

Public Trust Board Paper L

Meeting title:	Trust Leadership Team People and Culture Committee Trust Board
Date of the meeting:	TLT 28 th May 2024 PCC 30 th May 2024 Trust Board 13 th June 2024
Title:	Junior Doctors Contract Guardian of Safe Working Report
Report presented by:	Amy Atkinson, Guardian of Safe Working and Consultant in Paediatric Emergency Medicine 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 Medicine 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

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 December 2023 to 29th February 2024, 139 exceptions reports have been recorded, which represents a decrease of 48 when compared to the previous quarter, but which is comparable with the same period in previous years.

Main report detail

1. Introduction

- 1.1 In compliance with the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide the Trust Board with a quarterly report containing information on Exception Reporting Management, Work Pattern Penalties, Rota Gaps, and details of any immediate safety concerns escalated via exception reporting.
- 1.2 The Exception Reporting Management process encourages all junior doctors to raise reports on work pattern or educational issues.
- 1.3 This report is reviewed and discussed at the Trust Leadership Team and People and Culture Committee meetings. This report is also presented to the Trust Board, Local Negotiating Committee, Medical Oversight Group, and the Trust Junior Doctors Forum for their review and oversight.

2. Management of Exception Reporting

- 2.1 In line with the Trust procedure for Exception Reporting, all doctors employed on the 2016 contract 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. Guardian of Safe Working at UHL

3.1 High Level Data

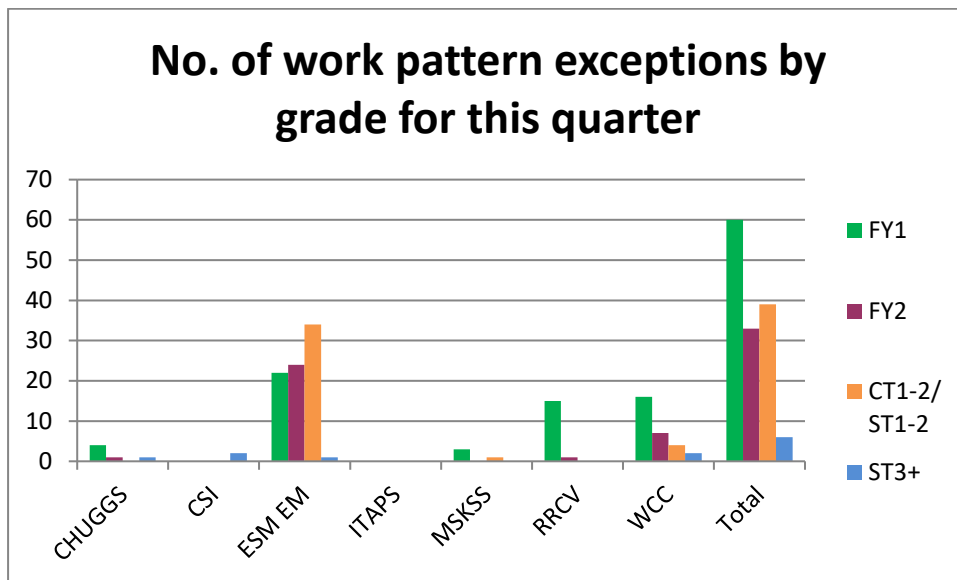
Established Number of Doctors in Training	971
Establishment LED Doctors working on JD Contract TCS	400+
Amount of time available in job plan for guardian to do the role:	3 PAs per week
Admin support provided to the guardian (if any):	0.5 WTE
Amount of job-planned time for educational supervisors:	0.25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

4. Number of Exceptions Recorded in this Quarter

4.1 From 1st December 2023 to 29th February 2024, a total of 147 Exception Reports have been recorded, 138 of which related to Hours and Working Pattern, and 1 of which related to Education.

