

Guardian of Safe Working Annual Report
University Hospitals Dorset - Poole Hospital
Annual Report – Year 1st July – 30th June 2022

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Executive Summary

This report provides the overview of exceptions raised for the period 1st July 2021 through to 30th June 2022.

I was appointed to the role on 22nd June 2022 and would like to thank Dr Ram Jayaprakash (my predecessor) for his hard work.

I would like to thank and commend our junior doctor cohort in what has been a very difficult couple of years due to the Covid pandemic- the significant clinical workload coupled with the mental health pressures placed on us all. The Guardian of Safe Working continues to champion safety of patients by ensuring that the junior doctor working patterns are appropriate, and they are sufficiently rested, in order to provide the safe and high quality care we would want our own relatives to receive.

There has been a significant increase in the number of exception reports compared to previous year. From my interaction with junior doctors thus far I believe to be largely driven by increased awareness of the exception reporting process and pressures of work. However there is anecdotal evidence to suggest there is significant & systematic under reporting among ST3+ doctors. I will touch upon this in the summary.

The Guardian of Safe Working Post is a contractual obligation- however promotion of the process of exception reporting fosters a culture of inclusivity, dialogue and safe working.

High Level Data

The table below, from the Allocate software, provides a breakdown of the total number of exception reports received during the period 1st August 2021 to 31st July 2022 with comparison to 20/21:

Department	Sum of Total Exceptions Submitted 20/21	Sum of Total Exceptions Submitted 21/22	Increase/ Decrease
Cardiology	19	42	↑
Dermatology	1	1	↔
Gastroenterology	17	45	↑
General Medicine	8	55	↑
General Surgery	10	44	↑
OPS	37	64	↑
Haematology/Oncology	22	65	↑
Respiratory	5	8	↑
Anaesthetics	0	1	↑
T&O	0	2	↑
Emergency	0	10	↑
Acute	1	0	↓
O&G	11	0	↓
Paediatrics	1	0	↓
TOTAL	132	337	155%

Source Allocate (Table 1)

There is a marked increase in the number of exception reports, an increase of 205 (155%) overall. This is largely due to an increase in reporting for Cardiology, Gastroenterology, General Medicine, General Surgery, Haem/Onc and OPS.

- Cardiology: 121%
- Gastroenterology: 165%
- General Medicine: 587%
- General Surgery: 340%
- OPS 73%
- Haem 195%

Total Specialty Exceptions

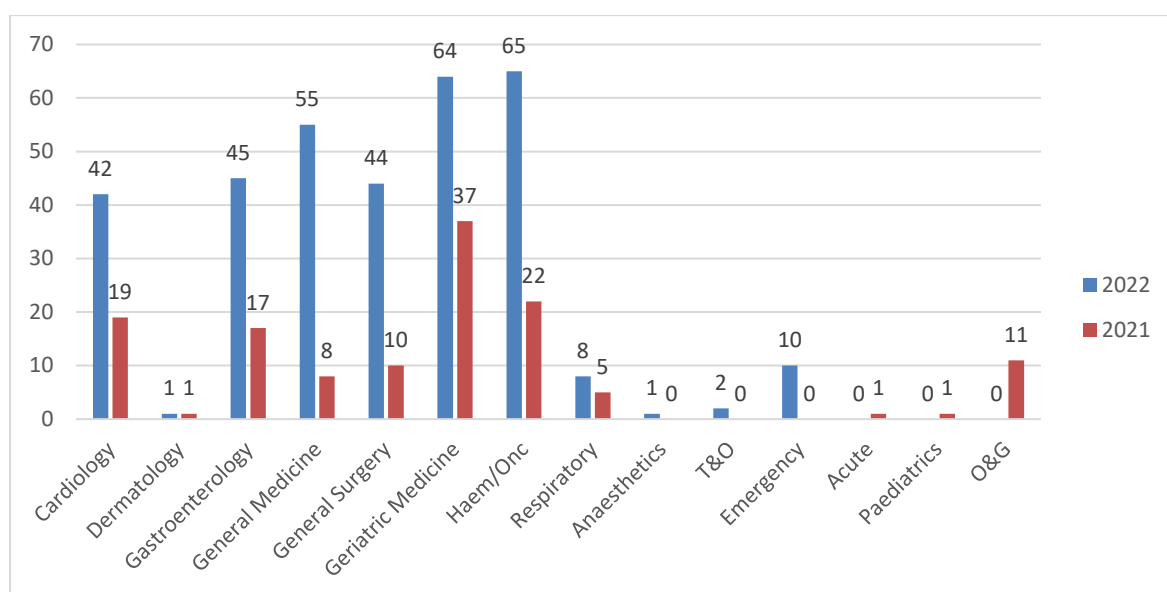


Figure 1

The data highlights specialties that have generated exception reports over the last year. Being able to identify the higher contributors enables focus to be given to these areas in order to support specialties addressing their reasons for exception reporting thus supporting and improving standards that provide a good learning environment for doctors in training.

