Royal Papworth Hospital
NHS Foundation Trust

Agenda Item 4.ii

Report to:	Board of Directors	Date: 9 June 2022
Report from:	Dr Martin Goddard, Guardian of Safe Working on behalf of the Medical Director	
Principal Objective/ Strategy and Title	Organisational Culture Guardian of Safe Working Report April 2022	
Board Assurance Framework Entries	Unable to provide safe, high quality care	
Regulatory Requirement	2016 Medical Terms and Conditions of Service for Doctors and Dentists in Training (Version 9 April 2021)	
Equality Considerations	None believed to apply	
Key Risks	Failure to maintain or develop the Trust's Safety Culture	
For:	Information	

Exception reporting.

There have been fewer exception reports in the last year. This has been for a number of reasons.

1. The graduate doctors in training (GDiT) reported difficulties logging into the system and using the reporting function. This has been addressed by ensuring all junior doctors are set up before they commence employment and a written guide to using the system has been prepared and is included in their induction.
2. The changes of working patterns necessitated by the COVID emergency was exceptionally well supported by the GDiT who rose to the challenge and felt well supported by senior staff.
3. The major issue during the later stages of COVID was sickness of staff reducing numbers available to work shifts and the need for short notice cover with on several occasions the need for Consultants to participate in the Specialty Registrar on call rotas particularly in Respiratory Medicine.
4. The return to Business as Usual has seen a change in the patient workload particularly in Cardiology putting increased strain on some working patterns.

Exception Reports (ER) over past quarter	
Reference period of report	01/04/21 - 31/03/22
Total number of exception reports received	54
Number relating to immediate patient safety issues	1
Number relating to hours of working	46
Number relating to pattern of work	3
Number relating to educational opportunities	4
Number relating to service support available to the doctor	1

***Note**: Within the system, an exception relating to hours of work, pattern of work, educational opportunities and service support has the option of specifying if it is an Immediate Safety Concern (ISC). ISC is not an exception type by itself.*

Cardiology

1.
2. There has been an increase in the proportion of emergency workload within Cardiology which has pushed more work into out of hours and weekends with a traditional staffing model based around the normal working week.
3. This resulted in long working days and hours breaching in order to keep up with the workload and the more junior staff members feeling there was not always adequate support at weekends. Furthermore the additional workload prevented them from accessing other training opportunities. There was general dissatisfaction with the job and poor scores in the GMC surveys.
4. Discussions were held with several of the GDiT to understand the problems and how they felt it could be improved.

Case study

1. There is a daily SpR led ward round which can take several hours to complete and the SpR may get called away to undertake other duties.
2. There are continual problems with accessing the Lorenzo system such that ward round notes are either hand written and then entered later or typed into a Word document and cut and pasted into the record at the end of the round. Similarly test requests may have to be entered after the ward round.
3. There is a consultant of the day round which appears variable in its timing and frequency between consultants and sometimes the GDiT's are unaware it is happening until they get a list of jobs to do.
4. There is a need to clerk the NSTEMI admissions to ensure they are ready for the cath lab. Most elective admissions are seen by Specialty cardiology nurses. There is little feedback on this aspect of their work.
5. There are continual calls from day ward which is usually on an individual patient basis rather than stacking tasks to be dealt with. This results in a lot of time going backwards and forwards. Calls can be for something as simple as an aspirin prescription and I am told that on occasions delays have meant patients being admitted for overnight stays.
6. The problems are exacerbated at weekends where the increasing emergency caseload.

Actions

1. The IT issues have been raised with the IT lead. Through the Junior Doctors forum there is now representation of GDiT in the user group meetings so that their specific concerns can be aired.
2. The problem of workload has been discussed with the Clinical Director in cardiology and it was agreed that additional staffing was required at this level with an increase from 7 to 9.
3. The SpR rota has been changed to provide more middle grade weekend working to ensure there is adequate cover with the need to make adjustments to some contracts.
4. Informal feedback from the current house shows a higher degree of job satisfaction and improved ability to access training opportunities.

Foundation years

1. There have been changes to the requirements for Foundation doctors such that they are entitled to have two hours per week for the trainee portfolio development.
2. This was due to commence from August 2021 but was implemented by the December intake and led by Dr Debra Thomas. Each clinical area has a slightly different strategy for the implementation of this requirement to best suit the working arrangements in their area.
3. The net effect is a small reduction in their availability for work overall which has had to be absorbed within the system.
4. This is currently being informally monitored through the Junior Doctors Forum.

COVID Challenges

1. The high infectivity rate of the Omicron variant resulted in unprecedented levels of sick leave across the Trust.
2. This resulted in short notice gaps in the on-call rota which were largely covered but at times consultants had to take on those roles.
3. The knock-on impact was to further reduce available staff the following day at times when the emergency caseload was increasing.
4. In Cardiology a shadow rota was implemented such that a second doctor was always designated to provide cover should it be required and this worked well
5. In Respiratory Medicine, a similar solution was considered but would require withdrawal from the Hospital at Night programme which would have had a significant impact across the Trust and was not approved.
6. They have reverted to short notice request to cover as before and as infection rates have declined this has worked well.
7. The maintenance of the on call cover is an important part of Patient Safety and the lesson learnt is to be more proactive about this should a similar situation arise again.

Junior Doctors' Mess

1. The saga of the Junior Doctor's mess has continued throughout the year and has come back to the original plan of splitting a room on level 3 to provide a dedicated facility.
2. This has been reluctantly accepted by the JDF as the only option available.
3. The allocated funds have been rolled forward in the Trust's finances until end March 2022 after which time they would be lost.
4. The funds have been allocated for the building work, some of the capital equipment to go into the mess. Plans for the residual funds include allocation to educational courses and individual amounts to GDiTs in the form of vouchers.

Junior Doctors' Forum

1. There has been good engagement with the Forum despite all meetings being virtual
2. There has been strong leadership and professional support from the BMA.
3. The meetings have matured such that the discussions are about the overall needs of the GDiT rather than a forum for individuals to air their grievances although some of this does still occur.
4. This has made it easier for the GDiT to raise concerns directly with me.

Martin Goddard
Guardian