Supporting our staff

Resourcing: We will invest to ensure that we are well staffed to deliver safe and high quality care

Healthcare is provided by people and all our services rely on having enough staff with the right skills and experience to deliver the wide range of ambitions in this strategy: cleaners, porters, scientists, engineers, nurses, allied health professionals, doctors, administrators and countless others.

CUH employs almost twelve thousand people, but where teams are short of staff patients can come to harm and colleagues are put at risk. In the national staff survey only 24% of our staff said there were enough staff to work safely.

Having made significant progress prior to Covid to reduce our vacancy rates to below 4%, the pressures of the pandemic led some staff to leave and disrupted our recruitment and training pipeline. We also now need to expand our staff further to deliver the additional capacity required to reduce waits for planned and emergency care.

We are constantly developing new ways to recruit and retain staff, such as being among the first NHS organisations to welcome degree nursing apprentices as part of the 800 apprentices we have welcomed since 2017 following introduction of the Apprenticeship Levy. We also work closely with schools and the voluntary sector to promote NHS careers and training to a wide range of people in our local population.

We also need to retain more staff, which is increasingly difficult in a competitive labour market given the cost of living in Cambridge and high inflation, but without being able to offer the high cost area supplement that is available in London.

By 2025 we want to:

- Increase our staffing to address the backlog in care and provide safe, high quality care to all patients
- Recruit staff from a wide range of backgrounds, including from communities who are under-represented in the NHS, and valuing our international recruits
- Increase retention of current staff
- Lead nationally innovative work on recruitment such as through Health Education England's (HEE's) refugee nurse programme
- Maximise efficiency of spending on staff by minimising premium pay and optimising deployment of staff
- Improve staff survey results on adequate staffing levels

We will achieve this by:

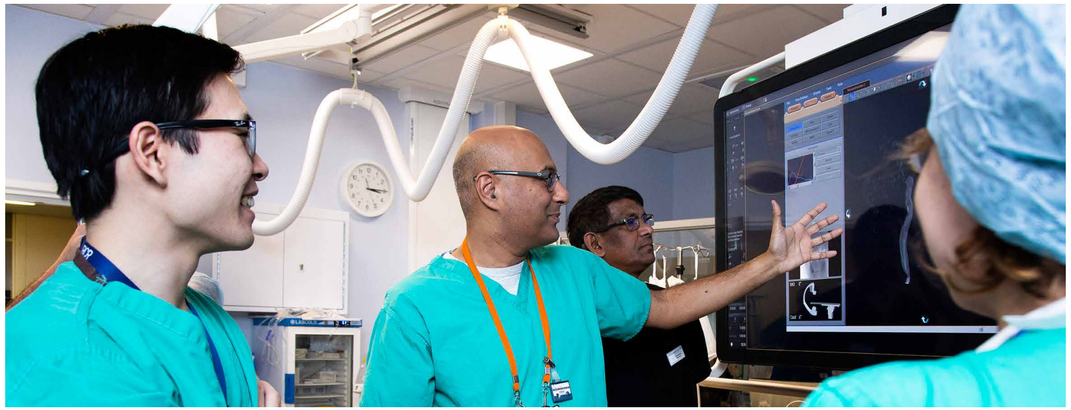
- Maximising undergraduate and postgraduate training places
- Working with education and training providers to deliver innovative routes into training at CUH
- Continuing a strong pipeline of international nurses
- Expanding the number, and broadening the range, of apprenticeships offered at CUH
- Working with schools, local government and the voluntary sector to promote career opportunities in the NHS
- Working with ICS, regional and national partners to shape policy and co-design programmes that meet the needs of our current and future staff pipeline
- Providing practical support with the cost of living in Cambridge, such as with transport, accommodation and food
- Delivering the other elements of our workforce strategy to help retain existing staff

Ambition: We will invest in education, learning, development and new ways of working

People are capable of amazing things at work. The pandemic demonstrated the professionalism and dedication of health and care staff across the country and we are committed to equipping all of our staff with the skills to continuously improve our services.

Teaching and education is central to CUH's purpose. By training new staff, and supporting existing staff to broaden and deepen their skills, we build the next generations of clinical and non-clinical leaders who will care for our patients in the future. Many of our staff are attracted to CUH by the educational and research opportunities that we provide.

CUH provides vocational, undergraduate and postgraduate training opportunities that offer the foundations for a fulfilling career in the NHS. The pandemic hugely disrupted educational activities as staff were redeployed to frontline care, but also stimulated some new ways of learning, particularly through greater use of virtual opportunities.



We want all our staff to be engaged, enthusiastic and enjoying their careers with us and to feel supported to achieve their goals whilst staying within the CUH family.

We offer Continuous Professional Development to all staff, and support from line managers, so that people are constantly building their capability to do more, and are able to respond to the changing needs of the organisation over time. In the staff survey, 74% of staff said that the organisation offers challenging work and 82% of staff have received an appraisal, which helps to retain skilled staff.

We recognise and promote talent of all staff groups and across all protected characteristics, and are committed to ensure equitable access to these opportunities for everyone.

By 2025 we want to:

- Train a skilled workforce to meet the needs of the health and care system now and in the future
- Support all staff to develop their careers, broadening and deepening their capability through education and training
- Grow capable and experienced leaders and line managers at all levels across all staff disciplines
- Maintain strong relationships with educational institutions, local government, schools and government bodies and widen access to education, training and development as part of our corporate social responsibility
- Embed a culture of sustainable continuous improvement

We will achieve this by:

- Continuing our programme of vocational, undergraduate and postgraduate training and education programmes
- Maximising CUH's contribution to the apprenticeship levy funding to take full advantage of a range of training and career progression routes
- Establishing modern, fit-for-purpose educational facilities at the hospital
- Providing high quality Continuous Professional Development and learning for all our staff, including in-service improvement
- Providing an annual appraisal, including a career conversation, to all staff
- Running leadership programmes within targeted cohorts of staff and on general inter-disciplinary courses
- Providing opportunities to gain experience working abroad through Cambridge Global Health Partners

Good work: We will strive to ensure that working at CUH will positively impact our health, safety and well-being

The safety and well-being of our staff is equally important as that of our patients.

The Covid pandemic brought unprecedented challenges to keeping staff safe at work, with Personal Protective Equipment (PPE), testing, contact tracing and isolation and vaccination becoming part of daily life. Our Occupational Health service handled more than 200,000 episodes of care during the pandemic; and our Estates teams have maintained a Covid secure environment for staff and patients.

Alongside physical safety we placed equal emphasis on helping staff to be psychologically well and emotionally supported through this period of intense uncertainty and demands. We provided practical support with food, travel and accommodation to make life a little easier, and access to a range of psychological well-being services to support staff impacted.

The next three years bring new challenges on top of these, with clinical services, education and research all catching up after two years of disruption. High inflation is reducing the real incomes of staff, and when coupled with the high cost of living in Cambridge some are facing financial hardship as a result. We remain dedicated to doing everything possible to help staff to thrive so that we can continue to provide the best possible care for patients.

We also acknowledge, and express continued gratitude for, the ongoing support provided by our partners at Addenbrooke's Charitable Trust (ACT) and their donors.

By 2025 we want to:

- Maintain a safe environment for patients, staff and visitors
- Improve the health and well-being of staff, particularly through focusing on prevention
- Reduce the number and severity of staff safety incidents, and manage these transparently and effectively
- Reduce staff attrition rates including reducing staff turnover resulting from ill-health or stress

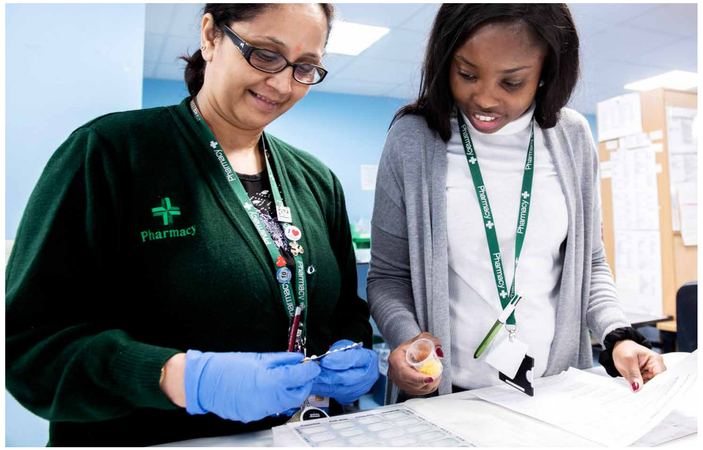
We will achieve this by:

- Keeping the hospital as safe as possible for staff, patients and visitors by monitoring and responding to levels of community Covid transmission
- Supporting line managers to promote the health and wellbeing of their teams
- Providing influenza, Covid and other vaccinations to staff in line with national guidance
- Delivering an outstanding Occupational Health service
- Providing regular forums for staff to provide feedback to shape our policy and practice
- Providing adequate rest and break areas for all staff
- Providing appropriate practical support to staff including with transport, accommodation, food, on-site childcare and leisure facilities

Inclusion: We will seek to drive out inequality, recognising that we are stronger when we value difference and inclusion

Our staff serve patients and each other because they care deeply about others, and everyone brings the diversity of their perspectives, experience, history, culture and identity to work every day. This diversity makes us collectively more resilient and enriches our common life together as the CUH family.

CUH welcomes staff from more than a hundred countries, of all races, ethnicities, religions, sexualities and gender identities, health and disability statuses. Everyone is welcome and equally deserving of respect, opportunities and support.



Sometimes staff or patients may make other people feel unwelcome, marginalised or ashamed of their identity. We want staff to feel able to bring their whole selves to work and take pride in their work as an expression of their identity. When people are safe and welcome they are happier, and better able to excel in their work and to support their colleagues.

Some staff groups have faced particular barriers across the NHS including at CUH. Ten per cent of staff report experiencing discrimination from their manager or colleagues but this is higher for staff from ethnic minority groups. Ethnic minority and disabled staff are also under-represented at senior levels at CUH.

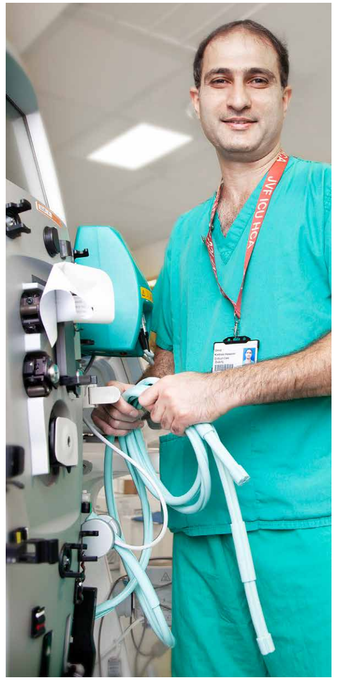
We are committed to driving out these inequalities so that all of our staff can thrive and our organisation grow stronger as a result, and we are working with national programmes such as the Workforce Race and Disability Equality Standards (WRES / WDES) to improve our performance in improving equality, diversity and inclusion. This will also make us better able to serve the diversity of our patients.

By 2025 we want to:

- Achieve a culture of inclusivity and respect for difference, with a safe and supportive environment where everyone can thrive
- Improve WRES and WDES performance making a tangible difference for our staff
- Improve staff survey performance on discrimination and respecting individual differences
- Ensure all workforce processes are equitable, including recruitment, promotion, professional development and disciplinary procedures

We will achieve this by:

- Increasing use of diversity and inclusion panellists in recruitment
- Using equality impact assessments to assess the impact of changes to policy and practice on inclusion
- Actively promoting staff networks as partners in these goals, and offering peer support to colleagues
- Promoting cultural intelligence and anti-racism to our line managers and leaders
- Training line managers in sensitivity to individual differences and treating people as individuals with specific needs
- Actively playing our role in delivering local, regional and national inclusion strategies such as the East of England anti-racism strategy



Relationships: We will foster compassionate and enabling working relationships

Healthcare is a human industry where skilled people work together to meet the needs of people experiencing ill-health.

Positive working relationships within the hospital enable the collaboration and sensitivity required to deliver high quality care, and provide the platform for innovative work with partners. We are glad that more than 70% of our people in our latest survey felt that they were treated with kindness and respect by colleagues. This culture emerges from living our values every day, and we place significant emphasis on creating and maintaining an environment that broadens and deepens the support that we provide to one another.

CUH is also proud to work with a diverse range of partners in health and care services, academia and industry. These partnerships provide huge opportunity for teams at CUH to deliver better care, learning and research by working with others. We value our relationships with these partners deeply and commit to nurturing them over the coming years.

Relationships have never been more important than during Covid, as our staff and partners faced unprecedented disruption to their normal work and prolonged periods of working under extreme uncertainty and intense pressure. Colleagues have consistently reinforced that a sense of team – within and between organisations – and maintaining supportive relationships with each other, was crucial for maintaining their motivation in difficult circumstances.

Last autumn we presented the Covid Star to all our staff in recognition of the outstanding contributions made during this period. We received positive feedback from colleagues about their pride to be part of CUH's response to the pandemic.

By 2025 we want to:

- Deepen positive workplace culture and relationships between colleagues within CUH and with partner organisations
- Ensure that all staff recognise how much their work is valued by our patients and respected by their colleagues
- Demonstrate a culture of compassionate leadership, listening and empathy
- Create a just culture where staff feel supported to learn when things do not go as expected, rather than feeling blamed

We will achieve this by:

- Demonstrating compassionate leadership through Trust-wide events and communications
- Recognising and rewarding staff for outstanding achievements, such as through our monthly You Made A Difference and new CUH Annual Awards
- Championing staff networks that deepen connections between staff with similar experiences
- Continuing to provide all staff with access to the Freedom to Speak Up service as an important channel for raising concerns
- Conducting After Action Reviews (AARs) to learn and improve based on the practical experiences of staff
- Ensuring that Employee Relations processes are in line with the principles of a just culture
- Developing line manager training to promote compassionate relationships
- Delivering all our commitments in a way that deepens the mutual respect of partners
- Contributing to ICS-wide leadership and organisational development initiatives

Building for the future

Specialised services: We will work with hospitals across the East of England to provide high quality specialised care for more patients closer to home

Some of our sickest patients require quick and easy access to scarce clinical expertise and equipment. CUH works with other trusts to provide specialised services to more than six million patients across the East of England: delivering integrated clinical pathways with fifteen other hospitals, running regional services and managing regional specialist clinical networks.

Basing specialist services in a smaller number of hospitals nationally can improve safety, quality, and efficiency. However, in a rural geography like the East of England this can also make access to these services very unequal: primary care services based further away from specialist centres can lack the easy connectivity to specialists that can streamline referral pathways, and the time and cost of travelling further is a barrier to some patients. The East of England has the fewest hospital beds and lowest number of clinical staff per patient of any region in the NHS. Consequently many patients go to London or elsewhere for specialist treatment that could be provided within the region.

Specialised commissioning is changing over the coming years to enable closer partnerships between providers. Other sectors of the NHS, particularly mental health, have seized this opportunity to repatriate services provided outside of their region and enable patients to access services closer to home.

By 2025 we want to:

- Improve access to specialised services for patients within the East of England, particularly where patients have long waits or distances to travel
- Reduce the disparity in access between patients within the region, ensuring that pathways of care proactively identify all patients who could benefit and address barriers to access for those who find it difficult
- Improve outcomes for patients through specialised services, particularly where we compare poorly to other regions
- Support trusts across the region to build capacity in specialised services by repatriating some of the £500m that it costs to provide care to patients from the East of England in London hospitals. This will also support other major challenges such as recruitment and financial balance, and opportunities such as spreading research and innovation
- Deepen trust and relationships by working with other trusts in the region, and with commissioners, to align with broader strategies to improve care

We will achieve this by:

- Forming the East of England Specialised Provider Collaborative as a partnership of seven trusts, with governance appropriate for the responsibilities that the Collaborative is undertaking
- Engaging closely with specialised commissioners and Integrated Care Boards (ICBs) within the region to align with their priorities for improving services for patients, particularly in cardio-respiratory, cancer, neurology and neurosurgery, paediatrics, burns and plastics, including delegated commissioning responsibility as appropriate
- Implementing practical changes to improve care pathways and increasing capacity for specialised services across the region
- Embedding regional collaboration on specialised services through our planning for new hospitals builds, support for developing the Cambridge Biomedical Campus and ongoing research and innovation activities

Research and life sciences:
We will conduct world-leading research that improves care and drives economic growth

Cambridge is an unparalleled ecosystem of world-class research institutes, laboratories, industry and investors working alongside clinical teams to innovate and improve healthcare. The University of Cambridge has scored top position in the country for clinical medicine in the latest results from the Research Excellence Framework (REF); and our county is home to 470 life sciences companies, employing more than 20,000 people and annually growing turnover by more than 10%.

