

## Public Trust Board paper M2

<b>Meeting title:</b>	People and Culture Committee Executive People and Culture Board Trust Board				
<b>Date of the meeting:</b>	EPCB (18.10.22) PCC (27.10.22) Trust Board (03.11.22)				
<b>Title:</b>	Junior Doctors Contract Guardian of Safe Working Report				
<b>Report presented by:</b>	Dan Barnes, Deputy Medical Director				
<b>Report written by:</b>	Jonathon Greiff, Guardian of Safe Working, Consultant Anaesthetist Joanne Tyler-Fantom, Deputy Chief People Officer Vidya Patel, Medical Human Resources Manager				
<b>Action – this paper is for:</b>	Decision/Approval		Assurance		Update
<b>Where this report has been discussed previously</b>	Executive Board.				

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**

Not applicable.

**Impact assessment**

Not applicable.

**Acronyms used:**

ISC – Immediate Safety Concern

Where possible, report writers are asked to keep the full report to a maximum of 3 sides (this does not include the first page of the report). All information should be included in this report template. Additional documents should only be specific appendices or items for the “reading room”.

## **Purpose of the Report**

This report has been presented for discussion at the Executive People and Culture Board (EPCB) and the People and Culture Committee (PCC), prior to submission to the Trust Board. At Trust Board this report is for noting without the need for discussion.

## **Recommendation**

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.

## **Summary**

In line with the 2016 Junior Doctors Contract, the Guardian of Safe Working is required to provide a quarterly report on Exception Reporting to the Trust Board. At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports; therefore the figures provided in this report include both Trainees and Trust Grade doctors.

From 1<sup>st</sup> June to 31<sup>st</sup> August 2022, 195 exceptions reports have been recorded, which is an increase of 130 from the previous quarter.

## **Main report detail**

### **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 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 The report is shared with 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.
- 2.3 This report will also include exception reports raised by F2 doctors working in GP Practice as they are contracted and employed by UHL (GP Practices do not have a mechanism to manage exception reporting).

### **3. High Level Data**

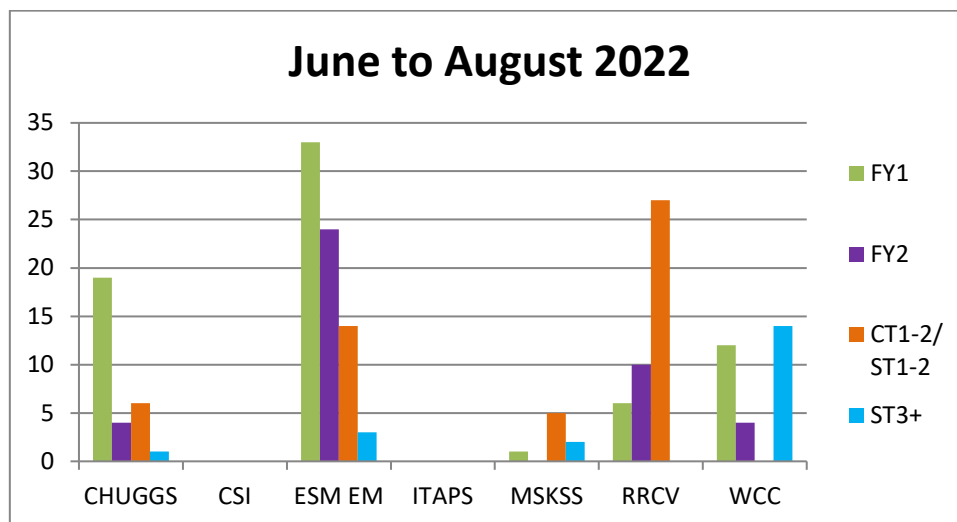
**Table 1 High Level Data**

Established Number of Trainee and Trust Grade doctors / dentists	1024
Amount of time available in job plan for guardian to do the role:	1.25 PAs per week
Admin support provided to the guardian (if any):	0.5 WTE
Amount of job-planned time for educational supervisors:	0.25 per trainee, up to a maximum of 1 PA

