University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 12 April 2018

Trust Board paper J

Report Title:	People, Process and Performance Committee – Committee Chair's Report (formal Minutes will be presented to the next Trust Board meeting)
Author:	Gill Belton, Corporate and Committee Services Officer Andrew Johnson, Chair, People, Process and Performance Committee

Reporting Committee:	People, Process and Performance Committee
Chaired by:	Andrew Johnson, Non-Executive Director
Lead Executive Director(s):	Eileen Doyle, Interim Chief Operating Officer Louise Tibbert, Director of Workforce and Organisational Development
Date of last meeting:	22 March 2018

Summary of key matters considered by the Committee and any related decisions made:

This report provides a summary of the following key issues considered at the People, Process and Performance Committee on 22 March 2018:

- ***Emergency Performance and Organisation of Care Report***
  The report provided an update on performance against the NHSI trajectory for emergency care, which remained below NHSI trajectory and acceptable levels, resulting in a poor experience for patients and failure to achieve a key national performance standard. The report provided an update on the actions to improve the current position and the progress of the Organisation of Care Programme (OCP) to achieve the objective of balancing demand and capacity for 2018/19.

  Specific discussion took place regarding:-

  - the particular issues around ED which required addressing and the potential use of Nerve Centre to provide enhanced data;
  - the results of a recent analysis of delays, which the Chief Executive undertook to share with PPP members, the results of which were being utilised to identify and agree across the LLR health-community which agency was responsible for addressing particular issues;
  - the need to agree a revised performance trajectory – the Chief Executive and Director of Performance and Information would be progressing this in conjunction with relevant colleagues, and
  - the Chair of the PPP requested a two-part plan to address all relevant issues (the first part of which would document the plan for the first six months of the 2018/19 financial year and the second part of which would document the last six months of the 2018/19 financial year).

  In conclusion, the People, Process and Performance Committee could not assure the Trust Board of the Trust's achievement of its current targets, however the Committee acknowledged the continued focus and efforts underway to address the position.

- ***UHL Winter Plan – First Draft***
  Further to discussions at the 22 February 2018 People, Process and Performance Committee, this report provided a first draft of the initial UHL Winter Plan for 2018/19, for endorsement by the PPPC, noting that this was yet to be discussed with partners across the health community. The report (yet to be costed) detailed the Trust's proposals for responding to increased surges and / or service demands during the next winter period. A full LLR system-wide plan would be completed and would focus on winter resilience planning. Particular discussion took place regarding: the reported bed capacity gap, areas where scope still existed for further

improvements to be made (both within UHL and across the wider health community) and the inherent financial challenges. Specific discussion also took place regarding the use and location of pharmacy services and it was agreed that the Chief Executive and the Chair of the People, Process and Performance Committee (the latter in his role as Chair of Trust Group Holdings Ltd) would discuss this further outside of the meeting.

- ***Medical E-Rostering System***
  This report detailed the Trust's support for a preferred software company to roster medical staff across UHL. The Committee received and noted the contents of this report, particularly the requirement for an 18-month project delivery plan and supported the proposal documented therein.

- ***Junior Doctors Contract***
  Two reports were presented to the Committee for receipt and noting as follows (1) the Junior Doctors Contract Guardian of Safe Working Report and (2) the Junior Doctors Contract Education Exception Report and these are appended to this meeting summary. Both reports had been produced in line with the requirements of the 2016 Junior Doctors Contract whereby the Guardian of Safe Working (GSW) would provide a quarterly report (June, September, December and March) on the management of Exception Reporting and rota gaps (the first report refers) and the Director of Medical Education would provide an annual report on the management of Education Exception Reporting (the second report refers). In the last three month period from December 2017 to February 2018 there had been 139 exceptions recorded; a total of 420 exceptions since Exception Reporting was first implemented at UHL in December 2016. Nineteen of the exception reports were related to education issues (with no work scheduled having required review or alteration as a result of these) and the others related to work patterns. In the last quarter there were 104 vacancies on junior medical staffing rotas. The majority of these gaps were being managed by backfilling with locum doctors. Active recruitment was on-going to fill any remaining gaps. Following feedback from Junior Doctors, a number of actions were being undertaken to highlight the exception reporting process which was fully supported by the Trust.

- ***2017 National Staff Survey Report***
  This report detailed the results from the 2017 National NHS Staff Survey, the results of which would be used to develop strategies aimed at improving staff experience of working at UHL. 93 Acute Trust organisations took part in the staff survey in 2017 and, as reported by NHS Employers, national results demonstrated a service under strain with staff reporting that they were working under increased pressure and felt less able to deliver a good quality service. UHL had a response rate of 34% (a decrease of 2.2% from the previous year). Compared to the 2016 survey, the Trust scored significantly better on three questions, significantly worse on four questions and no significant difference on 81 questions. There had been improvement in the amount of staff that had completed appraisals and mandatory training, however there had been a decline in the quality of non-mandatory training, learning or development and the quality of appraisals fell below average in comparison to other acute Trusts. There had been a decrease in results for all three health and well-being questions relating to the National CQUIN. There was, however, an increase from 62% to 63% for the question, 'Immediate manager takes a positive interest in my health and well-being'. Motivation and job satisfaction were areas requiring improvement along with harassment, bullying and abuse. The Workforce Race Equality Standard results also showed deterioration compared to 2016 results. The reported next steps to respond to the results of the survey were documented fully within the report, the contents of which were received and noted by the Committee and the following two specific additional actions were agreed:
  (1) the local results of the National Staff Survey would be included in the next Chief Executive's Briefing, and
  (2) a further report on the results of the Staff Survey (with greater granularity of responses by individual staff groups) would be presented at the April 2018 PPP Committee, following its discussion at the next Executive Workforce Board on 17 April 2018.

- **Equality and Diversity Strategic Action Plan**
  This report provided an update on the Trust's overarching Equality and Diversity Strategic Action Plan for 2018/19 and detailed overarching areas which would be developed over 2018/19 that would give greater momentum and emphasis on the Trust's key areas to drive its work forward. Given the expanding agenda and priorities, Clinical Management Groups (CMGs) would be required to take greater ownership of this work going forward. The Committee was requested to note and approve the updated draft Equality and Diversity Strategic Action Plan (2018-19). Specific discussion took place regarding the need to be systematic in considering all of the protected characteristics and note was made of the new Workforce Disability Standard shortly to be implemented. The Committee approved the updated plan, considering this to be a positive development, which would evolve further over time.

