

Junior Doctors Contract Guardian of Safe Working Report

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PPPC Paper C

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 has 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

From 1st September 2020 to 30th November 2020, 153 exceptions reports have been recorded, which is an increase of 72 from the previous quarter, due primarily to current operational pressures and COVID impact. Monitoring is being appropriately reviewed to ensure appropriate oversight and management is in place.

Input Sought

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

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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: March 2021

6. 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.

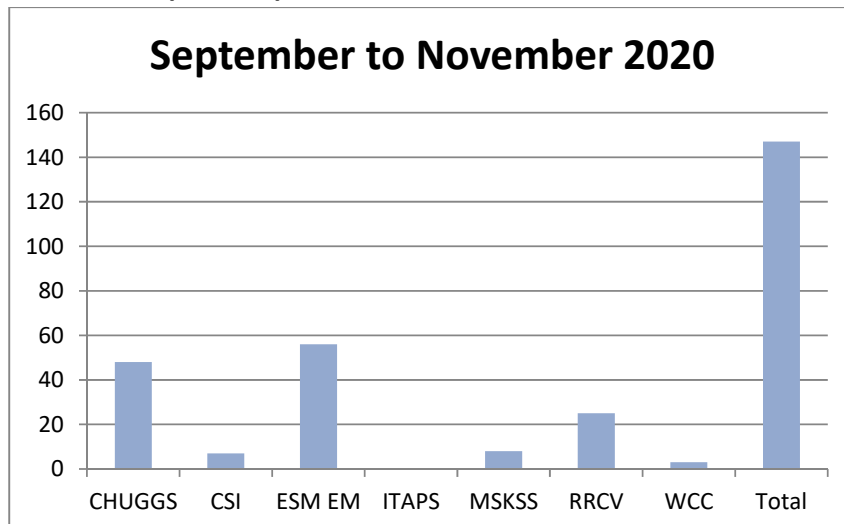
2.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education, therefore this report includes exceptions raised by junior doctors in training and Trust Grade Doctors.

3. Number of Exceptions Recorded in this Quarter

3.1 From 1st September to 30th November 2020, a total of 153 Exception Reports have been recorded, 147 of which related to Hours, Working Pattern and Service Support. There were 6 Education exceptions.

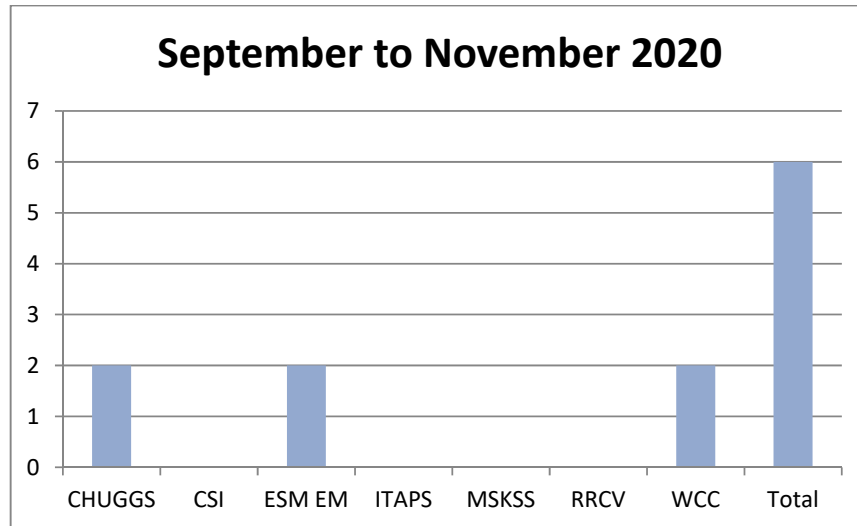
3.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by CMG in the last quarter.

Graph 1 Work Pattern Exception Reports



3.3 Graph 2 provides an overview of the number of Education exceptions received by CMG in the last quarter.

Graph 2 Education Exception Reports



4.1 There were 6 Education exceptions raised in the last quarter, which is an increase of 5 on the previous quarter. 5 of the 6 were related to FY1 doctors unable to attend lunchtime teaching sessions. These were from Medicine, Paediatrics and Surgery. All state various individual reasons for not being able to attend. This is higher than normal and therefore further work will be done to monitor doctors being able to attend teaching. Teaching sessions are recorded and shared with doctors virtually.