**4. Number of Exceptions Recorded in this Quarter**

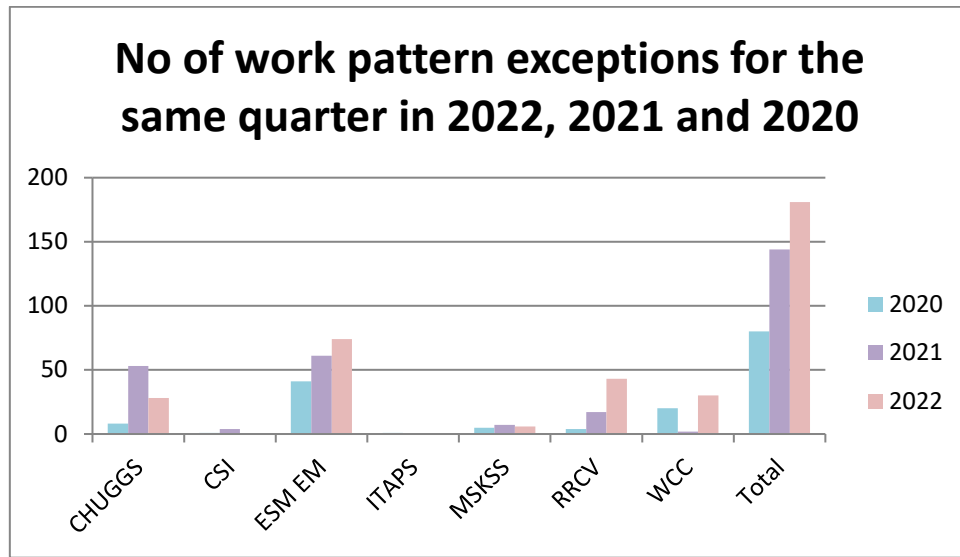
- 4.1 From 1<sup>st</sup> June to 31<sup>st</sup> August 2022, a total of 195 Exception Reports have been recorded, 181 of which related to Hours, Working Pattern and Service Support, of which 9 were Immediate Safety Concerns (ISCs). There were 14 Education exceptions during this period, which represents an increase of 12 since the previous quarter. 2 Education exceptions were submitted in CHUGGS, 8 in ESM EM, 2 in MSKSS and 2 in RRCV.
- 4.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by grade in each CMG in the last quarter only.

**Graph 1 Work Pattern Exception Reports by CMG and grade**



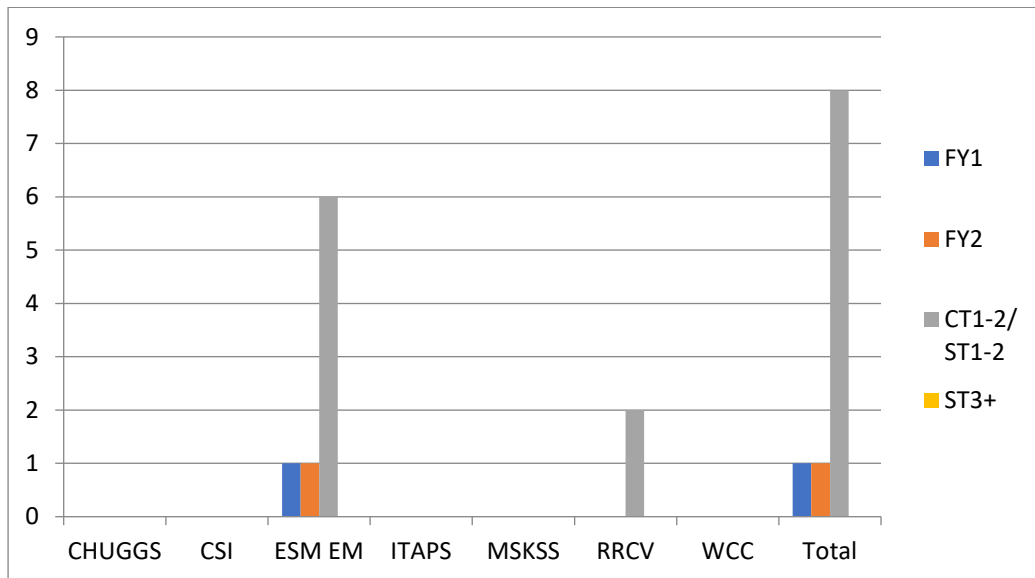
- 4.3 Graph 2 shows the number of exception reports for the same quarter in 2022, 2021 and 2020. There were a lower number of exception reports raised in 2020, this is due to reduced activity and a higher number of doctors on the wards to support the expected COVID surge. There is an increase in exception reports, being raised in 2022. This could be as a result of more doctors now willing to raise exceptions reports. There is a significantly higher number of exceptions being raised in RRCV, this is linked to the number of vacancies, annual and sick leave. The fill rate in RRCV from August onwards has improved and therefore the number of exceptions being raised is expected to reduce again.

