

Meeting title:	Public Trust Board	Public Trust Board paper K
Date of the meeting:	9 February 2023	
Title:	Junior Doctors Contract Guardian of Safe Working Report	
Report presented by:	Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency	
Report written by:	Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Raunak Singh, Guardian of Safe Working and Consultant in Medicine Vidya Patel, Medical Human Resources Manager	

Action – this paper is for:	Decision/Approval		Assurance		Update	x
Where this report has been discussed previously	EPCB and People and Culture Committee					

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 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 1st September to 30th November 2022, 171 exceptions reports have been recorded, which is a decrease of 24 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. Guardian of Safe Working at UHL

3.1 New Appointments

- 3.1.1 Following the resignation from Dr Jonathon Grieff, the Trust has appointed two new Guardians of Safe Working; Dr Raunak Singh, Consultant in Medicine and Dr Amy Atkinson, Consultant in ED Paediatrics. The Trust has also increased the PA allocation for the role from 1.25PAs to 3PAs in total. This increase in capacity for this role is vital in supporting our wider vision to make UHL a clinically-led, supportive and inclusive organisation for all staff groups.

3.2 Revised 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:	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

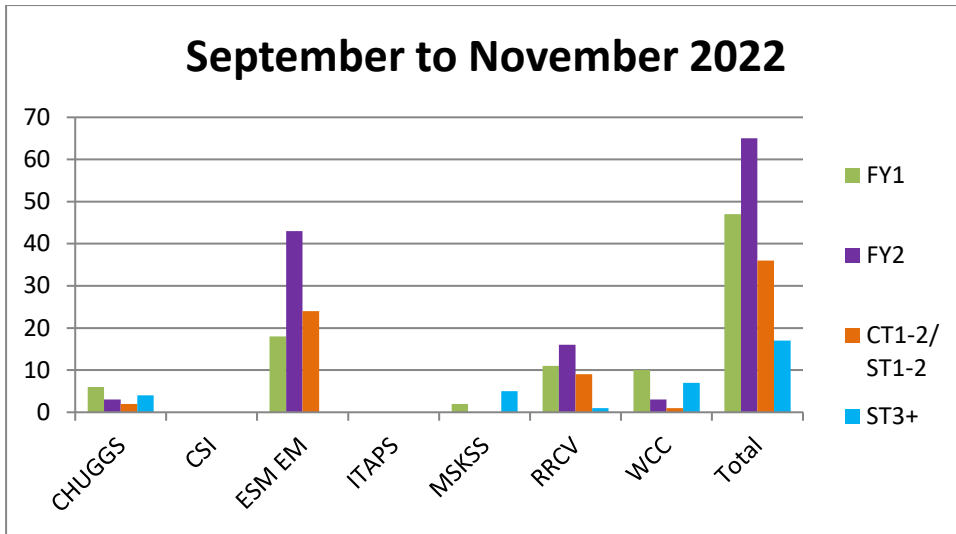
4. Number of Exceptions Recorded in this Quarter

4.1 From 1st September to 30th November 2022, a total of 171 Exception Reports have been recorded, 165 of which related to Hours, Working Pattern and Service Support, of which 4 were Immediate Safety Concerns (ISCs). There were 6 Education exceptions during this period, which represents a decrease of 8 since the previous quarter.

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 were higher than normal number of exceptions raised in ESM there were 42 exceptions raised by F2 doctors from different areas of Medicine, of which:

