

Meeting title:	Trust Board Trust Board Paper K
Date of the meeting:	Trust Board 14 th November 2024
Title:	Resident 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
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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 Resident Doctors Contract, the Guardian of Safe Working is required to provide a quarterly report on Exception Reporting to the Trust Board. At UHL all resident doctors (including LED) are encouraged to raise exception reports; therefore the figures provided in this report include both Trainees and LED doctors.

From 1st June to 31st August 2024, 202 exceptions reports have been recorded, which represents an increase of 2 when compared to the previous quarter.

Main report detail

1. Introduction

- 1.1 In compliance with the 2016 Resident 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 resident 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 Resident 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 resident doctors (including LED 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 Resident Doctors in Training and LED Doctors.

3. Guardian of Safe Working at UHL

3.1 High Level Data

Established Number of Doctors in Training	970+
Establishment LED Doctors working on JD Contract TCS	400+
Amount of time available in job plan for guardian to do the role:	2 x 1.5 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

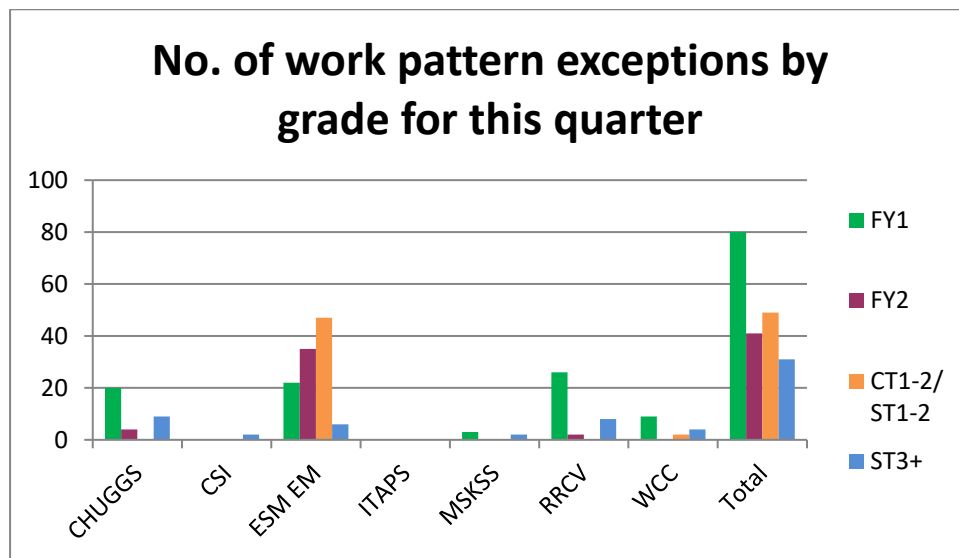
4. Number of Exceptions Recorded in this Quarter

4.1 From 1st June to 31st August 2024, a total of 202 Exception Reports have been recorded, 201 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 almost exactly the same as the previous quarter and also comparable to the same quarter in previous years.

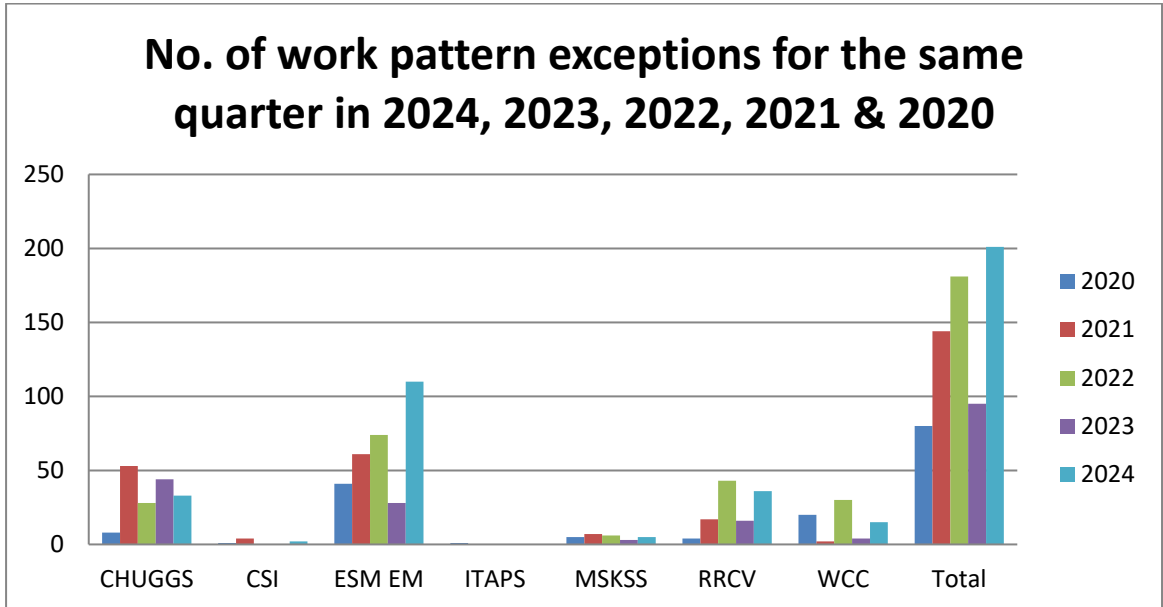
4.3 Whilst the total number of exceptions raised are comparable as described in paragraph 4.2, during this quarter ESM had the highest number of exception reports raised to date, a total of 110, of which 80 were related to overtime (for the majority between 15 minutes and 1.5 hours) and 13 were related to breaks. Whilst there is an increase in the number of exceptions in ESM, there is no set pattern/issues to follow up at present.