**Graph 2 Number of Work Pattern Exception Reports for the same Quarter in 2022, 2021 and 2020**



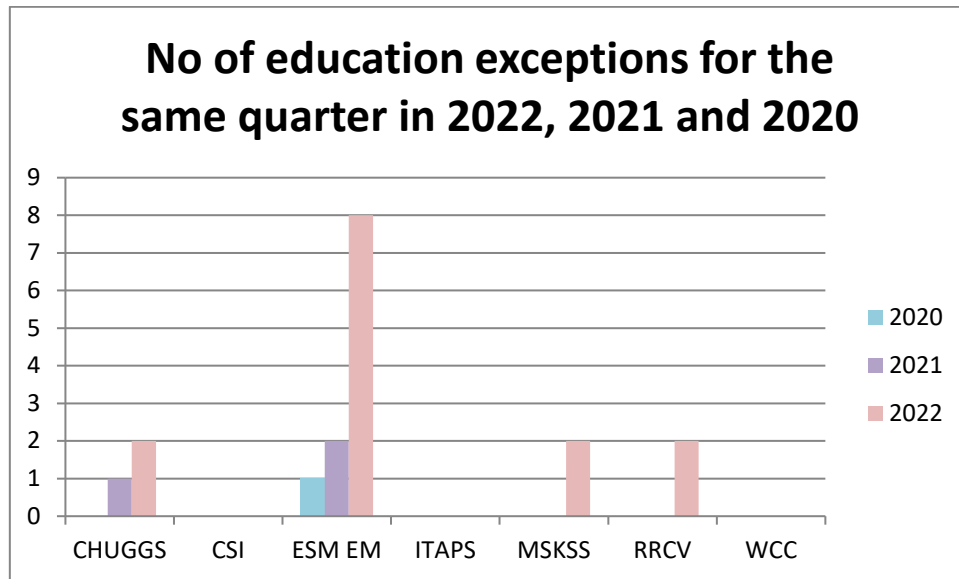
4.4 Graph 3 provides an overview of the number of Education exceptions received by grade in each CMG in the last quarter only. Out of the 14, Education reports raised 8 were in ESM. Out of these 8 exceptions raised, 4 were due to doctors being asked to cover a ward they do not normally work on and the other 4 were due to missed/cancelled teaching sessions.

**Graph 3 Education Exception Reports by CMG and grade**



4.5 Graph 4 shows the number of education exception reports for the same quarter in 2022, 2021 and 2020.

**Graph 4 Number of Education Exception Reports for the Same Quarter in 2022, 2021 and 2020**



4.6 There were 9 exception report raised as Immediate Safety Concerns (ISC), of which one was raised as an ISC in error and three were deemed as not being ICSs. A summary of the ISCs raised and Service responses are provided below:

