

Meeting title:	Trust Leadership Team People and Culture Committee Trust Board	Paper N
Date of the meeting:	PCC 27 th July 2024 TLT 31 st July 2024 Trust Board 8 th August 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
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Purpose of the Report

This report has been presented for discussion at the People and Culture Committee (PCC) and at the Trust Leadership Team, prior to submission to the Trust Board. At Trust Board this report is for noting without the need for discussion.

Recommendation

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

Summary

In line with the 2016 Junior Doctors Contract, the Guardian of Safe Working is required to provide a quarterly report on Exception Reporting to the Trust Board. At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports; therefore the figures provided in this report include both Trainees and Trust Grade doctors.

From 1st March to 31st May 2024, 200 exceptions reports have been recorded, which represents an increase of 61 when compared to the previous quarter. This also represents a significant increase when compared to the same quarter in 2023 (when 115 exception reports were recorded).

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	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

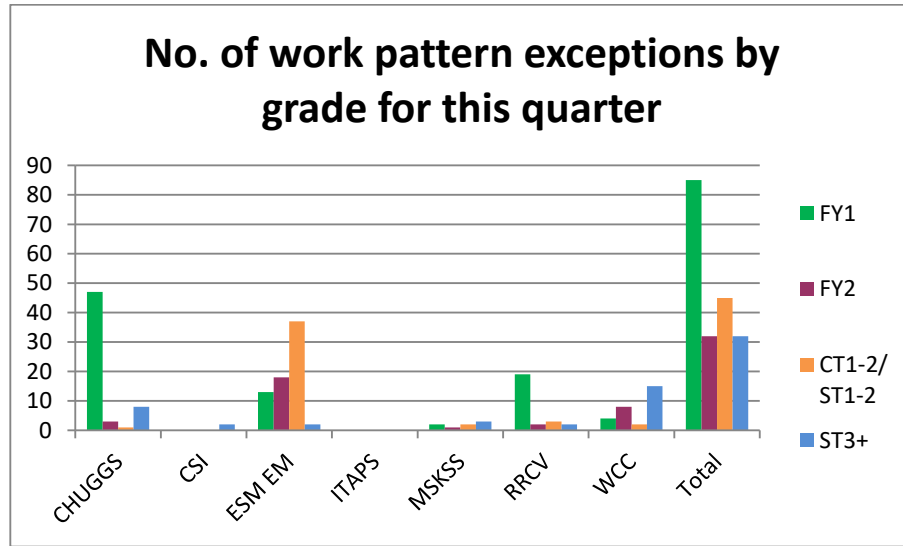
4.1 From 1st March to 31st May 2024, a total of 200 Exception Reports have been recorded, 194 of which related to Hours and Working Pattern, and 6 of which related to Education.

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. There was a surge in exception reports raised by F1 doctors in Surgery and Respiratory.

4.2.1 Out of 39 exception reports submitted by F1 doctors in Surgery, 30 were due to additional hours worked (ranging from 10 minutes to 1 hour and 45 minutes). One report was an educational breach, another related to a lack of support, and seven reported not being able to take the required break.

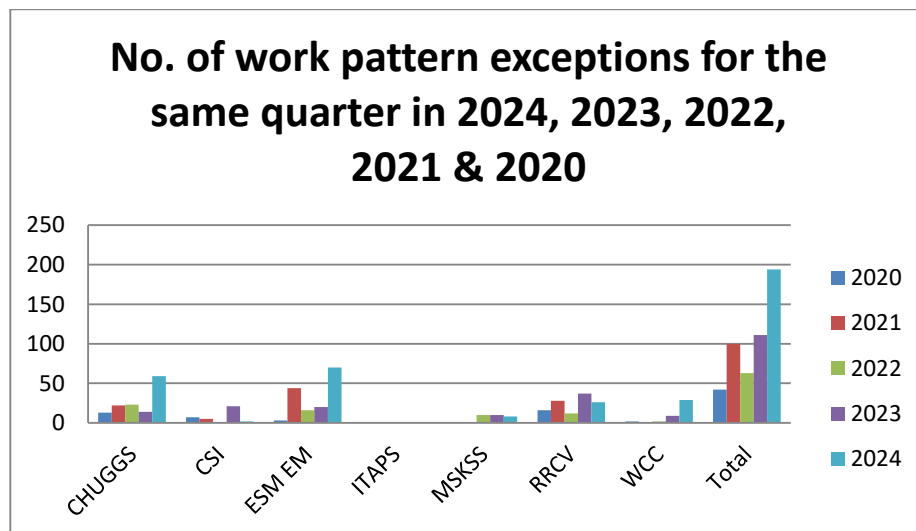
4.2.2 Of the 19 exception reports filed by F1 doctors in Respiratory, 7 were due to lack of support, 3 were missed teaching sessions, and 9 reported additional hours worked. Of these, 5 reports were due a doctor working an extra hour each day during a taster week in Anaesthetics and therefore unrelated to Respiratory.

