

Junior Doctors Contract Guardian of Safe Working Report

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PPPC Paper E

Purpose of report:

| This paper is for: | Description | Select (X) |
|--------------------|--|------------|
| Decision | To formally receive a report and approve its recommendations OR a particular course of action | X |
| Discussion | To discuss, in depth, a report noting its implications without formally approving a recommendation or action | |
| Assurance | To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan | |
| Noting | For noting without the need for discussion | |

Previous consideration:

| Meeting | Date | Please clarify the purpose of the paper to that meeting using the categories above |
|-------------------------------|------|--|
| CMG Board (specify which CMG) | | |
| Executive Board | | |
| Trust Board Committee | | |
| Trust Board | | |

Executive Summary

Context

In line with the requirements of the 2016 Contract; this report provides a quarterly update on Exception Reporting activity at the Trust. The implementation of the 2019 Junior Doctors Contract changes have re-started, after a pause due to COVID 19.

Questions

1. How many Exception Reports have been received at UHL in the last quarter and how are Exception Reports being managed?

Conclusion

1. From 1st June 2020 to 31st August 2020, 81 exceptions reports have been recorded, which is an increase of 39 from the previous quarter; this is expected as services resume back to normal post COVID. The Exception Reporting procedure was initially implemented in December 2016.

Input Sought

We would like the Trust Board to note the progress being made and provide feedback if required.

For Reference (*edit as appropriate*):

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

| | |
|------------------------------|---------------------------|
| Safe, surgery and procedures | [Yes /No /Not applicable] |
| Safely and timely discharge | [Yes /No /Not applicable] |
| Improved Cancer pathways | [Yes /No /Not applicable] |
| Streamlined emergency care | [Yes /No /Not applicable] |
| Better care pathways | [Yes /No /Not applicable] |
| Ward accreditation | [Yes /No /Not applicable] |

2. Supporting priorities:

| | |
|---------------------------------------|---------------------------|
| People strategy implementation | [Yes /No /Not applicable] |
| Estate investment and reconfiguration | [Yes /No /Not applicable] |
| e-Hospital | [Yes /No /Not applicable] |
| More embedded research | [Yes /No /Not applicable] |
| Better corporate services | [Yes /No /Not applicable] |
| Quality strategy development | [Yes /No /Not applicable] |

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required N/A
- How did the outcome of the EIA influence your Patient and Public Involvement ? N/A
- If an EIA was not carried out, what was the rationale for this decision? N/A

4. Risk and Assurance

Risk Reference: N/A

| Does this paper reference a risk event? | Select (X) | Risk Description: |
|---|------------|-------------------|
| Strategic: Does this link to a Principal Risk on the BAF? | No | N/A |
| Organisational: Does this link to an Operational/Corporate Risk on Datix Register | No | N/A |
| New Risk identified in paper: What type and description ? | N/A | N/A |
| None | | |

5. Scheduled date for the **next paper** on this topic: December 20206. Executive Summaries should not exceed **5 sides** [My paper does comply]

1. Introduction

1.1 In line with the requirements of the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide a quarterly report to the Trust Board (April, July, October, and January) with the following information:

- Management of Exception Reporting
- Work pattern penalties
- Data on junior doctor rota gaps
- Details of unresolved serious issues which have been escalated by the GSW

1.2 These reports are also be provided to the Local Negotiating Committee and the Trust Junior Doctors Forum for review and oversight management.

2. Management of Exception Reporting

2.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the 2016 contract will raise Exception Reports on work pattern or educational problems using a web based package.

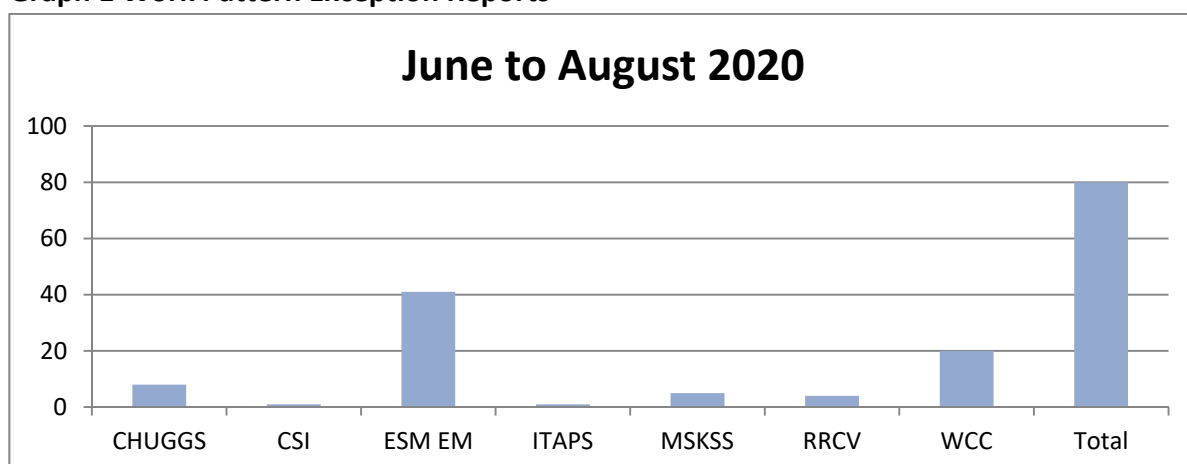
2.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education, therefore this report includes exceptions raised by junior doctors in training and Trust Grade Doctors.

