

Junior Doctors Contract Guardian of Safe Working Report

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Trust Board paper G

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	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
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

The 2016 Junior Doctors Contract has now been fully implemented at UHL and in line with the requirements of the 2016 Contract; this report provides a quarterly update on Exception Reporting activity at the Trust. Arrangements are in place to manage the implementation of the 2019 Junior Doctors Contract changes.

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 December 2019 to 29th February 2020, 255 exceptions reports have been recorded, which is an increase from the previous quarter. The Exception Reporting procedure was initially implemented in December 2016.

Input Sought

We would welcome 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: July 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 shall 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.

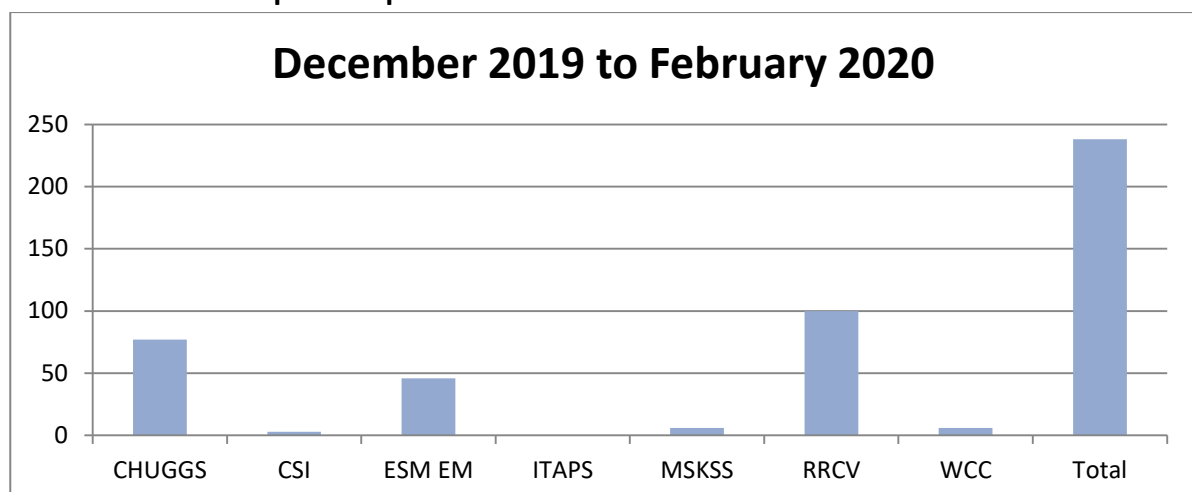
2.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education, therefore this report includes exceptions raised by junior doctors in training and Trust Grade Doctors.

3. Number of Exceptions Recorded in this Quarter

3.1 From 1st December 2019 to 29th February 2020, a total of 255 Exception Reports have been recorded, of which 17 were Education exceptions.

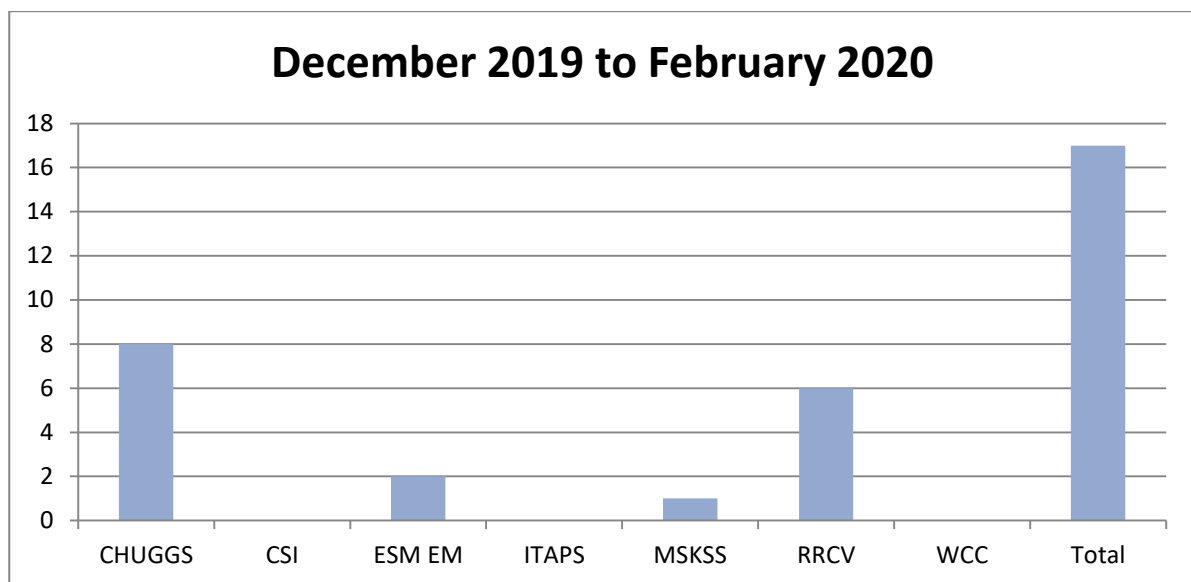
3.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by CMG in the last quarter.

