

Meeting title:	Trust Board People and Culture Committee Trust Leadership Team	Public Trust Board paper L
Date of the meeting:	Trust Board (12.10.23) PCC (28.09.23) TLT (26.09.23)	
Title:	Junior Doctors Contract Guardian of Safe Working Report	
Report presented by:	Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Raunak Singh, Guardian of Safe Working and Consultant in Medicine	
Report written by:	Raunak Singh, Guardian of Safe Working and Consultant in Medicine Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Vidya Patel, Medical Human Resources Manager	

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

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
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Purpose of the Report

This report has been presented for discussion at the People and Culture Committee (PCC) and at the Trust Leadership Team, 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 1st June to 31st August 2023, 115 exceptions reports have been recorded, which is exactly the same as the number raised in 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 refer to 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. Guardian of Safe Working at UHL

3.1 High Level Data

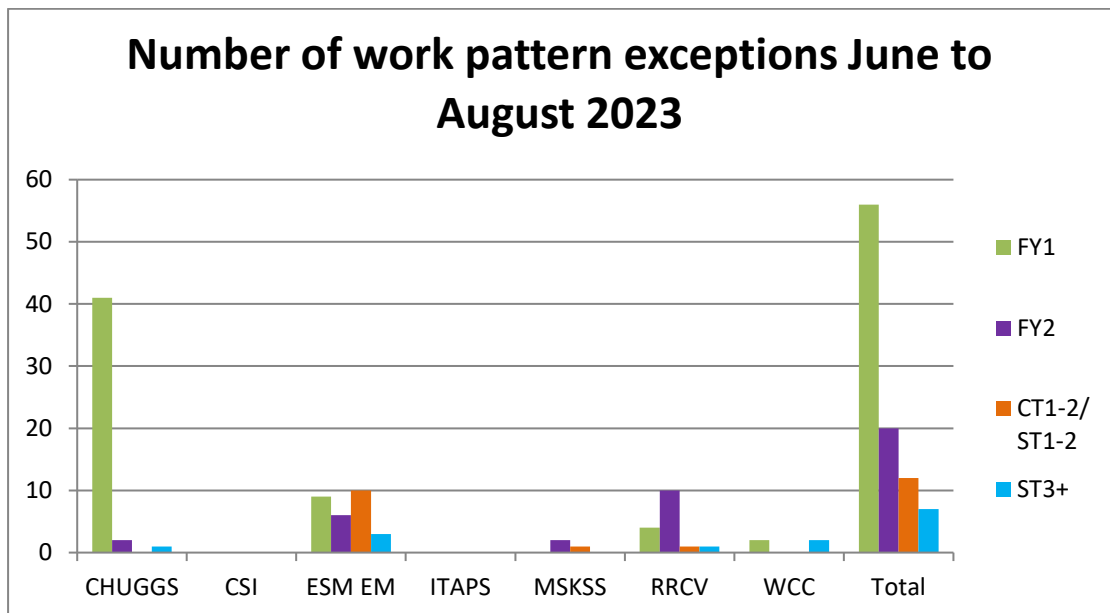
Established Number of Doctors in Training	971
Establishment LED Doctors working on JD Contract TCS	400+
Amount of time available in job plan for guardian to do the role:	3 PAs per week
Admin support provided to the guardian (if any):	0.5 WTE
Amount of job-planned time for educational supervisors:	0.25 per trainee, up to a maximum of 1 PA

4. Number of Exceptions Recorded in this Quarter

4.1 From 1st June to 31st August 2023, a total of 115 Exception Reports have been recorded, 95 of which related to Hours, Working Pattern and Service Support, of which 23 were Immediate Safety Concerns (ISCs). There were 20 Education exceptions during this period, which represents an increase of 16 since the previous quarter. It is important to note further information in relation the high number of ISC and education exception reports raised in paragraph 4.4.1.