Table 2 shows a breakdown of type of exception report. 83.3% of these related to hours of work and the remainder were due to exceptions in shift pattern of work, loss of educational opportunities, loss of natural breaks and service support available to the doctor. There were 12 reported immediate patient safety concerns for the period of this annual report.

Reference period of report	01/07/21 - 30/06/22	01/07/20- 30/06/21	Increase
Total number of exception reports received	337	132	155%
Number relating to hours of working	281	110	155%
Number relating to shift pattern of work	9	2	350%
Number relating to educational opportunities	11	14	21%
Number relating to service support available to the doctor	12	1	1,100%
Number relating to unable to take a natural break	24	5	380%
Of which related to immediate patient safety issues	12	0	-

Source Allocate (*Table 2*)

Table 3 below shows breakdown of resolution with 41 paid overtime and 60 given Time off in Lieu (TOIL). Satisfactory resolution was reached in all cases.

Exceptions Raised: Outcomes	July 21/ June 22	July 20/ June 21	% inc/ dcr
Total number of exceptions where TOIL was granted	188	60	213%
Total number of overtime payments	94	41	131%
Total number of work schedule reviews	13	0	-
Total number of reports resulting in no action	41	28	46%
Cancelled exceptions	0	2	-1%
Exception created in error	1	1	0%
Total number of resolutions	337	132	155%

Source Allocate (Table 3)