CUH and the University of Cambridge host a NIHR Biomedical Research Centre (BRC), supporting, delivering and providing leadership in translational research within the NHS locally and nationally. CUH embeds innovative practice and research across our clinical pathways to ensure that our patients have quick access to the latest developments in treatment and care. We are also working to extend research and innovation outside the hospital into primary care, where remote diagnostics also offer extraordinary potential to increase early detection of disease.

Pioneering research, and subsequent translation into direct care for patients, wouldn't be possible without support from across the hospital laboratory space, clinical trial infrastructure, data, skilled teams and study participants. Together they give CUH the resources, skills and capacity to develop new world-class treatments in bioscience and health technology. They also provide the foundations for commercial partnerships that drive economic growth and draw investments into healthcare.

By 2025 we want to:

- Increase the number and breadth of research studies conducted, particularly in areas of high disease burden and clinical need
- Increase the number and diversity of research participants
- Increase the number and diversity of researchers, building on our world leading centre for Nursing, Midwifery and Allied Health Professions (NMAHP) research
- Increase the scale and pace of research positively impacting clinical practice inside and outside the hospital
- Increase the economic value of the life sciences sector and extend the reach further within the East of England

We will achieve this by:

- Fully embedding research and industry partnerships within the new Cambridge Children's and Cancer Research hospitals, particularly through genomics
- Further extending research outside the hospital through CUH's clinical pathways, particularly using early diagnosis to improve outcomes and reduce health inequalities
- Growing the impact of the Cambridge Biomedical Campus (CBC) and working with CBC Ltd to deliver the 2050 Vision
- Fostering innovative commercial partnerships through our 'Open For Business' framework and Investment Fund
- Developing links between research, education and training to attract and retain talent
- Increasing our capacity to deliver digital innovation and research allied to health and data in the fields of Artificial Intelligence (AI), big data, diagnostics and health inequalities

New hospitals and the estate: We will maintain a safe estate and invest in new facilities to improve care for patients locally, regionally, and nationally

CUH has enormous clinical and research capability, but our ability to capitalise on this for the benefit of local, regional and national patients is severely limited by our ageing estate which is not fit for modern healthcare delivery. The East of England is the only region without a dedicated Cancer or Children's hospital, meaning we are unable to provide the care patients need in specialist facilities.

To tackle these issues CUH has worked with NHS, academic and industry partners to design a 'hospital of the future', called 'Addenbrooke's 3', underpinned by world-leading research, which starts with our Cambridge Cancer Research Hospital (CCRH) and Cambridge Children's Hospital (CCH) projects.

Alongside our ambitious development plans we are equally committed to maintaining safe, efficient and effective facilities across our current estate.

By 2025 we want to:

- Maximise the use of our Regional Surge Centre (RSC) capacity of 120 beds to reduce waiting times for planned and unplanned care
- Re-provide suitable accommodation for histopathology
- Implement expansions to the Emergency Department
- Commence construction of the Cambridge Cancer Research Hospital as part of the New Hospitals Programme. CCRH will be focused on prevention, early detection of disease and novel precision medicine treatments
- Commence construction of the Cambridge Children's Hospital as part of the New Hospitals Programme. CCH will be the world's first integrated physical, mental health and research 'smart' hospital for children and young people, enabling earlier diagnosis and intervention and delivering improved lifetime health outcomes
- Reduce the amount and risk of backlog maintenance in line with available capital resources
- Maintain safety and optimise effective use of our current estate
- Develop a multi-year forward capital investment strategy with key pipeline projects

We will achieve this by:

- Working with patients, staff, carers, and wider stakeholders across health, mental health, social care, research, and education, as well as with leading architects, engineers and other experts, on the design of all our new hospital buildings and the development of new integrated models of care
- Securing funding through completion of the HM Treasury business case process and our fundraising activities, supported by ACT, Head to Toe and the University of Cambridge fundraising teams
- Investing in an ambitious programme of repairs and maintenance on our current estate
- Enhancing our delivery capability and capacity across the Trust to maximise the benefits of these changes to patients and staff

Climate change: We will tackle the climate emergency and enhance environmental sustainability

Climate change is a globally pressing matter that has led to the UK government declaring a 'climate emergency'. Unless global warming is limited to 1.5˚C, climate change will continue to devastate the environment, the economy and people's way of life. Higher temperatures also lead to increased rates of respiratory and cardiovascular disease, more injuries resulting from extreme weather events, greater spread of infectious diseases, threats to public health from constrained food and water supply and economic costs crowding out investment in healthcare.

The NHS has committed to halving carbon emissions before 2032 and delivering net zero carbon by 2045. CUH has developed a Green Plan to deliver our commitments, promoting environmental sustainability and playing our part in creating a safer and healthier future for everyone. CUH welcomes innovative practice and research beyond our clinical services, and works in close partnership with researchers and companies seeking to innovate in environmental sustainability. Our staff increasingly highlight their expectation that CUH will play a leading role in this globally significant challenge.

By 2025 we will:

- Reduce our direct emissions by 10% (from a 2019 baseline) and be on a clear path to halving our carbon emissions before 2032 and reduce to net zero by 2045, in line with national NHS commitments
- Protect our services from the effects of climate change including severe weather
- Provide opportunities for academic and industrial innovation in Cambridge to bring forward technological breakthroughs to tackle climate change
- Be able to demonstrate that we are on a net-zero / zero-waste circular economy trajectory and to help and encourage others to take the same bold steps

We will achieve this by:

- Reducing energy use and decarbonising energy supplies for Trust premises and meeting the NHS Net Zero Building Standard for new buildings and major refurbishments
- Transitioning Trust business miles from fossil fuelled to electric vehicles and continuously improving sustainable travel options for staff, patients and visitors
- Avoiding the emission to atmosphere of high global warming potential anaesthetic-related gases
- Working with our suppliers to develop, procure and provide goods, materials and services that meet our net-zero / zero-waste ambition
- Providing the means for all teams across the Trust to set their services on a net-zero / zero-waste trajectory and embedding carbon and waste reduction as essential aspects of decision-making
- Establishing clinically led multidisciplinary teams to adapt the relevant elements of models of care in ways that reduce carbon emissions and waste

- Developing carbon retention and local off-setting practices that account for residual emissions in meeting the net-zero challenge in full

Digital: We will use technology and data to improve care

Our hospitals benefit from a very high starting level of digital maturity, which supports the safety and efficiency of our services and improves decision-making. The pandemic has helped us to achieve a culture shift and level of digital transformation within and beyond the hospital that would otherwise have taken years. As we continue to recover our services, we must build on this momentum to reduce waits and make it more convenient to access care.

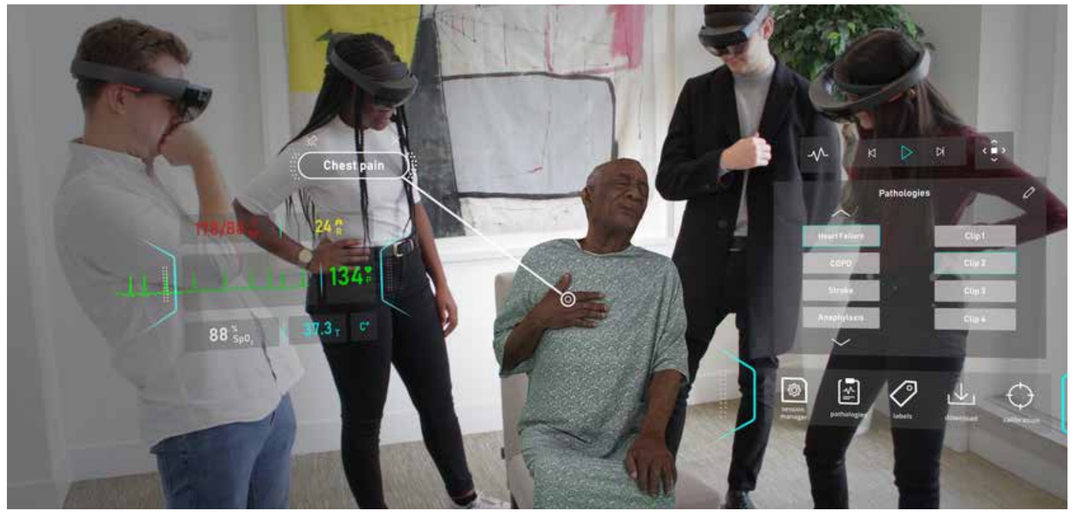
Digital transformation underpins our ambitious targets for improving efficiency, safety, and quality; can help to tackle health inequalities; and plays a central role in empowering our patients and supporting our staff to work differently to deliver all the commitments across our strategy.

By 2025, we will:

- Ensure our infrastructure and data environments are secure, sustainable, resilient and fit for the future
- Increase use of digital channels to access care to better manage demand on our services
- Provide a seamless patient journey using digital systems to share medical records inside the hospital and in collaboration with other health and care providers
- Use insights from our operational data to deliver efficiencies in how we use our current capacity and develop services for the future
- Deliver digitally smart new hospitals, working with industry and academic partners to innovate and improve patient outcomes and efficiency alongside cutting-edge research

We will achieve this by:

- Improving our core systems through proactive management of software and underpinning infrastructure by keeping it secure and current, consistent with industry-wide prevailing standards
- Increasing digital leadership expertise across the Trust and developing the digital skills of our workforce through provision of additional, targeted training opportunities
- Investing in supporting staff and patients as we change, implement and adopt new digital solutions
- Maximising the potential of our existing investments and capability by exploiting the use of Epic tools and extending the utilisation of the MyChart patient portal, bringing workflow efficiencies and empowering the patient
- Digitising burdensome manual processes where safe and appropriate to do so, releasing time to care
- Extending our 'virtual' offering to establish virtual wards and clinics including telemedicine opportunities for home monitoring
- Developing a 'Shared Care Record' across our ICS to provide access to patient medical records beyond the walls of our organisation
- Investing in partnerships and tools to assist with predictive modelling of patient demand and flow
- Establishing a means for academics to access our data safely and use technology to support different models of care pathways
- Innovating through collaboration with partners, research and digital innovation hubs to exploit potential opportunities



Implementing the strategy

The commitments outlined in this strategy are ambitious, seeking to overcome challenges and seize opportunities to do more for our patients and staff.

In implementing our previous strategy over the last five years, and particularly over the last two years during the pandemic, we learned a huge amount about how we can work purposefully and effectively over the next three years.

We have five priorities that articulate the mind-set, behaviours, skills and capabilities required to implement our strategy:

1. Creating strong foundations

Prior to Covid we had spent several years improving our staffing position, relationships with partners, the quality and safety of our clinical services and developing our digital and estates infrastructure. Entering the pandemic in a weaker position would have made our response harder and less effective, and the resilience provided through these vital underpinnings is impossible to overstate.

We commit to excellence in the fundamentals of running a large hospital as the foundation for everything else that we strive to achieve.

2. Supporting frontline leaders

During Covid our people used their expertise and dedication to do amazing things. Teams across the hospital collaborated to meet new challenges and our corporate structures trusted them to deliver: reducing bureaucracy, devolving power and responding to requests for help. We want to sustain this initiative over the coming years, freeing up frontline teams to implement the strategy within their teams and across the hospital.

We commit to reducing bureaucracy and ensuring that frontline teams have sufficient time to drive change, including using service improvement techniques and with the support of skilled project managers to help deliver their priorities.

3. Communicating and engaging

During Covid we listened intently to the experience of staff and patients so that our response under pressure constantly adapted to changing needs. We shared publicly the extent of the disruption that we faced and how we were responding, which built trust and confidence and helped people to plan ahead.

We commit to sharing both our challenges and successes with everyone impacted, and to co-producing solutions with patients and partners alongside our staff, so that we convene the right diversity of expertise to identify and implement positive change effectively.

4. Working in partnership

During Covid we recognised both our strengths and our limitations and worked to share our strengths for the benefit of others and to welcome outside expertise to help us address our limitations. Co-creating solutions with our diverse tapestry of partners locally, and ensuring that national decisions were informed by our and others' expertise, was a pivotal part of responding well under pressure.

We commit to continued work with partners across the NHS locally, regionally and nationally, and with academic and industry partners, to enable us to innovate faster and do more together.

5. Using resources wisely

During Covid the NHS financial framework enabled rapid investment to support urgent transformation across the country, but other resources, such as PPE and testing capacity, were scarce. We responded by conserving precious resources to ensure they were available in the highest priority areas. The financial position across the NHS, and particularly in Cambridgeshire and Peterborough, is under significant pressure, with an underlying deficit, rising costs and the requirement to deliver significantly more activity.

We commit to maximising the value for taxpayers' investment in our services and with partners, and will pursue transformative shifts in care delivery, especially with primary care colleagues, to unlock step-changes in efficiency alongside incremental improvements to productivity.

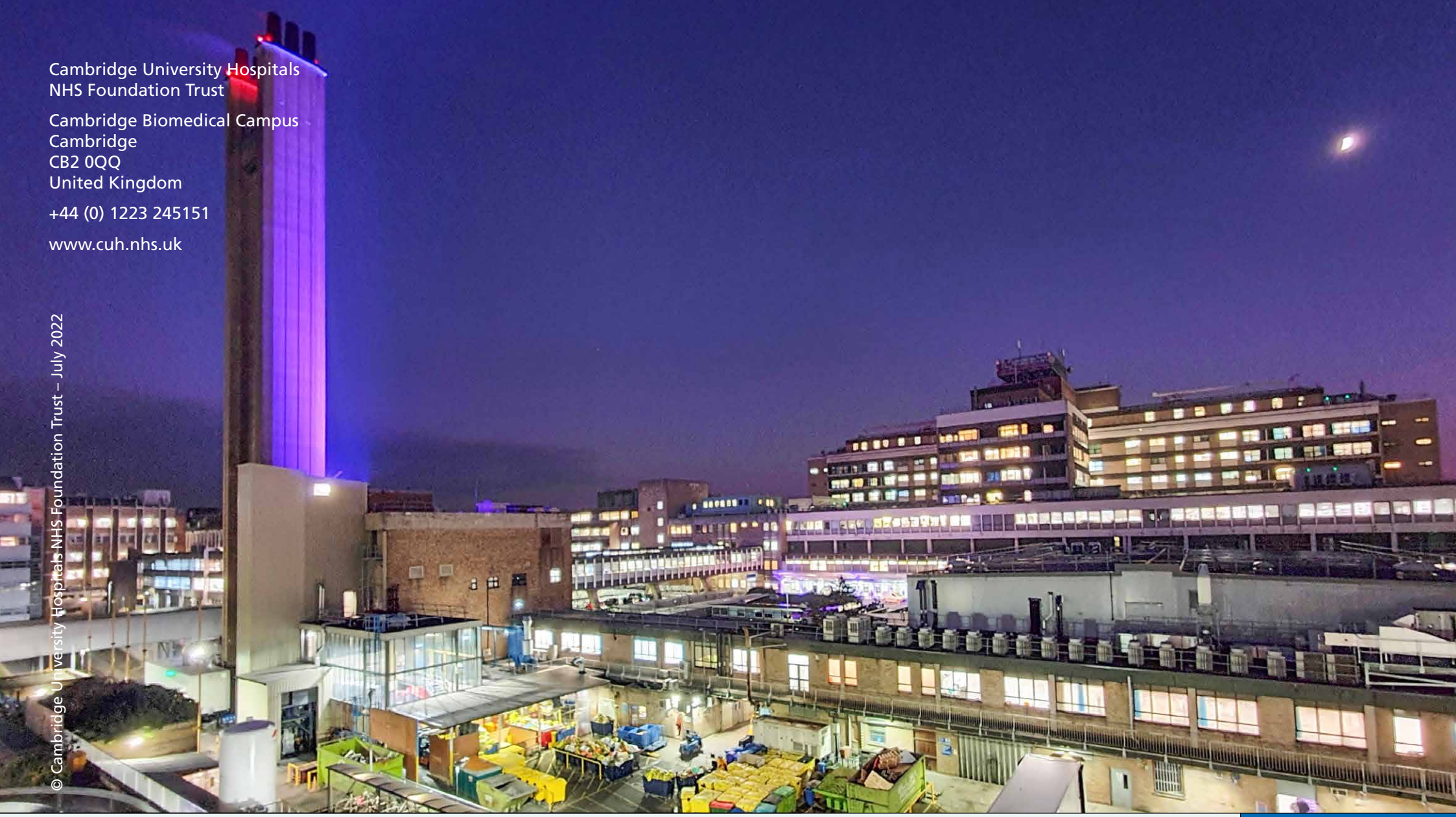
Keeping in touch

This document sets out our strategy and commitments for the next three years. We have tried to articulate an ambitious vision to inspire and motivate staff, to inform patients and to signal important shifts in how we will work with our many partners across health and social care.