- **Annual Operating Plan: Workforce Submission**
  As part of the Trust's Annual Operational Plan submission to its regulators on 8 March 2018, the Trust was required to submit a technical workforce template as part of a suite of four technical templates also covering activity, finance and a triangulation template testing the correlation between workforce, finance and activity. This submission was a refresh of year 2 of a two-year plan submitted last year. In addition, there was a requirement to submit a narrative template outlining the process for deriving the workforce plan and how it linked to the STP. This report to the Committee summarised the key messages from this submission and the next steps towards completing a final version for submission to the Trust's regulators on 30 April 2018. The Committee was requested to note the process for achieving the draft plan, the principal headlines from the workforce submission and the future actions required to develop the final plan for 2018/19 based upon activity, capacity and workforce assumptions. The contents of this report were received and noted.

- **Workforce and Organisational Development Plan Update**
  This report detailed key workforce datasets for Month 11 covering pay bill, worked Whole Time Equivalent (WTE) and productivity performance with a particular focus on medical reporting, agency and non-contracted bill performance, vacancies and turnover, recruitment performance and actions, sickness, appraisal and staff engagement and organisational development. Assurances were provided within the report, including any actions to improve the current position. The Committee received and noted the contents of this report, specifically noting the focussed work currently on-going in ensuring that all relevant staff had completed their annual Information Governance training by 31 March 2018.

Minutes for Information

The Committee received the following Minutes for information:

- Executive Performance Board (20 February 2018);
- Executive Workforce Board – it was noted that no further meetings had been held since the 17 October 2017 meeting, the Minutes of which had been presented at the People, Process and Performance Committee meeting held in October 2017.

<u>Joint PPPC and QOC session:</u>

- ***Quality and Performance Report – Month 11***
  This report detailed the quality and performance metrics as at month 11. A report was tabled at the meeting, the subject of which concerned the approach to managing RTT in 2018/19. Particular discussion took place relating to the management of RTT in 2018/19 and the related support required from health-community colleagues, the degree of system leadership in place, potential actions arising from particular focus on the 62 day target in relation to the treatment of cancer patients and the new data included within the report relating to ambulance handover times. In further discussion, the

Director of Performance and Information undertook to submit a report to the April 2018 People, Process and Performance Committee which provided an update in relation to planned care work.

- ***Stranded Patients – Reduction Plan***
  This report detailed observable trends in relation to stranded patients. The 'stranded patient metric' could be defined as the number of beds occupied by patients who had been in hospital 7 days or more, with 'super stranded' patients occupying beds for more than 21 days. A proportion of such patients would have a truly catastrophic illness and would need to be in hospital for an extended period however, a significant proportion would have spent 7 days or more in hospital because of unnecessary waits in the system which undoubtedly impacted on the Trust's emergency care performance. The Committee was requested to note the work that was currently being undertaken around the 'stranded patient', notably the recent improvement in reduction in length of stay of the super stranded patients, particularly in paediatrics, and support the future work plans that aimed to reduce the number of stranded patients in UHL. The Committee received and noted the contents of this report and agreed that the Interim Chief Operating Officer would include the data and work being undertaken in relation to stranded patients within the regular performance reports going forward.

Matters requiring Trust Board consideration and/or approval:

None.

Matters referred to other Committees:

There were no matters requiring onward referral to other meetings.

Date of next meeting:	26 April 2018

Junior Doctors Contract Guardian of Safe Working Report

Authors: Jonathon Greiff, Guardian of Safe Working, & Vidya Patel, Medical HR Manager
Sponsor: Louise Tibbert, Director of Workforce and Development

Executive Summary Paper G1

The 2016 Junior Doctors Contract has now been fully implemented at UHL in In line with the national timescales. In line with the requirements of the 2016 contract, the attached paper will be presented to Trust Board, providing a quarterly update on Exception Reporting activity at the Trust.

Context

This report has been produced in line with the requirements of the 2016 Junior Doctors Contract, whereby the Guardian of Safe Working (GSW) will provide a quarterly report (June, September, December and March) on the management of Exception Reporting and rota gaps.

In the last three month period from December 2017 to February 2018 there have been 139 exceptions recorded; a total of 420 exceptions since Exception Reporting was first implemented at UHL in December 2016.

Questions

1. What action is being taken to support junior doctors in undertaking Exception Reporting?
2. How many Exception Reports have been received at UHL and how are Exception Reports being managed?
3. How many junior doctor vacancies exist at the Trust?

Conclusion

1. Following feedback from junior doctors a number of actions are being taken to highlight the Exception Reporting process and the Trusts endorsement of Exception Reporting.

2. To date 420 exceptions reports have been recorded. Nineteen are related to education issues and others relate to work patterns. An Exception Reporting procedure has been in operation from December 2016; this has now been revised following feedback from Junior Doctors.

3. In the last quarter there are 104 vacancies on junior medical staff rotas. The majority of these gaps are being managed by backfilling with locum doctors. Active recruitment is on-going to fill any remaining gaps.

Input Sought

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

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[**Yes** /No /Not applicable]
Effective, integrated emergency care	[**Yes** /No /Not applicable]
Consistently meeting national access standards	[**Yes** /No /Not applicable]
Integrated care in partnership with others	[**Yes** /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /**Not applicable**]
A caring, professional, engaged workforce	[**Yes** /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /**Not applicable**]
Financially sustainable NHS organisation	[**Yes** /No /Not applicable]
Enabled by excellent IM&T	[**Yes** /No /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /**Not applicable**]
Board Assurance Framework	[Yes /**No** /Not applicable]

3. Related Patient and Public Involvement actions taken, or to be taken: [NA]

4. Results of any Equality Impact Assessment, relating to this matter: has been undertaken and shared with the Executive Workforce Board on 17th January 2017.

5. Scheduled date for the next paper on this topic: June 2018

6. Executive Summaries should not exceed 1 page. [My paper does comply]

7. Papers should not exceed 7 pages. [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 shall also be provided to the Local Negotiating Committee and the Trust Junior Doctors Forum.

1.3 The Board is responsible for ensuring the required reporting arrangements are in place. This includes annual reports to external bodies (including Health Education England East Midlands, Care Quality Commission, General Medical Council and General Dental Council).

2. Background

2.1 The 2016 Junior Doctors Contract came into effect on 3rd August 2016. In line with the national timescales transition of doctors in training to the new contract at UHL has been as follows:

- December 2016 - All Foundation Year 1 doctors
- February to April 2017 - All F2, CT, ST3+ doctors in Paediatrics, Pathology and Surgery
- August 2017 - All remaining doctors with the exception of doctors in training whose contract of employment expiry was beyond August 2017.

2.2 There is one remaining junior doctor in training yet to transition to the new contract in Paediatric Surgery; who will be leaving the Trust in April 2018.

