513.00	£ 35,459.54
Jan-17	£ 3,054.73	£ 30,505.52	£ 33,560.25
Feb-17	£ 1,528.28	£ 39,300.10	£ 40,828.37
Mar-17	£ 1,129.78	£ 11,996.21	£ 13,125.99

7. Work Schedules

Work schedules contain the daytime duties/responsibilities and timetable of the doctor on that training placement. They are similar to consultant Job Plans. They are essential to be in place before a doctor commences in a post and are reviewed by the PGME to ensure they are compliant with safeguards. All training posts have an up to date work schedule.

8. Exception reporting

8.1 Background

Exception reporting is a method for Juniors Doctors to raise a concern about possible breaches in safeguards and also around training commitments. The exception reporting system protects individual doctors 'day to day' and may also highlight service areas that could have issues related to safe working or training. Issues are usually raised in the first instance with the clinical supervisor (CS) for resolution with typical outcomes being either time off in lieu or additional payment. Supervision also offers the opportunity for any issues to be addressed.

8.2 Role of Clinical and Educational Supervisors

The new contract states that the Educational Supervisor (ES) should respond to any exception reports with local arrangements agreed for the Clinical Supervisors (CS) to respond in the first instance. This is normal practice.

8.3 Introduction of Allocate

The Trust has commenced the introduction of the 'Allocate' exception reporting software to provide assistance in rota management. There is a plan to train all CS in the system as well as the junior doctors. The GOSW can see a summary of exception reports within the Allocate reporting system for review of any trends or issues.

8.4 Protection of GOSW

In August 2017 the Trust agreed that the role of the GOSW and provisions will apply to all trainees including those on the old contract.

8.5 Numbers of Exception reports

There has been only one exception (as of July 1st 2017). This related to a Foundation Trainee and it was agreed to provide an additional hours payment in that case, as is the protocol.

8.6 Additional methods of monitoring

The PGME is planning an audit to quantify average hours that doctors work during on-call (ie - non resident) shifts. Currently any additional work is monitored and used to calculate pay for those on the new contract. This will continue to be monitored to ensure that exception reports are not the sole source of capturing this information.

9. Junior Doctors Forum

Alongside the development of the GOSW role, discussions between NHS Employers and the BMA helped other initiatives build confidence in the safeguards. The Junior Doctors Forums have been established and are co-chaired by the Director of Medical Education and the GOSW. There is good representation from Trainee doctor reps at the meetings. A joint approach has been encouraged to enable Junior Doctors to co-produce any changes and developments relating to safe working. The GOSW has also engaged trainee doctors in other forums including committee meetings and through informal communication. The GOSW is able to gauge morale and 'wellness' through the challenging process undertaken to date. Morale is obviously important for this staff group and it is multi-faceted. The GOSW is pleased to report the strong sense of commitment to service users and carers, and to their training in psychiatry. The Royal College of Psychiatrists produced a 'peer led' report into the morale of trainees (Supported and Valued, 2017) which includes a recommendation of greater Board involvement where possible to further enhance the engagement of junior doctors.

There are some issues regarding recruitment into Psychiatry training posts which may have a practical impact on SHSC possibly by increasing frequency on the Higher Trainee rota. Notably, 60% of doctors in the Core Trainee posts in Sheffield have chosen to work less than full time – a situation that will also continue to be monitored.

The GOSW is in the process of developing a methodology for capturing a way of better understanding any issues related to morale and the 'wellness' of trainee doctors.

10. Good practice

The overall observation of the GOSW is that a considerable amount of time, effort and expertise has been committed to the implementation of the new contract within SHSC, and the work is ongoing. The PGME team and the DME demonstrate the values and cultures of safe working as well as supporting the practical elements. The very low number of exception reports to date is evidence and assurance of safe working for those on the new contract, and narrative reports are also predominantly positive for those on the old contract.

11. Areas of concern

The limited Higher Trainee rota-issues described in the body of report and the ongoing monitoring planned and led by PGME and discussed in JDF maintain the focus on this area. The GOSW role will continue to build on the trust and confidence of trainees to provide assurance to the Board.

Burbage ward - There have been some issues raised relating to this ward, and solutions have been devised and implemented, and these safeguards will continue to be monitored going forward.

Wellbeing – this is outlined in the body of report. We will explore the possibility of an Enhanced Junior Doctors Forum.

12. Recommendations

1. The role of the GOSW will continue to be monitored to ensure involvement as necessary in meetings relating to junior doctors.
2. The Areas of Concern described above will be investigated and recommendations developed to address the issues.
3. As described above, we will explore the possibility of developing an Enhanced Junior Doctors Forum.
4. Services reconfigurations and restructures should include consideration of the impact on safeguards for trainees.