Graph 1 Work Pattern Exception Reports



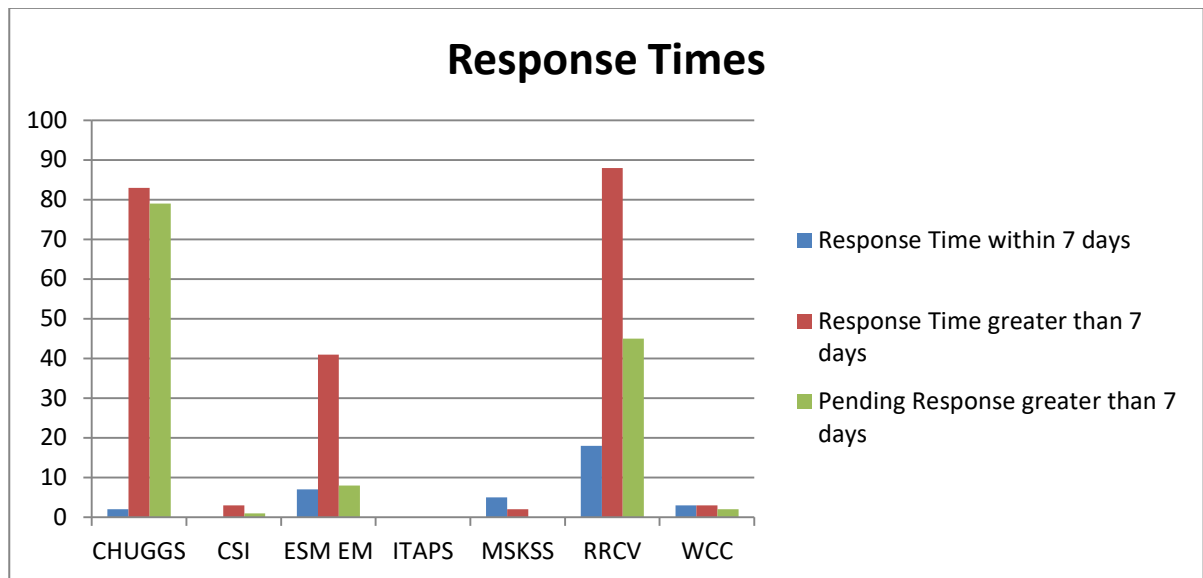
- 4.3 The number of exceptions in RRCV continue to be higher than normal. The number of exceptions in Nephrology and Transplant has reduced from 31 in the last quarter to 18 in this quarter, of which only 7 were raised in January/February 2020 and therefore we are seeing a downward spiral. The number of exceptions Respiratory and Cardiovascular specialties has increased from 31 in the last quarter to 75 in this quarter, this is reflective of winter pressure in an acute medical environment.
- 4.4 Graph 2 provides an overview of the number of Education exceptions received by CMG in the last quarter.

Graph 2 Education Exception Reports



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 238 work related exceptions received, TOIL has been allocated for 84 exceptions. 10 doctors will receive additional payment for extra hours worked. Further information has been requested from 7 doctors and 18 exceptions required no further action. There are 135 exceptions still open and requiring a response, the majority of these are for Surgery and RRCV 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 Trust has 7 days to provide a response. Delays in responses are being pursued with CMGs, a process to review and ensure more timely responses will be undertaken. The response time for exceptions in the last quarter is detailed in the Graph 3 below:

Graph 3 Response Time

6. Work Schedule Changes

6.1 There have been no work schedule changes in the last quarter as a result of Exception Reporting.

7. Conclusion

7.1 Exception reports are being reviewed and changes 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 July 2020, although we are awaiting further guidance from NHS Employers on exception reporting in the current climate.

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.