3. Further Improvements

3.1 Exception Reporting Survey

3.1.1 There have been two exception reporting surveys conducted by junior doctors at UHL.

3.1.2 The first survey was conducted as part of the Trust Junior Doctors Forum by Dr Rachael Slater, Specialist Registrar in Medicine at UHL. The survey was carried out in April 2017 but unfortunately only 16 responses were received; this may be due to Exception Reporting being a new concept and that only 266 junior doctors in training had transferred to the new contract at the time. Due to the low response rate it was agreed that the survey would be repeated again at a later date.

3.1.3 The same survey was repeated in November 2017, by Dr Derek Ly, Core Trainee at UHL, on behalf of the Doctors in Training Committee, by which time the majority of junior doctors in training at UHL had transferred to the new contract. The results of this survey were

presented at the Royal College of Physicians East Midlands Regional Update, by Dr Raunak Singh, Chief Registrar at UHL (see attached paper: appendix 1).

3.1.4 The barriers to exception reporting indicated by junior doctors at the Trust are provided in the table below:

Barriers	**Survey Results April 2017 (based on 16 responses)**	**Survey Results November 2017 (based on 74 responses)**
Concerns about the perception of seniors towards my exception reporting	80%	54%
Unsure of exception reporting system	47%	42%
Reservations about contacting senior decision maker for approval	60%	34%
Time constraints	60%	31%
Unsure if the exception report was applicable to the circumstances	20%	28%
Concerns about the perception of other colleagues to my exception reporting	53%	24%
IT problem accessing the system	13 %	19%
Log in problem	27%	19%
Other (please clarify in comments box)	27%	15%
Unable to contact senior decision maker for approval	33%	10%

3.2 Following feedback via the survey and from the Trust Junior Doctors Forum:

i. The GSW and the Medical HR Manager attended the Trust Junior Doctors Induction in December 2017 to provide an Exception Reporting presentation and a demonstration on how to use the package.

ii. A leaflet providing details of hours and work pattern requirements, Exception Reporting, the GSW and Locum Fidelity has been produced and shared at the Trust Induction (see attached appendix 2).

iii. Work is progressing to make Exception Reporting more accessible by providing a direct link to the package from Internet Explorer favourites on Trust computers and/or a QR Code

iv. The Exception Reporting process map has been updated and will be shared with junior doctors at the Trust in April 2018.

v. An email from the GSW will be sent to all junior doctors at the Trust providing guidance on Exception Reporting.

vi. The 2016 Junior Doctors Contract INsite pages have also been updated.

4. Management of Exception Reporting

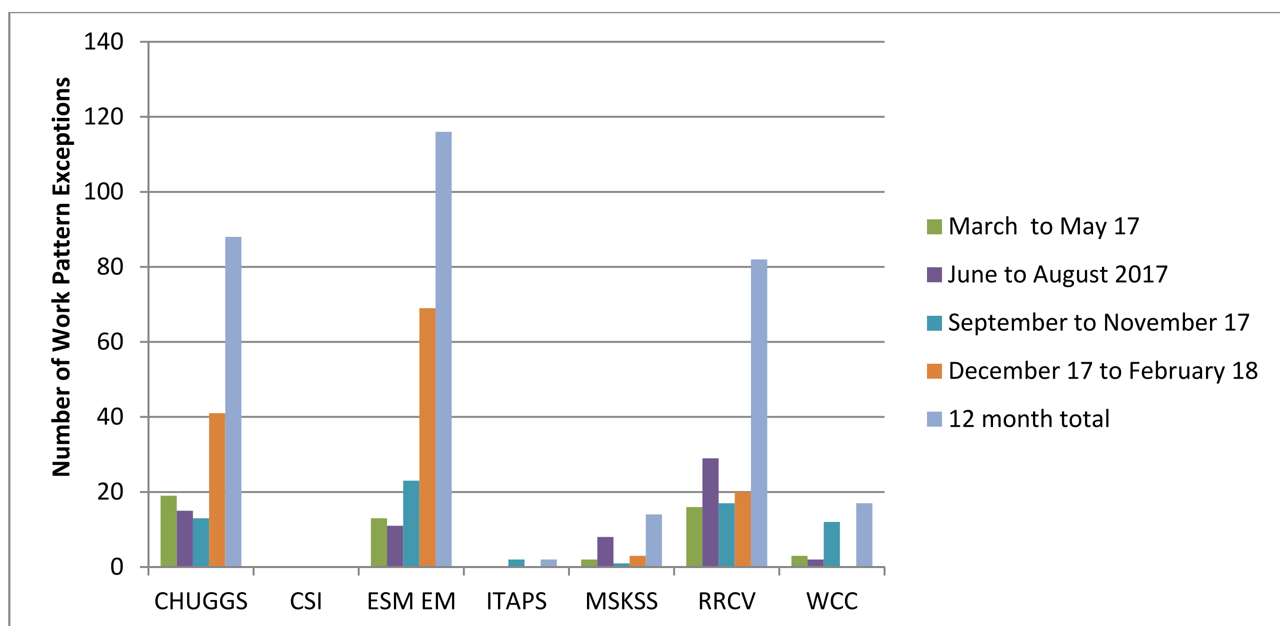
4.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the new contract will raise Exception Reports on work pattern or educational problems using a web based package.

5. Number of Exceptions Reported

5.1 From 6th December 2016 to 28th February 2018, a total of 420 Exception Reports have been received of which 139 were received in the last quarter (1st December 2017 to 28th February 2018). In total 19 exceptions relate to educational opportunities and the remainder relate to work pattern or support issues.