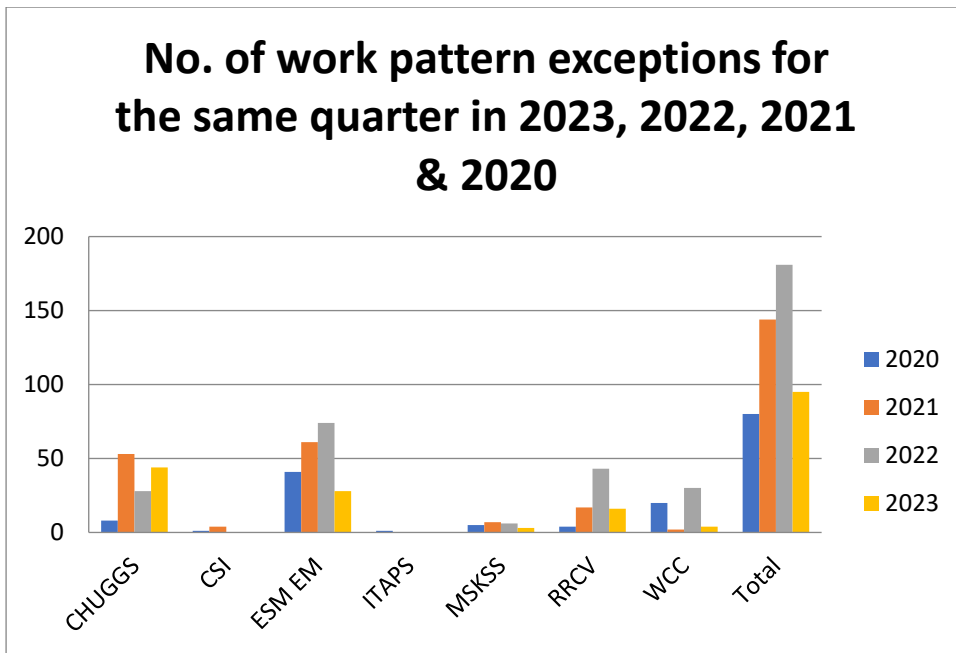
4.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by grade in each CMG in the last quarter only. There is a significant spike in the number of exception reports raised by F1 doctors, the majority (22) of these exception reports were raised by one doctor on 17th or 26th July 2023 for extra time worked during the period December 2022 to March 2023. There was a further 11 exception reports raised by F1 doctors working in Surgery at the LRI site, the majority of these were due to extra time (between 30 minutes and 2 hours) worked to support discharge. This will monitored closely going forward. There were no exception reports raised by imaging following the introduction of outsourcing.

Graph 1



4.3 For comparison, Graph 2 shows the number of exception reports for the same quarter in 2023, 2022, 2021 and 2020.

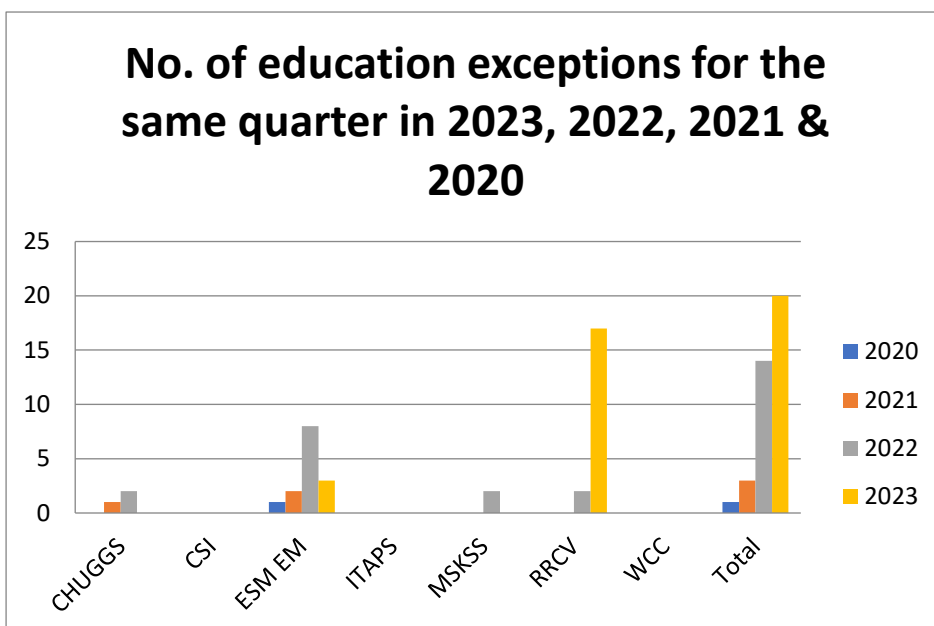
Graph 2



4.3.1 The number of exception reports for the same quarter in 2023 is much lower than in 2021 and 2022. There are notably less exception reports in ESM. This could be as a result of additional investment in more doctors, and changes to rota templates resulting in better cover during the day and out of hours.