**Table 2 Immediate Safety Concerns**

Date Occurred, Grade and Specialty	Issue	Summary of Concern Raised by the Doctor	Summary of Response from Service
FY1 General Medicine Occurred & Submitted 15/08/2022		Three doctors on the ward working past 5pm to do urgent jobs. Tried our best to be efficient but lots of jobs needed to be completed.	During a meeting to discuss this exception the doctor who raised the exception advised that this was not an immediate safety concern, this was submitted in error. The doctor was allocated time off duty for the extra hours worked. Outcome: TOIL.
FY1 Urology Occurred 29/06/2022 Submitted 03/07/2022		Two junior doctors covering all urology patients with one very unwell patient on ward 20. The staffing levels for the week have been inadequate. In the event of an un-well patient, the staffing situation was completely unsafe. In addition, there was limited senior support available.	The Lead Consultant discussed the exceptions raised, and was in agreement that due unplanned absence to rota gaps the level of cover was below the minimum of 4 doctors. Doctors were reminded that any immediate safety concerns should be raised immediately so that actions can be taken to provide further support.
FY1 General Surgery Occurred 27/06/2022 Submitted 03/07/2022		Only two junior doctors on duty looking after 60 to 80 patients. With this level of understaffing, it is not possible to get adequate breaks or to finish the jobs required despite staying an hour late.	Outcome: TOIL
FY1 Renal Medicine		Only one junior scheduled for the ward, therefore required to work one hour	The General Manager met with the doctor to discuss this further. Many of the jobs

<p>Occurred 07/06/2022 Submitted 08/06/2022</p>	<p>overtime to finish jobs from the day to ensure patient safety with very short break to eat in the day. Also unable to complete two discharges - delaying them for another 24 hours and increasing pressure on beds. I did feel the speed I had to work made the care for the patients I was able to see was not as good as it should have been.</p>	<p>were outstanding due to bank holiday and sickness. From a management point of view from the discussion/learning; there is a need to check in with doctors post BH to provide support and to be updated re possible delayed discharge</p> <p>Outcome: No further action.</p>
<p><b>CT1 Respiratory Medicine</b> Occurred 06/07/2022 Submitted 20/07/2022</p>	<p>Worked overtime and had unwell patient. Raised safety concerns, however, advised that there were no other doctors available to cover the ward due to staff sickness.</p>	<p>Due to a combination of A/L, vacancies and sickness within Respiratory and more widely across the CMG - most wards were operating on lower than normal staffing levels. On a daily basis this was reviewed by the JDA and the service management team and where possible, doctors asked to support other areas. It is regrettable that this was not always possible to achieve and resulted in low doctor numbers and individuals working beyond their standard hours to ensure jobs were completed.</p>
<p><b>CT1 Respiratory Medicine</b> Occurred 01/07/2022 Submitted 20/07/2022</p>	<p>Understaffing of ward leading to overtime work</p> <p>Raised safety concerns, however, advised that there were no other doctors available to cover the ward due to staff sickness.</p>	<p>Outcome: Payment.</p>
<p><b>ST4 Paediatric Cardiology</b> Occurred 02/08/2022 Submitted 03/08/2022</p>	<p>No evening SHO on the ward, resulted in the on-call doctor covering emergencies as well as ward issues. This is becoming a regular occurrence. On-call Spr not notified.</p>	<p>Lead Consultant discussed the exceptions raised with the doctors. There were no actual direct patient safety concerns related to this. Additionally, Consultant was not contacted by the on-call SPR at the time of exceptions occurring. Doctors were reminded to contact the consultant on-call, if there any concerns or if workload is too much, (especially if there is a concern about safety).</p>
<p><b>ST4 Paediatric Cardiology</b> Occurred 13/06/2022 Submitted 20/06/2022</p>		<p>Outcome: No further action.</p>
<p><b>ST7 Paediatric Cardiology</b> Occurred 14/06/2022 Submitted 20/06/2022</p>		