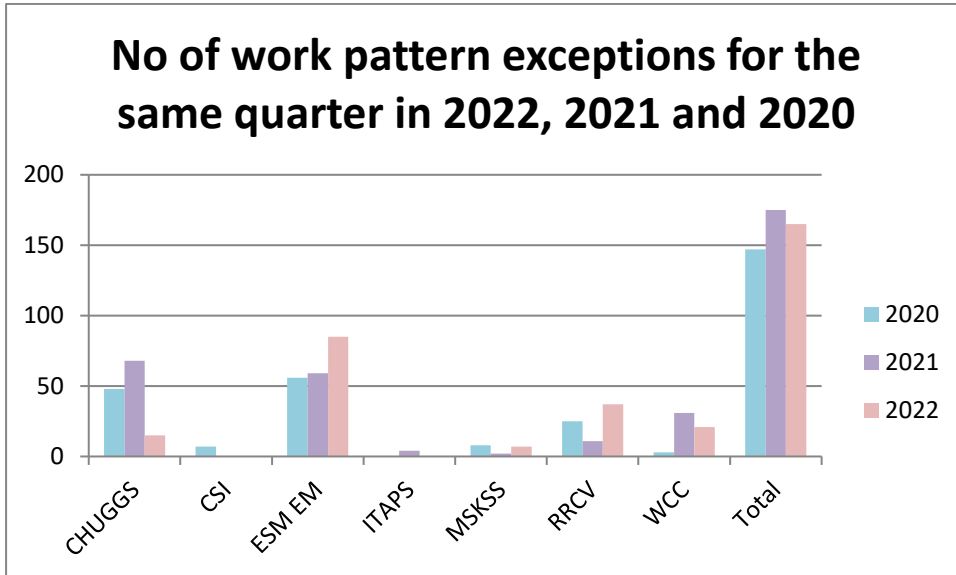
- 34 doctors raised exceptions were unable to finish on time (working between 30 minutes and 2 hours additional time).
- 6 exceptions raised as doctors struggled to receive the required breaks
- 2 doctors raised exceptions as they were unable to take TOIL previously agreed.

Graph 1 Work Pattern Exception Reports by CMG and grade



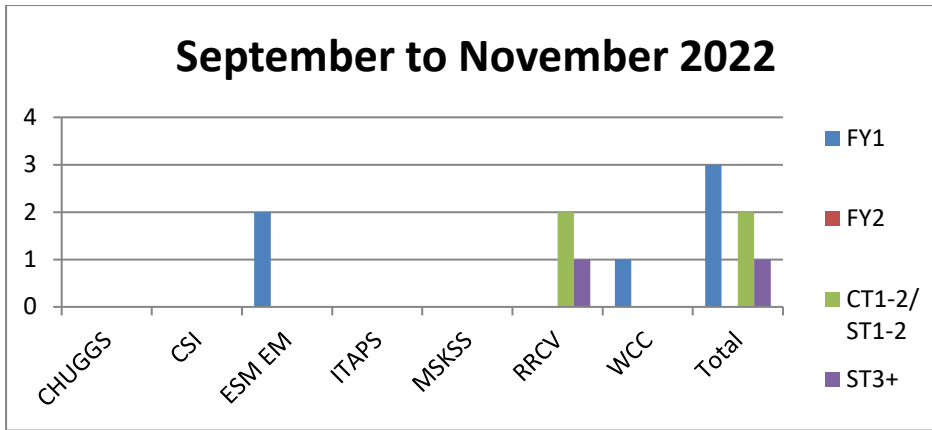
4.3 Graph 2 shows the number of exception reports for the same quarter in 2022, 2021 and 2020. In total there are 10 less exception reports this year in comparison with the same period in 2021.