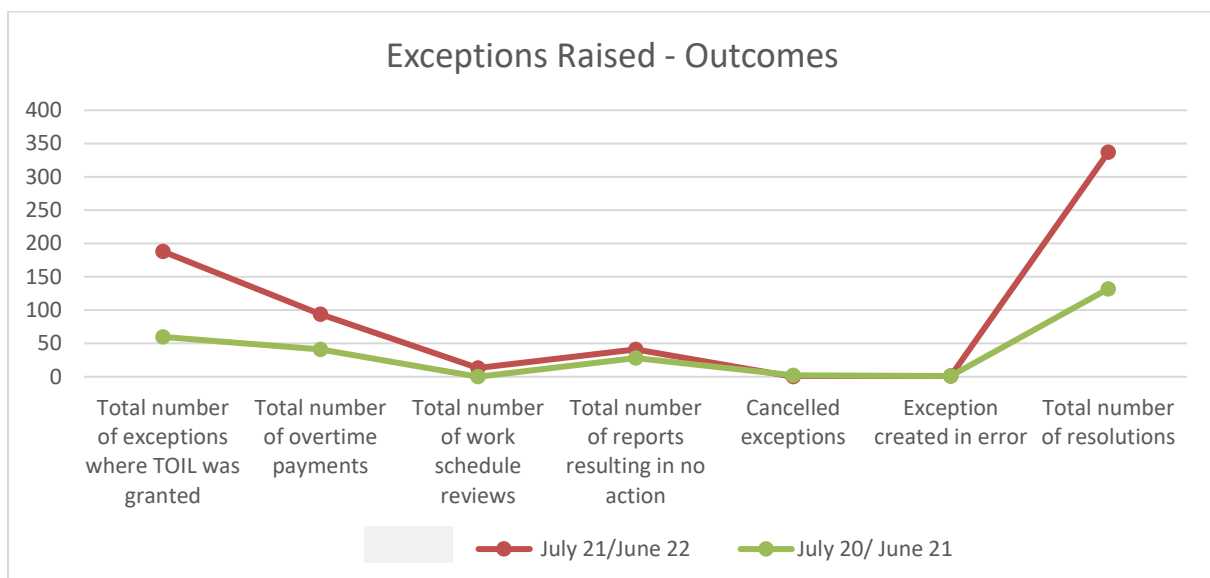
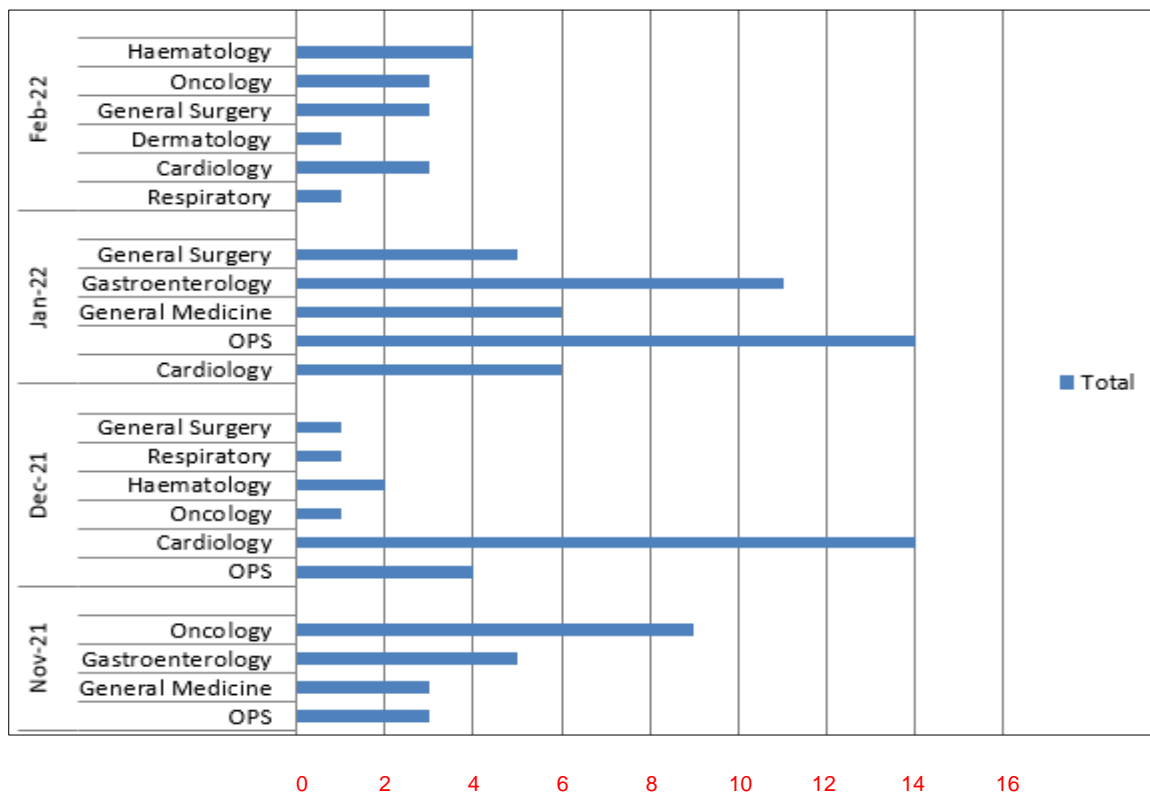
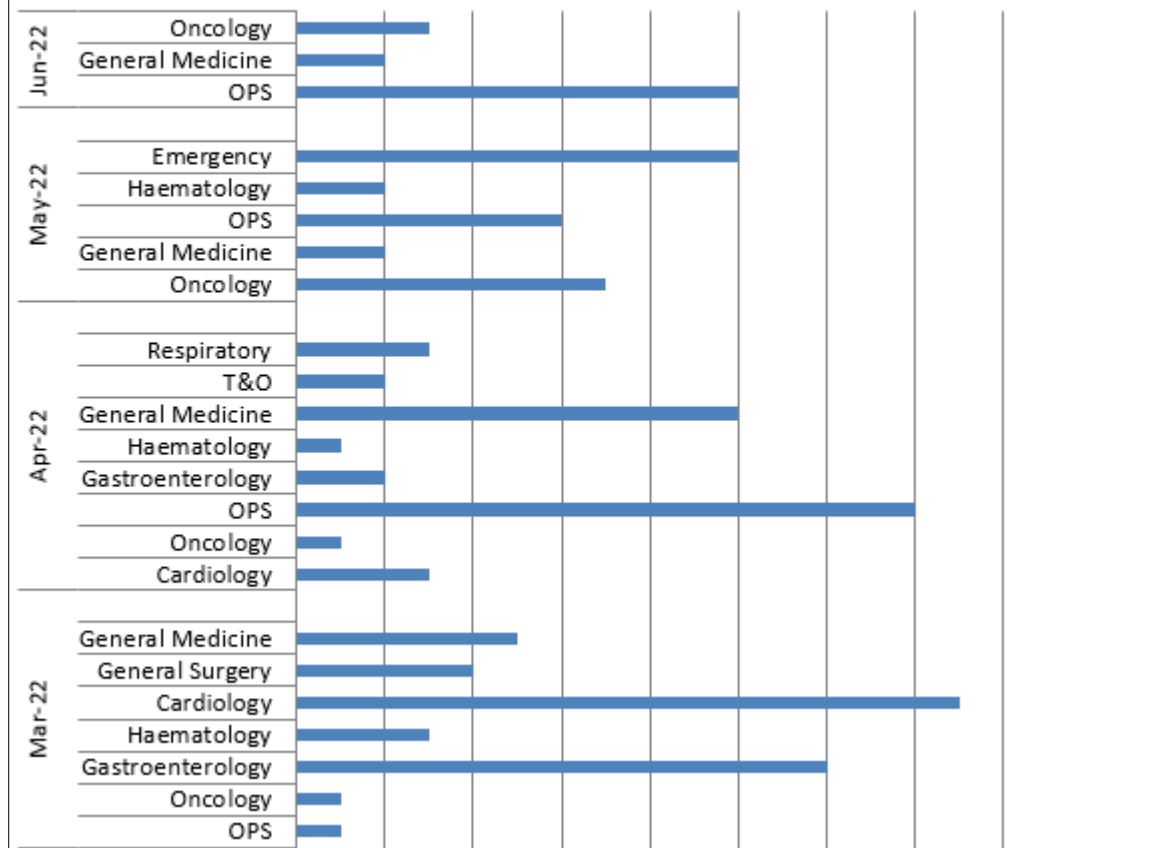