5.2 Work Pattern and Support Exception Reports

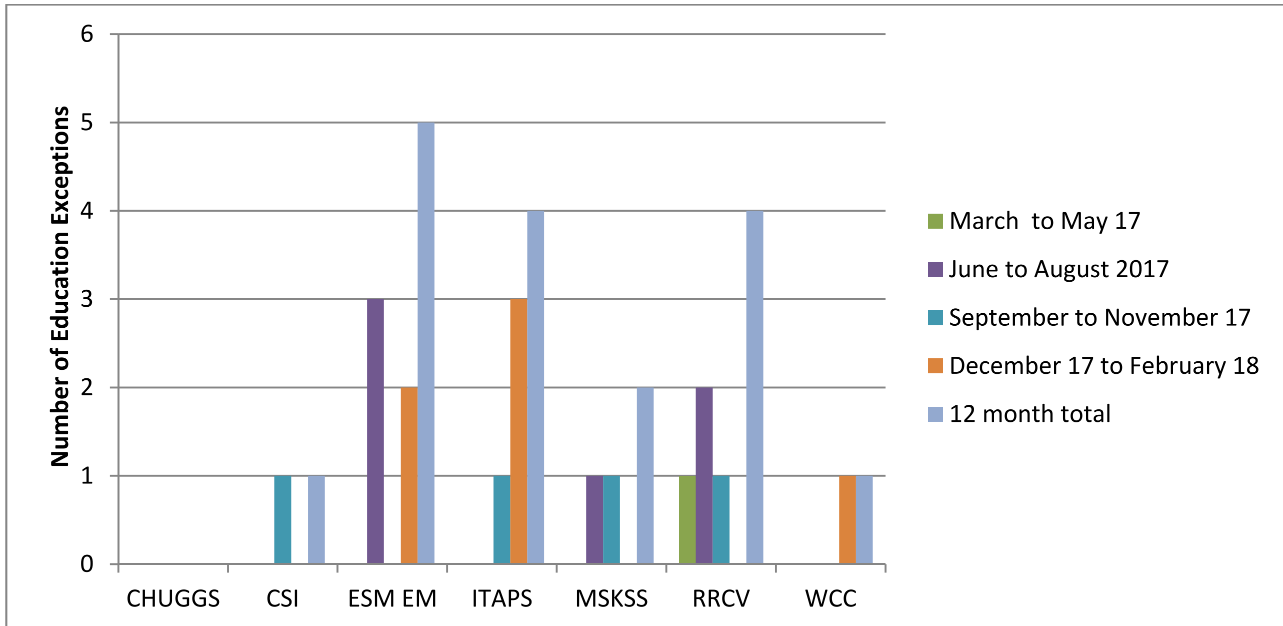
5.2.1 The graph below provides an overview of the number of work pattern exceptions received by CMG for each quarter and in the 12 month period.



5.2.2 There has been a significant increase in the number of reports submitted by doctors in Medicine (ESM EM) and from F2/CT level doctors in Surgery at the LGH site (CHUGGS). The F2/CT rota at the LGH site has been revised and the new rota template will be implemented in April 2018.

5.3 Education Exception Reports

5.3.1 The graph below provides an overview of the number of education exceptions received by CMG for each quarter and in the 12 month period:



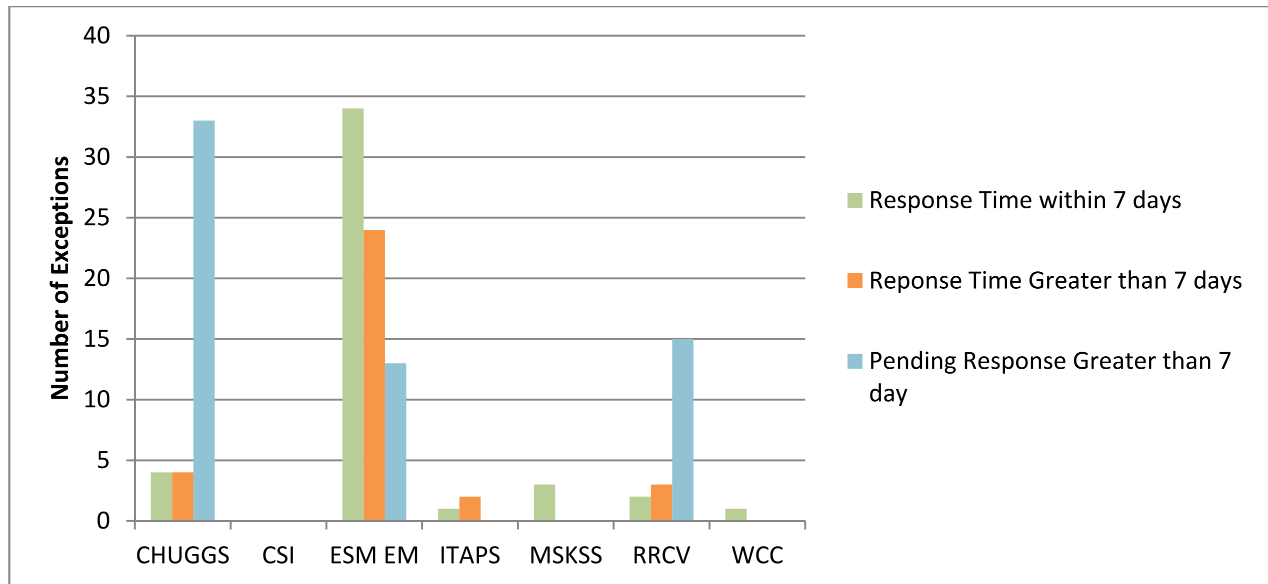
5.3.2 A higher number of education exceptions have been recorded in the last two quarters. Some of these are as a result of the current clinical pressures which have resulted in doctors not being able to attend teaching and missing clinical exposure due to cancelations of clinical commitments (e.g. theatre sessions). Where possible the CMG will ensure the missed educational opportunities are replaced.

5.4 Outcome of the Exception Reports

5.4.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter out of the 139 exceptions received, TOIL has been allocated for 66 exceptions. Two doctors have been paid for the additional hours worked, further information has been requested from 12 doctors and 10 exceptions required no further action. There are 49 exceptions still open and require a response.

5.5 Response Time

5.5.1 Junior Doctors are required to raise Exception Reports with 14 days (7days if payment is being requested) of the issue occurring. The Trust has 7 days to provide a response. The response time for exceptions in the last quarter is detailed in the graph 3 below:



5.5.2 There a number of exceptions in CHUGGS which have not been formally responded to via the package, however meetings have been held with a Consultant and a number of junior doctors who have raised the exceptions and agreements reached. The outcome of these meetings will need to be updated on the package.

5.5.3 Greater compliance on response times is expected from CMGs. This will be communicated via the JDA forum and via separate communications.

6. Work Schedule Changes

6.1 There have no work schedule changes in the last quarter.

7. Junior Medical Staff Vacancies

7.1 Vacancies in the Current Period

7.1.1 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 from December 2017 to February 2018 is provided in table below:

CMG	Establish-ment	FY1	FY2	CT1/2	TG F2/ CT1/2	ST3+	TG ST3+	Spe-cialty Doctor	Total	Percentage Vacancy
CHUGGS	133	1	0	1	3	3	0	0	8	6%
CSI	63	0	0	0	0	0	0	0	0	0%
ESM EM	287	2	0	3	9	10	6	0	30	10%
ITAPS	84	0	0	0	0	0	0	0	0	0%
MSKSS	129	0	0	1	8	3	11	0	23	18%
RRCV	153	0	0	4	13	3	5	0	25	16%
WCC	172	0	0	5	0	13	0	0	18	10%
Total	**1024**	**3**	**0**	**14**	**33**	**32**	**22**	**0**	**104**	**10%**

7.1.2 During this period there are a total of 104 vacancies which equates to 10% of the total junior medical staff establishment.