Graph 1



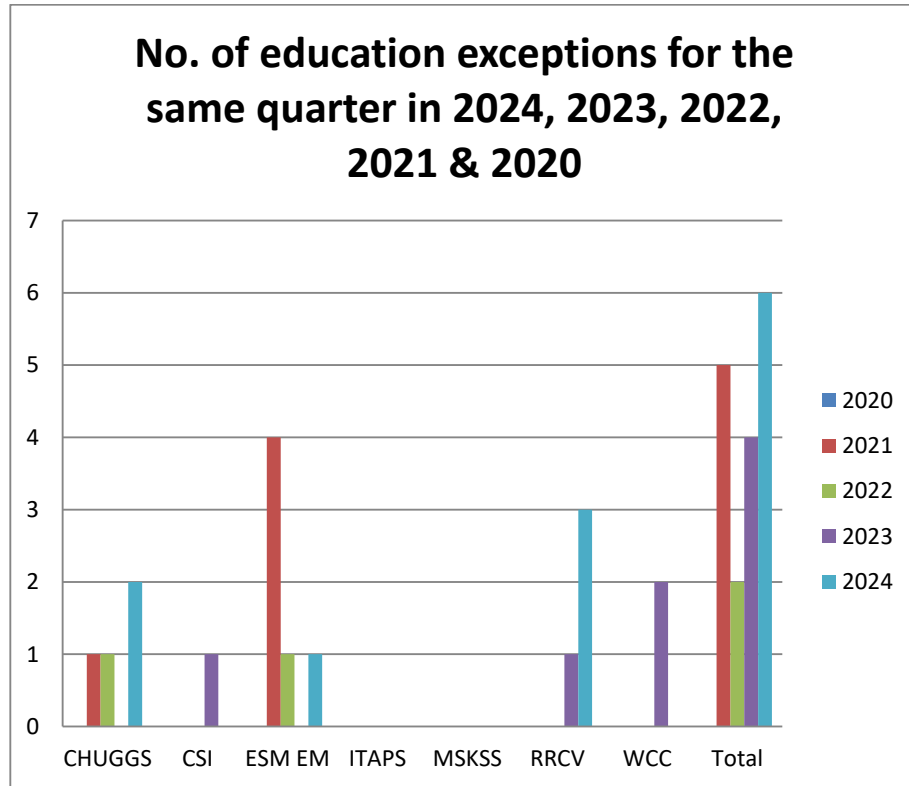
4.3 For comparison, Graph 2 shows the number of exception reports for the same quarter in 2023, 2022, 2021 and 2020. The number of exception reports for the same quarter in 2023 is significantly lower than the current quarter.

Graph 2



4.4 In this quarter, 6 Education exception reports were 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 slightly higher than in 2023 and comparable to the same quarter in previous years.

4.5 There were 6 exception reports raised as Immediate Safety Concerns (ISCs), of which 4 were raised as ISC in error by the doctors. 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 Transplant and Renal	Due to a self-discharge at 5pm, the doctor completed appropriate documents after 5pm to ensure patient safety.	Service thanked the doctor for supporting the service to and 1.5 hours TOIL was allocated.	ISCs are subject to interpretation. In this case the Guardian view is no acute or immediate safety concern was present.

FY2 Medicine	The on-call doctor did not arrive for their shift, therefore stayed later (50 mins) to provide a safe handover to the on-call ST3+ doctor.	Following feedback from the Guardian, TOIL was allocated.	As above, GSW liaised with the doctor, who confirmed that this exception report was submitted as an ISC in error. Training provided on exception reporting.
CT1 Cardio-respiratory	Due to sickness instead of two Core level doctors covering the wards there was only one doctor on duty.	Recognition that appropriate action was not taken to cover this gap due to the JDA being on leave, the service are in the process of recruiting an additional JDA to provide improved cover. Safe minimum level is 1 doctor rostered covering wards and 1 doctor covering CCU overnight which was in place. However, to provide extra support a 2 nd ward doctor was introduced for weekend cover in December 2023. In this particular instance due to sickness Cardiology wards was reduced to 1 from 2 overnight which is the same as our current Monday to Friday cover.	Comprehensive response provided by the service, acknowledging the need for additional administrative support and proactive approach taken.
ST4 Paediatric Cardiology x 3 exception reports	An extra hour worked in paediatric cardiology clinic. Exception report account access given late.	Junior Doctor did not intend to raise these as ISCs. Action being taken to ensure Allocate: exception reporting log in to be provided to all junior doctors.	Acknowledged that this exception report was submitted as an ISC in error.