Figure 2

Monthly Exception Breakdowns by Specialty

Figure 3 below, breaks down the exception reports further by showing the number of exceptions reported by Specialty by Month between July 2021 and June 2022.

Monthly Total Exceptions



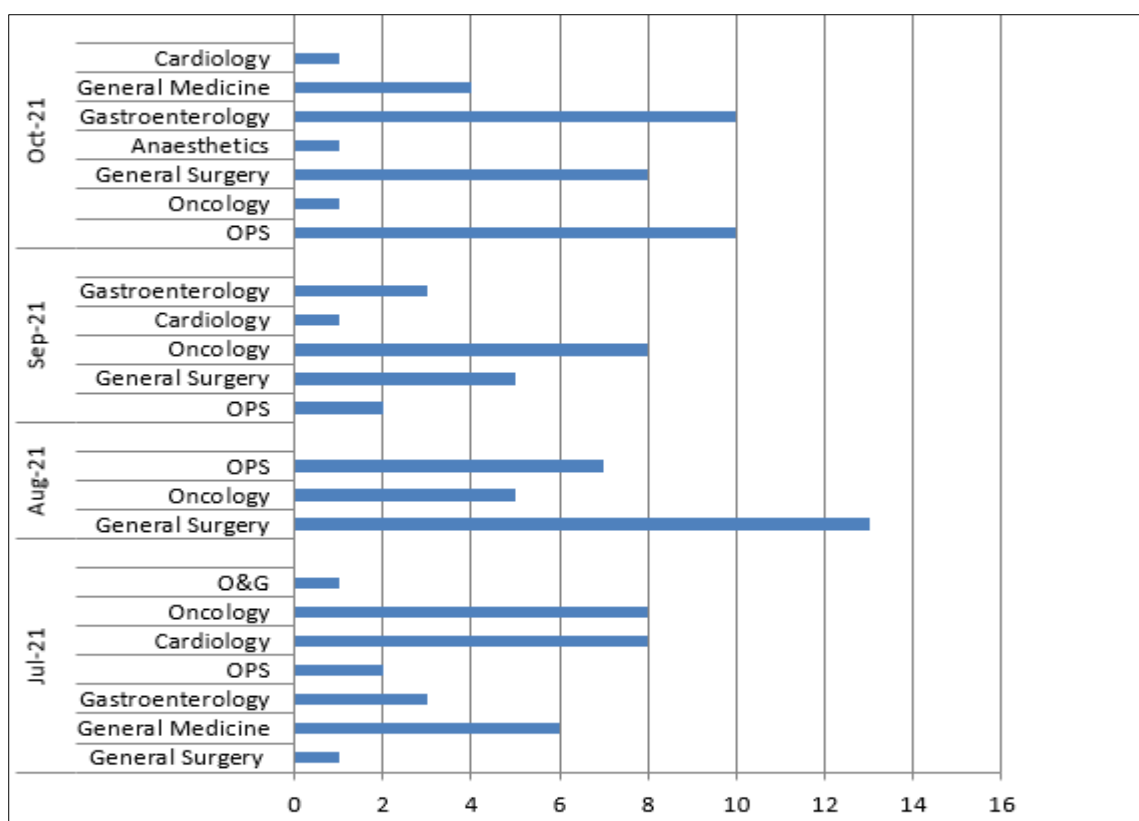


Figure 3

Reporting Grades for Period 1st July 21 – 30th June 22

Grade	July- Sept 21	Oct – Dec 21	Jan – Mar 22	Apr – Jun 22	Total
FY1	48	48	73	62	231
FY2	15	25	17	10	67
GPST1	18	0	1	0	19
IMT	0	1	2	0	3
ST3	6	0	4	3	13
ST4	1	0	0	3	4