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



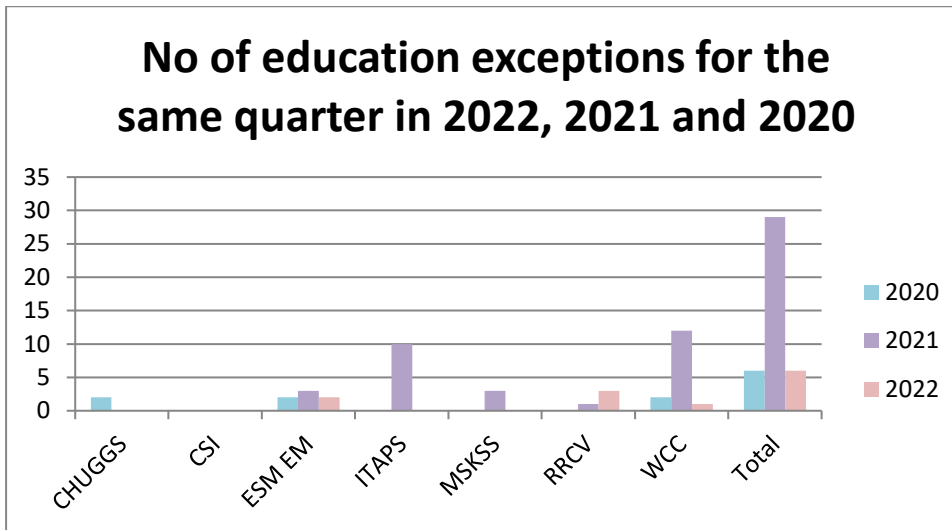
4.4 Graph 3 provides an overview of the number of Education exceptions received by grade in each CMG in the last quarter only. Out of the 6, Education reports raised, 3 were in RRCV. The Education exceptions submitted were in; Respiratory x 2, Renal x 1, Medicine x 2 and O&G x 1. The Renal exception was raised due to the doctor having to act down and remaining 5 were due to missed teaching/private 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 4 exception reports raised as Immediate Safety Concerns (ISCs), a summary of the ISCs raised and Service responses are provided below:

Table 1 Immediate Safety Concerns

Date Occurred, Grade and Specialty	Issue	Summary of Concern Raised by the Doctor	Summary of Response from Service
FY2 O&G Occurred & Submitted		Only 1 SHO covering MAU (wards 5 and 6). There were many patients to see in MAU, which resulted in patients not seen by an SHO in ward 6 -	This exception report has been escalated to the Heads of Services. On this occasion the doctor is reminded

29/09/2022	patients who needed blood transfusions for low HB, echo booking and resulting in delayed discharges. I was unable to get my half an hour lunch break as well.	that the Service would prefer doctors to raise these issues at the time of the occurrence to ensure support is provided.
FYI Medicine Occurred 09/10/2022 Submitted 10/10/2022	No break able to be taken - critically ill patients needing immediate management and interventions in a non-critical ward.	This is a 16 bedded ward which is managed by a Consultant until 5pm. Time off was allocated and situation will be kept under further review.
FYI Medicine Occurred & Submitted 11/10/2022	After 5pm (until 9:30pm) on an acute medicine on-call on AMU South I was the only junior as an FY1. There is a minimum staffing of 2 for this ward and I had multiple acutely unwell patients who could deteriorate easily. The turnover rate was also very high. This level of staffing is unsafe. I spoke to the registrar covering AFU and my ward and while his support was excellent and he attempted to find someone to join me on my ward, there was no one available in the entire hospital. I was unable to take a break during the normal day due to exceptional pressures caused by the turnover rate from A&E and a lack of clerking on A&E (some patients turned up without even a basic history noted), and I was unable to leave to take a break after 5pm, meaning I had no breaks all day and was not able to eat.	Normal practice is to have two junior doctors on duty on AMU. On this occasion there was a gap and arrangements were made for another doctor to provide additional support. However, it appears that this additional support did not arrive in AMU. This exception report was reviewed by the Clinical Director who advised that whilst the aim is to have two junior doctors on duty, it is safe to have one junior doctor with the Registrar and Consultant to manage the ward safely.
FYI Medicine Occurred 20/10/2022 Submitted 27/10/2022	1 hour Steps taken to resolve: I have exception reported	This was raised as an immediate safety concern in error, the doctor was required to work an extra hour which was given as TOIL.