## 5. Outcome of the Exception Reports in this Quarter

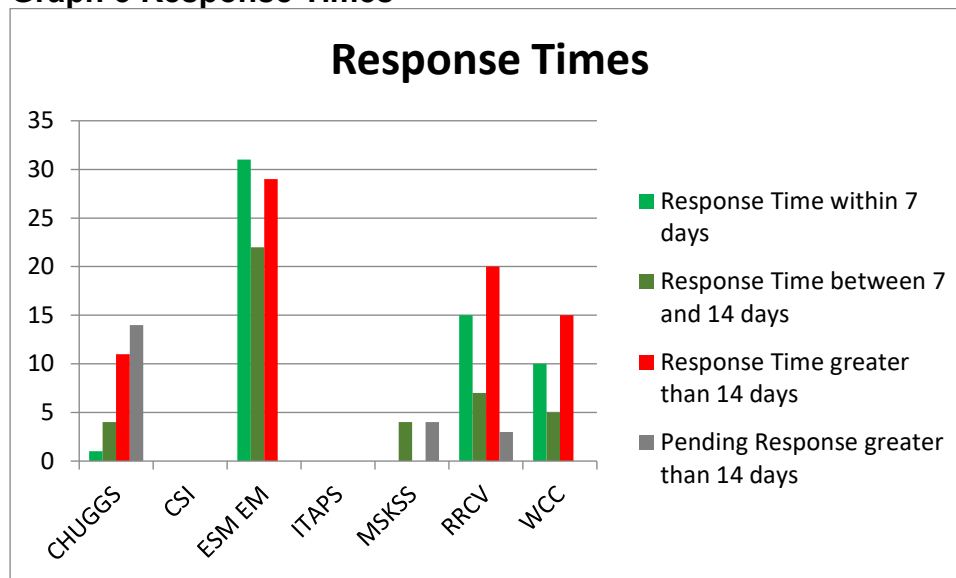
- 5.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter, out of the 65 work related exceptions received, TOIL has been allocated for 29 exceptions. 2 exceptions did not require any further action.

There were 13 instances where exceptions raised resulted in payment being made for extra hours worked. There are 20 exceptions still open and requiring a response, the majority of these are for doctors in RRCV (12 pending) and MSKSS (7 pending). Action to provide responses is being sought through the CMG via Workforce meetings and JDAs.

5.2 Junior Doctors are required to raise Exception Reports with 14 days (7 days if payment is being requested) of the issue occurring. CMGs are required to provide a response to exceptions submitted within 7 calendar days, which has proven to be challenging, particularly over holiday periods/doctors' off-duty days. The response time for exceptions in the last quarter is detailed in Graph 5 below.

5.3 Exceptions shown as 'Pending Response greater than 7 days' indicate where the services are in the process of obtaining further information (often from the doctor who has submitted the exception). In order to improve the response times, Medical HR are sending regular reminders to close any open exceptions.

**Graph 5 Response Times**



5.4 Table 6 in Appendix 1 shows raw data from Allocate with a breakdown of exceptions by specialty and grade.

## 6. Work Schedule Changes

6.1 Following feedback from Core trainees and the Training Programme Director, Surgery Core trainees, and F2 and Trust Grade doctors, the rota is being redesigned to improve acute surgical training.

6.2 Additional work is being undertaken to review and re-design all the Thoracic rota templates (F1, F2/CT and ST3+ doctors). These revised rota templates will be implemented in December 2022.



- 6.3 Oral and Max SHOs and CDU ST3 Trust Grade rotas are not fully staffed and therefore rota templates being changed to accommodate the new recruits.
- 6.4. There is a proposal to move the Orthopaedic ST3+ rota template from a non-resident on-call cover arrangement over night to a resident full shift rota, to improve patient care and the rest opportunity for trainees. Discussions and consultation meetings are currently taking place, and if agreed will be implemented in February 2023.

## 7. Penalty Payments

- 7.1 In this quarter (June to August 2022) there were no penalty payments applied. Table 7 shows the penalty payments applied to date by the Guardian. There have been no disbursements from the Guardian's account to date.