7.2 Vacancies – Annual Comparison

7.2.1 The table blow provides an annual view of the junior medical staff vacancies at the Trust:

Period	FY1	FY2	TG FY2	CT1/2	TG[1] CT1/2	ST3+	TG[1] ST3+	Specialty Doctor	Total	Percentage Vacancy
January 2017	2	1	9	13	18	13	28	15	**99**	10%
June 2017	1	0	3	21	30	3	15	0	**109**	12%
September 2017	5	0	0	15	15	21	23	6	**85**	8%
December 2017	4	0	20	17	2	25	17	0	**85**	8%
February 2018	3	0	7	14	26	32.2	22	0	**104**	10%

7.3 The Trust has an active rolling recruitment programme for FY2/Core level trust grade posts offering 12 month posts in various specialities and therefore the vacancy data is subject to significant change on weekly basis.

7.4 Where active recruitment is not successful there is a requirement for internal and external locum backfill which is managed by the CMGs with oversight from the premium spend group.

8. Conclusion

8.1 The implementation of the 2016 Junior Doctors Contract has been successful.

8.2 The next Guardian of Safe Working report will be provided in June 2018.

9. Recommendations

9.1 Board members are requested to note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.

9.2 Board members are requested to note response to exception reports are often delayed, communications are put into place to improve timely responses from CMGs.

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Barriers to exception reporting: a culture change

Regional Update in Medicine, East Midlands, 8th February 2018

Raunak Singh[1], Derek Ly[1], Hagop Krikorian[1], Rachael Slater[1], Christopher Miller[1], Dilesh Lakhani[1], Jonathon Greiff[1]

[1]University Hospitals of Leicester NHS Trust, Leicester

What is exception reporting?

- A key feature of the 2016 junior doctor contract is *exception reporting*, a new process by which junior doctor's working hours can be monitored.
- It is intended as both a safeguard and an agent for change. It allows junior doctors to highlight variance from their work schedules e.g. staying late, missed breaks, and missed training opportunities.
- At University Hospitals of Leicester (UHL) NHS Trust, the exception reporting system is universally supported by consultants, clinical and non-clinical managers, Human Resources and the Guardian of Safe Working.

Why did we survey?

- Since implementation (07.12.16 – 23.08.17), 194 exception reports have been received and addressed at UHL (figure 1):
    - 188 work-pattern exceptions
    - 6 education exceptions
- Considering the large size of our Trust, perhaps fewer than expected report have been filed, although this may be partly due to the staggered transition of junior doctors to the new contract.
- Despite significant efforts by the Trust to encourage the process, there is anecdotal reluctance in engaging with exception reporting.