3. Number of Exceptions Recorded in this Quarter

3.1 From 1st June to 31st August 2020, a total of 81 Exception Reports have been recorded, 80 of which related to Hours, Working Pattern and Service Support, which is an increase of 39 from the previous quarter, this is expected as services resume back to normal post COVID. There was 1 Education exception.

3.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by CMG in the last quarter.

Graph 1 Work Pattern Exception Reports

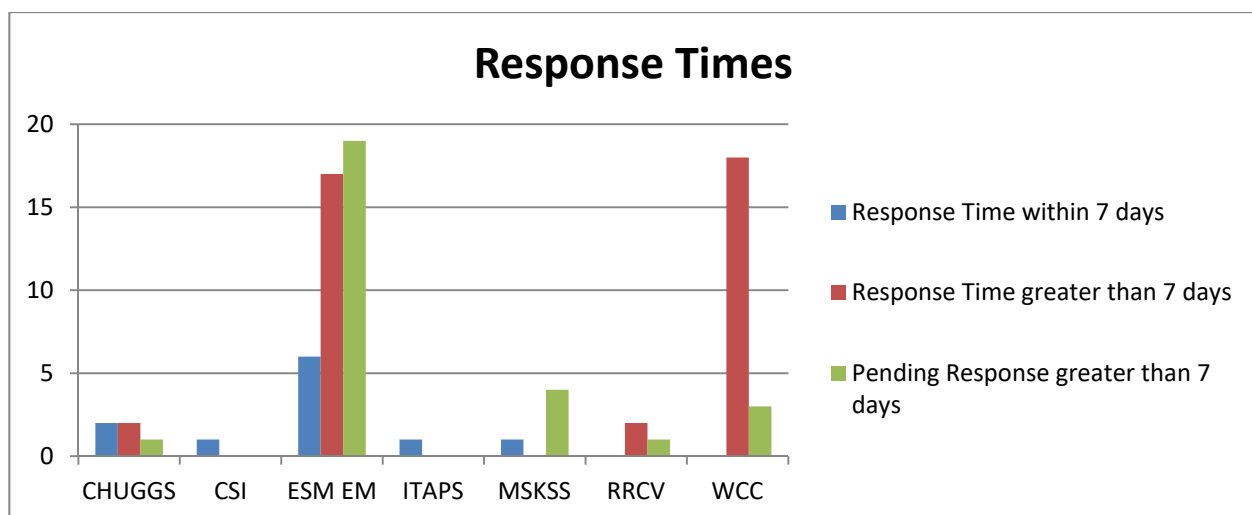


- 4.1 There was 1 Education exception raised in CHUGG in the last quarter on 27th August by a F1 doctor who unable to attend the lunchtime teaching session, this has been escalated to a consultant for further discussion.
- 4.2 There was 1 Immediate Safety Concern (ISC) exception raised in RRCV on 27th August 2020. At the time of writing this report an outcome has not been provided by the CMG, as the trainee selected the incorrect supervisor on the package which was later corrected and forwarded to the correct supervisor for a response.

5. Outcome of the Exception Reports in this Quarter

- 5.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter, out of the 81 work related exceptions received, TOIL has been allocated for 39 exceptions. There were 4 instances where exceptions raised resulted in payment being made for extra hours worked. There are 35 exceptions still open and requiring a response, the majority of these are for ESM and EM doctors. Action to provide responses is being sought through CMGs.
- 5.2 Junior Doctors are required to raise Exception Reports with 14 days (7 days if payment is being requested) of the issue occurring. The response time for exceptions in the last quarter is detailed in the Graph 3 below:

Graph 2 Response Time



- 5.3 Work is on-going to improve response times, training sessions are taking place with managers and junior doctor administrators on exception reporting. One took place on 10th September and the next sessions are to be scheduled in at the end of September and October to improve response times.

6. Work Schedule Changes

6.1 There have been no work schedule changes in the last quarter as a result of Exception Reporting. The majority of the rota templates have been changed in August 2020, following the implementation of COVID-19 specific rotas in some CMGs in April 20 and to comply with the new Junior Doctors Contract regulations.

7. Conclusion

7.1 Exception reports are being reviewed and changes are being implemented as required, including enhancing Trust processes such as response time.

7.2 The next Guardian of Safe Working report will be provided in December 2020.

7.3 Note training sessions scheduled to improve response times.

8. Recommendations

8.1 Trust Board members are requested to note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.