

Quality & Governance

Annual Report

Report covering the period from
April 2022 to March 2023

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1.	<p>Executive Summary</p>
	<p>Extra hours need to be worked by staff to fill gaps in rota. All gaps have again been filled by bank staff. No agency have been employed.</p> <p>ISSUES TO MONITOR/ SOLVE:</p> <p>The situation where more desirable activities are offered to locum workers to encourage them to volunteer should be avoided.</p> <p>We need to make sure that a doctor is not asked to cover two roles even due to short notice absence.</p> <p>Maxillofacial registrars on the long cancer cases sometimes work extra hours which can be predicted to a certain extent - HR are looking at the rota to see if this can be accommodated in a compliant rota with compensatory time off.</p> <p>Exception reports are generally poorly responded to/ closed by AESs and the allocate system is clunky to use.</p> <p>POSITIVES:</p> <p>The GOSW makes sure that all exception reports requiring payments are noted for HR to action.</p> <p>Junior Doctors felt well supported during strike action.</p> <p>Guardian fine money was used to supply new trainees with QVH fleeces (also excess water bottles and pens that were available were donated) and this was well received - to be rolled out to all trainees and a wellbeing induction pack created.</p>
2.	<p>Introduction</p>
	<p>This is an overview of the gaps, vacancies and extra hours worked by junior doctors.</p> <p>Sources are exception reports filled in by trainees, HR data and locum hours paid and qualitative feedback from the Junior Doctor Forum meeting.</p>
3.	<p>Service aim, objectives and expected outcomes</p>
	<ul style="list-style-type: none"> • Safe hours worked by junior doctors. • Full rotas to care for patients without doctor gaps. • Reduce locum spend.

4.	Activity analysis/ achievement																														
	<p>We have had no exception reports of an immediate safety concern over the last 6 months.</p> <p>Gaps</p> <p>There have been rota gaps.</p> <p>We use a significant number of Locum hours from bank doctors but have not used external agencies – see Table 1</p> <p>Table 1</p> <p>Locum hours worked per quarter for period April 2022 to March 2023</p> <table border="1"> <thead> <tr> <th>Specialty</th> <th>Apr – Jun 22</th> <th>Jul – Sep 22</th> <th>Oct – Dec 22</th> <th>Jan – Mar 23</th> </tr> </thead> <tbody> <tr> <td>Anaesthetics</td> <td>89.50</td> <td>75.00</td> <td>102.00</td> <td>112.50</td> </tr> <tr> <td>Maxillofacial</td> <td>820.00</td> <td>916.75</td> <td>665.00</td> <td>358.50</td> </tr> <tr> <td>Orthodontics</td> <td>60.50</td> <td>42.75</td> <td>20.75</td> <td>8.00</td> </tr> <tr> <td>Plastics</td> <td>1210.75</td> <td>900.75</td> <td>623.25</td> <td>974.00</td> </tr> <tr> <td>Total</td> <td>2,180.75</td> <td>1,935.25</td> <td>1,411.00</td> <td>1,453.00</td> </tr> </tbody> </table> <p>Locum shifts were offered for ‘training’ activities such as theatre with a consultant present to make the locum shift more appetising and then rostered trainees moved to cover the ‘service’ commitments at Plastics registrar level. This is detrimental to training and the trainees highlighted it as unfair.</p> <p>Hours</p> <p>Plastic Registrars covering both CT/ JCF and registrar role night duty due to short notice absence of the CT/JCF. This should not happen.</p> <p>The maxillofacial doctor registrar working in the job where there are large cancer cases stays later than rostered when these cases are on. We are discussing with HR and the rota team how best to represent this on a rota rather than having it as predictable extra hours.</p> <p>The zero days that had gone unpaid for maxillofacial doctors have now been paid - HR are looking into how far this stretches back but we were advised that it would be for 1 year before the issue was raised and corrected.</p> <p>Exception report responses</p> <p>There are many unclosed reports - this highlights an issue with the system for responding to the exception reports with regards to meeting with the trainee, engagement of the AESs and timely closing of these reports. However, where payment is due, the GOSW has acted to highlight this to HR on the shared spreadsheet and it has been actioned – see Tables 2, 3 and 4.</p>	Specialty	Apr – Jun 22	Jul – Sep 22	Oct – Dec 22	Jan – Mar 23	Anaesthetics	89.50	75.00	102.00	112.50	Maxillofacial	820.00	916.75	665.00	358.50	Orthodontics	60.50	42.75	20.75	8.00	Plastics	1210.75	900.75	623.25	974.00	Total	2,180.75	1,935.25	1,411.00	1,453.00
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Table 2