4.4 In this quarter, 20 Education exception reports were submitted. Graph 3 shows the number of education exception reports for the same quarter in 2022, 2021 and 2020.

Graph 3



- 4.4.1 There are significantly more education reports in 2023 in comparison to previous years in RRCV. The majority (17) of the education exception reports were raised on 24th August 2023, by one doctor as an immediate safety concern. The doctor raises these exception reports due to an error in the allocation of Clinical Supervisor, this has now been resolved. The Service also confirms that there was no immediate safety concern to patients or staff.
- 4.5 There were 23 exception reports raised as Immediate Safety Concerns (ISCs). A summary of the ISCs raised, and Service responses, is provided below. This is the highest number of education exception reports raised in a quarter to date, this relates to 17 exception reports raised by one doctor as per paragraph 4.4.1.

Table 1 Immediate Safety Concerns

Grade, Specialty Date Occurred & Submitted	Summary of Concern Raised by the Doctor	Summary of Response from Service
FY1 Respiratory Medicine Occurred 02/06/23 Submitted 07/06/23	Extra hours compared to roster. Urgent Jobs to action due to extra patient handed over	From a Service point of view this was not an ISC. The concern raised was due to one doctor leaving the ward to attend a 2 hour mandatory training session. This left the ward below the preferred 3 doctors per ward allocation. Attempts were made to backfill, however this was not successful. The doctor was given TOIL for the extra hour worked.
FY1 Respiratory Medicine Occurred 05/06/23 Submitted 07/06/23	Working more hours than rostered. Patient not yet seen by consultant	A meeting was held with the doctor to discuss the concern, this occurred as the ward round was late (due to consultant being delayed in clinic). The doctor was asked to escalate such concerns to more senior doctors such as ST3+ and to use the escalation procedure for a deteriorating patient. Doctor was allocated TOIL for the extra hour worked. From a Service point of view this is not an ISC as senior support was available.
FY2 Cardiology Occurred 01/07/2023 Submitted 02/07/2023	Was on rota for cardiology SHO ward cover overnight. Doctor covering CCU overnight called in sick and so I had to over CCU along with all of the cardiology wards and hold the arrest bleep overnight. This is normally a job that required two cardiology SHOs to cover, and was only covered by myself. This meant that I had to see and do jobs for cardiology patients across 6 different wards as well as see and clerk in new patients who came into CCU overnight.	Whilst attempts were made to seek locum cover to fill the unexpected gap on the rota, it was not possible to find additional cover. The on-site team took the appropriate action to manage the gap. Doctor was reminded to escalate concerns as they occur to the on call consultant if additional support required on site to maintain clinical safety. Further information in being requested from the Service.

Grade, Specialty Date Occurred & Submitted	Summary of Concern Raised by the Doctor	Summary of Response from Service
CT1 Medicine Occurred 10/08/2023 Submitted 17/08/2023	A fellow colleague was unwell and required to leave early. Remaining colleagues were required to complete urgent tasks including ensuring safe care for patient on HD the following day at GH for blood transfusion.	The Service has advised that this was not a safety concern.
CT1 Medicine Occurred 11/06/2023 Submitted 13/06/2023	I was one of the two CTs working in ED in reach at night. Around 23:00, LGH ST3 informed ED in reach ST3 that there was no CT to cover LGH medical wards for that night and I was chosen to go to LGH in the middle of the night to cover. I found this experience very unsafe for patients and a bit stressful for me having to go to LGH as I have never worked there before. I believe there was also an impact and delay for the medical patients in ED because of insufficient junior doctors cover.	At the time when this exception report was raised the LGH site was being covered by a ST3 level doctor only. The cover arrangement at the LGH site has been reviewed and the Clinical Director has made the decision to re-instate cover CT level cover to support the ST3 doctor at the LGH site.
CT2 Trauma & Orthopaedics Occurred 03/08/2023 Submitted 15/08/2023	Required to working extra 2 hours in the operation theatre. Raised as an immediate safety concern, but also states that this was resolved.	The General Manager discussed this exception report with the doctor agreed that the doctor was required to work 2 extra hours in elective orthopaedics and therefore will be paid for this time.
CT3 Respiratory Medicine Occurred 02/08/2023 to 24/08/2023 Submitted 24/08/2023	Please refer to paragraph 4.4.1	