Every single member of our staff continues to play a crucial role in how we will achieve our commitments, and we want to continue to engage our staff, our patients and our partners in how we develop and deliver our strategy moving forward. We will use the commitments as a starting point from which we can plan, embed and build an even better health care service for those who need our services with ongoing monitoring and reporting of progress through our Board and Committees to ensure that we are delivering our plans, and having the positive impact we hope for, for all our patients, carers, partners and colleagues.

If you would like to comment on this strategy, please email:

cuh.strategy@nhs.net



Cambridge University Hospitals
NHS Foundation Trust

Cambridge Biomedical Campus
Cambridge
CB2 0QQ
United Kingdom

+44 (0) 1223 245151

www.cuh.nhs.uk

CUH Together 2025

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 13 July 2022

Agenda item	12
Title	Report on Multi-professional Education, Learning, Development and Training
Sponsoring executive director	David Wherrett, Director of Workforce
Author(s)	Arun Gupta, Director of Post Graduate Medical Education; Gary Parlett, Head of Education: Nursing, Midwifery and Allied Health Professionals Karen Clarke, Associate Director of Workforce
Purpose	To provide the Board of Directors with an update on education, learning, training and development across CUH
Previously considered by	n/a

Executive Summary

This paper provides an update on multi-professional education, learning and development activity. This paper sets out progress since the last Board report aligned to themes set out in the Trust's Multi-professional Education, Learning & Development Strategy.

Related Trust objectives	Improving patient care, Supporting our staff
Risk and Assurance	Inadequately trained staff Inability to recruit and retain staff Inability to develop shortage skills and staff
Related Assurance Framework Entries	BAF ref: 007
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors

The Board is asked to receive the report.

Cambridge University Hospitals NHS Foundation Trust

13 July 2022

Board of Directors

Education, Learning, Development and Training

David Wherrett, Director of Workforce

1. Introduction/Background

1.1 This paper provides an update on multi-professional education, learning and development at CUH; its purpose is to provide information about a number of key developments, against the Trust's priorities, since the last report to the Board in May, 2022.

1.2 The eight themes of the Trust's multi-professional education, learning and development strategy and work plan are:

- Theme 1: Good learning experience for all students/learners
- Theme 2: Sustainable Continuous Professional Development (CPD) and multi-disciplinary learning
- Theme 3: Apprenticeships and Widening Access to training and employment
- Theme 4: Great leadership and management development
- Theme 5: Innovation leading to new roles and routes to training and employment
- Theme 6: Modern fit for purpose education facilities and resources
- Theme 7: Opportunity to learn and develop speciality skills in a high-quality environment.
- Theme 8: Strong partnership working with education providers.

This report focuses on four themes 1,2 3 and 6

2. Theme 1: Good learning experience for all students/learners

2.1 CUH provides a range of formal learning experiences for a range of staff including undergraduate and postgraduate students who spend time with the Trust as part of formal education/rotation programmes. This element of strategy sets out our ambition to consistently seek to improve the experience of the 'learner' and provide an excellent leaning experience, specifically for those who come to CUH as part of a formal training programme.

2.2 In this report we are pleased to include content about undergraduate medical education provided by Dr Sinnatamby, Clinical Sub Dean for CUH. Dr Sinnatabmy is not able to join the board meeting in July; she will be present at the November 2022 meeting.

2.3 **Undergraduate medical education at CUH**

This is the first time undergraduate medical education at CUH has been included in the work covered by this report. A summary of the Cambridge University Clinical Medical course is therefore included in this section of the report.

CUH is the prime partner NHS Trust for the School of Clinical Medicine, and each year provides placements for approximately 1000 Cambridge medical students during the clinical half of their course. The majority follow the "standard" 6-year course with a 3-year science based pre-clinical degree followed by a clinical program structured as a 3-year curriculum with progressively increasing student competency. Year 4 – core clinical practice, Year 5 – specialist clinical practice, Year 6 – applied clinical practice. There are approximately 300 students in each of these standard course year groups.

There is also a graduate entry program of 40 students per year, primarily based at West Suffolk Hospital, but these students also undertake specialist placements at CUH. Additionally, CUH also provides placements for around 64 incoming elective students (from other medical schools, frequently international) each year. In addition to clinical placements, all clinical exams and the majority of communication and practical skills training occurs within the umbrella of the CUH placement in the Deakin Centre, but centralised formal teaching is provided by the School of Clinical Medicine. Overall, the standard course students will spend approximately 50% of their 3-year clinical course at CUH, with the remainder on regional and GP placements.

The extensive teaching faculty are drawn from both full time University academic staff and NHS colleagues. Students are also supported by approximately 150 CUH based junior doctors (undergraduate clinical supervisors) who meet with a small group of students every week for bedside clinical teaching. The Clinical Dean is Prof Paul Wilkinson (University and CPFT) and the Clinical Sub Dean for CUH is Dr Ruchi Sinnatamby (CUH NHS).

Comprehensive faculty development opportunities are provided by the School with multi-level programmes to support clinicians and all health care professionals involved in teaching its undergraduates, including a free six month Higher Education Academy/Advance HE accredited training programme that is attended by approximately 150 clinical teachers/year. The School also provides comprehensive welfare services to students with dedicated faculty (Sub Dean and deputy lead for Welfare) and funds a unique Clinical Student Mental Health service.

Quality assurance is overseen by annual QA visits by the School and HEE with representation from CUH executives and finance as well as teaching faculty and students. Regular student feedback is obtained through multiple avenues. The School also makes annual quality returns to the GMC.

The Board may also be interested to note that in July, CUH and the Clinical School will host approximately 22 medical students from Kharkiv National Medical University in Ukraine for a 7-week placement.

2.4 **Postgraduate Medical Education**

GMC Trainee Survey
The GMC National Training Survey 2022 closed on the 3 May. The Trust is awaiting the results of this important survey at the time of preparing this report.

2.5 **Non-medical pre-registration student placements**

Pre-registration student placement experience
The newly developed non-medical pre-registration placement experience survey has been launched and will be used to capture feedback from all non-medical pre-registration students who are undertaking placements at CUH. This tool has been designed to explore placement experience, learning culture, the quality of teaching and learning whilst on placement and future career aspirations. Data from this survey will be used to inform future developments in relation to non-medical placement experience and will facilitate individual clinical areas receiving feedback from students.

3. **Theme 2: Sustainable continuous professional development and multi-disciplinary learning**

3.1 **Continuous Professional Development (CPD)**

The Trust is highly committed to ensuring that all employees are able to access Continuous Professional Development (CPD) recognising its importance in terms of both enhancing and developing new knowledge and skills along with facilitating career progression within the organisation. Access to CPD has a positive impact on staff retention.

The Trust has received £1,3m from HEE for the 22/23 financial year based to support ongoing professional development. This sum is based upon a calculation of £1k per registered nursing, midwifery and allied health professional employee split over a three-year period; 2022-23 is the final year of the 3 year funding.

3.2 In addition to the targeted HEE funded CPD budget, CUH normally identifies an additional circa £800k CPD budget for 2022/23. This has yet to be confirmed. This important funding stream is used to support education, training and CPD for all non-medical staff in clinical and non-clinical roles.

3.3 Applications for funded learning/CPD the first quarter this financial year are on the expected trajectory with 409 applications being received since April 2022. Applications for funded learning have included: university modules, NHS leadership development programmes, conference presentations, individual study days, MSc/Doctoral pathways.

3.4 The approval rate for staff requesting funded learning remains very high with all applications for funded learning being supported in the first quarter of this year.

The diversity of the FLAG panel has been increased by inviting members of staff from divisional teams to join flag meetings on a rotational basis.

3.5 Work is currently underway to develop resources which will showcase the ongoing professional development opportunities that are available to groups of staff from whom a lower level of applications are received for funded learning. These groups include Band 5/6 minority ethnic nursing staff and band 2/3/4 unregistered healthcare professionals.

3.6 **Support for welcoming and developing international nurse recruits**

International Nurse/Midwife Recruitment

This remains on trajectory with 34 international nurses joining CUH in May 2022 along with two further international midwives. A summary of international arrivals to date for 2022 against targets is outlined below:

International Nurses		
2022 Overall Target (30 arrivals per month)	Year-to-date target for Jan – May 2022	Year-to-date arrivals for Jan – May 2022
360	150	159* This includes 6 nurses who joined CUH from the Lebanon as part of the NHSE/I Refugee Nurse Project

International Midwives		
Arrivals during May 2022	**Total arrivals since January 2022**	**Overall target for 2022**
2	7	30

3.7 **Clinical Educator Recruitment**

Recruitment to additional clinical educator posts has been successful with an additional 7.0FTE posts which have been funded from NHSE/I International recruitment funding. In addition to this, work is currently underway to recruit an integration/pastoral care coach to assist with integration into UK healthcare practice and to provide practical support with matters such as housing and integration into the local community.

3.8 **CUH International Nurse Objective Standard Clinical Examination (OSCE) Preparation Programme**

A review of this programme, designed to test a candidates' UK pre-registration practical nursing standards, was undertaken in the first quarter of 2022 which highlighted that OSCE candidates would like an increased level of face-to-face

teaching. As a result, a revised OSCE preparation programme has been developed which places a much higher emphasis on face-to-face teaching and learning activities. The newly designed OSCE programme was launched with the June 2022 cohort; initial feedback is highly positive with candidates reporting that the increased level of face-to-face teaching enables them to build their confidence and skills to a greater level. The delivery of the revised programme is being monitored with a high emphasis on candidate feedback in order to ascertain the efficacy of the refreshed programme. Candidates undertaking the revised programme will undertake their OSCEs in July/August 2022.

3.9 **Healthcare Science**

There is a severe national shortage of Clinical Scientists currently and as a teaching hospital, CUH has a significant part to play by taking on trainees both because of the specialist nature of the work we do, and also to help stabilise the workforce for the future. The Scientific Training Programme (STP) is a highly sought after three year programme of work that trains Clinical Scientists in disciplines across all of the Healthcare Science. It is nationally funded.

CUH has been successful in gaining a number of direct and in service STP places for 2022/2023 showing the commitment to training across Healthcare Science. These include:

Medical Physics
CUH is taking on the highest number of Medical Physics STP trainees across the region so far; five to start in September. There are challenges to find capacity to accommodate and train, particularly because of the rotational components of programme. We continue to look at alternative models, including equivalence and apprenticeships.

Pathology
CUH are one of two places in the country to have higher specialist scientific progamme (HSST) in haematology – one in malignancy and one in haemostasis. This is the next level of training and scientists are eligible to be consultant level once the training is complete. We have our first Scientific Training Programme in histopathology starting this year.

In addition to the nationally funded programmes we remain committed to supporting apprenticeship routes and increasing our numbers where we have the funding to do so.

4. Theme 3: Apprenticeships and Widening Access to training and employment

4.1 CUH is committed to the development and progression of staff through a range of learning, education and training routes, this includes enabling access to apprenticeships to individuals at all ages and career stages – from school/college leavers taking their first steps into the NHS, those seeking job/career change, those wanting a career progression route and to our

existing members of staff who want to enhance their skills and future prospects.

4.2 Apprenticeships routes form part of CUH's strategic resourcing plans for future supply of nursing, science and allied health professions as well as enabling access to degree level education and training across a wide range of professions and job roles. They support staff development, staff retention and are important for promoting social mobility.

4.3 Apprenticeship Levy

4.3.1 Information regarding CUH's annual levy contribution to May, 2022 along with committed and actual spend is provided in the table below. CUH achieved 89.7% levy spend in 2021-2022. This means we have not seen any levy funding retained by the Treasury since May, 2021. It should be noted that during the period April, 2017 – April, 2021 a total of £900k had been retained.

We anticipate our levy spend will stay in the region of 85/90% on an on-going basis due to apprenticeship resourcing plans and commitments in place.

Levy Data	Committed spend for the duration of the apprenticeship*	Actual Spend in year	Levy Contribution during the financial year (*this includes 10% government contribution*)	% Spend in year
2017-18	£436,428	£31,769	£1,763,443	2%
2018-19	£1,211,914	£479,661	£2,079,155	23%
2019-20	£2,161,517	£1,032,222	£2,243,329	46%
2020-21	£2,765,322	£1,454,909	£2,455,252	59%
2021-22	£3,110,003	£2,387,405	£2,659,167	90%
2022-23	£706,562	£379,460	£457,905	82%
TOTAL to date	**£10,391,747**	**£5,765,429**	**£11,658,253**	
Current Levy funds	**£4,960,837**			

4.4 Current apprenticeship position

The Trust has 414 apprentices currently undertaking studies across a wide range of clinical and non-clinical job roles/professions; these include Nursing, Science, allied health professionals, science, pharmacy and clinical engineering; non-clinical apprenticeship exist in estates, finance, Workforce, and administration. As well as supporting existing staff to undertake apprenticeship routes across a broad range of professions/job roles and leadership programmes, we also encourage applications at entry level to

enable employment for the purpose of completing training through apprenticeships.

4.5 **Career Development apprenticeships update:**

4.5.1 **Nursing apprenticeships**

Nursing Apprenticeship Pathway (NAP)

- There are currently 283 staff on the nursing apprenticeship degree pathway (NAP).
- In May 2022 36 staff completed the NAP apprenticeship and registration with the NMC leading to their promotion to a Registered Nurse post at CUH. A further 27 will qualify later this year.
- There are 80 staff/new applicants in the pipeline for the 2022-23 cohorts, further recruitment campaigns are underway to ensure a minimum of 100 will be appointed to join cohorts that commence in September 2022 and January, 2023.

Associate Nurse Apprenticeship (ANA)

- There are 13 staff on the Associate Nursing Apprenticeship (ANA)
- 10 qualified earlier this year and a further 6 will qualify in January 2023
- There are currently 8 staff planning to join 2022-23 cohorts (September, 2022 and February, 2023).
- Through funding provided by HEE a Nursing Associate Implementation Lead has been appointed to increase awareness of the opportunities for nursing associate apprenticeships and their contribution to patient care as part of the CUH nursing workforce. This will lead to increasing the number of staff undertaking ANAs in 2023-24 onwards and the number of registered Nursing Associates in our establishments.

4.5.2 **Allied Health professionals**

We continue to grow and develop our Allied Health Profession apprenticeship offer as outlined below:

Allied Health Profession Degree Apprenticeship	Apprentices on programme	Number of planned apprenticeships annually from 2022-2023
Diagnostic Radiography	3	2
Therapeutic Radiography - new	tbc	tbc
Occupational Therapy	3	2
Physiotherapy	6	3
Operating Department Practitioner	10	8
Speech & Language Therapy - new		1

Mammography
Three new mammography apprentices will commence in August, 2022. Our first apprentice has now progressed to undertaking the Diagnostic Radiography degree apprenticeship providing an excellent career progression route.

4.5.3 **Science**
CUH have 21 apprentices on the Healthcare Science Degree apprenticeship across the trust, studying a range of science pathways such as, Bio-medicine, Cardiac and Respiratory and Neuro. There are plans to develop apprenticeships in Clinical Engineering and Life Sciences.

4.5.4 **Pharmacy**
There are 9 apprentices in place, and a further 6 due to commence the Pharmacy Technician apprenticeship route.

4.6 Direct entry apprenticeships (entry level apprenticeships)

There is currently 23 direct entry apprentices in post and a further 15 positions being recruited. These apprenticeships provide employment for the purpose of completing an apprenticeship qualification that lasts between 16 – 24 months. They are based across divisions and directorates; typical programmes include access to qualifications in Business Admin, Customer Service, Payroll, AAT, Data Technician and Lab technician Level 3. New apprenticeships in estates and facilities will be created during 2022-23.

