

Meeting title:	Trust Board (Public)	Trust Board paper J
Date of the meeting:	5 May 2022	
Title:	Junior Doctors Contract Guardian of Safe Working Report	
Report presented by:	Joanne Tyler-Fantom, Acting Chief People Officer	
Report written by:	Jonathon Greiff, Guardian of Safe Working, Consultant Anaesthetist Vidya Patel, Medical Human Resources Manager	

Action – this paper is for:	Decision/Approval		Assurance		Update	x
Where this report has been discussed previously	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.

<p>Acronyms used: ISC – Immediate Safety Concern GSW – Guardian of Safe Working TOIL – Time off in Lieu</p>
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Purpose of the Report

This report is provided for assurance, quarterly in line with national requirements.

Recommendation

Trust Board members are requested to note the details provided and appropriate actions in place considered through the governance arrangements in place.

Summary

In line with the 2016 Junior Doctors Contract, the Guardian of Safe Working is required to provide a quarterly on Exception Reporting to the Trust Board.

From 1st December 2021 to 28th February 2022, 186 exceptions reports have been recorded, which is a decrease of 18 from the previous quarter. Some of these exceptions were raised at a time of significant medical workforce pressures across many clinical areas, and include higher levels of sickness and the need to isolate following COVID contacts.

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 and is discussed through Executive Team and the People and Culture Committee.

2. Management of Exception Reporting

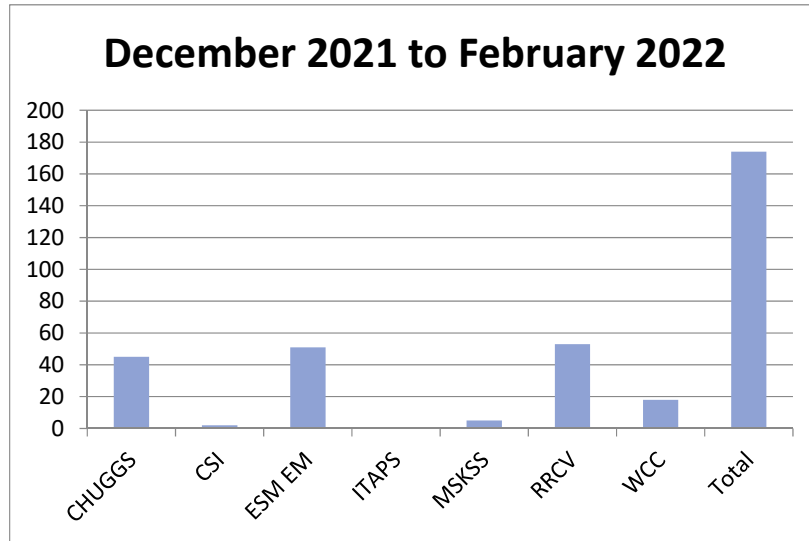
- 2.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the 2016 contract will raise Exception Reports on work pattern or educational problems using a web based package.
- 2.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception 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 2021 to 28th February 2022 a total of 186 Exception Reports have been recorded, 174 of which related to Hours, Working Pattern and Service Support. There were 12 Education exceptions during this period.

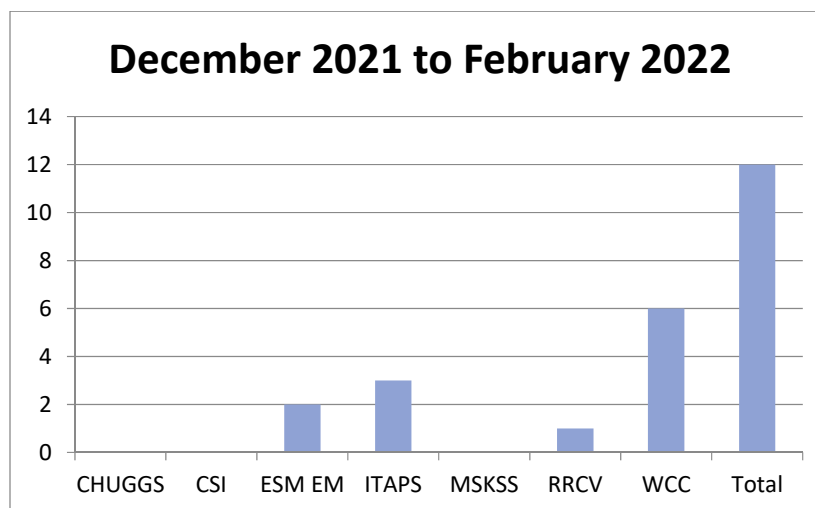
3.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by CMG in the last quarter.

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 12 Education exceptions raised in the last quarter, which represents a decrease of 17 since the previous quarter. 2 Education exceptions were submitted in ESM EM, 3 in ITAPS, 1 in RRCV and 6 in WCC. The majority of the exceptions raised in WCC are raised as SPA had not been built into the rosters, SPA time has now been built into the roster.
- 4.2 There were 8 Immediate Safety Concern (ISC) exceptions raised. This is higher than normal. These exceptions were raised at a time of significant medical workforce pressures across many clinical areas. The period was linked to higher than normal sickness and the need to isolate following COVID contacts. A summary of the ISCs raised and service responses are provided below:

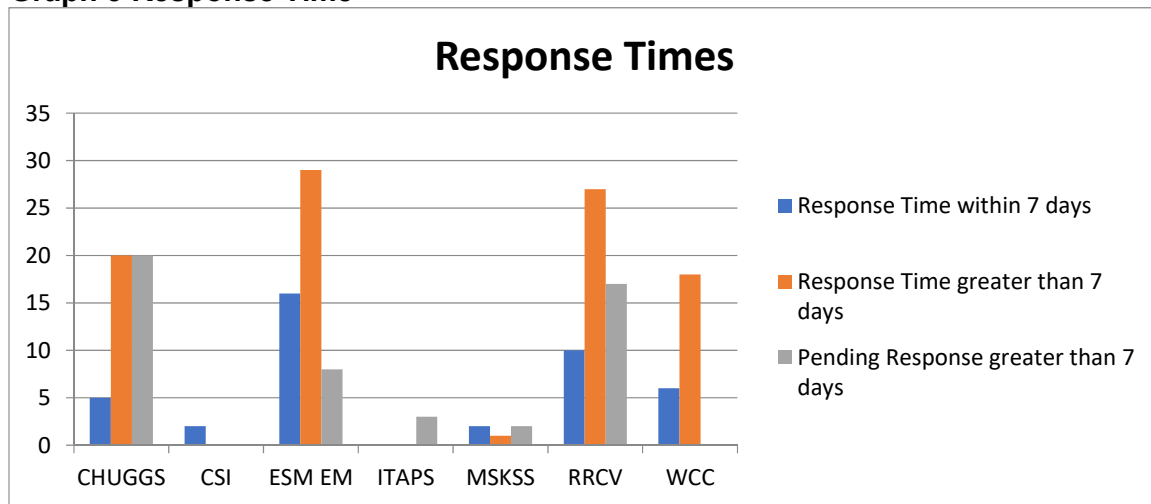
Date Issue Occurred, Grade and Specialty	Summary of Concern Raised by the Doctor	Summary of Response from Service
FY1 Medicine Occurred 13/01/2022 Submitted 20/01/2022	Emergency with a patient needing 4-6 staff for support. This resulted in the doctor working 1 hour 15 minutes extra	Agreement for doctor to take TOIL.
FY1 Medicine Occurred 17/01/2022 Submitted 20/01/2022	No SHO on rota on night shift due to short notice sickness. Resulted in the doctor working 45 minutes extra.	Agreement for doctor to take TOIL. As the doctor worked over 13 hours, the Guardian may apply a Penalty payment.
FY1 Urology Occurred 14/02/2022 Submitted 14/02/2022	Normally there are two evening doctors on duty, however on this occasion there was only one doctor as peers were isolating due to COVID. Unable to complete all jobs.	No further action was required for this exception. This was an unprecedented period with four junior doctors being absent due to COVID. (See below)
FY1 Urology Occurred 20/01/2022 Submitted 27/02/2022	Only two FY1 doctors on duty during the day and unwell patients therefore not all discharges were completed. Doctor worked an extra hour.	Immediate concerns addressed / formal meeting requested - Review of rota undertaken and number of doctors increases from August into establishment.
FY1 Urology Occurred 24/12/2021 Submitted 31/12/2021	Only two doctors on duty during the daytime and one doctor on duty during the evening, due to COVID. Unable to complete many task, therefore the doctor worked additional hours to support the evening cover.	Immediate concerns addressed / formal meeting requested - Review of rota undertaken and number of doctors increases from August into establishment.
FY2 Medicine Occurred 10/02/2022 Submitted 13/02/2022	Doctor was unable to take breaks due to workload and unwell patients. In addition the patient suddenly moved which resulted in a needle stick injury.	Agreement for doctor to take TOIL and needle stick injury to be managed separately through processes in place.
FY2 Medicine Occurred 17/01/2022	Was required to hand over the Registrar as there was no SHO	Agreement for doctor to take TOIL. As the doctor worked

Submitted 20/01/2022	night cover. Resulted in the doctor working 45 minutes extra.	over 13 hours, the Guardian may apply a Penalty payment.
TG ST3+ Plastics Occurred 22/01/2022 Submitted 31/01/2022	No opportunity for doctor to take rest during 2 x on-call nights due to the capability of the night Core Doctor.	A shadowing period was arranged for the Core Doctor. In addition as the rest requirement was breached the Guardian applied a penalty payment.

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 174 work related exceptions received, TOIL has been allocated for 110 exceptions. 18 exceptions did not require any further action. There were 7 instances where exceptions raised resulted in payment being made for extra hours worked. There are 51 exceptions still open and requiring a response, the majority of these are for doctors in CHUGGS (20 pending) and RRCV (17 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. The response time for exceptions in the last quarter is detailed in the Graph 3 below.

Graph 3 Response Time



6. Penalty Payments

- 6.1 In this quarter (December 21 to February 22) the Guardian has applied one penalty payments in Plastic Surgery, as adequate rest was not achieved when on-call. In addition there are two further penalties the Guardian may apply as on two occasions doctors worked more than 13 hours. On both occasions the doctors worked 45 minutes over in Medicine and corrective actions are in place.

7. Work Schedule Changes

7.1 There were no work schedule changes as a result of exceptions raised in this quarter, however work is progressing to change the Urology ST3+ rota template as a result of exceptions raised in the previous quarter.

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 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	0	0	0	0	3	0	3	2.25%
CSI	63	0	0	0	0	0	0	0	0.00%
ESM EM	287	0	0	0	6	12	10	28	9.75%
ITAPS	84	0	0	4	0	4	0	8	9.52%
MSKSS	129	0	0	0	9	0	0	9	6.97%
RRCV	153	0	0	0	0	2	0	2	1.30%
WCC	172	0	0	0	1	0	0	1	0.58%
Total	1024	0	0	4	16	21	10	51	4.98%

8.2 During this period there are a total of vacancies which equates to 4.98% of the total junior medical staff establishment. In January 2022, the vacancies were at 6.83% 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 reporting is being appropriately managed with necessary oversight and discussion to agree appropriate actions where required through the governance processes in place. Changes are being implemented as required, including enhancing response times.