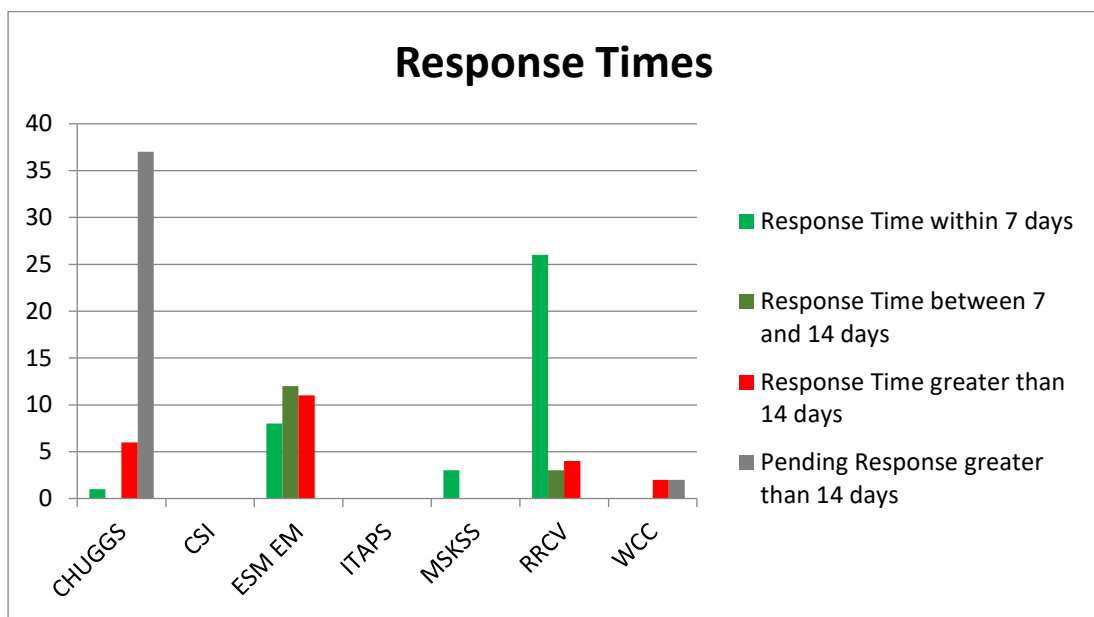
5. Outcome of the Exception Reports in this Quarter

- 5.1 For the majority of the Exception Reports, time off in lieu (TOIL) is allocated. In the last quarter, TOIL has been allocated for 44 exceptions. 9 exceptions did not require any further action. There were 11 instances where exceptions raised resulted in payment being made for extra hours worked. There are 35 exceptions still open and requiring a response in CHUGGS (15 pending all raised by one doctor at the end of placement), ESM (1 pending), RRCV (17 pending, raised by one doctor as discussed in 4.4.1) and WCC (2 pending). There are 16 exceptions in CHUGGS where further information has been requested. 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 within 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 4 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 has been sending regular reminders to close any open exception reports. From January 2023, to further improve response times, Medical HR are building exception reporting into monthly catch up meeting with JDAs.