Access to entry level apprenticeships is promoted at careers events in schools and colleges. During the national apprenticeship week in February 2022 CUH staff who have developed through entry level apprenticeships provided profiles, videos and case studies to promote the opportunities apprenticeships provide. These are used at external events to showcase the range and type of apprenticeships.

4.7 Functional Skills

Functional Skills maths and English are an essential part of every apprenticeship course. As part of the apprenticeship standard, apprentices are unable to complete their qualification without functional skills. Although apprenticeships at academic level 2 and 3 enable achievement of functional skills during the programme for the majority of higher level apprenticeships universities/training providers require GCSE's or functional skills as a pre-requisite to commence a course

CUH encourages and enables staff to access functional skills training. It is promoted as a life skill as well as an important gateway to access to career progression apprenticeships. Encouraging staff to access functional skills

also support CUH's nursing apprenticeship resourcing plans. All new health care support workers receive information about accessing development routes during their first few weeks of training as well as access being promoted in the Trust induction for all staff.

There are currently 111 staff undertaking functional skills; our college providers are Cambridge Regional College, West Suffolk College and two private training providers.

4.8 **Work Experience and opportunities for young people**

4.8.1 All work experience and school/college events had to be paused during the pandemic, however, as outlined previously to the Board we were able to offer a range of comprehensive virtual learning events that continued into 2022.

From January to June 2022 over 1100 students aged 14 – 19 have participated in virtual insight events and careers talks. Plans are in place for a 2-day virtual summer school hosted by CUH with partner organisations in July, to provide insight into a range of clinical and non-clinical roles, careers and apprenticeship talks. We hope to make this annual event an on-site experience from 2023.

4.8.2 **Careers events and careers fairs**

Careers events are being relaunched. In May, the work opportunities team (WOT) and our professional staff (nursing, science and allied health professionals) who act as career ambassadors, attended a sixth form careers event engaging with 140 year 12 and 13 students. There was also an event with a primary school Day in Haverhill, interacting directly with around 220 5-7 year olds.

4.8.3 **Work experience and shadowing** commenced at the beginning of June. We have a backlog of applicants seeking places. We hope to be able to offer a range of placements during the summer months and return to our usual programmes from September, 2022; a summary of the pre-covid programmes is attached at appendix 1.

4.8.4 **Industrial placements for T levels qualifications**
We are pleased to be able to offer these placements that form part of the curriculum for T Levels (new 2 year technical courses taken after GCSEs and are broadly equivalent to 3 A levels). These will commence from October, 2022 offered to year 13 students as priority. These will be within health and social care and business administration. Plans are also in place for science industrial placements to commence in September 2022 when the first year 13 science T level students will be available for placements.

Offering this work experience is important as part of our partnership work with schools and colleges as well as igniting interest from young people to consider CUH/NHS as a future employer.

4.8.5 **CUH's Young Person's volunteering (YPP) programme**

The Trust's YPP has been in place at CUH for over 10 years; it enables young people to undertake a volunteer role on our wards. It gives excellent exposure to seeing job roles at first hand, provides training in a range of subjects and each participants receives a reference. Many participants have considered careers in health care as an outcome of this invaluable volunteer experience and we know some have started careers in nursing midwifery, paramedic, and medicine.

The full programme was paused during COVID-19, it recommenced in November 2021 in a virtual form. Forty-four young people joined the programme. All have been contacted about returning for a period to enable them to gain an opportunity to spend some time on the wards to complete their experience.

A bespoke programme has been introduced during August 2022 to provide additional volunteering placements to young people who missed out during the pandemic; 46 volunteers will be joining us to gain ward experience as well as key information sessions.

In October 2022 we will see the return of our full YPP programme with 48 young volunteers due to join us.

5. Theme 6: Modern fit for purpose education facilities and resources

5.1 Simulation Centre

Collaboration with CUH, University of Cambridge and GigXR (a software company based in California) has resulted in the development of modules using mixed-reality technologies to provide realistic scenarios using holographic patients to simulate key medical conditions. The respiratory HoloScenario is being launched to the market at the end of June, and CUH Communications Department welcomed the BBC to the Deakin Centre on 22nd June to share the news of this exciting new development.

5.2 The Evelyn Cambridge Surgical Training Centre

The move from the Centre to the interim facility on the Trust site took place on the 31 May 2022.

The Cambridge Digital Medicine and Surgical Training Centre to be established in the new Quorum facility on Barnwell Road in the first quarter of 2023. Estates have appointed a Design Team who will work with the team in designing the ground floor cadaveric centre and the XR-Hub located on the first floor of the new facility.

5.3 The work underway for the Cambridge Digital Medicine and Surgical Training Centre in the Quorum from early 2023 and the interim arrangements in place.

6. Recommendations

6.1 The Board is asked to receive the report.

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 13 July 2022

Agenda item	13.1
Title	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training (2021/22 Q4)
Sponsoring executive director	Dr Ashley Shaw, Medical Director
Author(s)	Dr Jane MacDougall, Guardian of Safe Working
Purpose	To receive the report on safeguarding working hours.
Previously considered by	Management Executive, 7 July 2022

Executive Summary

This is the fourth quarterly report for the year 2021/22, based on a national template, to the Board of Directors by the Guardian of Safe Working. This role supports the implementation and maintenance of the 2016 national contract for Doctors in Training and provides an independent oversight of their working hours. The process of exception reporting provides data on their working hours and can be used to record safety concerns related to these and rota gaps. In addition, it can identify missed training opportunities. Reporting to the Board of Directors is a stipulated requirement of this role and this report reflects the position at 31st March 2022. The Trust has 646 doctors in training who have all transferred to the 2016 Terms and Conditions of Service.

Related Trust objectives	Improving patient care, Supporting our staff
Risk and Assurance	Assurance involves the development of key performance indicators, benchmarking, peer review and audit.
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	Safeguards around doctors' hours are outlined in national terms and conditions. These stipulate that the Guardian of Safe Working Hours "shall report no less than once every quarter to the Board".
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	Yes.

Action required by the Board of Directors

The Board of Directors is asked to note the Q4 2021/2022 report from the Guardian of Safe Working.

Cambridge University Hospitals NHS Foundation Trust

13 July 2022

Board of Directors
2021/22 Q4 Quarterly Report on Safe Working Hours: Doctors and Dentists in Training
Dr Jane MacDougall, Guardian of Safe Working

1. Introduction

The annual Guardian of Safe Working report for 2020-21 described the pattern of exception reporting during the covid-19 pandemic. Overall working hours were considered safe on most rotas despite all the service pressures during that period. However, several areas of concern were noted. These included under reporting, loss of training, gaps and excessive weekend working on some rotas. In addition, surveys suggested that some clinical and educational supervisors were not engaged with, nor supportive of the process of exception reporting. Areas of good practice were identified and included the Junior doctors' forum (JDF) and Trust Board engagement.

The Q4 report describes the Trust's position from January – March 2022. The number of ERs submitted (n = 209) has increased compared to the previous quarter (n=110) and to Q4 2021 (n= 113) and is now slightly higher than pre-covid levels (n= 184 Q4 2019). Most rotas are compliant with the Terms & Conditions of Service (TCS). However, there are still 6 rotas where trainees are working more than the recommended maximum of 1:3 weekends; this issue remains unresolved, although progress is being made.

Less training was lost during the last lockdown because of the HEE recommendation that trainees should not be deployed outside their speciality & training programme without explicit permission from HEE-EOE. Concerns however, persist as to whether some individuals will require an extension to their training due to the impact of the covid pandemic particularly for the craft specialities. This in turn may impact recruitment into specialities and consultant appointments. Hospitals are under pressure to address the backlog of patient care and there continues to be a risk that training will not be prioritised.

There is a continuing need to engage clinical & educational supervisors to support trainees when they exception report. Doctors who are tired may make poor clinical decisions. ER data can be used to drive change and improvements in rotas and working hours and thus improve patient care.

The JDF (chaired by a trainee) continues to meet virtually every month with senior management joining to listen to trainee concerns. The JDF chairs are invited to attend Trust Board meetings and provide direct feedback to the Board. The Regional GOSW network (chaired by the CUH GOSW) still meets

virtually every two months. Benchmarking from this group provides reassurance that Trust Board engagement here continues to be more positive than some other Trusts in the EOE.

2. High level data

Number of doctors / dentists in training (total):	660
Number of doctors / dentists in training on 2016 TCS (total):	660
Number of doctors / dentists on local contracts (Clinical Fellows):	235
Total junior doctor/ dentist establishment:	95
Reference period of report	Q4 2021/22
Total number of exception reports received	209
Number relating to immediate patient safety issues	11
Number relating to hours of working	168
Number relating to pattern of work	6
Number relating to educational opportunities	13
Number relating to service support available to the doctor	22
Total number work schedule reviews	1
Total value of fines levied	£0
Amount of time available in job plan for Guardian to do the role:	2 PAs/8hrs/week
Admin support provided to the Guardian:	1 WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

3. Exception Reports

Total number of exception reports received per month within this quarter:

	Immediate safety concerns (ISC)	**Total hours of work**	**Pattern of Work**	**Service support available**	**Educational opportunities**	**TOTAL**
MONTH 1 (Jan)	2	69	2	5	1	77
MONTH 2 (Feb)	6	50	2	4	6	62
MONTH 3 (Mar)	3	49	2	13	6	70
QUARTER	**11**	**168**	**6**	**22**	**13**	**209**

Note: An immediate safety concern report is NOT an additional report but is identified within a report submitted for any other reason and therefore is not counted in the total column (there were 209 reports of which 11 had ISCs).

3.1 Commentary

The number of exception reports has increased and is now higher than in 2019 and 2020. Exception reports were received from a broad range of specialities including General Surgery and General & Acute Medicine with others from Transplant, Emergency department, Cardiology, Haematology, Oncology, Obstetrics & Gynaecology and Paediatrics.

3.2 Trends in Exception Reporting

Levels of exception reporting in Q4 (n=209) were higher than those in Q3 2021 (n=110) and those in Q4 2020-2021 (n=113). They are also higher than levels in Q4 2019 pre-Covid (n=184). Reporting of missed educational opportunities and service support issues remains low. The number of immediate safety concerns is slightly higher than the last quarter, but in line with the overall increase in numbers.

3.3 Resolutions

Total number of exception reports per month within this quarter resulting in:

	TOIL granted	**Payment for additional hours**	**Work schedule reviews**	**No action**	**TOTAL**
MONTH 1 (Jan)	3	40	1	5	48
MONTH 2 (Feb)	0	63	0	2	65
MONTH 3 (Mar)	0	51	0	7	58
QUARTER	**3**	**154**	**1**	**14**	**171**

3.4 Commentary

All trainees who submit exception reports are asking for payment for extra hours worked rather than time off in lieu (TOIL) which is the preferred option to improve their wellbeing. This is primarily because the reasons for reporting are rota gaps or a high workload and therefore additional TOIL would only compound the problem.
The discrepancies in totals in this table reflect the timings of ER submission and sign off.

4. Work schedule reviews

Month	Specialty/ Department & Grade	Details of work schedule review
August	A & E/ ED rotas	Review to reduce weekend working – currently > 1: 3 weekends Higher ED rota should be resolved by February 2022
August	Transplant	Review to assess weekend working > 1:3 weekends
January	Paediatrics (Higher)	Review to enable inclusion of extra training time into work schedules (as per TCS)

4.1 Commentary

There are currently three active work schedule reviews (two left over from previous quarters). Many rotas were re-designed during the covid pandemic. Medicine & surgery rotas were particularly problematic and were reviewed in the light of service and training need. Several rotas (n=6) are still not able to reduce weekend working to 1:3 or less as per the new TCS (2019) including ED rotas and those in PICU, NICU and transplant. Work is currently taking place to resolve these as documented elsewhere in this report.

5. Detail of immediate safety concerns and actions proposed and/or taken

Department	Safety concern raised	Action(s) proposed and/or taken
Medicine FHO Jan 2022	Reduced numbers of staff.	Clinical Supervisor informed.
DME X 2 Feb 2022	No doctor available to handover red patients to on two occasions. Locums not found for shifts.	Trainee stayed late. Multiple attempts to find cover. Apologies given to trainee and situation being monitored – no further recurrence this quarter.
General Surgery FHO Feb 2022	One FHO isolating due to covid. Locum not found to replace. Workload too much for one FHO.	Email from FHO isolating was missed and locum was therefore not identified. Apologies given and reassurance that this would not happen again.

Haematology Middle rota Feb 2022	Busy bone marrow clinic with inadequate staffing. Registrar saw 16 patients. Over run and finished late (19.00).	Delayed clinic admin until after clinic so as to avoid patients being kept waiting.
Medicine IMT Mar 2022	Inadequate staffing on night shifts medicine (DME, Respiratory and CCU support / cardiac arrest). Gaps were known but had not been filled with locums.	Trainee stayed late, no breaks taken. Clinical supervisor aware.
Emergency Dept – junior rota Mar 2022	Rota gaps – no breaks taken and stayed late. Dept very busy.	Clinical supervisor & shift lead informed

6. Fines

Fines levied against departments this quarter:

Department	**Detail**	**Total value of fine levied**
Total fines levied	Nil	£0

	TOTAL
Balance at end of last quarter	**£5881.3**
Fines incurred this quarter	**£0**
Cumulative total	**£5881.3**
Total paid to trainees (£)	**£0**
Total spent (£)	**£0**
Balance at end of this quarter	**£5881.3**

7. Junior doctor forums and junior doctor engagement

The JDF was held monthly on Zoom. The virtual platform is working reasonably well, with senior management and others (Medical Director, DME, LTFT lead, Medical Staffing lead and team, Workforce Lead & Freedom to Speak up Guardian) joining for the second half of the meeting. Issues discussed included the rotas in A&E and weekend working, rota gaps and the

loss of training opportunities particularly in the craft specialities. Annual leave (the importance of taking this), induction and Covid precautions including meetings outside work were also discussed, together with the new epic messaging app, car parking and the use of HEE funding for Trust rest facilities. The importance of exception reporting was emphasised and is encouraged.

8. Doctors and dentists in training not on 2016 TCS

Non-consultant, non-training grade doctors are able to exception report alongside their trainee colleagues using the same system and processes. So far we have not received many exception reports from this staff group.

9. Assurance processes

The following assurance processes have been put in place to provide assurance on the Guardian role and the appropriate implementation of the new junior doctors' contract:

- Development of key performance indicators for example establishment and sustainability of JDF and response times to exception reports.
- Benchmarking via the Regional and National Guardians' networks
- Peer review – ask other trusts/Guardians to review our processes in 2020/21.
- Audit of exception reporting process (annual).
- Requesting trainee feedback – a survey of juniors

A Non-Executive Director, Annette Doherty, provides support for the Guardian role.

KPIs: JDF sustained currently. Response times for ERs were assessed in our annual audit (January each year). 77 ERs were submitted in January 2022 – 24 (31%) were resolved within 7 days with 69% not having been returned from clinical or educational supervisors within 7 days. This compares to 55% in 2021 and 38% in 2020. We believe that this standard is challenging and unrealistic and note that other Trusts in the region agree. 58/77 ERs (75%) were closed. 39 ERs (51%) were raised by trainees within 7 days of occurrence with 38 being raised outside of 7 days.

Benchmarking takes place regionally and nationally via the GOSW who is chair of Regional GOSW network and arranges minuted meetings of the regional network every two months and attends national meetings on alternate months. A peer review has been requested from another Hospital in the Russell group.

A survey of trainees' views of exception reporting was distributed by the JDF this quarter (please see summary in appendix) and can be compared to the 2021 survey. The results again show that there are still some issues with logins

(although less now) and the length of time taken to exception report. However, the main concerns are that exception reporting is not perceived as making a difference and that they will be criticised for leaving late. Trainees do not want to "bother" a consultant with the administrative burden of processing exception reports. This echoes the regional trainee survey (2021) which identified problems accessing the reporting system, lack of awareness of how & when to submit reports, a negative culture around reporting with variable support from supervisors, difficulties in accessing TOIL and delays in receiving compensation. A HEE-EOE project team has developed an induction package and resources for supervisors that has been distributed to all new starters since August 2021.