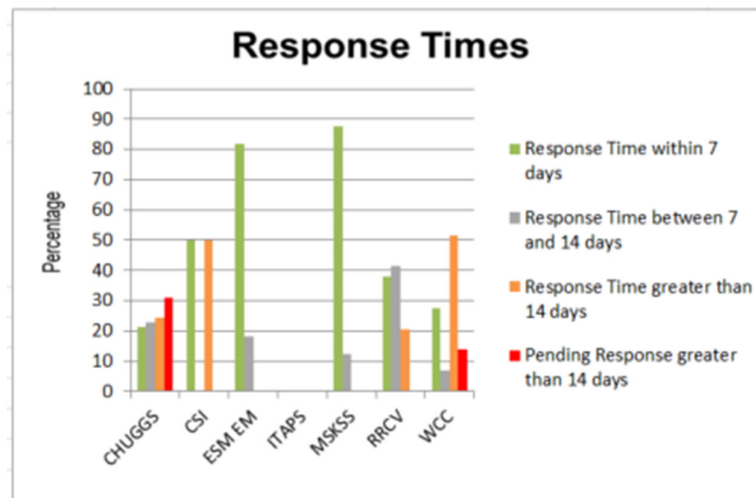
5. Outcome of the Exception Reports in this Quarter

- 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 108 exceptions. 40 exceptions did not require any further action. There were 19 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 23 exceptions still open and requiring

a response. These are in CHUGGS (19) and WCC (4). There is 1 exception where further information has been requested (WCC).

- 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. 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 speciality and grade.

6. Penalty Payments

- 6.1 Following review of potential breaches of the contract with the Guardian of Safe Working, 6 penalty payments have been applied (1 in Paediatrics, 1 in Medicine and 4 in General Surgery).
- 6.2 There have been no disbursements from the Guardian's account to date.

7. Additional Focus

- 7.1 Following concerns raised by trainees regarding workloads, support, and the working environment, the Service organized a meeting attended by one of the Guardians at the end of June. This meeting was well attended by trainees, consultants, and nursing staff. Efforts are ongoing to improve working patterns, support, and the working environment, in collaboration with the DME and the CD for CHUGGS.

- 7.2 There have been ongoing discussions about changing the current Renal Middle grade rota from a non-resident on-call to a full shift rota template. To facilitate this change, the number of middle grade doctors has increased from 8 to 10. However, due to various reasons such as LTFT working and academic placements, it has not been possible to ensure all 10 positions are filled. A meeting was held to discuss the shift to a full rota pattern, which was attended by one of the Guardians, and actions were taken to draft rota templates.
- 7.3 The Trust Junior Doctors Forum (Trust JDF) meets bi-monthly and was well attended at the last meeting in July, where trainees provided positive feedback on the work of the Guardians.
- 7.4 Following feedback and discussion at the Trust JDF, the Guardians and a BMA officer met to review and update the Trust's Exception Reporting process. One of the Guardians regularly attends the Trust DiTC to provide updates and support as required.

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	CT1	0	1	1	0
	Cardiology	CT3	17	0	17	0
	Cardiology	Foundation house officer 1	1	0	0	1
	Cardiology	FY1	2	0	0	2
	Cardiology	FY2	1	0	0	1
	General medicine	FY1	1	0	1	0
	General medicine	FY2	0	0	0	1
	General medicine	FY2 *	0	1	1	0
	General medicine	ST6	2	0	0	2
	General surgery	Foundation house officer 1	4	0	0	4
	General surgery	FY1	3	0	2	1
	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	0	0	0	1
	Obstetrics and gynaecology	Foundation house officer 1	1	0	1	0
	Paediatric cardiology	ST4	0	3	3	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	1	1	1