Graph 4 Response Times



5.4 Table 2 in Appendix 1 shows raw data from Allocate with a breakdown of exceptions by specialty and grade.

6. Penalty Payments

6.1 Following review of potential breaches of the contract with the Guardian of Safe Working, 5 penalty payments have been applied (3 in General Surgery, 1 in Infectious Diseases, and 1 in Paediatrics). In addition, following revised guidance from NHS Employers a review of the Radiology breaks exception reports will be re-assessed and penalty payments back dated as appropriate.

6.2 There have been no disbursements from the Guardian's account to date.

7. Actions from previous reports (March 2023)

7.1 There is an outstanding action was to break down the number of exceptions received from LED doctors separately. Unfortunately, at present the software package used does not allow for a differential, therefore a manual procedure is to be sought.

8. Conclusion

- 8.1 Exception reports are being reviewed and changes are being implemented as required, including enhancing Trust processes such as response time.
- 8.2 The next report for the period September to November 2023 will be presented to:
- Trust Leadership Team on January 16th 2024
 - People and Culture Committee on Thursday 25th Jan 2024
 - Trust Board on Thursday 8th February 2024

Appendix 1
Table 2 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	CT3	0	4	0	4
	Cardiology	FY1	1	0	0	1
	Cardiology	FY2	0	1	0	1
	General medicine	CT1	0	1	1	0
	General medicine	ST6	2	0	0	2
	General surgery	Foundation house officer 1	4	0	0	4
	General surgery	FY1	3	0	0	3
	General surgery	FY2	1	0	0	1
	Geriatric medicine	CT1	0	1	0	1
	Haematology	ST5	1	0	1	0
	Medical oncology	ST5	1	0	0	1
	Nephrology	Foundation house officer 1	1	0	0	1
	Plastic surgery	CT2	1	0	0	1
	Radiology	Specialty registrar 4	6	0	0	6
	Radiology	ST5	4	0	0	4
	Respiratory Medicine	CT3	0	13	0	13
	Respiratory Medicine	FY1	0	2	2	0
	Respiratory Medicine	FY2	1	0	0	1
	Surgical specialties	Foundation house officer 1	7	0	0	7
	Surgical specialties	FY1	1	0	0	1
	Surgical specialties	FY1 (2016)	2	0	0	2
	Trauma & Orthopaedic Surgery	CT2	0	1	0	1
	Urology	Foundation house officer 1	4	0	0	4
Unknown specialty	Unknown grade	6	0	0	6	
Total			46	23	4	65

ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
	Accident and emergency	ST2	1	0	0	1
	Acute Medicine	FY2 *	1	0	0	1
	Anaesthetics	ST6	1	0	0	1
	Cardiology	Foundation house officer 1	2	0	2	0
	Cardiology	FY1	8	0	0	8
	Cardiology	FY2	10	6	6	10
	Cardiology	ST4	0	1	1	0
	Cardio-thoracic surgery	Foundation house officer 1	1	0	0	1
	Cardio-thoracic surgery	FY2 *	1	0	0	1
	Cardio-thoracic surgery	FY2 *	1	0	0	1
	Clinical Oncology	Foundation house officer 1	3	1	3	1
	Clinical Oncology	Foundation house officer 2	1	0	0	1
	Dermatology	CT1	0	1	1	0
	Diabetes & endocrinology	Foundation house officer 1	2	0	0	2
	Gastroenterology	CT1	1	0	0	1
	Gastroenterology	FY1	3	0	0	3
	Gastroenterology	FY2	1	0	0	1
	Gastroenterology	FY2	2	0	0	2
	General medicine	CT1	10	1	0	11
	General medicine	CT2	1	0	0	1
No. relating to hours/pattern	General medicine	CT3	0	2	2	0
	General medicine	Foundation house officer 1	12	1	0	13
	General medicine	Foundation house officer 2	2	0	0	2
	General medicine	Foundation house officer 2 *	9	2	0	11
	General medicine	FY1	12	6	0	18
	General medicine	FY1 *	1	0	0	1
	General medicine	FY1 (2016) *	1	0	0	1
	General medicine	FY1 *	1	0	0	1
	General medicine	FY2	26	0	0	26
	General medicine	FY2 *	5	4	2	7
	General medicine	FY2 (2016)	1	0	0	1
	General medicine	FY2 *	1	0	0	1
	General medicine	Specialty registrar 3 *	1	0	0	1
	General medicine	ST1	4	1	1	4
	General medicine	ST1 *	1	4	0	5
	General medicine	ST2	1	0	0	1
	General medicine	ST3	2	0	2	0
	General medicine	ST6	10	0	0	10
	General practice	FY2 *	4	0	0	3
	General surgery	CT1	4	0	0	4
	General surgery	Foundation house officer 1	12	5	0	17
	General surgery	Foundation house officer 2	1	0	0	1