Graph 1



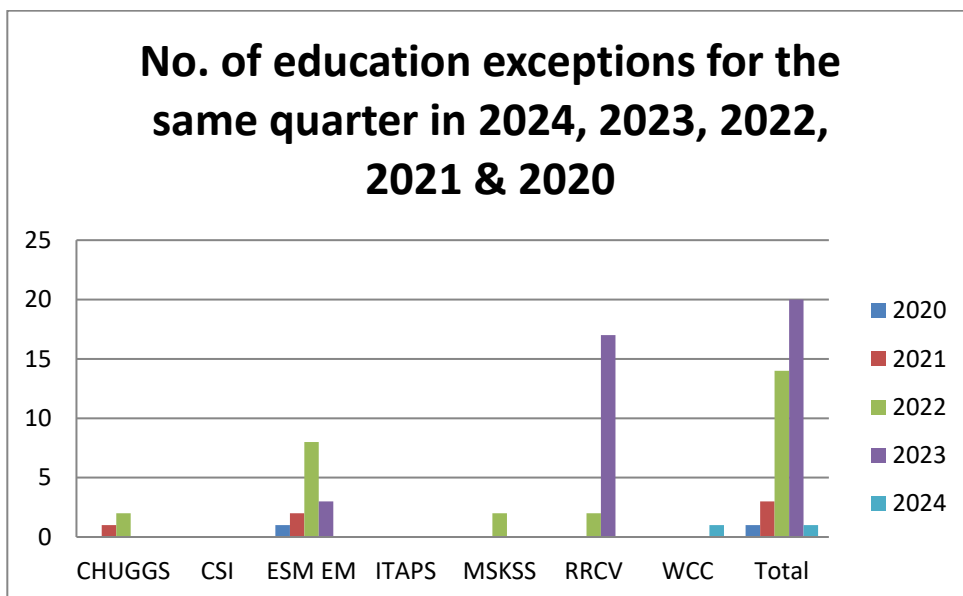
4.3 For comparison, Graph 2 shows the number of exception reports for the same quarter in 2023, 2022, 2021 and 2020.

Graph 2



4.4 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 current quarter is significantly lower than in the same quarter in 2023.

4.5 There were 5 exception reports raised as Immediate Safety Concerns (ISCs). A summary of the ISCs raised, and Service responses, is provided below in Table 1.