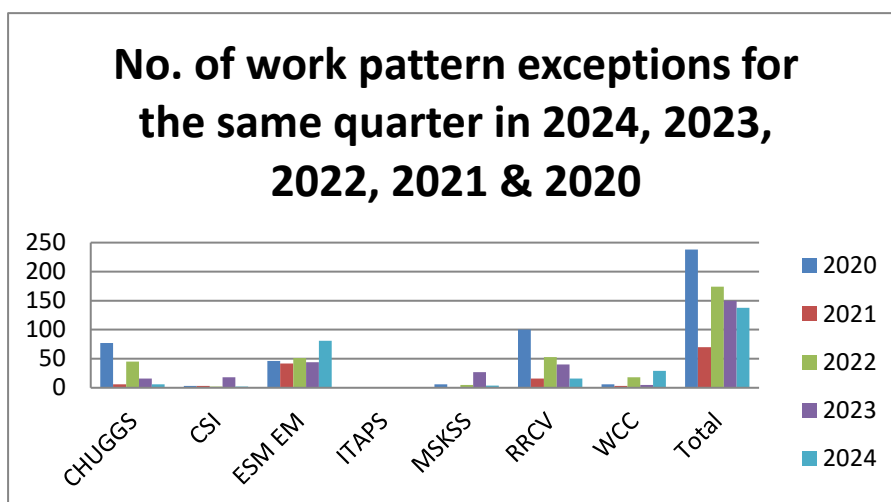
4.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by grade in each CMG in this quarter only. The number of exception reports is lower than the previous quarter, and also comparable to the same quarter in previous years.

Graph 1



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

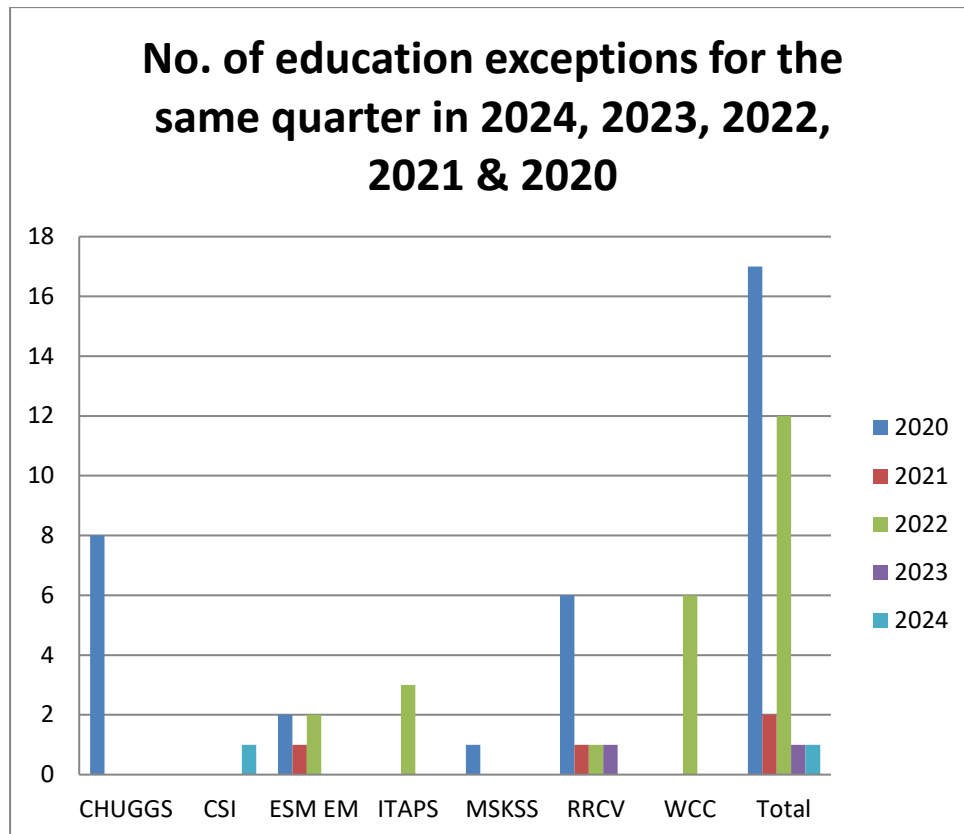
Graph 2



4.3.1 The number of exception reports for the same quarter in 2023 is slightly lower but still comparable with the number of exceptions in the same quarter in previous years.

4.4 In this quarter, 1 Education exception report was submitted. Graph 3 shows the number of education exception reports for the same quarter in 2023, 2022, 2021 and 2020.

Graph 3



4.4.1 The number of education exception reports in the same quarter is the same as 2023 and lower than the same quarter in previous years.