Unclassified

	Surgical specialties	FY1 (2016)	2	0	0	2
	Urology	Foundation house officer 1	2	0	0	4
	Unknown specialty	Unknown grade	6	0	0	6
	Total		65	6	27	48
	Accident and emergency	ST2	1	0	0	1
	Acute Medicine	FY2 *	1	0	1	0
	Anaesthetics	ST6	1	0	0	1
	Cardiology	Foundation house officer 1	1	6	6	1
	Cardiology	FY1	9	1	1	9
	Cardiology	FY2	10	0	0	10
	Cardiology	ST2	0	1	1	0
	Cardio-thoracic surgery	CT1	0	1	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
No. relating to hours/pattern	Clinical Oncology	Foundation house officer 1	1	0	0	1
	Clinical Oncology	Foundation house officer 2	1	0	0	1
	Clinical Oncology	ST6	0	1	0	1
	Communicable diseases (infectious diseases)	CT1	0	1	1	0
	Communicable diseases (infectious diseases)	FY1 *	0	2	2	0
	Communicable diseases (infectious diseases)	FY2 *	1	0	1	0
	Diabetes & endocrinology	Foundation house officer 1	2	0	0	2
	Gastroenterology	Foundation house officer 1	0	1	1	0
	Gastroenterology	FY1	3	0	0	3
	Gastroenterology	FY2	1	0	0	1
	Gastroenterology	FY2	2	0	0	2
	General medicine	CT1	20	29	39	10
	General medicine	CT2	2	4	3	3
	General medicine	Foundation house officer 1	14	3	3	14

Unclassified

General medicine	Foundation house officer 2	4	0	2	2
General medicine	Foundation house officer 2 *	10	4	6	8
General medicine	FY1	34	6	10	31
General medicine	FY1 *	2	0	1	1
General medicine	FY1 (2016) *	1	0	0	1
General medicine	FY1 *	1	0	0	1
General medicine	FY2	30	0	5	28
General medicine	FY2 *	12	12	16	8
General medicine	FY2 (2016)	1	0	0	1
General medicine	FY2 *	1	0	0	1
General medicine	Specialty registrar 3 *	1	2	2	1
General medicine	ST1	7	2	2	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	CT2	0	1	0	1
General surgery	Foundation house officer 1	13	0	1	12
General surgery	Foundation house officer 2	1	0	0	1
General surgery	FY1	1	0	0	1
General surgery	FY1	33	37	9	61
General surgery	FY2	13	3	4	12
General surgery	FY2 *	8	0	0	8
General surgery	Specialty registrar in core training				
General surgery	1	2	0	0	2
Geriatric medicine	CT3	1	0	1	0
Geriatric medicine	FY1	2	0	0	2
Geriatric medicine	FY2 *	2	0	2	0
Geriatric medicine	ST1	5	0	2	3

Haematology	Foundation house officer 1	2	0	0	2
Haematology	FY2	2	0	0	2
Haematology	FY2 *	1	0	0	1
Haematology	ST3	0	1	1	0
Haematology	ST5	0	3	3	0
Histopathology	FY1	1	0	0	1
Medical microbiology and virology	ST3	4	0	3	1
Medical microbiology and virology	ST3 *	4	0	4	0
Medical microbiology and virology	ST5	1	1	2	0
Medical microbiology and virology	ST5 *	0	1	1	0
Medical oncology	FY2 *	5	0	0	5
Medical oncology	ST3	1	0	1	0
Medical oncology	ST4	0	1	1	0
Medical oncology	ST5	1	1	0	2
Medical oncology	ST6	0	1	1	0
Neonatology	FY2	0	1	1	0
Neonatology	ST5	1	0	1	0
Nephrology	Foundation house officer 1	0	0	0	1
Nephrology	FY1	5	1	5	1
Nephrology	FY1 *	1	0	0	1
Nephrology	FY2	1	0	0	1
Nephrology	ST4 *	0	2	0	2
Obstetrics and gynaecology	Foundation house officer 1	8	0	3	5
Obstetrics and gynaecology	FY1	3	4	6	1
Obstetrics and gynaecology	FY2	7	4	3	8
Obstetrics and gynaecology	Specialty registrar 3	1	0	0	1
Obstetrics and gynaecology	ST2	0	2	2	0
Obstetrics and gynaecology	ST3	0	1	1	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	ST5	0	2	1	1
Ophthalmology	ST6	1	0	0	1
Ophthalmology	ST6	2	1	1	2
Ophthalmology	ST7	2	0	0	2
Ophthalmology	ST7 *	1	0	0	1
Ophthalmology	ST7 *	1	0	0	1
Otolaryngology (ENT)	CT1	5	2	2	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	1	0
Paediatric cardiology	ST4	0	4	4	0
Paediatric cardiology	ST7	0	1	1	0
Paediatrics	Foundation house officer 1	1	0	0	1
Paediatrics	FY1	1	0	0	1
Paediatrics	FY2	2	2	3	1
Paediatrics	ST3	2	0	0	2
Paediatrics	ST6	1	0	0	2
Paediatrics	ST6 *	0	1	0	1
Paediatrics	ST7	0	6	4	2
Palliative medicine	ST6	0	1	1	0
Plastic surgery	CT1	1	0	0	1
Plastic surgery	CT2	3	0	0	3
Plastic surgery	FY1	2	1	3	0
Plastic surgery	FY1 *	1	0	1	0