10. Key Issues and Summary

Levels of exception reporting decreased during the covid pandemic with the subsequent lockdown, cancellation of many NHS activities and the redeployment of staff and was consistent across the EOE region and nationally. In Q2 this year, levels of reporting reverted to pre-covid levels and have now in Q4 exceeded these. The number of immediate safety concerns is relatively constant. Despite the loss of training opportunities, trainees rarely submit educational ERs. Rota gaps continue to be problematic; this has implications for working hours and patient safety.

Covid-19 affected interpretation of exception reporting data for the past two years. Under reporting continues to be a concern here and nationally and does not necessarily reflect the (anonymous) GMC trainee survey. Exception reporting of "immediate safety concerns" is considered in parallel with incident reporting by outside bodies including the CQC.

The revised TCS (2019) advised that trainees should not work more frequently than 1:3 weekends. Exemptions can be applied if there is a clearly identified clinical reason agreed by the relevant clinical director for that rota and deemed appropriate by the GOSW. Such rotas should be co-produced and must be approved by the affected doctors, agreed via the JDF, and reviewed annually. CUHFT had a number of rotas (n=11, mostly A & E and intensive care) which required trainees to work more than 1 in 3 weekends. Exemptions were agreed in September 2019. Solutions include more healthcare staff, re-allocation of roles and changes in working patterns, most of which have major financial implications. Some rotas have been resolved (n=5) but progress on the remaining six continues to be limited by assorted constraints and the delays on budget allocations. It is hoped that by August 2022 there will only be one rota (NICU) remaining with weekend working > 1:3. At the time of writing new exemptions have not been agreed as the steps outlined above have not been completed and this issue therefore remains unresolved.

HEE stipulated that trainees should not be redeployed outside their speciality during the second covid-19 wave and subsequent lockdowns without explicit

permission from HEE-EOE. Trainees, and in particular those in the surgical specialities did lose training opportunities as clinical services were reduced. Whether this will necessitate extensions to their training programmes will become clearer this summer following their ARCPs.

We are keen to ensure that clinical and educational supervisors and trainees remain engaged with the process of exception reporting and recognise its value in providing data that can be used to effect change. We are continuing to work on this by attending educational supervisor meetings and induction, whether in person or on line.

The Junior Doctors Forum (JDF) has the potential to identify, discuss and jointly address, with the Medical Director, Medical Staffing, the Guardian and the Postgraduate Medical Education Centre, rota and training issues as they arise. Improving the working conditions and morale of junior doctors is important as it will aid recruitment and retention, reducing rota gaps and will thus improve patient safety. NHSE awarded the Trust £55k for the JDF to use; this has been used to improve rest facilities across the Trust for trainees and clinical fellows. Currently monthly meetings of the JDF continue to be held remotely with variable attendance.

Exception reporting suggests that working hours remained mostly compliant in Q4 and patient safety has not been compromised. There are extra hours worked on some rotas and continuing problems with rota gaps that cannot be filled with locums. Concerns now are focussed on recovery plans and how best to ensure training (including catch up training) alongside service posts within the amended (2019) 2016 Terms and Conditions for Service.

11. Appendices

Appendix I: Glossary of terms and abbreviations
Appendix 2: Graphs of Exception Reporting data
Appendix 3: JDF Report & Survey results

Appendix I: Glossary of Terms and Abbreviations

F1	Foundation Doctor Year 1
F2	Foundation Doctor Year 2
StR	Specialty Registrar
SpR	Specialist Registrar
ACAS	Advisory, Conciliation and Arbitration Service
ARCP	Annual review competency progression
CCT	Certificate of Completion of Training
COGPED	Committee of General Practice Education Directors
CQC	Care Quality Commission
DME	Director of Medical Education
FPP	Flexible pay premium / premia
GDC	General Dental Council
GMC	General Medical Council
GP	General Practitioner
HEE	Health Education England
JLNC	Joint Local Negotiating Committee
LTFT	Less than Full Time
NHSI	NHS Improvement
NIHR	National Institute for Health Research
OOP	Out Of Programme
OOPC	Out Of Programme (Career Break)
OOPE	Out Of Programme (Experience)
OOPR	Out Of Programme (Research)
OOPT	Out Of Programme (Training)
PIDA	Public Interest Disclosure Act 1998
SDM	Senior decision maker
SID	Senior independent director
TCS	Terms and Conditions of Service
WPBA	Workplace based assessment
WTR	The Working Time Regulations 1998 (as amended)

Director of Medical Education (DME)	The DME is a member of consultant medical staff and an employee of the employer / host organisation who leads on the delivery of postgraduate medical and dental education in the Local Education Provider (LEP), ensuring that doctors receive a high quality educational experience and that GMC/GDC standards are met, together with the strategic direction of the organisation and Health Education England (HEE). The DME is responsible for delivering the educational contract between the LEP/ lead provider (LP) and HEE local team. For the purposes of these terms and conditions, where reference is made to the DME, the responsibilities described may be discharged by a nominated deputy to the DME.
Doctor or dentist in training	A doctor or dentist in postgraduate medical or dental education undertaking a post of employment or a series of posts of employment in hospital, general practice and/or other settings.
Educational review	An educational review is a formative process which enables doctors to receive feedback on their performance and to reflect on issues that they have encountered. Doctors will be able to raise concerns relating to curriculum delivery and patient safety. This will include regular discussions about the work schedule.
Educational supervisor	A named individual who is selected and appropriately trained to be responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time. The educational supervisor may be in a different department, and occasionally in a different organisation, to the trainee. Every trainee should have a named educational supervisor and the trainee should be informed of the name of the educational supervisor in writing. This definition also covers approved clinical supervisors in GP practice placements.
Episodes of work	Periods of continuous work within an on call period separated by periods of rest.
Exception reporting	Mechanism used by doctors to inform the employer when their day- to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be differences in total hours of work, pattern of hours worked, in the educational opportunities and support available to the doctor.

Guardian of safe working hours	A senior appointment made jointly by the employer / host organisation and junior doctors, who ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and provides assurance to the Board of the employing organisation that doctors' working hours are safe.
On-call	A doctor is on-call when they are required by the employer to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period. A doctor carrying an ‘on-call’ bleep whilst already present at their place of work as part of their scheduled duties does not meet the definition of on-call working.
On-call period	An on-call period is the time that the doctor is required to be on call (as defined above) by their employer.
Placement	For the purposes of these TCS, a placement is a setting into which a doctor is placed to work for a fixed period of time in a post or posts in order to acquire the skills and competencies relevant to the training curriculum, as described in the work schedule.
Post	For the purposes of these TCS, a post has approval by the GMC/HEE for the purposes of postgraduate medical and dental education. Each approved post is located within an employer or host organisation.
Rota	The working pattern of an individual doctor or group of doctors.
Rota cycle	The number of weeks' activity set out in a rota, from which the average hours of a doctor’s work and the distribution of those hours are calculated.
Rotation	A rotation is a series of placements made by the HEE local office into posts with one or more employers or host organisations. These can be at one or more locations.
Senior independent director	Non-executive director appointed by the board of directors to whom concerns regarding the performance of the guardian of safe working hours can be escalated where they are not properly resolved through the usual channels.

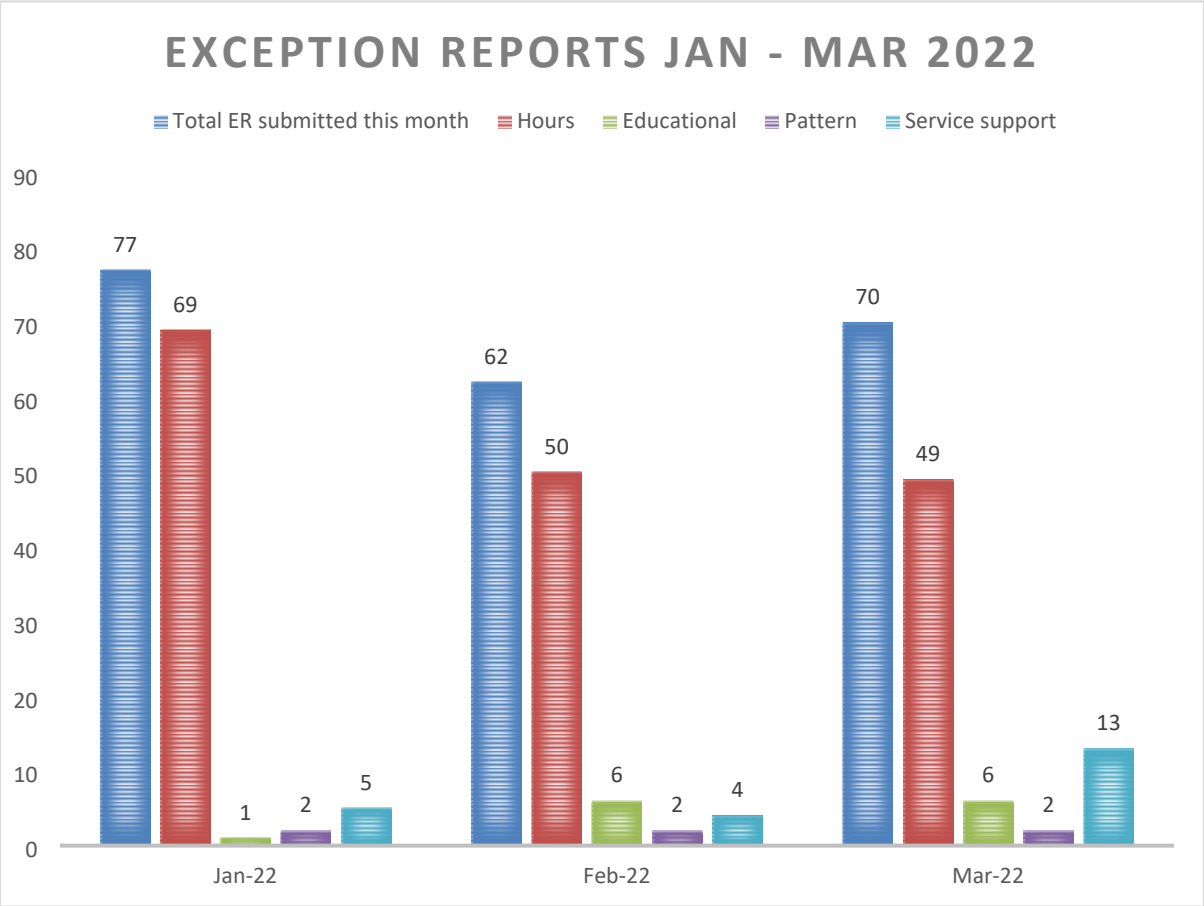
Shift	The period which the employer schedules the doctor to be at the work place performing their duties, excluding any on-call duty periods.
Training programme	Training programmes and training posts are approved by the GMC or (for dental programmes) HEE. Learning environments and posts used for training are recommended for approval by HEE for the purpose of postgraduate medical/dental education. Time spent in those posts/environments allows the doctor to acquire and demonstrate the competencies to progress through the training pathway for their chosen specialty (including general practice) and to acquire a Certificate of Completion of Training (CCT).
Work schedule	A work schedule is a document that sets out the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement, research and patient safety activities, periods of formal study (other than study leave), and the number and distribution of hours for which the doctor is contracted.
Work schedule review	A work schedule review is a formal process by which changes to the work schedule may be suggested and/or agreed. A work schedule review can be triggered by one or more exception reports, or by a request from either the doctor or the employer. A work schedule review should consider safe working, working hours, educational concerns and/or issues relating to service delivery.
WTR reference period	Reference period as defined in the Working Time Regulations 1998 (as amended), currently 26 weeks.