**Table 7 Penalty Payments to date**

Grade	Specialty	Additional time worked	Date exception occurred	Penalty Payable by the Service	Penalty payable to the doctor	Amount payable to the GSW fund
FY1	Medicine	0.75 hrs	17/01/2022	£63.31	£24.48	£40.83
FY2	Medicine	0.75 hrs	17/01/2022	£75.59	£28.34	£47.24
ST6+	Urology	8.00 hrs	27/09/2021	£1,283.20	£481.20	£802.00
ST6+	Urology	8.00 hrs	22/10/2021	£1,283.20	£481.20	£802.00
TG ST3+	Plastic Surgery	8.00 hrs	22/01/2022	N/A	£453.44	N/A
TG ST3+	Plastic Surgery	8.00 hrs	23/01/2022	N/A	£453.44	N/A

## 8. Junior Medical Staff Vacancies

- 8.1 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 current number of junior medical staff vacancies is provided in Table 8 below:

**Table 8 Current Vacancy data**

CMG	Establishment	FY1	FY2	CT1/2	TG F2/CT1/2	ST3+	TG ST3+	Total	Percentage Vacancy
CHUGGS	133	0	0	1	2	4	0	7	5%
CSI	63	0	0	0	0	0	0	0	0%
ESM EM	287	1	1	2	4	11	11	30	10%
ITAPS	84	0	0	0	0	9	0	9	11%
MSKSS	129	0	0	0	1	2	0	3	2%
RRCV	153	0	0	0	0	2	3	5	3%
WCC	172	0	0	0	0	1	0	1	1%
<b>Total</b>	<b>1024</b>	<b>1</b>	<b>1</b>	<b>12</b>	<b>7</b>	<b>29</b>	<b>14</b>	<b>55</b>	<b>5%</b>

8.2 During this period there are a total of vacancies which equates to 5% of the total junior medical staff establishment. In July 2022, the vacancies were at 4.68% of the total junior medical staff establishment.

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

## **9. Conclusion**

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

9.2 The next report for the period September to November 2022, will be presented to:

- Executive Board on TBC
- People and Culture Committee on 22<sup>nd</sup> December 2022
- Trust Board on 12<sup>th</sup> January 2023

### **Supporting documentation**

No supporting documentation is required

## Appendix 1

### Table 6 Reasons for ER over last quarter by specialty & grade

Reasons for ER over last quarter by specialty & grade						
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety issues	Cardiology	FY1	1	0	0	0
	General medicine	FY1	0	1	1	1
	General medicine	ST6	2	0	0	0
	General surgery	Foundation house officer 1	2	2	0	0
	General surgery	FY1	1	0	0	0
	General surgery	FY2	1	0	0	0
	Nephrology	Foundation house officer 1	0	1	0	0
	Paediatric cardiology	ST4	0	2	0	0
	Paediatric cardiology	ST7 *	0	1	0	0
	Plastic surgery	CT2	1	0	0	0
	Respiratory Medicine	CT1	0	2	2	2
	Respiratory Medicine	FY2	1	0	0	0
	Surgical specialties	Foundation house officer 1	7	0	0	0
	Surgical specialties	FY1	1	0	0	0
	Surgical specialties	FY1 (2016)	2	0	0	0
	Urology	Foundation house officer 1	4	0	0	0
	Unknown specialty	Unknown grade	6	0	0	0
<b>Total</b>			<b>29</b>	<b>9</b>	<b>3</b>	
No. relating to hours/pattern	Accident and emergency	FY2 *	1	0	0	0
	Accident and emergency	ST2	1	0	0	0
	Acute Medicine	Foundation house officer 1	0	1	1	1
	Acute Medicine	FY1	0	1	1	1
	Acute Medicine	FY2 *	0	2	0	0