Table 1 Immediate Safety Concerns

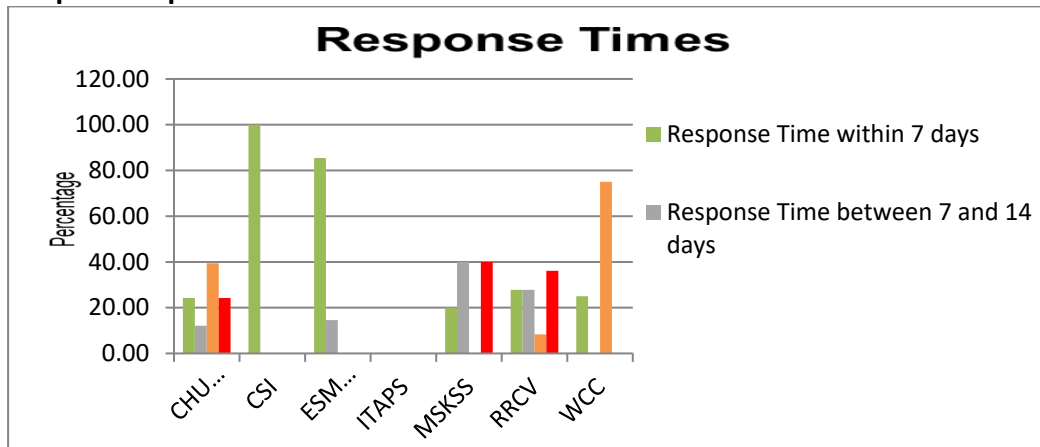
Grade, Specialty	Summary of Concern Raised by the Doctor	Summary of Response from Service	Guardian of Safe Working Review
FY1 Respiratory & Cardiology	Stayed late due to additional workloads as the ward was short of staffing and to manage a patient with possible acute limb ischaemia.	Doctor was thanked for staying late to manage the patient. Staffing levels are normally maintained at 4 residents, but due to increased staff sickness the Service were not able to fill the gap with a locum doctor.	The actions taken by the doctor avoid patient safety concern.
FY1 Surgery	Raised as an ISC required to work additional hours due to severe understaffing (only 2 FY1).	Meeting was held with Consultant/ Resident Doctors and Management. Agreement to increase the number of doctors from August 2024.	The Guardians view is no acute or immediate safety concern occurred, however following feedback improvements have been made.
FY1 Oncology & Haem	Less than the minimum staffing on the ward after 1pm, resulted in having to work extra hours to complete jobs as the doctor felt there were too many jobs to safely handover to the on-call doctor.	Seniors have been made aware of the situation and doctor received support. 2 hours payment for doctor working over contracted hours.	ISCs are subject to interpretation. In this case the Guardian view is no acute or immediate safety concern was present.
FY2 Medicine	On Sunday evening, the doctor was covering 5 wards (normally cover 3 wards) and carrying the crash bleep, with the majority of the work. As the 2 F1 doctors were overwhelmed with the volume of jobs from the morning and could not take extra wards. Covering 5 wards in the	The Service apologised for this, and advised that this was due to a sickness gap which the weekend co-ordinator was not able to cover.	

	evening is very unsafe as I was struggling to review all the tasks that I received.		
FY2 Medicine	Doctor is based at the LRI site, but was asked to cover 2 wards at the LGH, which was a mental burden and highly exhausting by the mid-shift.	The Service apologised for this, and advised that this was due to a higher number of doctors of sick and a cancellation of a locum doctor.	ISCs are subject to interpretation. In this case the Guardian view is no acute or immediate safety concern was present.

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 129 exceptions. 18 exceptions did not require any further action. There were 25 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 27 exceptions still open and requiring a response. These are in CHUGGS (8), ESM (4), MSKSS (2), and RRCV (13). There are 3 exceptions where further information has been requested (WCC).
- 5.2 Resident 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. Following feedback on the previous report this graph has now been updated to provide a response time in percentage.

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, 8 penalty payments have been applied (6 in Medicine and 1 in Respiratory Medicine).

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

7. Additional Focus

7.1 We reported previously that one of Guardians and Medical HR Manager attended a meeting in June 2024 organised by the Service, due to the General Surgical trainees at the LRI site raising concerns about; workloads, support, and the working environment. This meeting was well attended by resident doctors, Head of Service, consultants and nursing staff. As a follow up, in September, one the Guardians and Consultant Lead (who was invited as she had been mentioned repeatedly by doctors as a consultant who was very supportive of them) and the matron met with the new doctors. The doctors all seemed positive about their placement so far and the Matron also advised that she had noticed that day to day things became better.

7.2 As high number of exception reports were raised in O & G and following discussion at the Trust Resident Doctors Forum one of the Guardians attended a meeting in July to meet outgoing trainees and the feedback received was that trainees felt concerns have been listened and the support from the consultant and management was much really appreciated. There seems to be a better collaborative approach in terms of making improvements. The Service continues to work on their long term plan to increase middle grade cover during out of hours. There was some further feedback in terms of knowing who the consultant on call is and need for additional phlebotomy cover, which has been feedback to the Service.