4.5 There were 7 exception reports raised as Immediate Safety Concerns (ISCs). A summary of the ISCs raised, and Service responses, is provided below in Table 1 (Appendix 1).

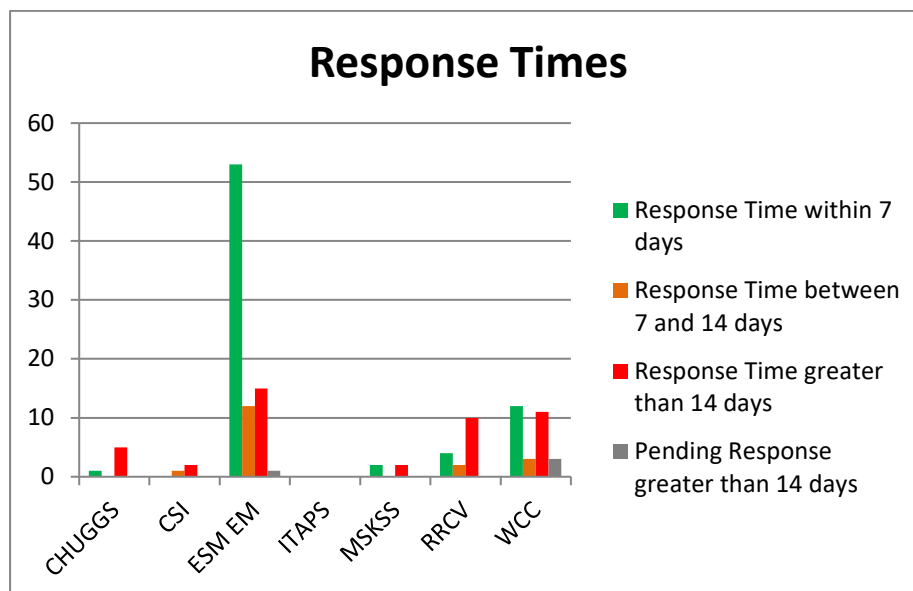
5. Outcome of the Exception Reports in this Quarter

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 113 exceptions. 13 exceptions did not require any further action. There were 5 instances where exceptions raised resulted in payment being made for extra hours worked. This represents a significant decrease in the number of exceptions where payment was agreed as an outcome, in comparison to the previous quarter. There are 6 exceptions still open and requiring a response.

These are in ESM (1) and WCC (5). There are 2 exceptions where further information has been requested (RRCV).

- 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. To further improve response times, Medical HR is 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, 29 penalty payments have been applied (1 in Cardiothoracic, 1 in ENT, 4 in General Surgery, 9 in Imaging, 1 in Infectious Diseases, 4 in Medicine, 1 in Microbiology, 1 in Neonates, 2 in O&G, 1 in Paediatrics, 1 in Plastics and 3 in Urology). Note that there was delay in applying penalties for the 9 x penalties applied for Imaging which relate to exception reports raised in 2023, as we were awaiting clarity on terms and condition of service from NHS Employers.

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

7. Further Information

7.1 The Trust Junior Doctors Forum has been scheduled for the whole year.

7.2 Attend the East Midlands Guardians of Safe working meeting, where discussion in relation to Immediate Safety Concerns, Penalty disbursements, guardian support.

7.3 Linking in with the Freedom to speak up Guardians to discuss and share concerns/intelligence to triangulate information.

7.4 We were panel members representing the Trust at the Emerging Careers Conference for Doctors in the East Midlands, to discuss our role, careers and offer career guidance.

7.5 In preparation for the August in-take of doctors our Induction presentation has been re-recorded.

8. Conclusion

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

Supporting documentation

No supporting documentation is required.