Appendix 2

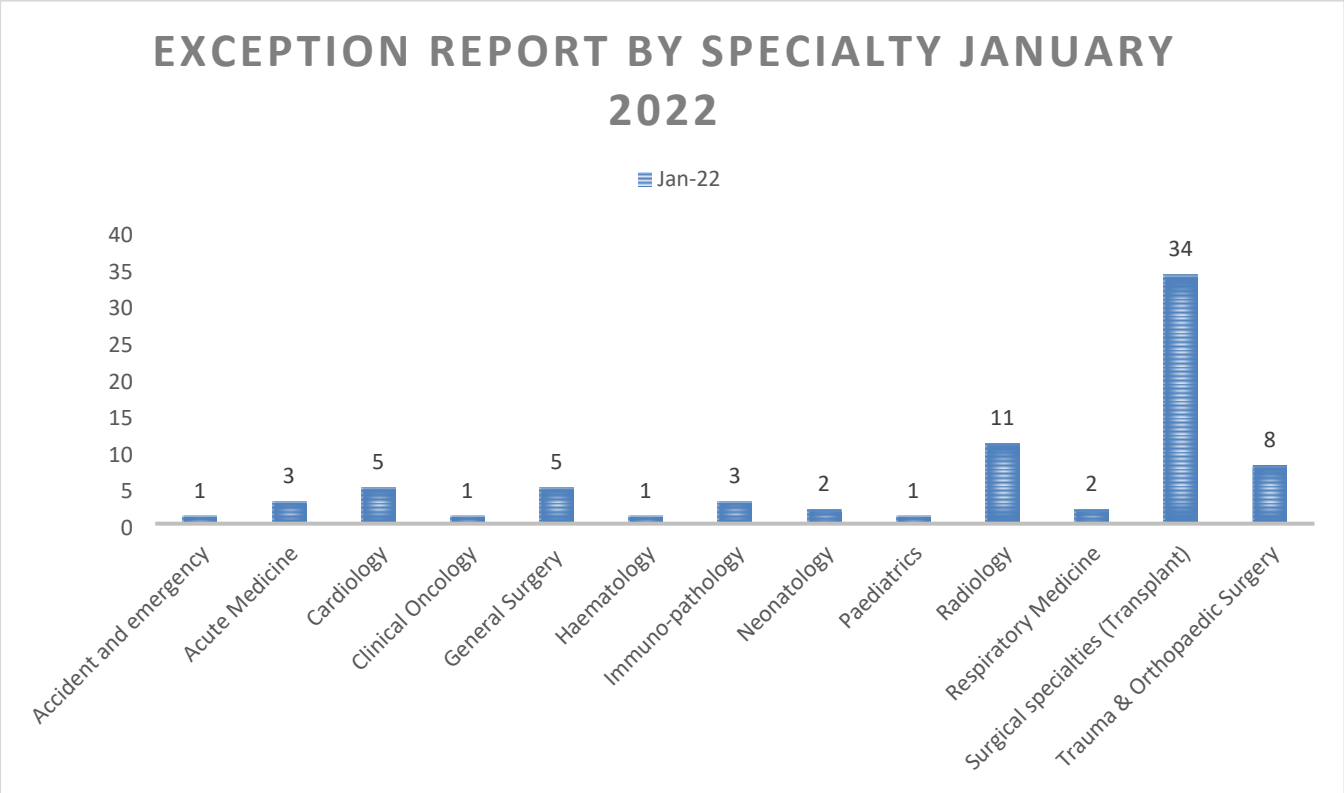
Exception report data

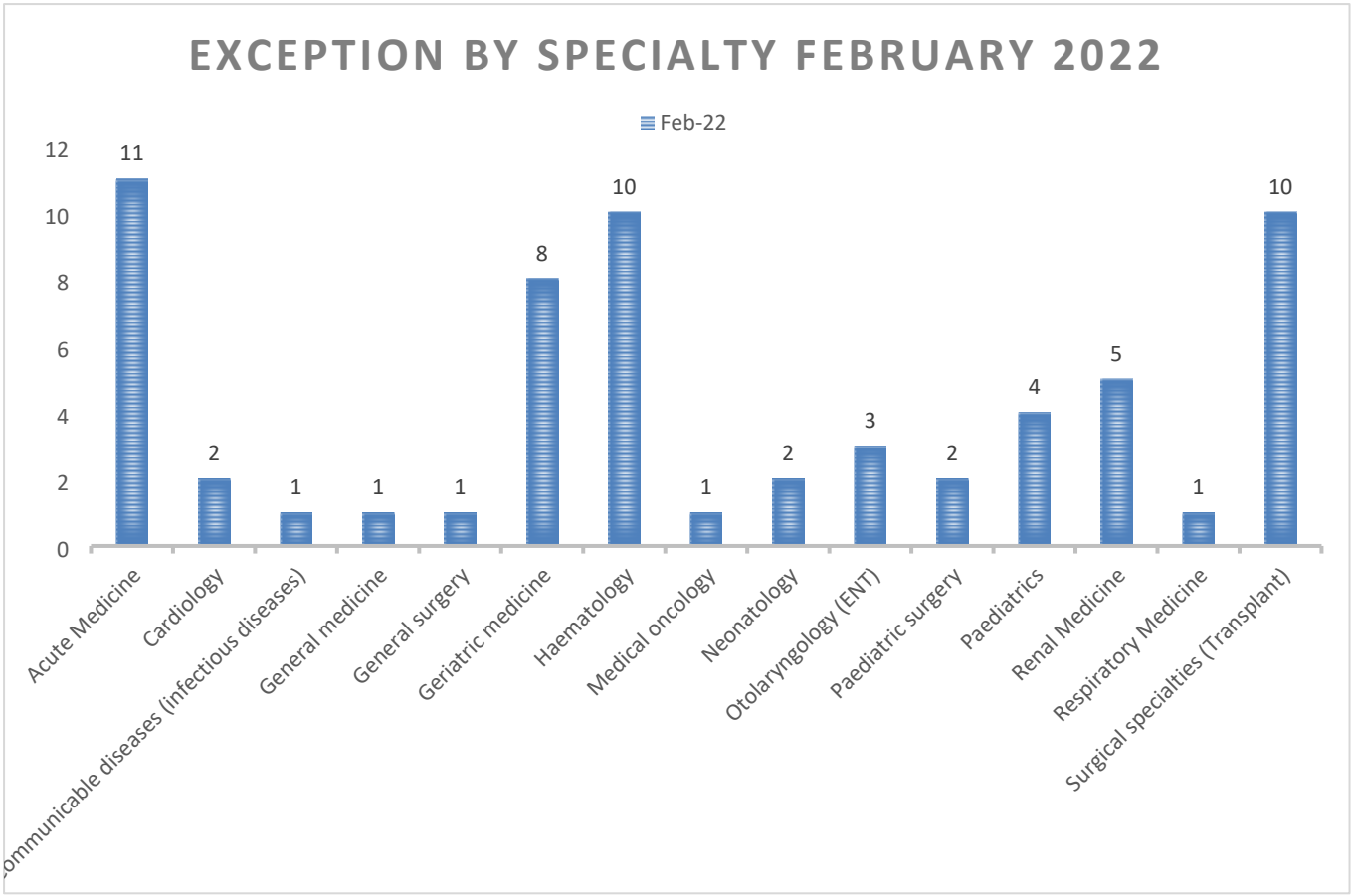
January – March 2022

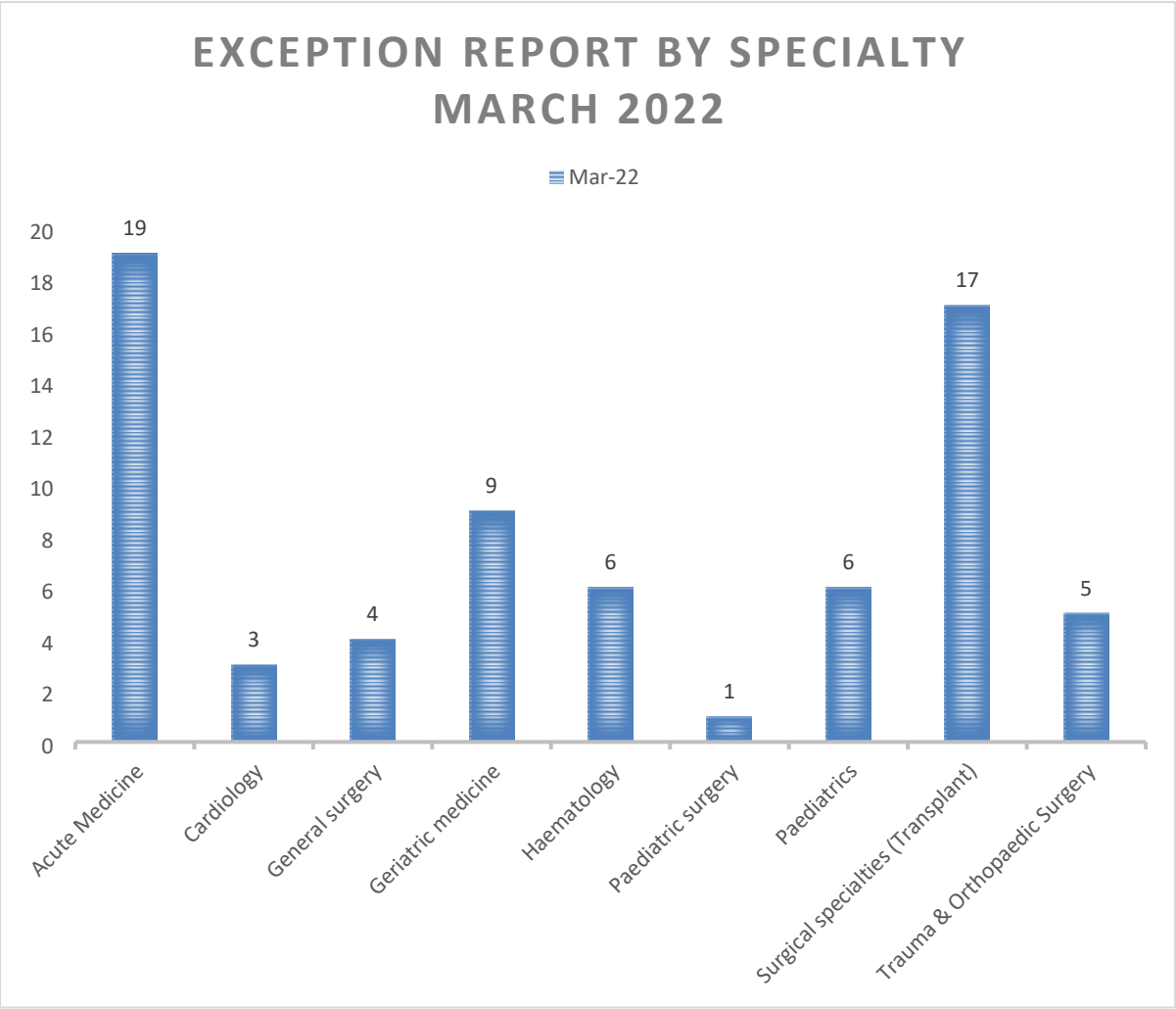
Overview:



Specialty breakdown:



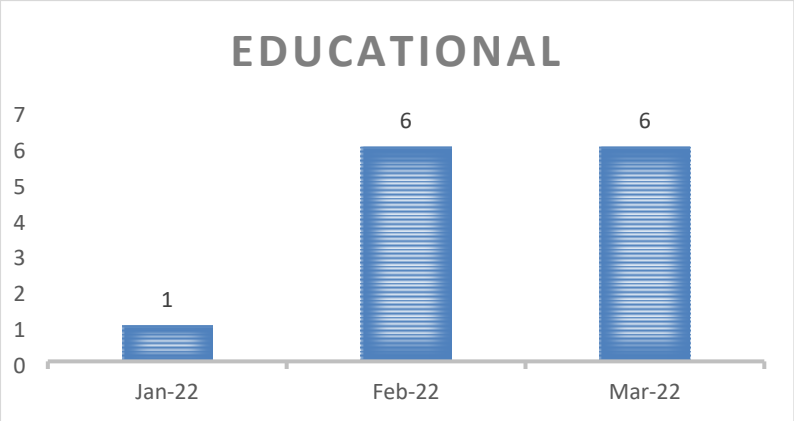

EXCEPTION BY SPECIALTY FEBRUARY 2022
Feb-22
12
10
8
6
4
2
0
11
2
1
1
1
8
10
1
2
3
2
4
5
1
10
Acute Medicine
Cardiology
ommunicable diseases (infectious diseases)
General medicine
General surgery
Geriatric medicine
Haematology
Medical oncology
Neonatology
Otolaryngology (ENT)
Paediatric surgery
Paediatrics
Renal Medicine
Respiratory Medicine
Surgical specialties (Transplant)



- A high number of exceptions have been received from Transplant as a result of conversations with Medical Staffing in regards to missed rest periods and overtime.

Category breakdown:

Educational category:



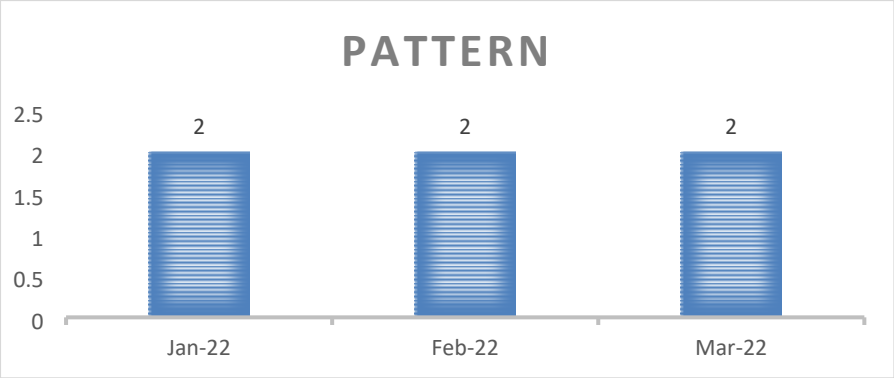
A total of 13 exceptions have been received in regards to education or missed training opportunities.

Trauma & Orthopaedic Surgery	4
Geriatric medicine	1
Acute Medicine	4
Communicable diseases (infectious diseases)	1
Acute Medicine	1
Cardiology	1
General surgery	1

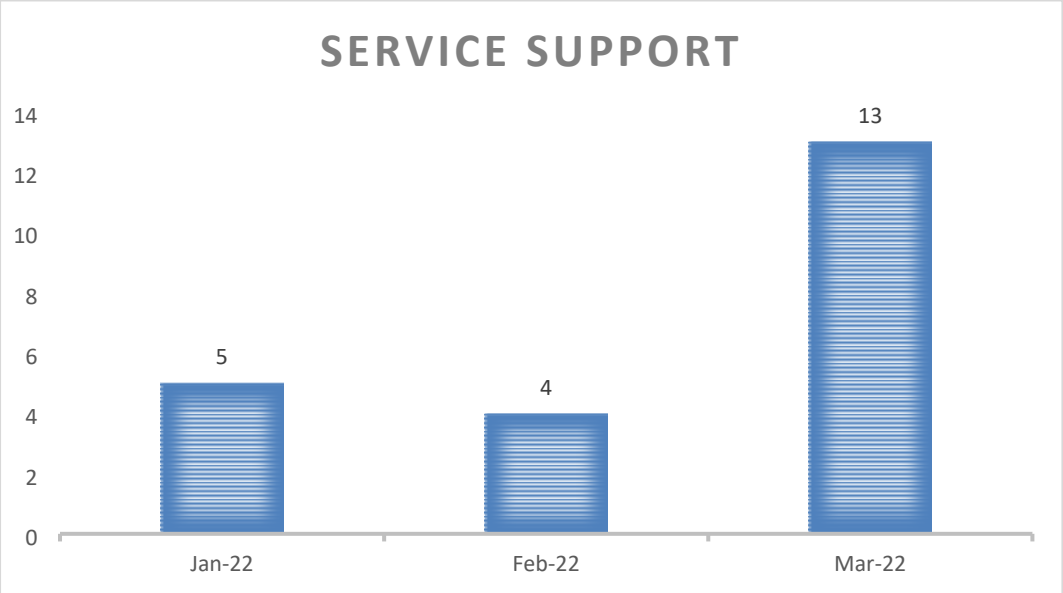
Reasons summarised below:

- Taken off theatre day and asked to cover wards instead due to department sickness
- GP teaching session missed due to staff shortages
- Reporting missed SDT time
- Moved from take shifts to cover wards due to sickness
- Missed IMT training due to ward pressures
- Missed teaching session due to short staffing and increased patient workload

Pattern:



Service Support:



A total of 22 exceptions have been received in regards to service support.

Acute Medicine	5
General medicine	9
Neonatology	1
Paediatrics	3
Trauma & Orthopaedic Surgery	4

Reasons summarised below:

- Multiple rota gaps so only one junior covering take
- Lack of SHO cover on NWD leading to one registrar for 22 patients

- Due to short staffing and work load, unable to take full break
- Due to SHO sickness, only one SHO covering all ward patients
- Due to SHO sickness, only one SHO covering all inpatients
- Changes to red or green area cover at short notice.
- Covering multiple areas due to sickness and short staffing

Appendix 3

Summary Leaving Late Report - Junior Doctor Survey

Aims:

1) To identify if and why junior doctors were leaving late.
2) To gauge if current exception reporting reflected the reality of junior doctors' working hours.
3) To identify barriers to exception reporting.
4) To examine how frequently junior doctors are able to take their breaks and if not why not.
5) To provide an opportunity to raise other issues of concern.

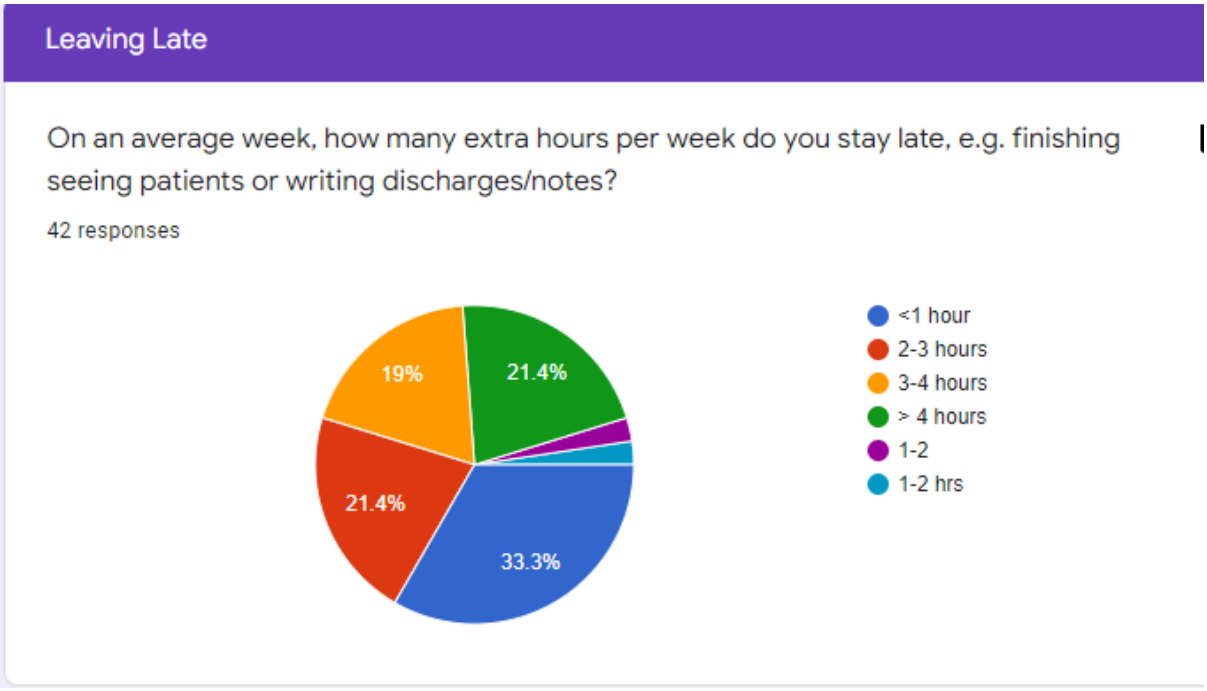
Method:

A survey was created in google forms linked to a QRS code. Two large posters were put in the doctor's mess with this QRS link from 18 Jan to 25 Apr 2022. Junior doctors were also encouraged to reply via email links embedded in the junior doctor monthly update newsletter.

Results:

The survey elicited 42 responses from a broad range of specialties (see column B, Mind the GAP spreadsheet).