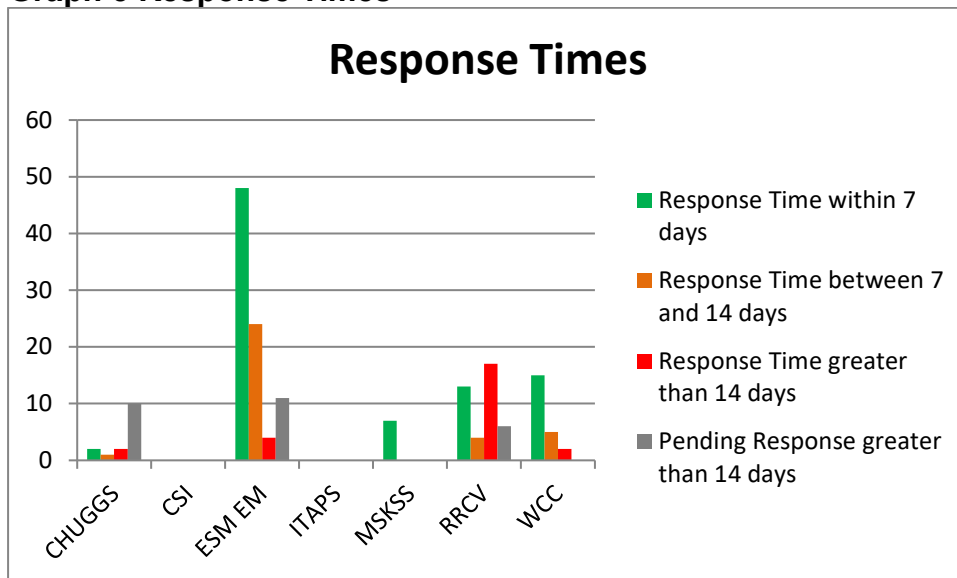
5. Outcome of the Exception Reports in this Quarter

- 5.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter, out of the 165 work related exceptions received, TOIL has been allocated for 113 exceptions. 15 exceptions did not require any further action. There were 9 instances where exceptions raised resulted in payment being made for extra hours worked. There are 31 exceptions still open and requiring a response, the majority of these are for doctors in ESM EM (16 pending) and CHUGGS (10 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 have 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 5 Response Times



5.4 Table 4 in Appendix 1 shows raw data from Allocate with a breakdown of exceptions by specialty and grade.

6. Work Schedule Changes

6.1 To improve training needs for Core Trainees and Trust Grade doctors working in Surgery, a cross site rota template has been implemented in December.

7. Penalty Payments

7.1 In this quarter (September to November 2022) 4 penalty payments were applied. There have been no disbursements from the Guardian's account to date.

Table 2 Penalties applied

Date Breach Occurred, Grade and Specialty	Summary of Breach
FY1 Medicine Occurred & Submitted 08/11/2022	Breach 13 hour shift & 11 hour rest requirement. Penalty applied: 0.5 hrs
CT1 Medicine Occurred 05/11/2022 Submitted 07/11/2022	Breach 13 hour shift & 11 hour rest requirement. Penalty applied: 1 hr
FY2 Nephrology Occurred & Submitted 20/10/2022	Breach 13 hour shift & 11 hour rest requirement. Penalty applied: 0.5 hrs
ST4 Ophthalmology Occurred 01/09/2022 Submitted 07/09/2022	Breach 13 hour shift & 11 hour rest requirement. Penalty applied: 2.5 hrs

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 3 below:

Table 3 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	5.2%
CSI	63	0	0	0	0	0	0	0	0%
ESM EM	287	1	1	2	4	11	11	30	10.4%
ITAPS	84	0	0	9	0	9	0	18	21.4%
MSKSS	129	0	0	0	2	2	3	7	5.4%
RRCV	153	0	0	0	0	2	4	6	3.9%
WCC	172	0	0	0	0	1	0	1	0.5%
Total	1024	1	1	12	8	29	18	69	6.7%

8.2 During this period there are a total of 69 vacancies which equates to 6.7% of the total junior medical staff establishment. In October 2022, the vacancies were at 5% 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 December 2022 to February 2023, will be presented to:
- Executive Board on 21st March 2023
 - People and Culture Committee on 30th March 2023
 - Trust Board on 13th April 2023

