Royal Papworth Hospital
NHS Foundation Trust

Report to:	**Board of Directors**	**Date: 7th November 2024**
Report from:	**Dr Stephen Preston, Guardian of Safe Working**	
Principal Objective/ Strategy and Title	**Organisational Culture** **Guardian of Safe Working Report July-September 2024**	
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**	
Equality Considerations	**None believed to apply**	
Key Risks	**Failure to maintain or develop the Trust's Safety Culture**	
For:	**Information**	

1. Executive summary

- New Guardian of Safe Working appointed February 2024
- Junior Doctors now called Resident Doctors
- Relatively few new exception reports in last quarter, most related to hours of work
- The way exception reports are resolved is changing, becoming an administrative event not involving educational supervisors
- Locum shifts covered internally and by bank staff without recourse to external locums
- During the period, there was a problem with the critical care resident rotas due to a shortage of doctors. A satisfactory resolution was reached.
- There is a task and finish group planning improvements to the doctors' mess facilities
-

2. Introduction

This is my first board report since my appointment at the end of February 2024. This report was delayed from the Board meeting in September.

The BMA Junior Doctor Committee has decided to change the collective term for doctors not in career (consultant or SAS grades) from junior to resident doctors, recognising that many doctors in training grades are not junior, and aligning with internationally recognized nomenclatures. "Resident" encompasses foundation doctors, specialty registrars, clinical fellows, etc.

Few exception reports have been submitted in the last quarter, but getting them resolved on the Allocate system is still problematic. I am not hearing reports that they are not being resolved so these seems to be an administrative issue rather than inaction. The recent deal between resident doctors and the government includes a planned change to how exception reports are resolved, moving from resolution by educational supervisors to an administrative resolution through medical staffing with options of pay or TOIL. The details of how this will be implemented are in negotiation, but may result in additional work for medical staffing and possibly extra cost if residents favour pay for additional hours over TOIL. There remain 206 unresolved exception reports, most a legacy from previous periods. I need to look at how these can be resolved or closed.

3. High level data

Number of doctors / dentists in training (total)*:	228
Number of doctors / dentists in training on 2016 TCS (total):	85
Amount of time available in job plan for guardian to do the role:	0.5 PAs
Admin support provided to the guardian (if any):	None
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

*Includes 143 locally employed doctors on resident rotas.
There are also a further 22 resident doctors on the staff bank.

4. Exception reporting

The Exception Report (ER) table below includes data from the last quarter (July-September 2024) for recent activity, and data from July 2023 to the end of June 2024 as this has not been included in a Board report previously.
Locally-employed doctors (LEDs) are not currently given logins for the exception reporting system.

Reference period of report	**01/07/24 - 30/09/24**	***01/07/23 - 30/06/24***
Total number of exception reports received	**11**	***74***
Number relating to immediate patient safety issues	0	*10*
Number relating to hours of working	9	*66*
Number relating to pattern of work	0	*1*
Number relating to educational opportunities	1	*4*
Number relating to service support available to the doctor	1	*3*
ER Outcomes: resolutions		
Total number of exceptions where TOIL was granted	0	*12*
Total number of overtime payments	0	*5*
Total number of work schedule reviews	0	*0*
Total number of reports resulting in no action	0	*0*
Total number of organisation changes	0	*0*
Compensation	0	*0*
Unresolved	206	*195*
Total number of resolutions	**0**	***17***
Total resolved exceptions	**0**	***17***

The full data table from the last quarter by specialty and grade is at the end of the report.

5. Fines

I have not identified any exceptions that should result in a fine being levied. The mechanism for levying a fine and where the fine goes is also not clear.

6. Locum bookings 1st July 2023 – 30th September 2024

7. Locum bookings (internal) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Anaesthetics and Critical Care		177		2166
Cardiology		289		2236
Cardiothoracic surgery		255		2487
Transplant		138		2509
Radiology		14		58.5
Respiratory medicine		133		955
Total		***1006***		***10411.5***

Locum bookings (internal) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
FY1-CT1-2		509		4051
ST3-8		497		6361
Total		***1006***		***10412***

No external locums were used.

8. Engagement

The Guardian of Safe Working attends induction unless on leave, and also attends the monthly resident doctor forum (RDF) meetings as a priority and whenever possible. Attendance at RDF meetings is variable but generally attracts a spectrum of residents from across the hospital, with the head of medical staffing, director of medical education and BMA Industrial Relations Officer also attending on most occasions. The Chief Executive has also been attending recently with reference to improving engagement with resident doctors and refurbishing doctors' mess facilities.

9. Issues arising and actions taken

A particular issue arose with the critical care resident rotas because of too few doctors to staff the rota. This shortage was multifactorial, including the split between anaesthetic and critical care as specialties, some doctors not being able to take up roles (including one not permitted to come to the UK due to the race riots), and inability to recruit enough doctors despite a rolling advertisement.

The rewritten rota involved an intensity of work that is permitted within the contract but that requires some steps and checks before introducing such a heavy rota. These were not additionally worked through risking a breach of contract with the doctors on the rotas. There were also concerns that the rewritten rota did not allow sufficient time to undertake mandatory educational activities such as outpatient clinics.

This oversight was identified and the steps were taken retrospectively, and included the resident doctors who worked with senior medical staff in critical care, and the director of medical education and foundation programme directors, along with the GOSW who worked to achieve a resolution that met the educational needs of the resident doctors.

From December, the staffing crisis is expected to ease, and a less onerous rota should be possible from that point. There remains uncertainty about medical cover for the new Enhanced Recovery Unit.

10. Junior Doctor's Mess

There is now a task and finish group to improve the doctors' mess facilities in line with the fatigue and facilities charter, to bring the mess up to an acceptable standard. This includes a project manager and representatives from the estates team and resident doctors. This meets fortnightly.

11. Equity of access to training and development opportunities

There remains a difference in experience and contractual entitlements between deanery residents and LED colleagues. The Director of Medical Education has done some work on addressing the time and funding for study leave, but it is unlikely that the Trust will match the experience of LEDs with deanery trainees.

12. Recommendation

The Board of Directors is requested to note the content of this report.

13. Appendix

Full data table by specialty and grade for the last quarter – July to September 2024. Specialty/grade with no exception reports removed to make reading easier.

ER relating to:	Specialty	Grade	No. ERs raised	No. ERs closed
No. relating to hours/pattern	Anaesthetics	FY2	3	0
	Cardiology	CT1	1	0
	Cardiology	FY2	2	0
	Respiratory Medicine	FY1	2	0
	Respiratory Medicine	FY2	1	0
Total			**9**	**0**
No. relating to educational opportunities	Anaesthetics	FY2	1	0
Total			**1**	**0**
	Cardiology	FY2	1	0
Total			**1**	**0**