7.3 Following the request to provide data on the number of exceptions reports raised by LED doctors, the software package has been updated and we will be able to provide this information.

7.4 We were pleased with the feedback at the Trust Resident Forum, the outgoing doctors thanked Guardian Team for their work and support, and one doctor went on say that this was the best guardian service they had had.

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 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	Foundation house officer 1	1	0	0	1
	Cardiology	FY1	2	0	0	2
	Cardiology	FY2	1	0	0	1
	General medicine	FY2	1	0	1	0
	General medicine	FY2 *	0	2	2	0
	General medicine	ST6	2	0	0	2
	General surgery	Foundation house officer 1	4	0	0	4
	General surgery	FY1	1	1	0	2
	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	1	0
	Plastic surgery	CT2	1	0	0	1
	Radiology	Specialty registrar 4	6	0	0	6
	Radiology	ST5	4	0	0	4
	Radiotherapy	Foundation house officer 1	0	1	0	1
	Respiratory Medicine	FY1	0	1	1	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	

	Urology	Foundation house officer 1	4	0	2	2
	Unknown specialty	Unknown grade	6	0	0	6
	Total		48	5	7	46
	Accident and emergency	ST2	1	0	0	1
	Acute Medicine	Foundation house officer 2	0	1	1	0
	Anaesthetics	ST6	1	0	0	1
	Cardiology	Foundation house officer 1	1	5	1	5
	Cardiology	FY1	9	2	2	9
	Cardiology	FY2	10	0	0	10
	Cardio-thoracic surgery	CT1	1	0	0	1
	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	Clinical Oncology	ST6	1	0	1	0
	Communicable diseases (infectious diseases)	CT1	0	2	2	0
	Diabetes & endocrinology	Foundation house officer 1	2	0	0	2
	Gastroenterology	FY1	3	0	0	3
	Gastroenterology	FY2	1	0	0	1
	Gastroenterology	FY2	2	0	0	2
	General medicine	CT1	9	30	28	12
	General medicine	CT1 Chronologically *	0	4	4	0
	General medicine	CT2	2	1	3	1
	General medicine	Foundation house officer 1	13	5	3	16
	General medicine	Foundation house officer 2	2	1	1	2
	General medicine	Foundation house officer 2 *	8	4	3	9
	General medicine	FY1	30	10	11	30
	General medicine	FY1 *	1	4	4	1

General medicine	FY1 (2016) *	1	0	0	1
General medicine	FY1 *	1	0	0	1
General medicine	FY2	28	7	10	25
General medicine	FY2 *	8	17	13	12
General medicine	FY2 (2016)	1	0	0	1
General medicine	FY2 *	1	0	0	1
General medicine	Specialist registrar	0	1	0	1
General medicine	Specialty registrar 3 *	1	5	3	3
General medicine	ST1	7	4	7	4
General medicine	ST1 *	5	0	0	5
General medicine	ST2	1	0	0	1
General medicine	ST5	0	1	1	0
General medicine	ST6	10	0	0	10
General practice	FY2 *	3	0	0	3
General surgery	CT1	4	0	0	4
General surgery	CT2	0	0	0	1
General surgery	Foundation house officer 1	12	2	0	14
General surgery	Foundation house officer 2	1	0	0	1
General surgery	FY1	1	0	0	1
General surgery	FY1	55	14	19	60
General surgery	FY2	9	2	0	14
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	5	5	0
Geriatric medicine	FY1	2	1	1	2
Geriatric medicine	FY2 *	0	1	0	1
Geriatric medicine	ST1	3	1	0	4
Haematology	Foundation house officer 1	2	1	0	3
Haematology	FY2	2	2	0	4