Source Medical Staffing Table 4

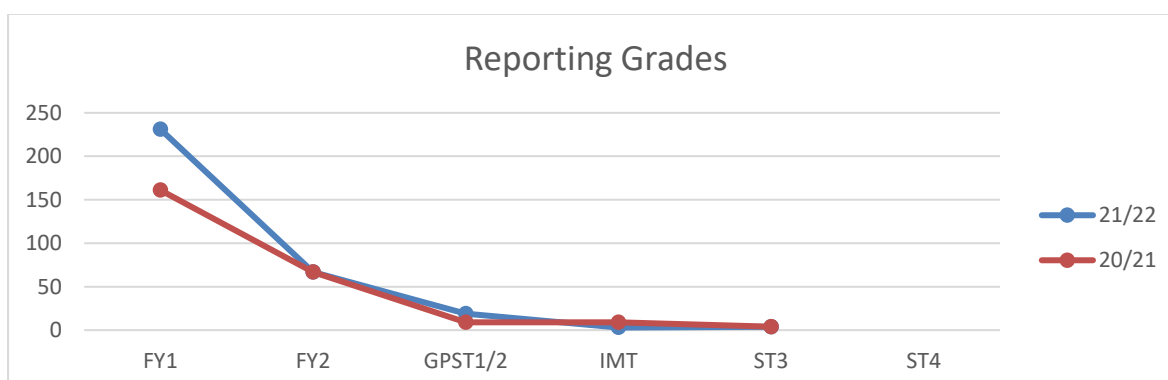
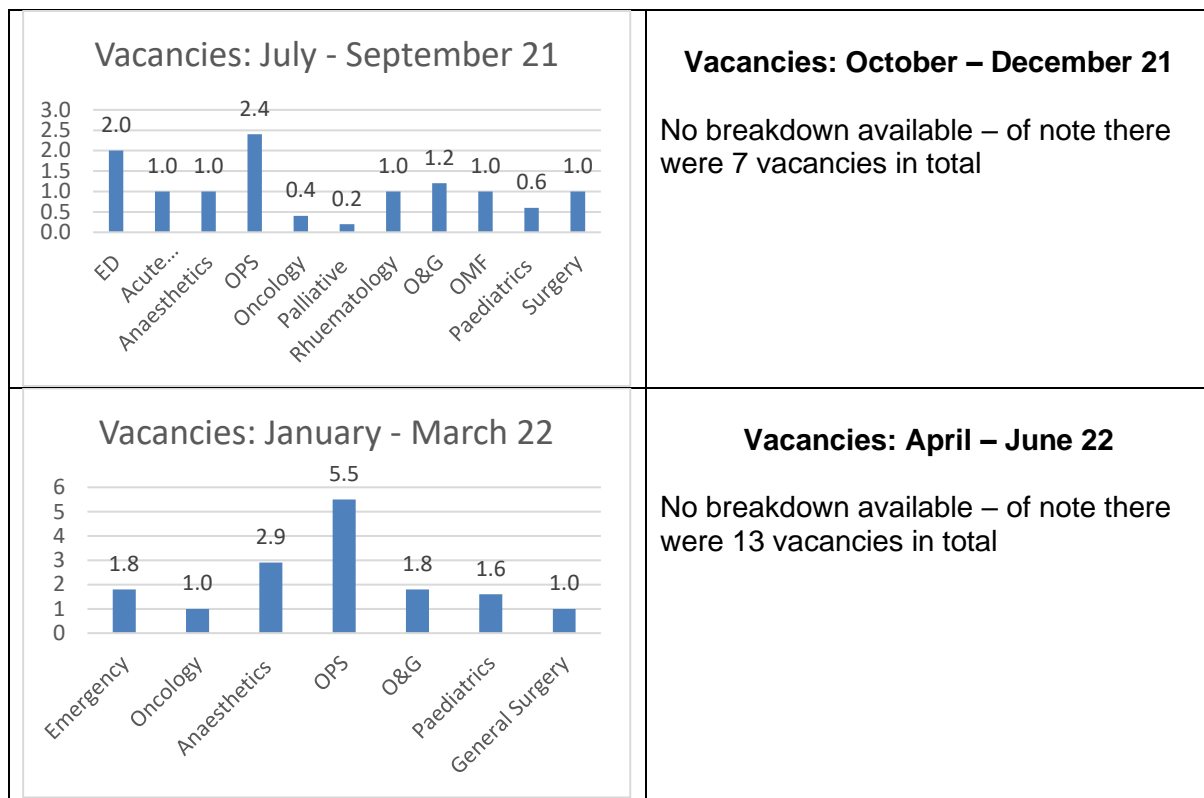