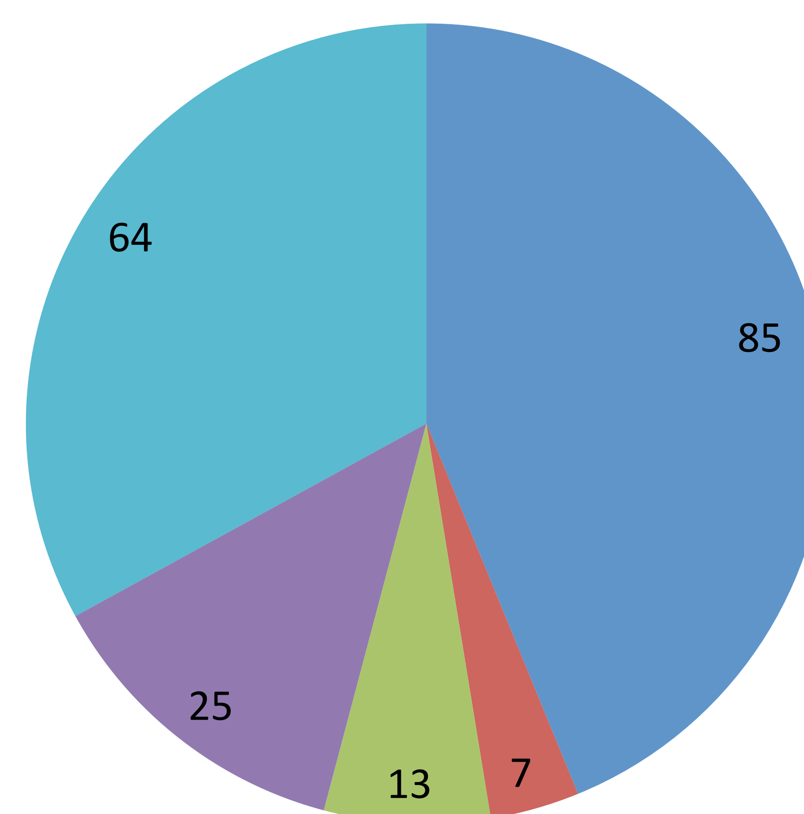


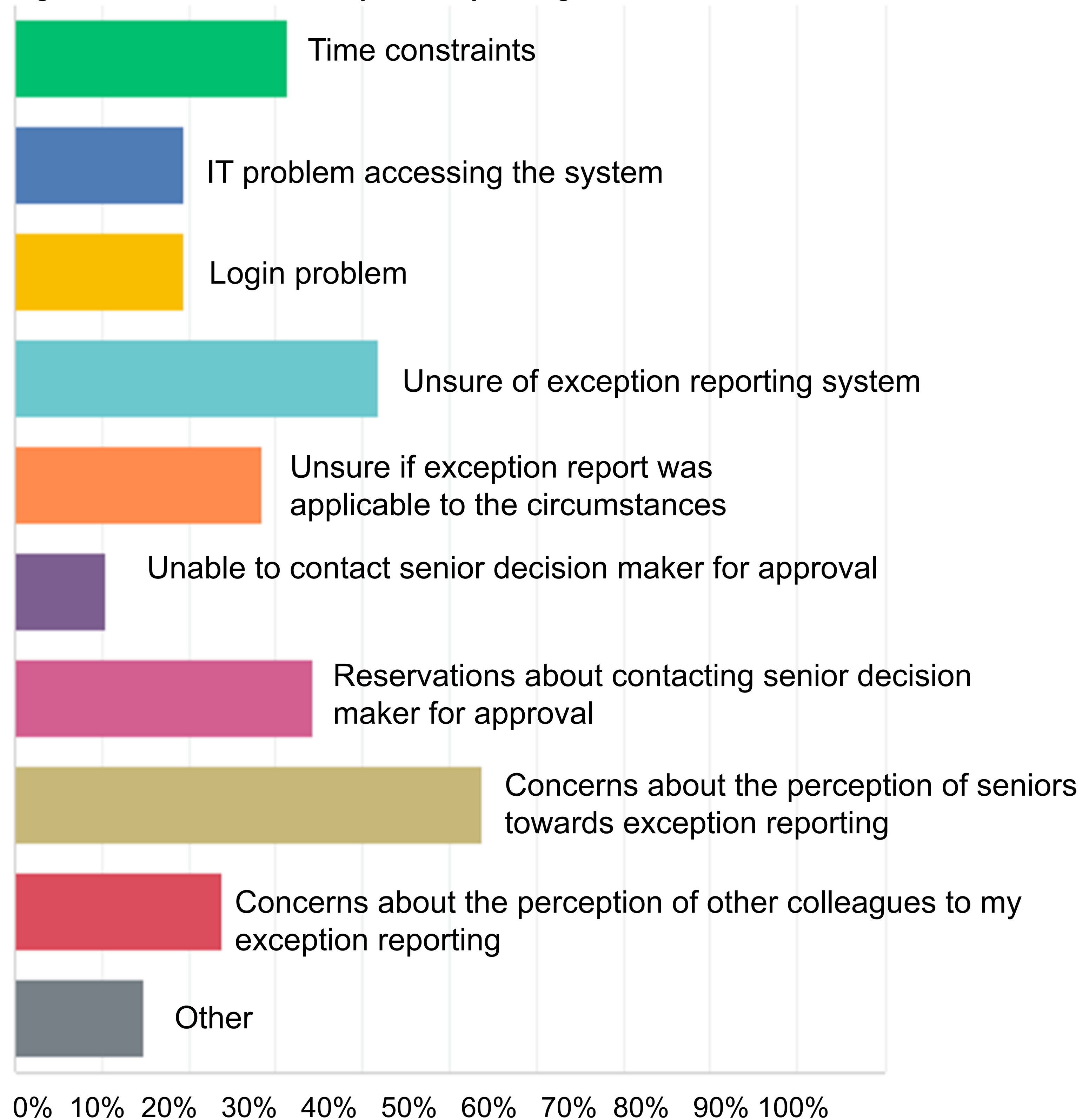
Figure 1: outcomes of exception reporting

- Time off in lieu
- Overtime payment
- Closed with no further action
- Request for more info
- Pending outcome

Results of survey:

- An online survey was conducted by the UHL Doctors in Training Committee in November 2017.
- 91% (n = 74) identified at least one barrier contributing to reluctance to submit a report.
- The most frequent include (figure 2): concerns about perception of seniors towards exception reporting (53.7%), feeling unsure about the process (41.8%), reservations about calling a senior for approval (34.3%).

Figure 2: barriers to exception reporting



- *"Uncertain about what times to exception report e.g. does staying late for a clinical reason need to be exception reported, for example, attending to an unwell patient"*
- *"… the form reads as if you are making a complaint to your consultant and they would have to find a solution and the work still has to be done. No one wants to make problems for their training"*
- *"I have logged in and the forms are very long, and I was unsure if I was completing the correct ones. Then the system crashed and I lost it all so I gave up"*
- *"Because usually we are lacking staff which [makes it necessary] for me to stay over to complete the work, it feels like it is a given and I feel embarrassed that I have to go through my senior to say that I am exception reporting"*

Conclusions:

- Following discussions at the junior doctor contract forum, three main areas of improvement are recommended:
    - Improving access to exception reporting
    - Changing a perceived fear culture to one of supportiveness
    - Clearer guidance and education
- Exception reporting is a culture change, and a proactive approach to feedback from juniors will be key to ensuring successful implementation.

Action plan

- Raising awareness via induction processes
- Simplifying online procedures
- Using IT solutions to improve ease of use
- Support from senior staff to exception report

Acknowledgements:
Junior Doctor Contract Forum, Vidya Patel (HR Manager), Doctors in Training Committee

Scan QR code to request more information

Raunak Singh | Chief Registrar

raunak.singh@nhs.net | @DrRaunakSingh

Guardian of Safe Working

My name is Dr Jonathon Greiff, Juniors Doctors Guardian of Safe Working (GSW) at UHL and Consultant Anaesthetist.

As the Guardian of Safe Working, I will ensure that issues raised in relation to compliance with safe working patterns are addressed as they arise.

As part of my role I chair the Trust Junior Doctors Forum. This group oversee and monitor compliance with safe working patterns. If you would like to get involved please do contact me or Vidya Patel, Medical HR Manager.

Contact me if you would like to discuss any issues relating to working patterns.

Call UHL Payroll Assistance if you have any problems with your pay
Dial #6777 from UHL or 03332 076 562.
Open Monday to Friday 8am to 6pm.

One team Shared values

Locum Fidelity

In line with new Junior Doctors Terms and Conditions of Service (TCS), junior doctors intending to undertake additional paid work as a locum must initially offer such additional hours of work exclusively to the NHS (any NHS organisations) before working for a Locum Agency.

One team Shared values

The New Junior Doctors' Contract (2016)

Hours, Rest, Breaks

Exception Reporting

Guardian of Safe Working

Director of Medical Education

Locum Fidelity

One team Shared values

Exception Reporting

What is it?

Exception reporting allows doctors to quickly raise issues with work patterns and educational opportunities.

When to raise?

When day to day work varies significantly and/or regularly from your work schedule and/or you are unable to take breaks. And for missed Edu-

Timescales

Doctor must record exception within 14 days or 7 days if additional payment is requested

Raising an Exception

Reported on a web based package via: www.healthmedics.allocatehealthsuite.com

Scan QR code for direct access to the package

User Name and Password

If you have not received a username & password for the package, your JDA will be able to organise this.

HealthMedics Optima

Login Details

Your Username

Your Password

Remember me

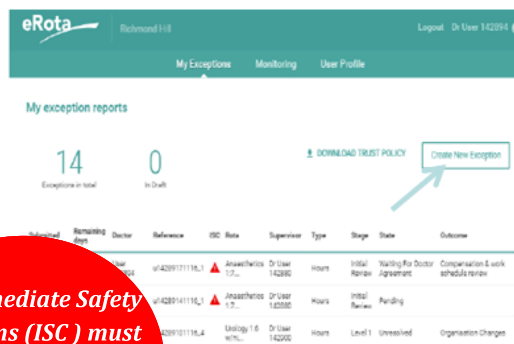
Login

Forgotten your username/password?