Appendix 1

Table 1 Immediate Safety Concerns

Grade, Specialty	Summary of Concern Raised by the Doctor	Summary of Response from Service	Guardian of Safe Working Review
FY1 Respiratory & Cardiology x 2 ISC exceptions	The ward faced a large number of tasks with insufficient number junior doctors. A GP trainee came to assist later in the day, the workload remained overwhelming.	The ward has 3 doctors, plus a consultant and a SpR. A doctor is assigned to the discharge lounge to provide support with patient discharges, including TTO and discharge letters. Additional locum shifts have been arranged, including a filled 5-10 shift. Early escalation to the consultant and JDA is advised if ward cover concerns arise. A follow-up discussion will be held to assess the team's experience and determine if further support is needed.	We are reassured that the minimum staffing level of doctors were on duty. Will follow up on the outcome of the Services review of ward cover.
FY1 Medicine	During night shifts, SHO called in sick but was not replaced. Coordinators asked me to ring the registrar. On the second and third nights, following a request to the Registrar a F1 doctor was transferred from another ward to provide support.	The JDA team strive to cover all out-of-hours gaps when aware of them. The coordinators are responsible for arranging cover if doctor calls in sick at night, this will confirmed with the co-ordinators.	This is concerning, the response from JDA's is appropriate in giving an apology, acknowledging gaps, and planning to get in touch with Nerve centre co-ordinators. We will clarify with the JDAs on the steps taken to find alternative cover.
FY1 O&G	There were difficulties contacting the registrar on the ward due to poor phone signal. The core trainee on the ward was also unable to assist. Fortunately, a nurse helped with an unwell patient. It took six hours to stabilize the patient, delaying other	It has been acknowledged that this has been a particularly challenging week due to sickness, with a necessity to move doctors to cover different areas. Doctor has been thanked for correctly escalating this to the consultant at the time. There are plans to add a second tier of registrars to cover at	We are aware of ongoing concerns with O+G, and have held meetings with trainees previously, as well as discussion of issues at the Trust Junior Doctor Forum. Actions from department are underway. They are trying to recruit more senior medical staff (Registrar level).

	tasks including a CT scan for another patient. Escalated to the patient's consultant.	the LGH and ongoing work to increase resident cover for consultants.	Guardians of Safe Working are due to meet with O+G doctors this rotation at the gynae forum (fortnightly junior doctor meeting) to seek further feedback. Noted that no new ISCs since April, which may indicate improvement or change in inclination to exception reports therefore as Guardians we plan to visit the department of speak to the doctors.
FY1 O&G	Nurses on duty were unable to assess a patient Ketones in line with Trust guidelines. The patient had a seizure, which was managed, a midwife check her ketones and BMI. The situation was managed safely concerned that patients in the future.	The doctor was thanked for raising this exception report and for continuing to ensure patient safety. The patient was safely discharged from the gynaecology ward and directed to the correct Services in diabetes care. Concerns raised and reviewed and the Matron who has confirmed that all nursing staff on the ward have been trained and able to test for Ketones.	Meeting and email correspondence took place. Appropriate that the doctor was able to raise concern freely and raises issues wider than working hours. Please see above re work with O+G. We have asked the Service to provide reassurance to confirm that staff training has occurred re: how to check ketones.
ST2 O&G	Potential risk to patient from understaffing. One 'SHO' presently covers the following areas during weekends @LGH; maternity assessment unit, Ward 31, - Postnatal ward and Labour ward	There are plans to add a second tier of registrars to cover at the LGH and ongoing work to increase resident cover for consultants.	ISCs are not well-defined in the Contract and subject to interpretation. In this case, whilst no acute or immediate safety concern was present, we thank the doctor for raising several concerning systems issues. These issues have been raised with the department directly, as well as feedback and suggestions relayed by the Guardians and the Trust Junior Doctor Forum, and work is ongoing as described We will be meeting with O+G doctors directly.

<p>CT1 ENT</p>	<p>Due to the bank holiday there was only no F1 doctor on duty, resulting in the doctor working extra hours to complete tasks.</p>	<p>Rota template being adjusted to increase cover on bank holidays</p>	<p>The out of hours cover Service has been strengthened by the Service by having an extra doctor on duty during the twilight period. However appreciate the doctor raising the cover arrangements during bank holidays and this is something for the Service to review.</p>
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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	17	0	0	17
	Cardiology	Foundation house officer 1	0	1	0	1
	Cardiology	FY1	1	1	0	2
	Cardiology	FY2	1	0	0	1
	General medicine	Foundation house officer 1	0	1	1	0
	General medicine	FY1	1	0	0	1
	General medicine	FY2	1	0	0	1
	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
	Haematology	Foundation house officer 2	1	0	0	1
	Medical oncology	ST5	1	0	0	1
	Nephrology	Foundation house officer 1	1	0	0	1
	Obstetrics and gynaecology	Foundation house officer 1	0	2	1	1
	Obstetrics and gynaecology	ST2	0	1	1	0
	Otolaryngology (ENT)	CT1	0	1	1	0
	Plastic surgery	CT2	1	0	0	1
	Radiology	Specialty registrar 4	6	0	0	6
	Radiology	ST5	4	0	0	4
	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