Figure 4

Vacancies Overview for Period 1st July 2021 – 30th June 2022



(Source Medical Staffing: Figure 5)

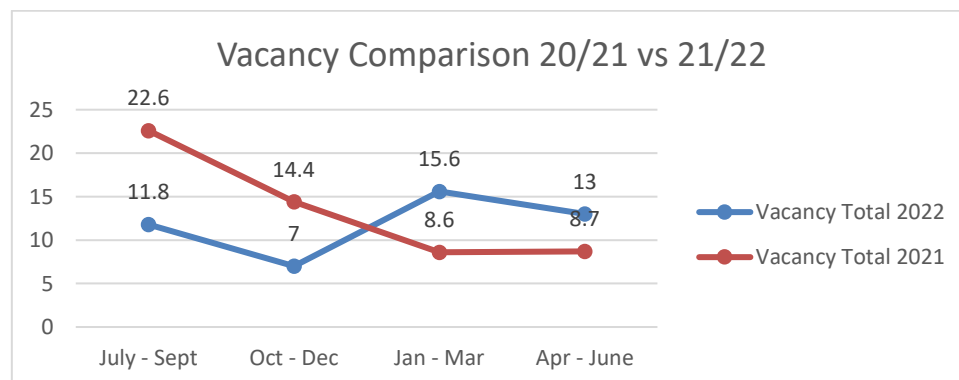


Figure 6

These figures provide a quarterly overview of vacancies at Poole Hospital. Figure 5 shows a comparison between 2020/21 and 2021/22.

Locum Shift Requests by Reason for Period 1st July 2021 – 30th June 2022

The tables below provide an overview of the pressures of workload for our junior doctors.

Highlighted below are the total number of shifts requested specifically for their reasons and how many of these were worked. Figure 6 provides a comparison with 20/21.

Reason	Number of Shifts Requested	Number of Shifts Worked
Adhoc	361	361
Acuity	217	200
Annual Leave	375	227
Coronavirus	1,523	693
Deanery Vacancy	427	287
Escalations	45	34
LTFT Cover	39	26
Maternity/Paternity Leave	94	72
Service Demand (e.g. winter pressures)	374	300
Sickness	579	290
Study Leave	169	119
Trust Vacancy	3,663	2,731
Urgent Clinical Need	418	255
7-day pilot	25	14
TOTAL	8,309	5,609

