

**AGENDA ITEM – GUARDIAN OF SAFE WORKING**

**BOARD OF DIRECTORS May 2022**

|  |  |
| --- | --- |
| **Report title** | Guardian of Safe Working Report |
| **Report from** | Louisa Wickham , medical director |
| **Prepared by** | Andrew Scott, guardian of safe working |
| **Attachments** | N/A |
| **Link to strategic objectives** | We will attract, retain and develop great people |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Brief** **summary of report**  The guardian of safe working report summarises progress in providing assurance that doctors are safely rostered, and their working hours are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. This report covers the period from 16/02/2022 – 19/05/2022.  **Exception Reports:**  I am pleased to report that during this period there have been **no exception reports**.  This is despite an unprecedented 44% gap in night rota cover. At present there are 9 doctors on the Lower House rota who work nights, of which 4 cannot undertake night duties until the end of the rotation in August due to unforeseen health circumstances. Most gaps have been filled by locums agreeing to step in for extra pay. But there have been two instances to date that remained unfilled and required an upper house doctor to cover at short notice. The doctors were released from pre and post night clinics in order to ensure adequate rest. However on one occasion, the consultant in charge of clinic did not release the trainee and as a result there was no adequate rest before the night shift. The trainee was invited to exception report but has as yet not done so. An exception report would incur a breach of the junior doctor contract and a fine would be levied.  After this episode, Ms Wickham has emailed the consultant body to ensure this never happens again and trainee doctors are released from clinic commitments if asked to work night shifts at short notice.  At present we are working to encourage and attract research and clinical fellows to fill in these gaps in order to minimise changes in the work schedules of our trainees. We are working with the College Tutor, senior residents, service directors and managers to adjust work schedules in order to minimise impacts to training opportunities and avoid rest breaches. I am regularly reminding trainees to exception report any instance where they have worked extra hours or missed training opportunities as a result of changes.  **High level data**   |  |  | | --- | --- | | Number of doctors in training (total): | 58 | | Amount of time available in job plan for guardian to do the role: | 1 PA/week | | Admin support provided to the guardian (if any): | Ad Hoc provided by HR | | Amount of job-planned time for educational supervisors: | 1 PA per week | | | | | | | | |
| **Actions/Discussions taking place:**   * Exception reporting is low, and this reflects trainees’ wellbeing and satisfaction in working conditions despite existing rota gaps.  1. **Summary**   Moorfields has been rapidly responsive to an unprecedented and unforeseen rota gap in night shifts. Steps are being taken to ensure that all Moorfields trainees are safely rostered in compliant rota patterns with no breaches of the terms and conditions of service. Most trainees are familiar with the process of exception reporting and there are systems in place to ensure prompt compensation payment for excessive hours worked. | | | | | | | |
| **Quality implications**  There are clear implications for patient care if the trust does not make sure it is adhering to the new contract and stricter safer working limits, reduction in the maximum number of sequential shifts and maximum hours that a junior doctor is able to work. | | | | | | | |
| **Financial implications**  The guardian of safe working may impose fines if specific breaches of the terms of conditions of service occur where doctor safe working has been compromised. | | | | | | | |
| **Risk implications**  The risk implications are detailed in the report in terms of reasons for exception reporting and potential impacts on the quality of care provided to patients if there are breaches in the contract. | | | | | | | |
| **Action required**  The board is asked to consider the report for assurance. | | | | | | | |
| **For Assurance** | **✓** | **For decision** |  | **For discussion** |  | **To note** | **✓** |