Anaesthetics	ST6	1	0	0
Cardiology	CT1	4	0	4
Cardiology	CT2	0	1	1
Cardiology	Foundation house officer 1	3	3	3
Cardiology	FY1	10	0	2
Cardiology	FY2	5	8	7
Cardiology	Senior house officer	1	0	1
Cardiology	ST1 *	0	1	0
Cardio-thoracic surgery	FY2	0	1	0
Cardio-thoracic surgery	FY2 *	0	1	0
Cardio-thoracic surgery	FY2 *	1	0	0
Clinical Oncology	Foundation house officer 1	1	0	0
Clinical Oncology	Foundation house officer 2	1	0	0
Clinical Oncology	FY2 *	0	2	2
Diabetes & endocrinology	Foundation house officer 1	2	0	0
Diabetes & endocrinology	FY1	0	1	1
Gastroenterology	CT1	1	0	0
Gastroenterology	FY1	3	1	1
Gastroenterology	FY2	1	0	0
Gastroenterology	FY2	2	0	0
General medicine	CT1	9	14	18
General medicine	CT2	1	2	2
General medicine	Foundation house officer 1	9	15	11
General medicine	Foundation house officer 2	2	0	0
General medicine	Foundation house officer 2 *	6	2	2
General medicine	FY1	7	11	8
General medicine	FY1 *	1	0	0
General medicine	FY1 (2016) *	1	0	0
General medicine	FY1 *	1	0	0
General medicine	FY2	20	11	8

General medicine	FY2 *	0	6	2
General medicine	FY2 (2016)	1	0	0
General medicine	FY2 *	1	0	0
General medicine	Specialty registrar 3 *	0	3	2
General medicine	ST1	3	1	0
General medicine	ST2	0	2	1
General medicine	ST3	2	0	0
General medicine	ST6	10	0	0
General practice	FY2	15	0	0
General practice	FY2 *	3	0	0
General surgery	CT1	0	4	0
General surgery	Foundation house officer 1	3	10	1
General surgery	Foundation house officer 2	1	0	0
General surgery	FY1	1	0	0
General surgery	FY1	9	3	0
General surgery	FY2	5	2	0
General surgery	FY2 *	5	0	0
General surgery	Specialty registrar in core training 1	2	0	0
Geriatric medicine	FY2 *	0	2	0
Geriatric medicine	ST1	0	3	0
Haematology	Foundation house officer 1	2	1	1
Haematology	FY2	2	0	0
Haematology	FY2 *	1	0	0
Haematology	ST5	1	0	0
Histopathology	FY1	1	0	0
Medical microbiology and virology	ST3	4	0	0
Medical microbiology and virology	ST3 *	4	0	0
Medical oncology	FY2 *	5	0	0
Neonatology	ST3	0	2	2
Nephrology	Foundation house officer 1	1	1	0

Nephrology	FY1	3	0	0
Nephrology	FY1 *	1	0	0
Nephrology	FY2	1	0	0
Neurology	Foundation house officer 1	0	2	2
Neurology	FY1	0	1	0
Obstetrics and gynaecology	Foundation house officer 1	3	7	3
Obstetrics and gynaecology	FY1	0	1	1
Obstetrics and gynaecology	FY2	4	4	2
Obstetrics and gynaecology	Specialty registrar 3	1	0	0
Obstetrics and gynaecology	ST4	1	1	0
Obstetrics and gynaecology	ST7	1	0	0
Ophthalmology	Specialty registrar 5	1	0	0
Ophthalmology	ST2	2	0	0
Ophthalmology	ST3	3	0	0
Ophthalmology	ST6	1	0	0
Ophthalmology	ST6	2	0	0
Ophthalmology	ST7	2	0	0
Ophthalmology	ST7 *	1	0	0
Ophthalmology	ST7 *	1	0	0
Otolaryngology (ENT)	CT1	5	2	0
Otolaryngology (ENT)	Senior registrar *	1	0	0
Paediatric cardiology	Registrar	0	3	0
Paediatrics	FY1	1	2	0
Paediatrics	ST3	2	0	0
Paediatrics	ST6	2	1	2
Plastic surgery	CT1	0	1	0
Plastic surgery	CT2	3	0	0
Radiotherapy	CT2	4	0	0
Radiotherapy	FY1	1	0	1
Respiratory Medicine	CT1	0	8	8