Supporting documentation

No supporting documentation is required

Appendix 1

Table 4 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	Acute Medicine	FY1	0	1	1	1
	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	4	0	0	0
	General surgery	FY1	1	0	0	0
	General surgery	FY2	1	0	0	0
	Geriatric medicine	FY1	0	1	1	1
	Nephrology	Foundation house officer 1	1	0	0	0
	Obstetrics and gynaecology	FY2	0	1	1	1
	Paediatric cardiology	ST4	2	0	0	2
	Paediatric cardiology	ST7 *	1	0	0	1
	Plastic surgery	CT2	1	0	0	0
	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
	Total			35	4	7
No. relating to hours/pattern	Accident and emergency	FY2 *	1	1	1	1
	Accident and emergency	ST2	1	0	0	0
	Acute Medicine	CT1	0	1	1	1

Acute Medicine	FY1	0	2	2
Acute Medicine	FY2	0	2	2
Acute Medicine	FY2 *	2	1	2
Anaesthetics	ST6	1	0	0
Cardiology	Foundation house officer 1	4	3	5
Cardiology	FY1	9	0	1
Cardiology	FY2	6	6	5
Cardiology	ST1 *	1	0	1
Cardio-thoracic surgery	FY2	1	1	2
Cardio-thoracic surgery	FY2 *	1	0	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
Diabetes & endocrinology	Foundation house officer 1	2	0	0
Diabetes & endocrinology	FY1	0	1	1
Gastroenterology	CT1	1	0	0
Gastroenterology	FY1	3	0	0
Gastroenterology	FY2	1	0	0
Gastroenterology	FY2	2	0	0
General medicine	CT1	5	12	8
General medicine	CT2	1	0	0
General medicine	Foundation house officer 1	13	0	1
General medicine	Foundation house officer 2	2	1	1
General medicine	Foundation house officer 2 *	6	6	3
General medicine	FY1	10	10	8
General medicine	FY1 *	1	0	0
General medicine	FY1 (2016) *	1	0	0
General medicine	FY1 *	1	0	0
General medicine	FY2	23	27	17
General medicine	FY2 *	4	8	8

General medicine	FY2 (2016)	1	0	0
General medicine	FY2 *	1	0	0
General medicine	Specialty registrar 3 *	1	0	0
General medicine	ST1	4	0	0
General medicine	ST1 *	0	3	3
General medicine	ST2	1	1	0
General medicine	ST3	2	0	0
General medicine	ST6	10	0	0
General practice	FY2 *	3	0	0
General surgery	CT1	4	2	2
General surgery	Foundation house officer 1	12	6	2
General surgery	Foundation house officer 2	1	0	0
General surgery	FY1	1	0	0
General surgery	FY1	12	0	1
General surgery	FY2	7	0	0
General surgery	FY2 *	5	3	0
General surgery	Specialty registrar in core training 1	2	0	0
Geriatric medicine	FY1	0	3	2
Geriatric medicine	FY2 *	2	0	0
Geriatric medicine	ST1	3	0	0
Geriatric medicine	ST1 *	0	8	8
Haematology	Foundation house officer 1	2	0	0
Haematology	FY2	2	0	0
Haematology	FY2 *	1	0	0
Haematology	ST3	0	3	0
Haematology	ST5	1	0	0
Haematology	ST6	0	1	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	ST4	0	1	1
Nephrology	Foundation house officer 1	2	0	0
Nephrology	FY1	3	0	0
Nephrology	FY1 *	1	0	0
Nephrology	FY2	1	0	0
Nephrology	FY2 *	0	1	0
Neurology	FY1	1	1	2
Obstetrics and gynaecology	Foundation house officer 1	7	0	2
Obstetrics and gynaecology	FY1	0	5	5
Obstetrics and gynaecology	FY2	6	1	1
Obstetrics and gynaecology	Specialty registrar 3	1	0	0
Obstetrics and gynaecology	ST1	0	1	1
Obstetrics and gynaecology	ST4	2	0	0
Obstetrics and gynaecology	ST7	1	1	0
Ophthalmology	Specialist registrar	0	1	0
Ophthalmology	Specialty registrar 5	1	0	0
Ophthalmology	ST2	2	0	0
Ophthalmology	ST3	3	0	0
Ophthalmology	ST4	0	4	1
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	6	0	0
Otolaryngology (ENT)	Senior registrar *	1	0	0
Paediatric cardiology	Registrar	3	0	1
Paediatrics	FY1	1	3	5
Paediatrics	ST3	2	3	3