4.2 There were 3 Immediate Safety Concern (ISC) exceptions raised, 1 in Medicine, 1 in Cardiology and 1 in Surgery:

- The Medicine exception related to 1 doctor being unable to take breaks as short one doctor on the wards.
- The Cardiology exception related to 1 doctor working an hour late due to staff shortages. The issue was raised with the General Manager earlier in the week and therefore additional support was arranged.
- The Surgery exception related to 1 doctor being unable to attend teaching due to a patient with a high EWS score. The service allocated TOIL to allow the doctors some time back for e-portfolio.

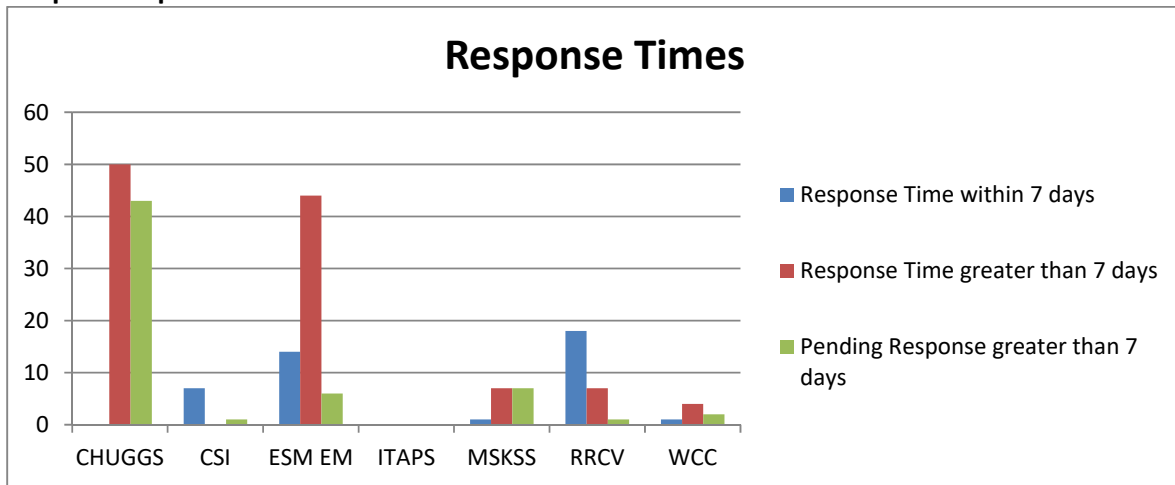
5. Outcome of the Exception Reports in this Quarter

5.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter, out of the 147 work related exceptions received, TOIL has been allocated for 66 exceptions. There were 7 instances where exceptions raised resulted in payment being made for extra hours worked. There are 60 exceptions still open and requiring a response, the majority of these are for doctors in General Surgery, raised as a result of the impact of

a number of FY1 doctors self-isolating as a result of COVID-19 exposure. Action to provide responses is being sought through CMGs to manage these appropriately.

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. In order to improve response times, two training sessions have been held with JDAs, however response time remains challenging and will be reviewed in the new year.

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. Junior Medical Staff Vacancies

7.1 Both trainee and trust grade vacancies are provided as they work on joint rotas, therefore any vacancies at this level will have an impact on trainee doctors. The number of junior medical staff vacancies currently is provided in table below:

CMG	Establishment	FY1	FY2	CT1/2	TG F2/CT1/2	ST3+	TG ST3+	Total	Percentage Vacancy
CHUGGS	133	1	1	0	2	4	0	8	6.01%
CSI	63	0	0	0	0	0	0	0	0.00%
ESM EM	287	1	0	7	10	0	0	18	6.62%
ITAPS	84	0	0	0	0	0	3	3	3.57%
MSKSS	129	0	0	0	0	3	0	3	2.32%
RRCV	153	1	0	0	0	0	3	4	2.61%
WCC	172	0	0	0	1	2	0	3	1.74%
Total	1024	3	1	7	13	9	6	39	3.90%

7.2 During this period there are a total of 40 vacancies which equates to 3.9% of the total junior medical staff establishment. This is significantly lower than normal; in comparison in December 2019, the vacancies were at 4.78% of the total junior medical staff establishment.

7.3 Recruitment is being actively managed where gaps exist, to look to substantively fill posts and where possible avoid premium pay expenditure.

8. Conclusion

8.1 Exception reports are being reviewed and changes are being implemented as required, including enhancing Trust processes such as response time. There have been some delays due to operational pressures / COVID impacts which are being appropriately managed.

8.2 The next Guardian of Safe Working report will be provided in March 2021.

9. Recommendations

9.1 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.