Radiology	Specialty registrar 4	3	0	0	3
Radiology	ST3	12	0	0	17
Radiology	ST5	13	0	0	13
Radiotherapy	CT2	4	0	0	4
Renal Medicine	FY1	1	0	1	0
Respiratory Medicine	CT1	1	0	1	0
Respiratory Medicine	CT2	2	0	0	2
Respiratory Medicine	Foundation house officer 1	2	1	1	2
Respiratory Medicine	Foundation house officer 2 *	1	1	1	1
Respiratory Medicine	FY1	6	2	2	6
Respiratory Medicine	FY2	4	0	0	4
Surgical specialties	Foundation house officer 1	10	0	1	9
Surgical specialties	FY1	1	0	0	1
Surgical specialties	FY1	36	1	1	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	FY1	0	1	1	0
Trauma & Orthopaedic Surgery	FY2	3	1	1	3
Trauma & Orthopaedic Surgery	ST1	1	0	0	1
Urology	Foundation house officer 1	18	2	2	20
Urology	Foundation house officer 2	2	0	1	1
Urology	FY1	13	7	0	20
Urology	FY2	2	0	0	2
Vascular Surgery	Foundation house officer 1	8	0	8	0
Vascular Surgery	FY1	36	0	8	28

	Vascular Surgery	FY1 *	5	0	0	5
	Unknown specialty	Unknown grade	88	0	0	88
Total			654	178	212	633
No. relating to educational opportunities	Accident and emergency	ST6	3	0	3	0
	Anaesthetics	ST5	1	0	0	1
	Cardiology	CT3	19	0	19	0
	Cardiology	Foundation house officer 1	0	1	1	0
	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
	General medicine	Foundation house officer 1	2	0	0	2
	General medicine	Foundation house officer 2 *	0	1	1	0
	General medicine	FY1	1	0	0	1
	General medicine	FY2	1	0	0	2
	General surgery	CT1	1	0	0	1
	General surgery	FY1	0	1	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	1	0	1	0
	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	

Unclassified

	Plastic surgery	Specialty registrar in core training 2	2	0	0	2
	Radiology	Specialty registrar 4	1	0	0	1
	Radiotherapy	Foundation house officer 1	0	1	1	0
	Respiratory Medicine	CT2	1	0	0	1
	Respiratory Medicine	Foundation house officer 1	0	2	1	1
	Surgical specialties	FY1	1	0	0	1
	Surgical specialties	FY1 *	1	0	0	1
	Thoracic medicine	CT2	1	0	0	1
	Urology	FY1	1	0	0	1
	Total		55	6	27	35
No. relating to service support available	Cardiology	CT1	0	1	1	0
	Cardiology	Foundation house officer 1	1	3	3	1
	Cardiology	FY2	4	0	1	3
	Clinical Oncology	ST6	0	1	0	1
	Dermatology	ST3	1	0	0	1
	General medicine	CT1	0	1	1	0
	General medicine	FY1	1	1	1	1
	General medicine	FY2 *	0	2	2	0
	General surgery	Foundation house officer 1	2	0	0	2
	General surgery	FY1	5	1	0	6
	Haematology	Foundation house officer 2	1	0	0	1
	Obstetrics and gynaecology	FY2	0	1	1	0
	Obstetrics and gynaecology	ST3	1	0	0	1
	Obstetrics and gynaecology	ST6	0	2	0	2
	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	4	2	3
Respiratory Medicine	FY2	1	0	0	1
Surgical specialties	Foundation house officer 1	6	0	0	6
Surgical specialties	FY1 (2016)	2	0	0	2
Thoracic medicine	Foundation house officer 2 *	0	1	0	1
Urology	Foundation house officer 1	1	0	0	1
Vascular Surgery	Foundation house officer 1	1	0	1	0
Vascular Surgery	FY1	1	0	0	1
Unknown specialty	Unknown grade	5	0	0	5
Total		44	18	13	49