	Respiratory Medicine	CT2	2	0	0
	Respiratory Medicine	Foundation house officer 1	1	2	3
	Respiratory Medicine	FY1	1	0	0
	Respiratory Medicine	FY2	1	0	0
	Respiratory Medicine	ST1 *	1	2	3
	Surgical specialties	Foundation house officer 1	8	0	0
	Surgical specialties	FY1	1	0	0
	Surgical specialties	FY1	32	0	0
	Surgical specialties	FY1 *	3	0	0
	Surgical specialties	FY1 (2016)	4	0	0
	Thoracic medicine	CT1	1	1	1
	Thoracic medicine	CT2	0	6	2
	Trauma & Orthopaedic Surgery	CT1	2	0	0
	Trauma & Orthopaedic Surgery	Fixed term specialty registrar 3	1	0	0
	Trauma & Orthopaedic Surgery	FY2	2	1	0
	Trauma & Orthopaedic Surgery	ST1	1	0	0
	Trauma & Orthopaedic Surgery	ST2 *	0	2	0
	Urology	Foundation house officer 1	20	2	0
	Urology	Foundation house officer 2	1	0	0
	Urology	FY1	14	1	3
	Urology	FY2	2	0	0
	Urology	ST7	0	1	0
	Vascular Surgery	FY1	22	0	0
	Vascular Surgery	FY1 *	5	0	0
	Unknown specialty	Unknown grade	88	0	0
	<b>Total</b>		<b>437</b>	<b>169</b>	<b>113</b>
No. relating to educational opportunities	Accident and emergency	ST6	3	0	0
	Anaesthetics	ST5	1	0	0
	Cardiology	CT1	0	1	1
	Cardiology	FY1	1	0	0

	Clinical Oncology	FY1	1	0	1
	General medicine	CT1	0	1	1
	General medicine	CT2	0	3	1
	General medicine	Foundation house officer 1	2	1	1
	General medicine	FY2	1	1	0
	General surgery	CT1	0	1	0
	Geriatric medicine	CT1	0	1	1
	Geriatric medicine	FY1	1	0	0
	Haematology	CT2	0	1	0
	Haematology	FY1	1	0	0
	Nephrology	Foundation house officer 1	1	0	0
	Nephrology	FY1	1	0	0
	Obstetrics and gynaecology	FY2	1	0	0
	Paediatrics	FY1	1	0	0
	Plastic surgery	Specialty registrar in core training 2	0	2	0
	Respiratory Medicine	CT1	0	1	1
	Rheumatology	ST2	0	1	1
	Surgical specialties	FY1	1	0	0
	Surgical specialties	FY1 *	1	0	0
	Urology	FY1	1	0	0
	<b>Total</b>		<b>18</b>	<b>14</b>	<b>8</b>
	Cardiology	FY2	1	0	0
	General medicine	FY2	0	1	0
	General medicine	ST3	1	0	1
No. relating to service support available	General surgery	Foundation house officer 1	2	0	0
	General surgery	FY1	5	0	0
	Obstetrics and gynaecology	FY1	0	2	2
	Ophthalmology	ST3	1	0	0
	Paediatric cardiology	Registrar	0	4	0
	Paediatric cardiology	ST4	0	2	0



Paediatric cardiology	ST7 *	0	1	0
Paediatrics	FY1	1	0	0
Respiratory Medicine	Foundation house officer 1	1	0	0
Respiratory Medicine	FY2	1	0	0
Surgical specialties	Foundation house officer 1	6	0	0
Surgical specialties	FY1 (2016)	2	0	0
Urology	Foundation house officer 1	1	0	0
Urology	FY1	0	2	2
Vascular Surgery	FY1	1	0	0
Unknown specialty	Unknown grade	5	0	0
<b>Total</b>		<b>28</b>	<b>12</b>	<b>5</b>