Exception Reports (ER)

Reference period of report	07/17 - 07/18	07/18 - 07/19	07/19 - 07/20	07/20 - 07/21	07/21 - 07/22	07/22 - 03/23
Total number of exception reports received	6	28	52	40	72	61
Number relating to immediate patient safety issues	0	1	0	0	0	0
Number relating to hours of working	1	4	21	31	47	38
Number relating to pattern of work	0	0	4	0	0	1
Number relating to educational opportunities	5	23	27	9	25	22
Number relating to service support available to the doctor	0	1	0	0	0	0

Table 3

Trainee gaps within the Trust (Average Quarter Totals) for 12 months period start April 22 to end March 2023

Specialty	Grade	Apr22- Jun22	Jul22- Sep22	Oct22- Dec22	Jan23- Mar23	Total gaps (average)	Number of shifts uncovered
Anaesthetics	ST3+	0.00	0.70	0.00	0.33	0.33	0.00
Maxillofacial Core	CT1-2	1.00	1.00	0.00	0.00	0.00	0.00
Maxillofacial higher	ST3+	1.00	1.00	0.33	0.66	0.50	0.00
Plastic surgery core	CT1-2	1.00	0.00	1.33	0.33	0.83	0.00
Plastic surgery higher	ST3+	1.00	0.70	1.00	0.33	0.67	0.00
Orthodontics	ST3+	0.00	0.00	0.00	0.00	0.00	0.00
Total		4.00	3.40	2.66	1.65	2.93	0.00

Table 4

Number and value of fines per quarter for period April 2022 to March 2023

Department	Apr-Jun 22		Jul-Sep 22		Oct-Dec 22		Jan-Mar 23		£
	No	£	No	£	No	£	No	£	
Anaesthetics	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Maxillofacial	0	0.00	0	0.00	0	0.00	1	519.53	519.53
Plastic surgery	1	577.04	2	499.83	1	613.99	0	0.00	1,690.86
Orthodontics	0	0.00	0	0.00	0	0.00	0	0.00	0.00
Total	1	577.04	2	499.83	1	613.99	1	519.53	2,210.39

Fine money has been spent on:

Nespresso order 22/06/2022 - £280

Hot Chocolate 22/06/2022 - £12.83

Wellbeing evening 28/09/22 - £33.20

Fleeces for new starters April 2023 - £144.00

5. Involvement & Engagement

The BMA and HR and Junior Doctors attend the Junior Doctor Forum and discuss rotas and hours issues.

The DME (Director of Education), Surgical Tutors, Deanery representatives, Clinical Directors and Managers are all involved with rotas and educational opportunities as well as hours.

Tony Chambers, Interim Chief Executive, attended the most recent Junior Doctor Forum.

6. Learning from Experience

We have a new GOSW and learning points are being picked up but experience is not there yet in the personnel. Previous issues of payment of maxillofacial registrars for zero days has been sorted out and the teething problems with annual leave hours and allocate have been addressed and resolved. We have a new HR manager Ajit Kumar to work with and experience with allocate and health roster that he carries to the trust will be valuable.

The Junior doctors felt well supported by the trust during strike action.

7.	Recommendations
	<ol style="list-style-type: none"> 1) Active recruitment to prevent rota gaps. 2) Locum shifts to be offered for the service commitments and not to displace trainees from training. 3) HR Rota review of the Maxillofacial registrar late cancer cases to accommodate them in usual paid hours. 4) We currently use Allocate as the current system for exception reports - it highlights issues and the GOSW issues payments with HR but it is clunky and difficult to close the reports - most are left open and only eventually closed manually by when the trainees have left the trust. It would be good to improve the ease of this system and increase AES and department engagement in responding to the reports with change.
8.	Future plans and targets
	<p>Discussion with HR/ IT/ Allocate about rotas and the exception reporting system.</p> <p>LFG and LAB and JDF discussions and actions to address the above issues.</p> <p>At these forums: 1) Encourage juniors to exception report if needed - gather more data and 2) Encourage AESs to engage with the reporting system.</p>
9.	Conclusions and assurance
	<p>No safety issues were raised.</p> <p>There were gaps and vacancies filled by locum shifts.</p> <p>Extra hours worked are paid by HR.</p> <p>Educational losses due to gaps need to be monitored and addressed.</p>
10.	Appendices
	N/A
11.	Report approval and governance
	Report to be shared with DME for LAB meeting and JLNC chair for JLNC.