	Urology	Foundation house officer 1	4	0	0	4
	Unknown specialty	Unknown grade	6	0	0	6
	Total		66	7	4	69
	Accident and emergency	ST2	1	0	0	1
	Acute Medicine	CT1	2	0	2	0
	Acute Medicine	FY2 *	1	0	0	1
	Anaesthetics	ST6	1	0	0	1
	Cardiology	Foundation house officer 1	0	2	1	1
	Cardiology	FY1	14	3	8	9
	Cardiology	FY2	10	0	0	10
	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	1	0	0	1
	Clinical Oncology	Foundation house officer 2	1	0	0	1
No. relating to hours/pattern	Communicable diseases (infectious diseases)	FY2 *	0	1	0	1
	Diabetes & endocrinology	Foundation house officer 1	2	0	0	2
	Gastroenterology	CT1	1	0	1	0
	Gastroenterology	FY1	3	0	0	3
	Gastroenterology	FY2	1	0	0	1
	Gastroenterology	FY2	2	0	0	2
	General medicine	CT1	9	25	14	20
	General medicine	CT2	2	3	3	2
	General medicine	Foundation house officer 1	13	2	1	14
	General medicine	Foundation house officer 2	3	3	2	4
	General medicine	Foundation house officer 2 *	10	0	0	10
	General medicine	FY1	32	17	14	35
	General medicine	FY1 *	2	1	1	2
	General medicine	FY1 (2016) *	1	0	0	1

General medicine	FY1 *	1	0	0	1
General medicine	FY2	29	7	3	33
General medicine	FY2 *	7	11	6	12
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	7	1	1	7
General medicine	ST1 *	5	0	0	5
General medicine	ST2	1	0	0	1
General medicine	ST6	10	0	0	10
General practice	FY2 *	3	0	0	3
General surgery	CT1	4	0	0	4
General surgery	Foundation house officer 1	13	1	1	13
General surgery	Foundation house officer 2	1	0	0	1
General surgery	FY1	1	0	0	1
General surgery	FY1	33	0	0	33
General surgery	FY1 *	10	0	10	0
General surgery	FY2	13	0	0	13
General surgery	FY2 *	8	0	0	8
General surgery	Specialty registrar in core training				
General surgery	1	2	0	0	2
Geriatric medicine	CT1	0	1	1	0
Geriatric medicine	CT3	1	1	1	1
Geriatric medicine	Foundation house officer 2 *	0	1	1	0
Geriatric medicine	FY1	2	1	1	2
Geriatric medicine	FY2 *	2	0	0	2
Geriatric medicine	ST1	4	1	0	5
Haematology	Foundation house officer 1	2	0	0	2
Haematology	FY2	2	0	0	2
Haematology	FY2 *	1	0	0	1

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 microbiology and virology	ST5	0	2	1	1
Medical oncology	FY2 *	5	0	0	5
Medical oncology	ST3	0	1	0	1
Medical oncology	ST5	1	0	0	1
Neonatology	ST5	0	1	0	1
Nephrology	Foundation house officer 1	1	0	0	1
Nephrology	FY1	5	2	2	5
Nephrology	FY1 *	1	0	0	1
Nephrology	FY2	1	0	0	1
Obstetrics and gynaecology	Foundation house officer 1	5	11	8	8
Obstetrics and gynaecology	FY1	13	4	15	2
Obstetrics and gynaecology	FY2	6	4	3	7
Obstetrics and gynaecology	Specialty registrar 3	1	0	0	1
Obstetrics and gynaecology	ST2	0	2	2	0
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	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	5	1	1	5
Otolaryngology (ENT)	Senior registrar *	1	0	0	1

