

Report to:	Board of Directors	Date: 6th February 2025
Report from:	Dr Stephen Preston, Guardian of Safe Working Hours	
Principal Objective/ Strategy and Title	Organisational Culture Guardian of Safe Working Hours Report October-December 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

- The number of exception reports has increased since the last quarter but remains at a low level.
- By far the commonest reason to exception report is hours of working.
- The main reason for so many outstanding exception reports appears to be that they have not been addressed, and not just that the resolution has been documented.
- Work continues on providing appropriate resolution to overdue exception reports.
- The Residents' Mess refurbishment programme is making progress.

2. Introduction

This is my second report as Guardian of Safe Working Hours. Having covered the previous period during which there were no Guardian reports, the data in this report return to a three-month reporting period.

As a correction to my last report, apparently locally employed doctors *do* get logins for the exception reporting system, although the provisions in the 2016 Resident Doctor contract are not included in their contracts of employment.

The question about unresolved exception reports at the last Board meeting prompted me to investigate further, and I found that many of the exception reports had not resulted in any action. This is detailed in section 9 below.

On 8th October 2024 I attended the NHS Employers National Conference for Guardians of Safe Working Hours which was held online. Topics covered included neurodiversity and neurodivergence, the long-term workforce plan, the role of the Guardian in improving working lives, GMC Good Medical Practice as a tool to promote antidiscrimination, good roster design including self-rostering and tie-ins with chief resident programmes, and Locally Employed Doctors and the Guardian.

3. High level data

Number of doctors / dentists in training (total)*:	165
Number of doctors / dentists in training on 2016 TCS (total):	88
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 77 locally employed doctors on resident rotas.
There are also a further 86 resident doctors on the staff bank.

4. Exception reporting

The Exception Report (ER) table below includes data from the last quarter (October-December 2024) for recent activity, and data from July-September 2024 as a comparison.

Reference period of report	01/07/24 - 30/09/24	1/10/24- 31/12/24
Total number of exception reports received	11	25
Number relating to immediate patient safety issues	0	0
Number relating to hours of working	9	22
Number relating to pattern of work	0	2
Number relating to educational opportunities	1	0
Number relating to service support available to the doctor	1	1
ER Outcomes: resolutions		
Total number of exceptions where TOIL was granted	0	19
Total number of overtime payments	0	7
Total number of work schedule reviews	0	0
Total number of reports resulting in no action	0	7
Total number of organisation changes	0	0
Compensation	0	0
Unresolved	206	173
Total number of resolutions	0	33
Total resolved exceptions	0	33

TOIL = Time Off in Lieu

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 October – 31st December 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		74		877.5
Cardiology		67		650.75
Cardiothoracic surgery		61		671.5
Transplant		47		891
Radiology		0		0
Respiratory medicine		12		130
Total		261		3220.75

Locum bookings (internal) by grade				
Grade	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
FY1-CT1-2		85		931.25
ST3-8		176		2289.5
Total		261		3220.75

No external locums were used.

8. Engagement

During this period, I attended all three resident doctor forum meetings, and three resident doctor inductions. I now stress the need to work with educational supervisors to ensure that exception reports are addressed and resolved during their time at Royal Papworth Hospital. I also join regional GOSW meetings.

9. Issues arising and actions taken

At the last Board meeting, a question was raised about the number of outstanding exception reports, at that time 206 going back over more than five years. I have been contacting educational supervisors and residents with outstanding exception reports within the last 5 years. This has prompted resolution of some, and confirmation that time off in lieu was taken but not recorded from others, but for the majority of respondents the reports have been submitted and no action has been taken. For many more, there has been no response. I did close reports over 5 years old which were few, on the basis that we would be unlikely to establish whether they were addressed at the time and unlikely to be able to resolve them by payment.

Where an exception report has not been actioned and the doctor has left the organisation, we have been able to pay some of them the hours owed. I am grateful for Leigh Thompson in medical staffing who is working with me on this project.

Where there has not been any response from the resident, I plan to close reports over 1 year old in the coming days so that, as far as possible, we have time to concentrate on current issues, rather than continuing to chase old reports. I have also been more active in encouraging residents to remind educational supervisors of the need to address exception reports.

As noted in my last report, when the negotiations on implementing the updated 2016 TCS conclude, the expectation is that resolution of exception reports will become an administrative function through medical staffing which I expect to be more effective than educational supervisors. However, progress appears to have stalled on this objective.

Other hospitals in the region have a policy of automatically paying for exception reports for 2 hours or less. As we await further national changes, I propose that we should consider doing the same as this will allow the vast majority to be addressed and closed with minimal hassle.

10. Resident Doctors' Mess

Progress continues to be made on the development of the Resident Doctors' mess. My understanding is that a detailed plan has been produced and ready for approval to allow investment in the project, and for work to start. Resident doctors have been closely involved with the design, so I am hopeful that it will meet their needs and provide a boost to this staff group.

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 addressing the time and funding for study leave, with an improvement in funding. The study leave time permitted for Deanery residents is 30 days per year.

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 – October to December 2024.

Specialty/grade with no exception reports made or resolved removed to make reading easier.

ER relating to:	Specialty	Grade	No. ERs raised	No. ERs closed
Immediate patient safety issues	Cardiology	FY2	0	1
Total			0	1
No. relating to hours/pattern	Anaesthetics	FY2	3	4
	Cardiology	CT2	0	1
	Cardiology	FY2	2	6
	Cardiology	Specialty registrar 7	3	0
	Cardiology	ST1	1	0
	Cardiology	ST6	4	0
	Cardio-thoracic surgery	FY2	7	7
	Other	FY2	0	1
	Respiratory Medicine	FY1	0	5
	Respiratory Medicine	FY2	3	4
	Respiratory Medicine	FY2	0	1
	Surgical specialties	FY2	1	0
Total			24	29
No. relating to educational opportunities	Cardiology	FY2	0	2
Total			0	2
No. relating to service support available	Anaesthetics	FY2	1	0
	Cardiology	FY1	0	1
	Cardiology	FY2	0	1
Total			1	2