Source UHD Bank Staff Office Table 5

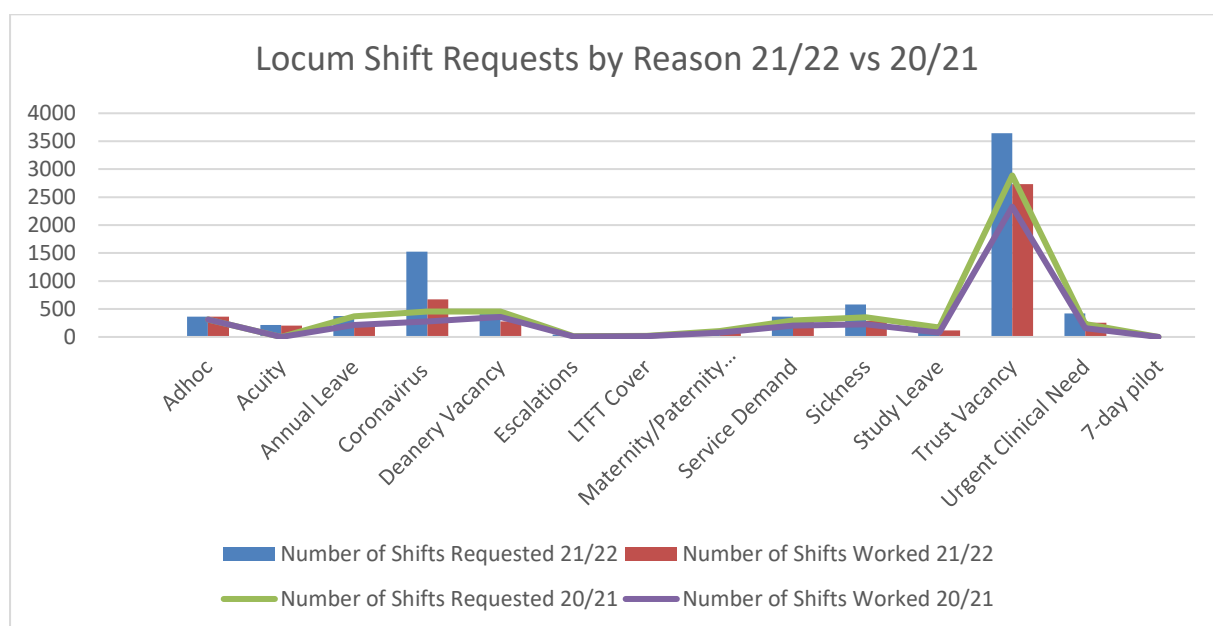


Figure 7

Locum Shift Requests by Speciality for Period 1st July 2021 – 30th June 2022

Highlighted are the total number of shifts requested from specialties and how many of these were worked. In comparison with 2020/21 please see figure 7.

Specialty	Number of Shifts Requested 2021/22	Number of Shifts Worked 2021/22	Number of Shifts Requested 2020/21	Number of Shifts Worked 2020/21
Emergency	2,200	1,189	1213	729
ENT	182	129	75	50
General Surgery	222	156	137	104
General Medicine	2,748	1,553	2001	1368
O&G	186	117	106	113
Oncology	255	199	154	112
Trauma & Orthopaedics	2,238	2,064	1788	1614
Paediatrics	278	202	192	151
Total	8,309	5,609	5,666	4,241

Source UHD Bank

Staff Office Table 6

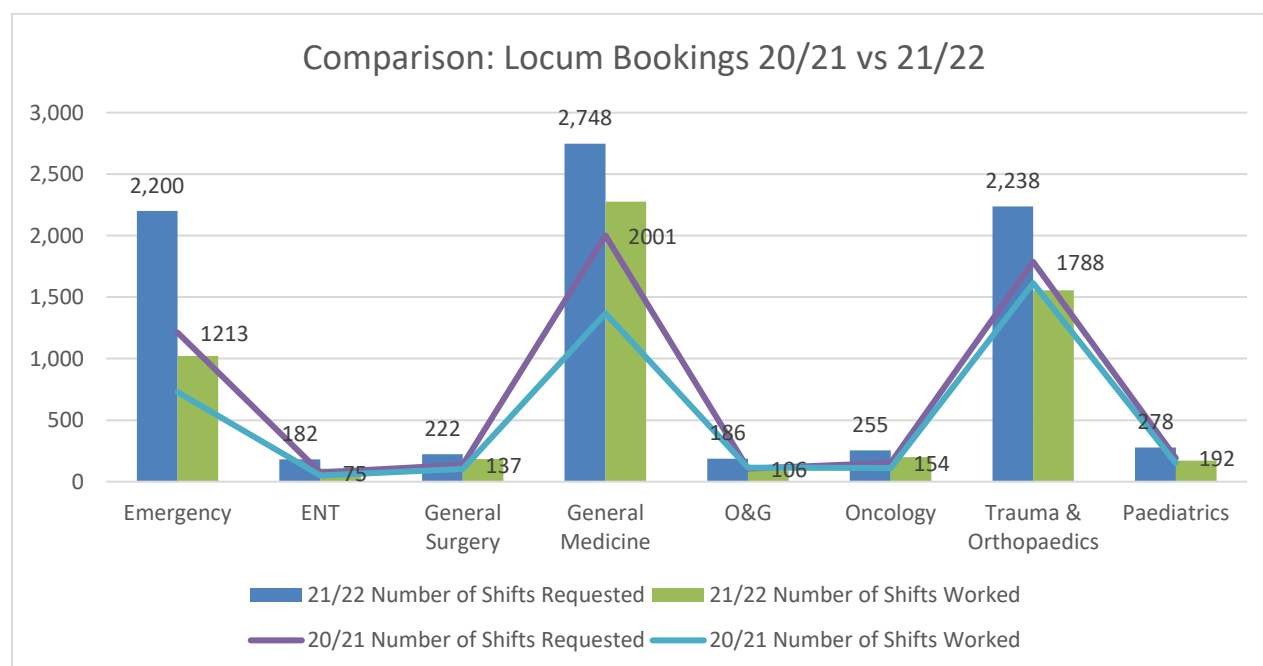


Figure 8

The figure below depicts the Locum Shift Requests by Specialty 21/22 in graphical format broken down into their respective quarterly requests:

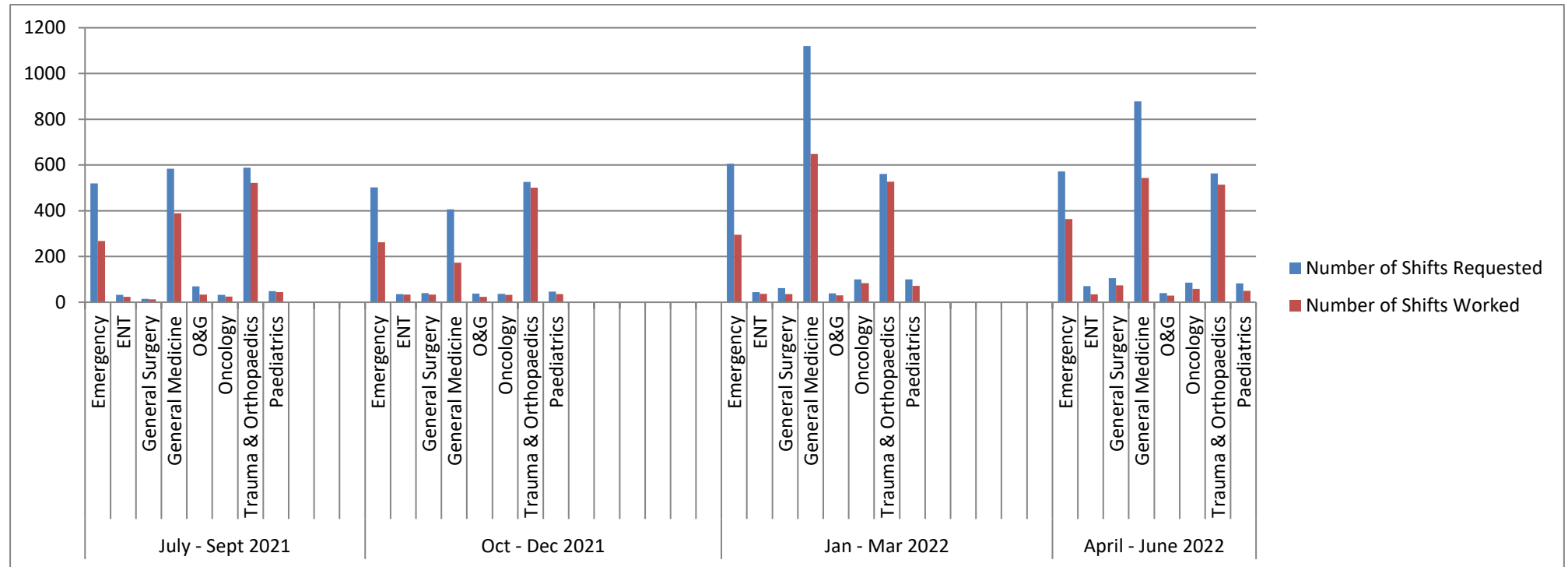


Table 7

Summary

1. The Trust was granted £30,000 of national money to improve facilities for doctors in training and working in partnership with the doctors which has been used on a number of projects to upgrade the doctors rest facilities and enhance the doctor's mess. The Junior Doctor Forum are discussing the best use for the currently underspend of £19,015.54. This money has been held over by the trust and will be used to support enhancing the wellbeing of doctors.

2. The Junior Doctor Forums are held bimonthly and are a valuable opportunity for our Doctors representatives to meet with the Guardian, Chief Medical Officer, Director of Medical Education, BMA (some attendances) in one place. These are now held jointly between RBCH and Poole Hospitals. Issues addressed over the past year have included:

- Introduction of new Chairs and Chief Residents (Ellie Cox RBCH) and Christina Baker (Poole) to encourage more senior attendance
- Development of new Mess plans and facilities on RBCH site, more doctor involvement for feedback
- Doctor Mess change to an Opt Out scheme rather than an Opt In.
- Pressure on wards for IDF completions and pressures for discharges
- Discussion on rota gaps and for processes to be looked at re RBCH
- Continued progression on the Fatigue and Facilities Charter
- Wellbeing fund for Doctors in Training (£40k) – ideas for how this should be spent requested
- Water sports social with Poole Hospital

General discussions

Concerns with the rolling rota, concerns around the surgical rota doctors being under paid. In addition, the medical rolling rota there are per rotation a small selection of people who are working extra on call or night shifts without being paid. Discussed with Prof Vassallo, has already been escalated to Alyson O'Donnell, waiting to hear back about the solution.

Emphasis on Exception Reporting, making it a routine part of job list, if missing teaching, understaffed, working late or feeling overwhelmed with the workload and unsupported.

Recommendations

1 To establish a functional JDF at the Poole site (a new chair has been appointed and dates are being formalised)

2 I will be attending the medical SpR forum and liaising with the RCP College tutor this October to explore the issue of exception reporting and determine the accuracy of the very low number of report which is often at odds with anecdotal evidence.