Otolaryngology (ENT)	ST5	1	0	0	1
Paediatric cardiology	Registrar	2	0	0	2
Paediatric cardiology	Specialist registrar	1	0	0	1
Paediatrics	Foundation house officer 1	0	1	0	1
Paediatrics	FY1	1	0	1	1
Paediatrics	FY2	0	3	1	2
Paediatrics	ST3	2	0	0	2
Paediatrics	ST6	1	1	0	2
Plastic surgery	CT1	1	0	0	1
Plastic surgery	CT2	3	0	0	3
Plastic surgery	FY1 *	0	3	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
Renal Medicine	FY1	1	0	0	1
Respiratory Medicine	CT1	1	0	0	1
Respiratory Medicine	CT2	2	0	0	2
Respiratory Medicine	Foundation house officer 1	2	2	2	2
Respiratory Medicine	Foundation house officer 2 *	1	0	0	1
Respiratory Medicine	FY1	7	3	4	6
Respiratory Medicine	FY2	4	0	0	4
Surgical specialties	Foundation house officer 1	12	0	2	10
Surgical specialties	FY1	1	0	0	1
Surgical specialties	FY1	36	1	1	36
Surgical specialties	FY1 *	3	1	1	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	1	0	1	0
	Trauma & Orthopaedic Surgery	Fixed term specialty registrar 3	1	0	0	1
	Trauma & Orthopaedic Surgery	FY1	0	1	1	0
	Trauma & Orthopaedic Surgery	FY2	3	0	0	3
	Trauma & Orthopaedic Surgery	ST1	1	0	0	1
	Trauma & Orthopaedic Surgery	ST5	1	0	1	0
	Urology	Foundation house officer 1	20	1	1	20
	Urology	Foundation house officer 2	1	1	0	2
	Urology	FY1	12	2	1	13
	Urology	FY2	2	0	0	2
	Vascular Surgery	Foundation house officer 1	8	0	0	8
	Vascular Surgery	FY1	28	0	0	36
	Vascular Surgery	FY1 *	5	0	0	5
	Unknown specialty	Unknown grade	88	0	0	88
	Total		648	130	121	666
	Accident and emergency	ST6	3	0	0	3
	Anaesthetics	ST5	1	0	0	1
	Cardiology	CT3	19	0	0	19
	Cardiology	FY1	1	0	0	1
	Cardiology	FY2	1	0	0	1
No. relating to educational opportunities	General medicine	CT2	2	0	0	2
	General medicine	CT3	1	0	0	1
	General medicine	Foundation house officer 1	2	0	0	2
	General medicine	FY1	1	0	0	1
	General medicine	FY2	2	0	0	2
	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
	Medical microbiology and virology	ST5	0	1	0	1
	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
	Obstetrics and gynaecology	ST7	3	0	0	3
	Paediatrics	FY1	1	0	0	1
	Paediatrics	ST1	1	0	0	1
	Paediatrics	ST2	1	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
	Surgical specialties	FY1	1	0	0	1
	Surgical specialties	FY1 *	1	0	0	1
	Thoracic medicine	CT2	1	0	0	1
	Urology	Foundation house officer 1	1	0	1	0
	Urology	FY1	1	0	0	1
	Total		56	1	1	56
No. relating to service support available	Acute Medicine	CT1	0	1	1	0
	Acute Medicine	FY2 *	0	1	1	0
	Cardiology	Foundation house officer 1	0	1	0	1
	Cardiology	FY2	4	1	1	4
	Dermatology	ST3	1	0	0	1
	General medicine	CT1	0	1	1	0
	General medicine	Foundation house officer 1	0	1	1	0
	General medicine	FY1	1	0	0	1
	General medicine	ST1	0	1	1	0
General surgery	Foundation house officer 1	2	0	0	2	

General surgery	FY1	5	0	0	5
Haematology	Foundation house officer 2	1	0	0	1
Obstetrics and gynaecology	ST2	1	2	3	0
Obstetrics and gynaecology	ST3	1	0	0	1
Ophthalmology	ST3	1	0	0	1
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	1	0	0	1
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	Foundation house officer 1	1	0	0	1
Vascular Surgery	FY1	1	0	0	1
Unknown specialty	Unknown grade	5	0	0	5
Total		44	9	9	44