Paediatrics	ST4	0	1	1
Paediatrics	ST6	1	1	1
Plastic surgery	CT1	1	0	0
Plastic surgery	CT2	3	0	0
Radiotherapy	CT2	4	0	0
Respiratory Medicine	CT2	2	0	0
Respiratory Medicine	Foundation house officer 2	0	2	2
Respiratory Medicine	Foundation house officer 2 *	0	2	1
Respiratory Medicine	FY1	1	0	0
Respiratory Medicine	FY2	1	0	0
Respiratory Medicine	ST1	0	4	4
Surgical specialties	Foundation house officer 1	8	1	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	0	0
Thoracic medicine	CT2	4	5	9
Trauma & Orthopaedic Surgery	CT1	2	0	0
Trauma & Orthopaedic Surgery	Fixed term specialty registrar 3	1	0	0
Trauma & Orthopaedic Surgery	FY1	0	2	2
Trauma & Orthopaedic Surgery	FY2	3	0	0
Trauma & Orthopaedic Surgery	ST1	1	0	0
Trauma & Orthopaedic Surgery	ST2 *	2	0	2
Urology	Foundation house officer 1	22	0	2
Urology	Foundation house officer 2	1	0	0
Urology	FY1	12	0	0
Urology	FY2	2	0	0
Urology	ST7	1	0	0
Vascular Surgery	FY1	22	6	0

	Vascular Surgery	FY1 *	5	0	0	
	Vascular Surgery	FY2	0	1	1	
	Unknown speciality	Unknown grade	88	0	0	
	Total		477	159	134	
	Accident and emergency	ST6	3	0	0	
	Anaesthetics	ST5	1	0	0	
	Cardiology	FY1	1	0	0	
	Gastroenterology	FY1	0	1	1	
	General medicine	CT2	2	0	0	
	General medicine	Foundation house officer 1	2	0	0	
	General medicine	FY1	0	1	0	
	General medicine	FY2	2	0	0	
	General surgery	CT1	1	0	0	
	Geriatric medicine	FY1	1	0	0	
No. relating to educational opportunities	Haematology	CT2	1	0	0	
	Haematology	FY1	1	0	0	
	Nephrology	Foundation house officer 1	1	0	0	
	Nephrology	FY1	1	0	0	
	Nephrology	ST3	0	1	0	
	Obstetrics and gynaecology	FY1	0	1	1	
	Obstetrics and gynaecology	FY2	1	0	0	
	Paediatrics	FY1	1	0	0	
	Plastic surgery	Specialty registrar in core training 2	2	0	0	
	Surgical specialties	FY1	1	0	0	
	Surgical specialties	FY1 *	1	0	0	
	Thoracic medicine	CT2	0	2	0	
	Urology	FY1	1	0	0	
		Total		24	6	2
	No. relating to service support	Cardiology	FY2	1	0	0
		General medicine	FY1	0	2	1

available	General medicine	FY2	1	0	0
	General surgery	Foundation house officer 1	2	0	0
	General surgery	FY1	5	0	0
	Obstetrics and gynaecology	FY1	0	2	2
	Obstetrics and gynaecology	FY2	0	2	2
	Ophthalmology	ST3	1	0	0
	Paediatric cardiology	Registrar	4	0	0
	Paediatric cardiology	ST4	2	0	2
	Paediatric cardiology	ST7 *	1	0	1
	Paediatrics	FY1	1	0	0
	Renal Medicine	ST3	0	1	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
	Vascular Surgery	FY1	1	0	0
	Unknown specialty	Unknown grade	5	0	0
Total			35	7	8