Haematology	FY2 *	1	0	0	1
Haematology	ST5	0	7	0	7
Histopathology	FY1	1	0	0	1
Medical microbiology and virology	ST3	1	0	0	1
Medical microbiology and virology	ST5	0	2	2	0
Medical oncology	FY2 *	5	0	0	5
Medical oncology	ST5	2	2	0	4
Nephrology	Foundation house officer 1	1	0	1	0
Nephrology	FY1	1	5	3	3
Nephrology	FY1 *	1	0	0	1
Nephrology	FY2	1	0	0	1
Nephrology	ST4 *	2	1	2	1
Nephrology	ST7	0	5	4	1
Obstetrics and gynaecology	Foundation house officer 1	5	2	0	7
Obstetrics and gynaecology	FY1	1	4	2	3
Obstetrics and gynaecology	FY2	8	0	1	7
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	ST4	0	2	0	2
Ophthalmology	ST5	1	0	1	0
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	0	0	5
Otolaryngology (ENT)	Foundation house officer 1	0	2	2	0
Otolaryngology (ENT)	FY1	0	1	1	0
Otolaryngology (ENT)	Senior registrar *	1	0	0	1
Otolaryngology (ENT)	ST5	1	0	0	1
Paediatric cardiology	Registrar	2	0	0	2
Paediatrics	Foundation house officer 1	1	0	1	0
Paediatrics	FY1	1	3	1	3
Paediatrics	FY2	1	0	1	0
Paediatrics	ST1	0	2	2	0
Paediatrics	ST3	2	2	0	4
Paediatrics	ST6	2	0	1	1
Paediatrics	ST6 *	1	0	0	1
Paediatrics	ST7	2	0	2	0
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	5	12
Radiology	ST5	13	0	0	13
Radiotherapy	CT2	4	0	0	4
Radiotherapy	Foundation house officer 1	0	2	0	2
Respiratory Medicine	CT2	2	0	0	2
Respiratory Medicine	Foundation house officer 1	2	1	0	3
Respiratory Medicine	Foundation house officer 2 *	1	1	0	2
Respiratory Medicine	FY1	6	6	3	9
Respiratory Medicine	FY2	4	1	0	5
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	Fixed term specialty registrar 3	1	0	0	1
	Trauma & Orthopaedic Surgery	FY2	3	0	0	3
	Trauma & Orthopaedic Surgery	ST1	1	0	0	1
	Urology	Foundation house officer 1	20	0	2	18
	Urology	Foundation house officer 2	1	0	0	1
	Urology	FY1	20	2	7	15
	Urology	FY2	2	0	0	2
	Vascular Surgery	FY1	28	5	0	33
	Vascular Surgery	FY1 *	5	0	0	5
	Unknown specialty	Unknown grade	88	0	0	88
	Total		619	191	167	661
	Anaesthetics	ST5	1	0	0	1
	Cardiology	FY1	1	0	0	1
	Cardiology	FY2	1	0	0	1
	General medicine	CT2	2	0	0	2
	General medicine	CT3	1	0	0	1
No. relating to educational opportunities	General medicine	Foundation house officer 1	2	0	0	2
	General medicine	FY1	1	0	0	1
	General medicine	FY2	2	0	1	1
	General surgery	CT1	1	0	0	1
	General surgery	FY1	1	0	0	1
	Geriatric medicine	FY1	1	0	0	1
	Haematology	CT2	1	0	0	1
	Haematology	FY1	1	0	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
Paediatrics	ST3	0	1	1	0
	Specialty registrar in core training				
Plastic surgery	2	2	0	0	2
Radiology	Specialty registrar 4	1	0	0	1
Respiratory Medicine	CT2	1	0	0	1
Respiratory Medicine	Foundation house officer 1	1	0	1	0
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		35	1	3	33
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No. relating to service support available

Cardiology	Foundation house officer 1	1	0	0	1
Cardiology	FY2	3	0	0	3
Clinical Oncology	ST6	1	0	1	0
Dermatology	ST3	1	0	0	1
General medicine	Foundation house officer 1	0	1	1	0
General medicine	FY1	1	1	1	1
General medicine	FY2	0	1	1	0
General medicine	FY2 *	0	3	3	0
General surgery	Foundation house officer 1	2	0	0	2
General surgery	FY1	5	0	0	6
Haematology	Foundation house officer 2	1	0	0	1

Nephrology	Foundation house officer 1	0	1	0	1
Nephrology	ST7	0	1	1	0
Obstetrics and gynaecology	ST3	1	0	0	1
Obstetrics and gynaecology	ST6	2	0	1	1
Ophthalmology	ST3	1	0	0	1
Paediatric cardiology	Registrar	4	0	0	4
Paediatric cardiology	ST4	0	2	2	0
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	2	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
Thoracic medicine	Foundation house officer 2 *	1	0	1	0
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		48	10	14	45