Exception Reporting

Raising an Exception

Your dashboards lists the exceptions you have raised. To raise a new exception, click create new exception' from your dashboard.



All Immediate Safety Concerns (ISC) must be discussed with a consultant immediately

Review and Action

Your service will review and in consultation with you agree appropriate action (i.e. TOIL, re-schedule educational opportunities, etc) within 7 days.

Agree/Disagree with Outcome

Doctor agreement

After their review, your supervisor has recommended the outcome to be **compensation & work schedule review**.

Do you:

Agree

Disagree

Please note that on submit, your work schedule will be moved to the level 1 work schedule review stage.

CANCEL SUBMIT

You will need to either agree or disagree with the outcome within 14 days of the outcome being

One team Shared values

Rota Regulations

Maximum Hours & Consecutive Duties

- Max average of 48 hours of work per week
- 13 hour maximum shift length
- Max 72 Hours in any 7 consecutive days
- Max 8 consecutive shifts
- Max 5 consecutive long days
- Max 4 consecutive night shifts

Breaks and Rest

- At least one 30 minute break for a shift lasting more than 5 hours
- A second 30 minute break if the shift is more than 9 hours
- Can be taken flexibly during the shift and should be evenly spaced
- 11 hours continuous rest between each duty period

Non-Resident On-call Rota Rules

- 11 hours (absolute minimum 8 hours) of rest in each on-call period
- 5 hours continuous rest between 10pm and 7am
- Consecutive on-calls cannot be worked (except Sat/Sun on-calls)

Junior Doctor Contract

Education Exception Reports

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Executive Summary Paper G2

The 2016 Junior Doctor Contract has now been fully implemented at UHL as per national timescales. In line with the requirements of the Contract, this report provides an annual update on Education Exception Reporting activity at the Trust.

Context

This report has been produced in line with the requirements of the 2016 Junior Doctors Contract whereby the Director of Medical Education (DME) will provide an annual report on the management of Education Exception Reporting, in particular on all work schedule reviews relating to education and training. This report should be considered alongside the quarterly reports provided by the Guardian of Safe Working (GSW) on Exception Reporting activity.

Questions

1. How many Education Exception Reports have been received at UHL in the last year?
2. How many UHL Junior Doctor work schedules have required reviews relating to education and training?
3. What measures have been put in place to support and encourage junior doctors to undertake exception reporting?

Conclusion

1. In the fourteen months since an Exception Reporting procedure became operational (7th December 2016), 420 exception reports have been recorded. Nineteen are related to education and training issues. The remainder relate to work patterns.

2. No work schedules have required review or alteration as a result of the nineteen education exception reports.

3. Following feedback from junior doctors a number of actions are being undertaken to highlight the exception reporting process which is fully supported by the Trust.

Input Sought

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

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[**Yes** /No /Not applicable]
Effective, integrated emergency care	[**Yes** /No /Not applicable]
Consistently meeting national access standards	[**Yes** /No /Not applicable]
Integrated care in partnership with others	**[Yes** /No /Not applicable]
Enhanced delivery in research, innovation &education	[**Yes** /No /Not applicable]
A caring, professional, engaged workforce	[**Yes** /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /**Not applicable**]
Financially sustainable NHS organisation	[**Yes** /No /Not applicable]
Enabled by excellent IM&T	[**Yes** /No /Not applicable]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Yes /**No** /Not applicable]

Current Risk Rating is LOW

b. Board Assurance Framework [Yes /**No** /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [**NA**]

4. Results of any **Equality Impact Assessment**, has been undertaken and shared with the Executive Workforce Board on 17th January 2017.

5. Scheduled date for the next paper on this topic: March 2019

6. Executive Summaries should not exceed **1page**. [**My paper does comply**]

7. Papers should not exceed **7 pages.** [**My paper does comply**]

1. Introduction

1.1 In line with the requirements of the new junior doctors contract the Director of Medical Education (DME) will provide an annual report to the Trust Board with the following information:

- Management of Education Exception Reporting
- Work schedules which have required reviews relating to education and training
- Details of unresolved serious issues which have been escalated by the DME

1.2 This report will also be provided to the Local Negotiating Committee and the Trust Junior Doctors Forum.

1.3 The Board is responsible for ensuring the required reporting arrangements are in place. This includes annual reports to external bodies (including Health Education England East Midlands, Care Quality Commission, General Medical Council and General Dental Council).

2. Background

2.1 The new 2016 Junior Doctors Contract came into effect on 3rd August 2016. In line with the national timescales, transition of doctors in training to the new contract at UHL has been as follows:

- December 2016 - All Foundation Year 1 Doctors
- February to April 2017 - All F2, CT, ST3+ Doctors in Paediatric, Pathology and Surgery
- August 2017 - All remaining doctors with the exception of doctors in training whose contract of employment expiry was beyond August 2017.

2.2 There is one remaining junior doctor in training in Paediatric Surgery yet to transition to the New Contract. They will be leaving the Trust in April 2018.

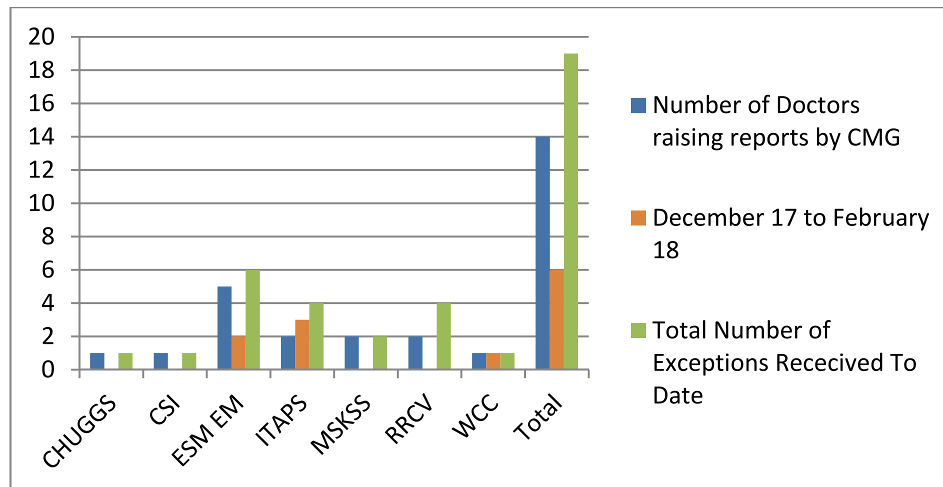
3. Management of Exception Reporting

3.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the new contract will raise Exception Reports pertaining to educational & training issues, or on work patterns, using a web based package.