Leaving Late



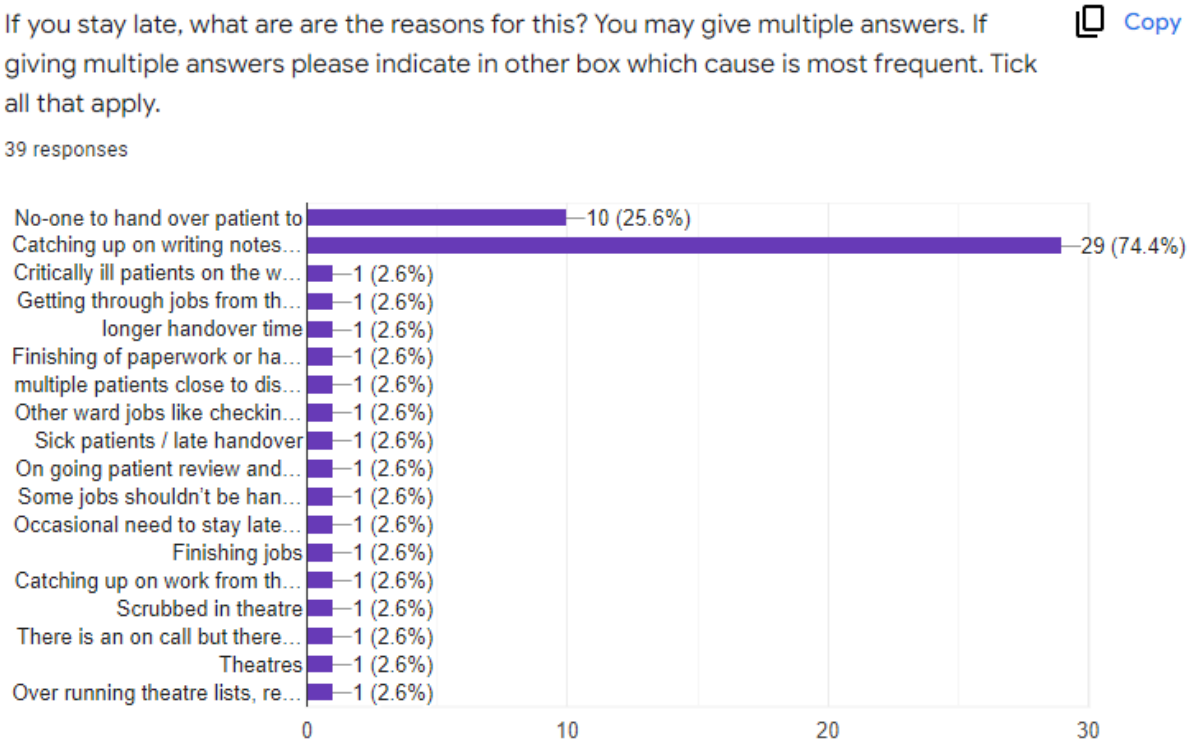
33% of respondents said they worked less than one additional hour per week.

21.4% worked between 2 and 3 additional hours per week..

19 % worked between 3-4 hours per week.

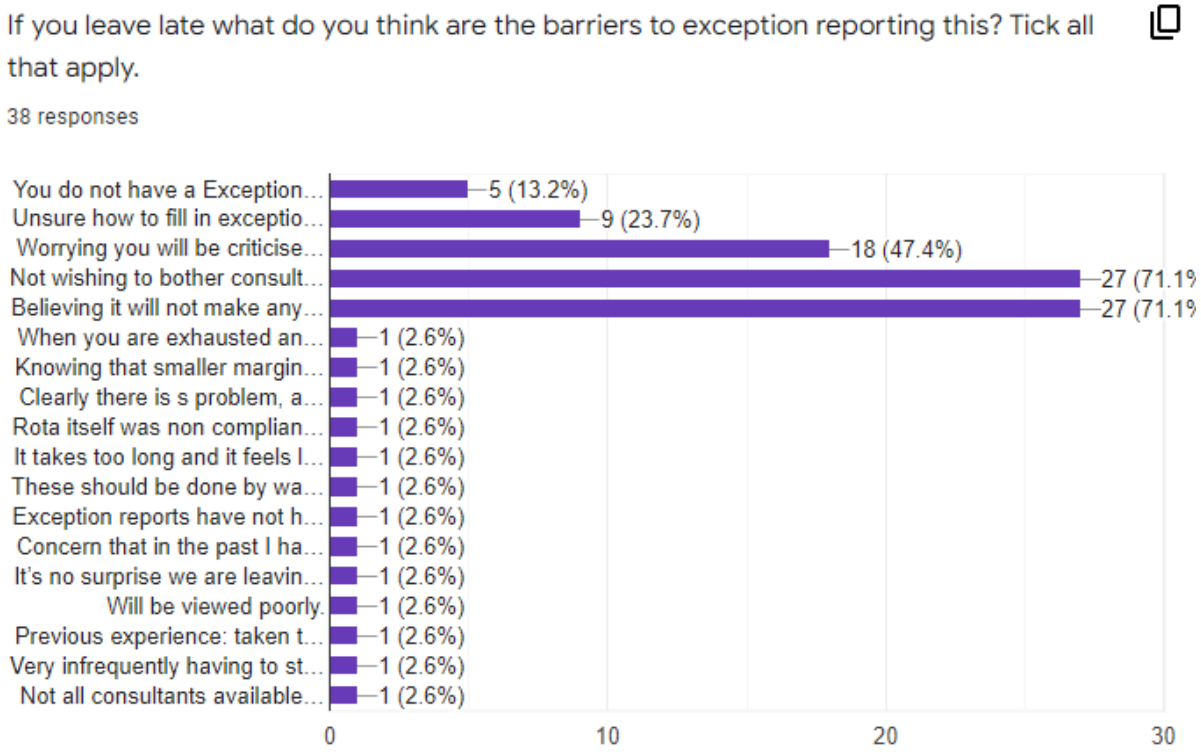
21.4% worked more than an additional four hours per week.

Reasons for Leaving Late



The most common reasons for leaving late were: catching up on writing notes (74.4%) and there being no-one else to hand over to (25.6%). For full data labels see Column G in the Mind the Gap Spreadsheet.

Barriers to Exception Reporting



The top 5 reasons for not exception reporting were:

Not wishing to bother consultants -71%

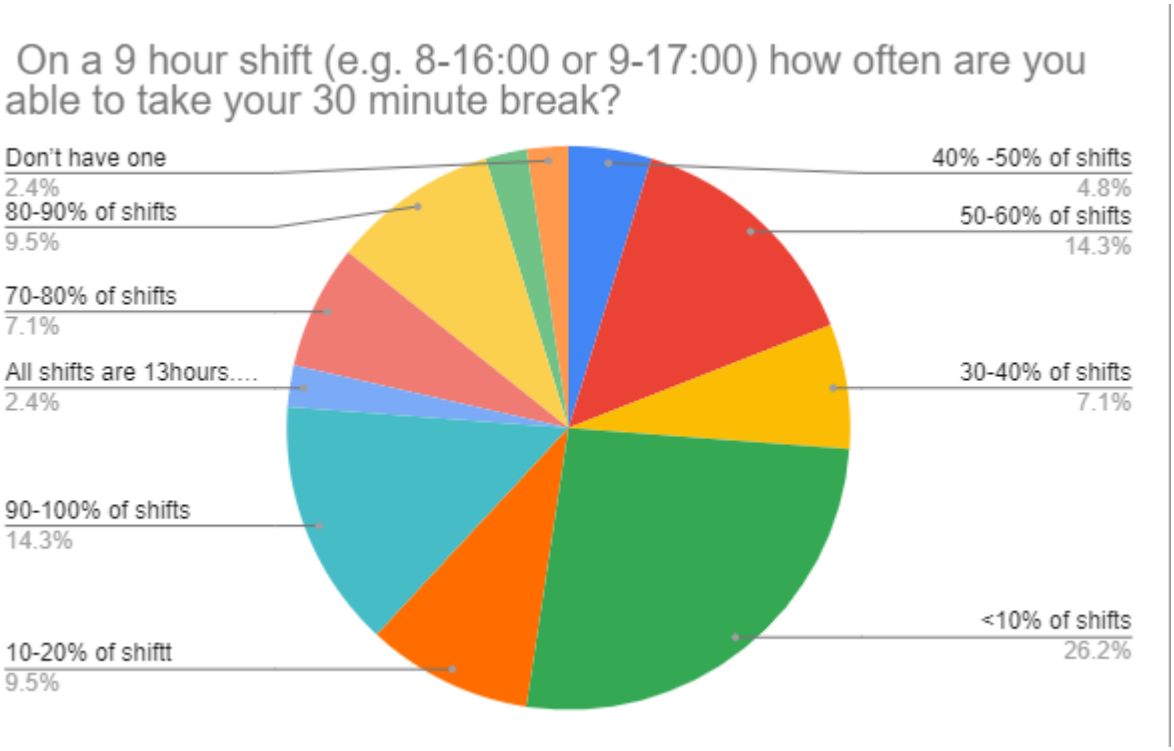
Believing it will not make any difference -71%

Worrying you will be criticised for leaving late- 47%

Not having an exception reporting account- 13.2%

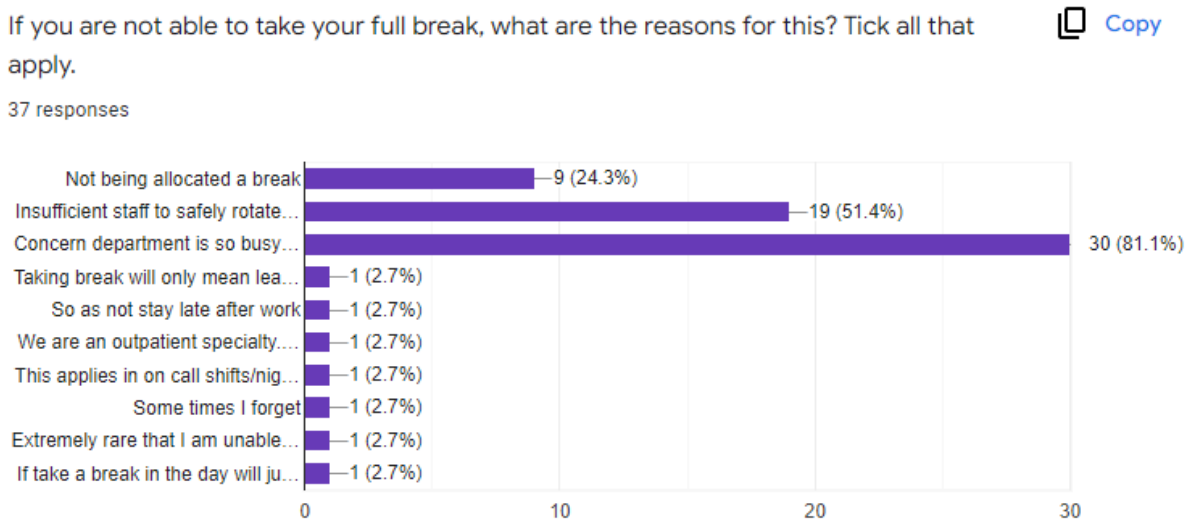
A full breakdown can be seen in Column H in the Mind the Gap Spreadsheet.

Breaks



On a standard day shift 14.3% of doctors were able to take their 30 minute break in >90% of their shifts. 26.2% of doctors were able to take their breaks in less than 10% of shifts.

Barriers to Taking Breaks



The top 3 reasons for not being able to take a break are:

Concern the department is too busy (81.1%)

Insufficient staff to safely rotate workload (51.4%)

Not being allocated a break (24.3)

Full data labels are viewable at Mind the Gap Spreadsheet Column J.

Other Areas of Concern

Junior doctors were asked as part of the survey if there were any other areas they wished to highlight to the Junior Doctor Committee. A full list of comments can be seen in Column M of the accompanying spreadsheet. Below are highlights of thematic comments.

Delays with Handovers

‘Acute medicine rota included in pack with DME now. Evening handovers are almost never smooth. Several several times we have to stay late as no one is there to handover. The DME juniors already have 5 wards to receive handover from and

cover thereafter. Sometimes the junior is not aware that they are also covering acute medicine in the evenings which further delays things. Also, if you are told of an unwell patient at quarter to 6 (a frequent occurrence on acute medical wards, of course no one's fault), you have no option but to stay and manage as the handover over person won't be there.

Until last August, one dedicated junior on the acute wards was always there and things were more or less smooth, can this be considered again?'

Locum Rates

Response 13 (PICU doctor) - 'Terrible locum rates, well below regional average. If the trust paid an acceptable rate, people will fill gaps' also of note is picu doctor says. No. Trust locum rates are still £20+ below other regional hospitals'

Response 26 (Acute med doctor) - 'Trust position is would rather leave a rota gap than hire external locum. Acute med rota deters me from taking locums - especially if only one day off between blocks of shifts '

Response 27 - 'I tend to provide cross cover at short notice as a Locum. I have been happy to do this but have had some problems with being paid and on one occasion I suggested in a meeting with medical staffing that they pay me that day, and I would agree to cover the weekend. They said this wasn't possible and so both weekend nights went without an SHO. All they would have needed to do to ensure cover would have been to pay me an extra payroll payment, which would have incurred a small cost for the trust (about £20) but they claimed this wasn't possible (untrue). This was very concerning indeed'.

Response 42 (Gen Surg ST4 or above) - 'Locum pay is too low compared to other hospitals so people are less likely to volunteer to do shifts to fill the gaps training is not being protected by rota gaps '

Response 22- 'Either increase the staffing or increase the payment.. there is no recognition for hard work..'

Working weekends

Response 3 (PICU doctor) - High burden of working weekends. Working without a second SpR overnight or on days, which has safety implications.'

Response 11- 'Rota compliance is very important for JD well-being especially after the last 2 years. Please can this be made a priority along with appropriate staffing.'

Response 16 (ED Doctor) - ‘Demoralising the ED doctors working more the. 1 in 3 weekends who feel that the senior trust management and finances department are using the medical staffing team to take the flack for their lack of forward planning for workforce funding. Trainees do not feel listened too after campaigning for the last 2 years. EM trainees are asking to have Addenbrookes removed from their rotations as it is very isolating working 1 in 2 weekends and makes having a family very difficult. Rates of applications for part time work have increased as a result of the rota being unsustainable. The contract exemption has been invalid since September 2020 and the Guardian of Safeguarding has not signed another exemption as the trust made no efforts to improve the situation for their staff. Other trauma centres across the country have managed 1 in 3 weekends and all the other hospitals in the East to England have too. The junior doctors do not want unsafe staffing levels to solve the problem and support the ED consultants who have requested support from the trust multiple times in the last 5 years at divisional level.’

‘It is neither kind, safe or excellent making junior doctors work more than 1 in 3 weekends in breach of the contract and under an exemption that expired 2020. Very poor care of staff by the trust and sets a very low bar for standard of care where the trust should lead by example. ‘

Discussion and Conclusion

The key motivation of the junior doctor committee for carrying out this survey was to seek to capture data about discussed but not formally reported phenomenon. Junior doctors will often comment on leaving late or not being able to take breaks and yet exception report numbers have remained low, with only a handful of reports per quarter.

When the junior doctor committee members have questioned junior doctors as to why they have not completed exception reports a number of reasons are given, which as the survey results suggest include: not wishing to bother consultants with the administrative burden of exception report review, not believing it will make any difference or worry about being criticised for leaving late .

The reasons for leaving late were numerous but included staying later to catch up on documentation. no person to hand over work to and many more. Junior doctors are quite rightly expected to ensure both patient safety and good documentation as part of this. The results suggest that a significant proportion of colleagues are simply unable to leave on time for safety and documentation purposes. These reasons may indicate why as many as 21.4% of respondents work more than 4 additional unscheduled hours per week. In addition, 26.4% were only able to take a full 30 minute break on less than 10% of their standard shifts, suggesting junior doctors are

experiencing a high intensity workload. This is obviously an area of concern and suggests that there is an imbalance between junior doctor staffing and workload.

There are currently rotas in the trust which are not meeting the 1:3 weekend work rate as set out under the Junior Doctor Contract. These departments include NICU, PICU and the emergency department. That these departments are not able to meet the national contractual terms is further indication that there are departments that require additional staffing.

Increasing staffing levels is easier suggested than completed. Given that a long term solution will take time to achieve this, the importance of locum doctors needs to be considered. It is therefore worth noting that in general feedback, several junior doctors highlighted that they thought locum rates were insufficiently attractive to fill rota gaps. In addition to looking at increasing full time staffing levels, we recommend that the trust reviews locum rates in order to address some of the issues identified in this survey.