General surgery	FY1	1	0	0	1
General surgery	FY1	17	23	0	40
General surgery	FY1 *	0	7	0	7
General surgery	FY2	9	0	0	9
General surgery	FY2 *	8	0	0	8
General surgery	Specialty registrar in core training 1	2	0	0	2
Geriatric medicine	CT1	0	1	0	1
Geriatric medicine	CT3	0	1	0	1
Geriatric medicine	FY1	0	2	0	2
Geriatric medicine	FY2 *	2	0	0	2
Geriatric medicine	ST1	3	0	0	3
Haematology	Foundation house officer 1	2	0	0	2
Haematology	FY1 *	0	1	0	1
Haematology	FY2	2	0	0	2
Haematology	FY2 *	1	0	0	1
Haematology	ST3	0	1	1	0
Haematology	ST5	3	0	3	0
Histopathology	FY1	1	0	0	1
Medical microbiology and virology	ST3	4	0	0	4
Medical microbiology and virology	ST3 *	4	0	0	4
Medical oncology	FY2 *	5	0	0	5
Medical oncology	ST5	1	0	0	1
Nephrology	CT2	0	1	1	0
Nephrology	Foundation house officer 1	2	0	1	1
Nephrology	FY1	4	2	2	4
Nephrology	FY1 *	1	0	0	1
Nephrology	FY2	1	0	0	1
Nephrology	FY2 *	0	1	1	0
Neurology	FY2 *	0	2	0	2
Neurology	ST1 *	0	1	0	1
Obstetrics and gynaecology	Foundation house officer 1	7	2	4	5
Obstetrics and gynaecology	FY2	6	0	0	6
Obstetrics and gynaecology	Specialty registrar 3	1	0	0	1
Obstetrics and gynaecology	ST4	2	0	0	2
Obstetrics and gynaecology	ST7	1	0	0	1
Ophthalmology	Specialty registrar 5	1	0	0	1
Ophthalmology	ST2	2	0	0	2
Ophthalmology	ST3	3	0	0	3
Ophthalmology	ST5	3	0	0	3
Ophthalmology	ST6	1	0	0	1
Ophthalmology	ST6	2	0	0	2
Ophthalmology	ST7	2	0	0	2
Ophthalmology	ST7 *	1	0	0	1

Ophthalmology	ST7 *	1	0	0	1
Otolaryngology (ENT)	CT1	6	0	1	5
Otolaryngology (ENT)	FY2 *	3	0	3	0
Otolaryngology (ENT)	Senior registrar *	1	0	0	1
Otolaryngology (ENT)	ST5	3	0	1	2
Otolaryngology (ENT)	ST6 *	1	0	1	0
Paediatric cardiology	Registrar	2	0	0	2
Paediatrics	FY1	2	0	1	1
Paediatrics	ST3	2	0	0	2
Paediatrics	ST4	0	2	0	2
Paediatrics	ST6	1	0	0	1
Plastic surgery	CT1	1	0	0	1
Plastic surgery	CT2	3	0	0	3
Radiology	Specialty registrar 4	3	0	0	3
Radiology	ST3	17	0	0	17
Radiology	ST5	13	0	0	13
Radiotherapy	CT2	4	0	0	4
Radiotherapy	FY1 *	0	1	0	1
Renal Medicine	FY1	1	0	0	1
Respiratory Medicine	CT1	1	0	1	1
Respiratory Medicine	CT2	2	0	0	2
Respiratory Medicine	Foundation house officer 1	2	0	0	2
Respiratory Medicine	Foundation house officer 2 *	1	0	0	1
Respiratory Medicine	FY1	7	2	2	7
Respiratory Medicine	FY2	2	2	0	4
Surgical specialties	Foundation house officer 1	9	0	0	9
Surgical specialties	FY1	1	0	0	1
Surgical specialties	FY1	36	0	0	36
Surgical specialties	FY1 *	3	0	0	3
Surgical specialties	FY1 (2016)	4	0	0	4
Thoracic medicine	CT1	1	0	0	1
Thoracic medicine	Foundation house officer 1	1	0	0	1
Trauma & Orthopaedic Surgery	CT1	2	0	0	2
Trauma & Orthopaedic Surgery	CT2	0	1	0	1
Trauma & Orthopaedic Surgery	Fixed term specialty registrar 3	1	0	0	1
Trauma & Orthopaedic Surgery	FY2	4	2	3	3
Trauma & Orthopaedic Surgery	ST1	1	0	0	1
Urology	Foundation house officer 1	20	0	0	20
Urology	Foundation house officer 2	1	0	0	1
Urology	FY1	12	0	0	12
Urology	FY2	2	0	0	2
Vascular Surgery	FY1	28	0	0	28
Vascular Surgery	FY1 *	5	0	0	5
Unknown specialty	Unknown grade	88	0	0	88
Total		564	90	46	608

ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
	Accident and emergency	ST6	3	0	0	3
	Anaesthetics	ST5	1	0	0	1
	Cardiology	CT3	0	4	0	4
	Cardiology	FY1	1	0	0	1
	Cardiology	FY2	1	0	0	1
	General medicine	CT2	2	0	0	2
	General medicine	CT3	0	2	1	1
	General medicine	Foundation house officer 1	2	0	0	2
	General medicine	FY1	0	1	0	1
	General medicine	FY2	1	0	0	1
	General surgery	CT1	1	0	0	1
	Geriatric medicine	FY1	1	0	0	1
	Haematology	CT2	1	0	0	1
	Haematology	FY1	1	0	0	1
No. relating to educational opportunities	Nephrology	Foundation house officer 1	1	0	0	1
	Nephrology	FY1	1	0	0	1
	Nephrology	ST3	1	0	0	1
	Obstetrics and gynaecology	FY2	1	0	0	1
	Paediatrics	FY1	1	0	0	1
	Paediatrics	ST1	0	0	0	1
	Paediatrics	ST2	0	0	0	1
	Plastic surgery	Specialty registrar in core training 2	2	0	0	2
	Radiology	Specialty registrar 4	1	0	0	1
	Respiratory Medicine	CT2	1	0	0	1
	Respiratory Medicine	CT3	0	13	0	13
	Respiratory Medicine	Foundation house officer 1	1	0	0	1
	Surgical specialties	FY1	1	0	0	1
	Surgical specialties	FY1 *	1	0	0	1
	Thoracic medicine	CT2	1	0	0	1
	Urology	FY1	1	0	0	1
Total			29	20	1	50

ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
	Cardiology	FY2	3	1	0	4
	Clinical Oncology	Foundation house officer 1	0	2	2	0
	General medicine	CT1	0	1	1	0
	General surgery	Foundation house officer 1	2	0	0	2
	General surgery	FY1	5	0	0	5
	General surgery	FY1 *	0	1	0	1
	Obstetrics and gynaecology	ST3	1	0	0	1
	Ophthalmology	ST3	1	0	0	1
No. relating to service support available	Paediatric cardiology	Registrar	4	0	0	4
	Paediatrics	FY1	1	0	0	1
	Radiology	Specialty registrar 4	2	0	0	2
	Radiology	ST5	1	0	0	1
	Renal Medicine	ST3	1	0	0	1
	Respiratory Medicine	Foundation house officer 1	3	0	0	3
	Respiratory Medicine	FY2	1	0	0	1
	Surgical specialties	Foundation house officer 1	6	0	0	6
	Surgical specialties	FY1 (2016)	2	0	0	2
	Urology	Foundation house officer 1	1	0	0	1
	Vascular Surgery	FY1	1	0	0	1
	Unknown specialty	Unknown grade	5	0	0	5
Total			40	5	3	42