3.2 Number of Education Exception Reported

3.2.1 A total of 19 Education Exception Reports have been received in the 14 months since the implementation of the New Contract. The below graph provides an overview of number of education exceptions received by each CMG, the number of doctors who have raised the exceptions and the number received in the last three months.

Graph 1: Education exceptions received by CMGs December 2016 – February 2018



3.2.2 Proportionately, a higher number of education exceptions have been recorded in the last three months. Some of these are as a result of the current clinical pressures which have resulted in doctors not being able to attend teaching and missing clinical exposure due to cancelations of clinical commitments (e.g. theatre sessions). Where possible the CMG will ensure the missed educational opportunities are replaced as required.

3.2.3 The highest number of exceptions have been reported in ESM EM which is probably a reflection of the high number of junior doctor established in this CMG.

3.2.4 The 19 Education Exception reports were generated by 14 doctors. All of these were either Foundation doctors or ST3+ level. No education exceptions were reported by Core Level trainees.

3.2.5 The Exception reporting data is shared with the CMGs via email and at CMG Workforce meetings.

3.2.6 All Exception reports are reviewed at Trust level to identify any patterns and/or cause for concern and focused reports are provided to the relevant Heads of Service leads to undertake a further review and to take appropriate action in a timely way.

3.3 Resolution

3.3.1 For the majority of the education exceptions no further action has been required since the trainees have been deemed to be on course to fulfil their educational requirements for ARCP.

3.3.2 For one trainee, attendance at future training sessions has been facilitated as required.

3.3.3 Only one Education exception report was not resolved at the initial meeting phase. This was escalated to a level 1 & 2 meeting by the Trainee. The level 2 panel (Deputy DME, a Consultant representative from the Service ((CSI)) and the Trainee's educational Supervisor) upheld the outcome of the initial meeting concluding that the Trust was not obliged to provide Car Parking to facilitate timely arrival to work and therefore to training opportunities. However, the Trust does acknowledge that the Car Parking provision for Junior doctors could be improved and work is currently on-going in respect of this. The Trainee has disagreed with this response, which would normally lead to a level 3 reviewing meeting being organised in line with the Trusts Grievance Procedure, however the Trust will be obtaining further advice before progressing this to the next level.

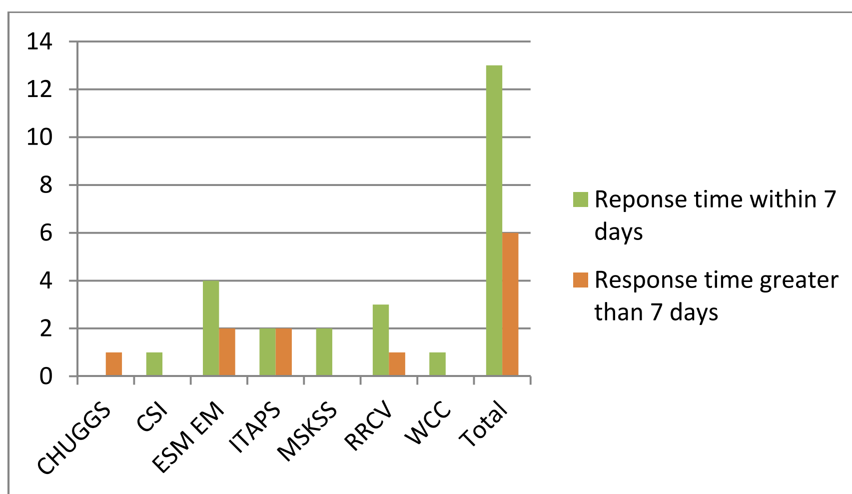
3.3.4 For a number of Exceptions, in both ESM EM and RRCV, staffing shortages were deemed to impact directly on the trainees' ability to attend teaching. This is acknowledged by the CMGs but is a consequence of vacancies existing despite an on-going active recruitment process being in place for non-training grade doctors and locums.

3.3.5 No penalties have been incurred as a result of Education Exception reports.

3.4 Response Time

3.4.1 Junior Doctors are required to raise exceptions with 14 days (7days if payment is being requested) of the issue occurring. The Trust has 7 days to provide a response. The response times for education exceptions for the last 14 months, per CMG, are detailed in the graph below:

Graph 2: Response times, by CMG, for Education Exceptions December 2016 – Feb 2018



3.4.2 At present CMGs are managing exception reports appropriately, however it is important to improve on outstanding response time so that the majority of the exceptions are closed within 7 days.

4. Work Schedule Changes

4.1 No work schedules have required review or alteration as a result of an education exception report.

5. Supporting Junior Doctors in Exception Reporting

5.1 DME has played an active part in implementation of the Junior Doctor New Contract from the outset with representation at all relevant meetings including the Junior Doctor Forum.

5.2 These meetings have facilitated surveys which have identified barriers to exception reporting. Reflecting on these findings, a number of interventions have been undertaken to support Junior Doctors to Exception report. More details about these surveys are included in the Junior Doctor Contract Guardian of Safe Working Report 1st April 2018 and therefore not repeated in here. However, in summary, the following interventions have been undertaken or are on-going:

I. The GSW and the Medical HR Manager attended the Trust Junior Doctors Induction in December 2017 to provide an Exception Reporting presentation and a demonstration on how to use the package.
II. A leaflet providing details of hours and work pattern requirements, Exception Reporting, the GSW and Locum Fidelity has been produced and shared at the Trust Induction.
III. Work is progressing to make Exception Reporting more accessible by providing a direct link to the package from Internet Explorer favourites on Trust computers and/or a QR Code
IV. The Exception Reporting process map has been updated and will be shared with junior doctors at the Trust in April 2018.
V. An email from the GSW will be sent to all junior doctors at the Trust providing guidance on Exception Reporting.
VI. The 2016 Junior Doctors Contract INsite pages have also been updated.

6. Conclusion

6.1 In the fourteen months since implementation of Exception Reporting procedures, 420 exception reports have been recorded with only 19 relating to education and training issues. The remainder relate to work patterns.

6.2 No work schedules have required review or alteration as a result of the eighteen education exception reports.

6.3 Following feedback from junior doctors, a number of actions are being undertaken to highlight the exception reporting process which is fully supported by the Trust. It is acknowledged that the relatively small number of Exception reports pertaining to Education & Training probably does not represent a true picture and juniors should be further encouraged and supported to undertake exception reporting.

7. Recommendations

7.1 Board members are requested to note the information provided in this report.

7.2 Board members are requested to provide feedback on the paper as considered appropriate.