Dr Tom Rock

Junior Doctor Forum Co-Chair

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 13 July 2022

Agenda item	13.2
Title	Annual Report on Safe Working Hours: Doctors and Dentists in Training
Sponsoring executive director	Dr Ashley Shaw, Medical Director
Author(s)	Dr Jane MacDougall, Guardian of Safe Working
Purpose	To receive the report on safeguarding working hours.
Previously considered by	Management Executive, 7 July 2022

Executive Summary

This is the fifth annual report, based on a national template, to the Board of Directors by the Guardian of Safe Working. This role was introduced to support the implementation and maintenance of the 2016 national contract for Doctors in Training and provides an independent oversight of their working hours. The process of exception reporting provides data on their working hours and can be used to record safety concerns related to these and rota gaps. In addition it can identify missed training opportunities. Reporting to the Board of Directors is a stipulated requirement of this role and this report reflects the financial year 2021/22. The Trust has 646 doctors in training who have all transferred to the 2016 Terms and Conditions of Service.

Related Trust objectives	Improving patient care, Supporting our staff
Risk and Assurance	Assurance involves the development of key performance indicators, benchmarking, peer review and audit.
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	Safeguards around doctors' hours are outlined in national terms and conditions. These stipulate that the Guardian of Safe Working Hours "shall report no less than once every quarter to the Board".
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	Yes.

Action required by the Board of Directors

The Board is asked to note the fifth annual (2021/22) report from the Guardian of Safe Working.

Cambridge University Hospitals NHS Foundation Trust

13 July 2022

Board of Directors
Annual Report on Safe Working Hours: Doctors and Dentists in Training
Dr Jane MacDougall, Guardian of Safe Working

Key messages

- The annual Guardian of Safe Working report for 2020-21 described the pattern of exception reporting during the covid-19 pandemic. Overall working hours were considered safe on most rotas despite all the service pressures during that period. However, several areas of concern were noted. These included under reporting, loss of training, gaps and excessive weekend working on some rotas. Areas of good practice were identified and included the Junior doctors' forum (JDF) and Trust Board engagement.

- This year the number of exception reports has increased to pre-pandemic levels, and in Q4 exceeded these. There was still evidence of the previously noted cyclical variation with more reports submitted in August & September (as new doctors start work) and over the winter (winter pressures and staff vacancies).

- Under reporting is still a significant concern both here and nationally. Once again, few exception reports (ERs) have been submitted for missed training opportunities, which is surprising considering the loss of training this year particularly in the craft specialities. There is concern that a number of trainees will require extensions to their training which has workforce, recruitment & financial implications.

- Two surveys of the process of exception reporting (one local, the other regional) suggest that a few clinical & educational supervisors are neither engaged with the process, nor recognise its value in providing data that can be used to effect change and improvements in rotas and working hours and thus improve patient care. Doctors who are tired may make poor clinical decisions. We have tried to address this via educational supervisor meetings.

- Gaps in rotas continue to be a major concern (both here and nationally) - even if posts are created they often cannot be filled and this has implications for working hours, patient safety and training.

- Most rotas are compliant with the Terms & Conditions of Service (TCS). However, there are still 6 rotas where trainees are working more than the recommended maximum of 1:3 weekends (as advised by the new TCS 2019). The 2019 amendments to the Terms and Conditions of Service (TCS) for junior doctors (2016) required changes to 60 of the 96 rotas in CUHFT. Exemptions can be applied if there is agreement from trainees involved, the JDF & the

GOSW; these were agreed in 2019, but need annual review, which was paused during the pandemic, and has not been agreed since. Medical Staffing are hopeful that there will only be one rota still working > 1:3 weekends remaining by August 2022 (NICU). Solutions have required investment with more healthcare staff and changes in working patterns. At the time of writing therefore this issue remains unresolved, although progress is being made.

- Less training was lost during the last lockdown because of the HEE recommendation that trainees should not be deployed outside their speciality & training programme without explicit permission from HEE-EOE. Concerns however, persist as to whether some individuals will require an extension to their training due to the impact of the covid pandemic particularly for the craft specialities. This in turn may impact recruitment into specialities and consultant appointments. Hospitals are under pressure to address the backlog of patient care and there continues to be a risk that training will not be prioritised.

- The JDF (chaired by a trainee) continues to meet virtually every month with senior management joining to listen to trainee concerns. The JDF chairs are invited to attend Trust Board meetings and provide direct feedback to the Board. The Regional GOSW network (chaired by the CUH GOSW) still meets virtually every two months. Benchmarking from this group provides reassurance that Trust Board engagement here continues to be more positive than some other Trusts in the EOE.

1. Introduction

The process of exception reporting provides data on the working hours of doctors in training and can also identify missed training opportunities. This provides an additional mechanism to record safety concerns related to working hours and rota gaps. Reporting to the Board of Directors is a stipulated requirement of this role and this report reflects the position at completion of the fourth year since the implementation of the new 2016 Terms and Conditions of Service.

Please note that the detailed data below relates only to doctors directly overseen by the Guardian of Safe Working for Cambridge University Foundation Trust.

2. Board reporting

High level data

Number of doctors / dentists in training (total):	660	
Number of doctors / dentists in training on 2016 TCS (total):	660	
Number of doctors / dentists on local contracts (Clinical Fellows):	235	
Total junior doctor/ dentist establishment:		895

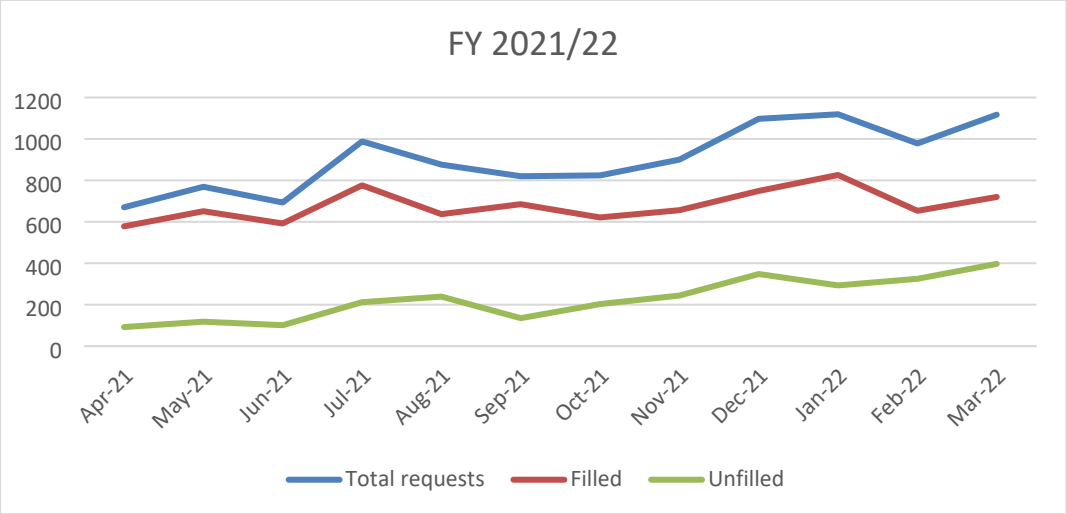
With effect from August 2018 the ability to exception report was rolled out to all junior doctors, including non-consultant non-training grade doctors.

Amount of time available in job plan for Guardian to do the role:	2 PAs / 8 hours per week
Admin support provided to the Guardian:	1 WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

3. Annual data summary

The Trust Junior Doctor locum bank usage over the financial year 2020/2021 is as follows. Please note that these figures include all COVID related additional activity paid as locum. It also includes additional duty requests for resilience for rotas both filled and unfilled to ensure that areas of the hospital were safely staffed during the pandemic response.

Month	Total requests	Bank	Unfilled	Fill rate
Apr-21	670	578	92	86.27%
May-21	769	651	118	84.66%
Jun-21	693	592	101	85.43%
Jul-21	988	776	212	78.54%
Aug-21`	876	637	239	72.72%
Sep-21	820	685	135	83.54%
Oct-21	824	621	203	75.36%
Nov-21	900	656	244	72.89%
Dec-21	1097	749	348	68.28%
Jan-22	1119	826	293	73.82%
Feb-22	978	653	325	66.77%
Mar-22	1117	720	397	64.46%



4. Issues Arising

4.1 Exception Reporting

- The covid-19 pandemic made it difficult to interpret trends and comparison to previous years was not helpful. This year 562 exception reports were submitted last year (compared to 497 in 2020-21). 476 of these were for extra hours worked, 29 for pattern of working and 35 for service support (compared to 11 in the previous year). There were 26 safety concerns (21 last year). There were only 22 educational ERs submitted. There is a consistent cyclical variation with more reports submitted in August & September (as new doctors start work) and over the winter (winter pressures and staff vacancies). Rota design to mitigate this would be helpful.

- Under reporting is still a significant concern both here and nationally. Once again, few exception reports (ERs) have been submitted for missed training opportunities, which is surprising given trainees expressed concerns over missed training particularly in the craft specialities last summer.

- Trainee surveys this and last year have suggested that reasons for not reporting included lack of anonymity, a perception that submitting an ER would be perceived negatively by their clinical supervisors and that exception reporting is not perceived as making a difference and that they will be criticised. Trainees do not want to "bother" a consultant with the administrative burden of processing exception reports. This echoes the regional trainee survey (2021) which identified problems accessing the reporting system, lack of awareness of how & when to submit reports, a negative culture around

reporting with variable support from supervisors, difficulties in accessing TOIL and delays in receiving compensation.

- Attendance by the GOSW at educational supervisor events has demonstrated that a few clinical and educational supervisors are still neither engaged with the process, nor recognise its value in providing data that can be used to effect change.

4.2 Areas of concern

4.2.1 Surgery

Most ERs were generated by Foundation trainees on a variety of rotas.

4.2.2 Transplant

New submission in Q4 from trainees working in the transplant service.

4.2.3 Acute Medicine / DME

A number of ERs were submitted by trainees on various medical rotas – from acute medicine to covid ward rotas last summer.

4.2.4 Haematology

There continue to be a number of ERs submitted by trainees on the haematology rota.

4.2.5 NICU

ERs submitted in Q3-4 – related to hours worked

4.2.5 Emergency department

ERs submitted – mostly related to missing breaks and extra hours due to capacity issues.

4.3 Immediate safety concerns

Immediate safety concerns were mostly related to illness and short term rota gaps, where it had not been possible to secure appropriate locum cover. This is a particular problem in general medical and surgical FY1/2 rotas. Clinical teams do seem to have been informed in advance of the shifts and as far as we are aware there have been no obvious adverse patient consequences related to any reported immediate safety concerns, although trainees have had to work extra hours and have missed breaks in order to cover the clinical service.

4.4 Recruitment and retention – particularly international recruitment

Further to last year's report on recruitment and retention of junior staff, it has been again difficult to recruit overseas doctors (and there were several arguments against doing this particularly during the pandemic). Filling rota gaps does remain challenging.

4.5 Implementation of the 2019 amendments to the Terms and Conditions of Service for Junior Doctors (2016)

Prior to the pandemic plans were being made to accommodate the (2019) amendments to the Terms and Conditions of Service (TCS) for junior doctors (2016) which requires changes in 60/96 rotas in CUHFT. Work on this was deferred with the onset of the pandemic but was subsequently completed.

The new TCS advises that trainees should not work at a frequency of greater than 1:3 weekends. Exemptions can be applied for clinical reasons if there is agreement annually from trainees involved, the JDF and the GOSW. CUHFT had a number of rotas (n=11, mostly A & E and intensive care) which required trainees to work more than 1 in 3 weekends. Exemptions were agreed in September 2019. Solutions include more healthcare staff, re-allocation of roles and changes in working patterns, most of which have major financial implications. Some rotas have been resolved (n=6) but progress on the remaining five continues to be limited by assorted constraints and the delays on budget allocations. It is hoped that by August 2022 there will only be one rota (NICU) remaining with weekend working > 1:3. At the time of writing new exemptions have not been agreed as the steps outlined above have not been completed and this issue therefore remains unresolved.

5. Actions taken to resolve issues

5.1 Exception reporting process

The guardian administrator has worked with medical staffing to ensure that problems with logging in to Allocate are addressed. The software has improved with further updates expected.

We have worked with educational and clinical supervisors to demonstrate the benefits to patient care of exception reporting (ES updates, quarterly newsletter and attendance at induction A HEE-EOE project team has developed an induction package and resources for supervisors that has been distributed to all new starters since August 2021). Local and regional trainee surveys of exception reporting have suggested that the main barriers to exception reporting include login issues, documentation, the perception that exception reporting does not make a difference and that it can reflect badly on individuals. Some of these are not resolvable except nationally, but others can be by a change in the local culture.

5.2 Areas of concern

5.2.1 Surgery

ERs submitted by trainees working on surgical rotas are mostly related to rota gaps associated with short term needs for doctors to isolate related to covid-19. This should improve with reduced requirements to isolate but would also be helped if locums were more readily available.

5.2.2 Transplant

The transplant department have recently “discovered” exception reporting as a means to register the extra hours that are worked on these rotas. The data is being used to address the issue of weekend working > 1:3 in this department.

5.2.3 Acute Medicine / DME rotas

The medical rotas are complex, involving a large number of trainees. They were re-designed last year which has helped trainees from August 2021. Most ERs are related to rota gaps and the failure to fill these with locums.

5.2.3 Haematology

This department recognised the importance of exception reporting early on and have used the data to effect change in relation to enabling new posts. The Clinical and Educational supervisors support their trainees to ER.

5.2.4 NICU

Trainees on the NICU rota work > 1:3 weekends. It is proving difficult to address this issue as recruitment to rota gaps and the service remains problematic.

5.2.5 Emergency Department

A & E has had an increased service load since the pandemic, which is reflected in the number of ERs submitted for extra hours worked and missed breaks. In addition the higher level trainees are still working > 1:3 weekends. Current plans to recruit additional doctors to posts (advert gone out early May) should help to resolve this.

5.3 Immediate safety concerns

We continue to emphasise the importance of trainees escalating short term rota gaps at the time they occur to clinical leads so that gaps can be filled and patient safety ensured – if necessary by senior doctors “acting down”.

5.4 Recruitment and retention

It is widely acknowledged that there is an under supply of UK trained doctors and nurses to fill all existing vacancies across the NHS and the reasons for this are multi-faceted and complex. The Trust has a range of ever evolving initiatives to improve both recruitment and retention, these include opportunities for training, career development, practical assistance with accommodation, recruitment and retention premia. Medical Staffing continue to work with areas experiencing specific issues.

5.5 Implementation of the 2019 amendments to the Terms and Conditions of Service for Junior Doctors (2016)

Uncertainty around the covid-19 pandemic did complicate plans to redesign rotas that would comply with the TCS for junior doctors. Exemptions had been agreed in 2019 to the amendment that advises that trainees should not work more than 1:3 weekends but this requires annual review. Plans have been developed to reduce weekend working which involves various interventions including more staff and a change in working patterns. Further work and investment are required to reduce weekend working in the 6 remaining rotas. The Trust is committed to doing this and plans are in place to resolve issues, but exemptions remain unsigned until progress is made.

6. Summary

In general working hours for doctors and dentists in training remained compliant and safe across CUHFT, despite the challenges of the hospital emerging from the covid-19 pandemic. Staffing levels are generally adequate to provide good quality care and remained so during the pandemic. Rota gaps with doctors isolating and problems finding locums have been a major issue. Another concern has been the loss of training opportunities, particularly in the craft specialities. Less trainees were redeployed during the second wave & lockdown, and many found that access to teaching – especially regionally – was improved as this could take place virtually and more frequently. However, it is possible that a number of trainees will need to extend their training programmes which has workforce, financial and recruitment implications.

The exception reporting process has been useful in highlighting departments and rotas where there are issues; it also provides data that can be used to drive change – extra posts or reallocation of tasks to other professional groups. It should be noted that the process has not been cost neutral.

There continue to be areas with rota gaps which are difficult to recruit into, with implications for working hours, workload and patient safety combined with a reduction in training opportunities. The Trust Board has recognized these risks and the importance of improving trainee welfare (cf NHSI Eight high impact actions to improve the working environment for junior doctors) in order to attract and retain staff.

The 2019 amendments to the TCS necessitated a redesign of the majority of CUHFT rotas. As of the end of March 2022 there were still 6 rotas where trainees worked more than 1:3 weekends (mostly A&E and paediatric intensive care).

Exemptions were previously agreed in 2019 but have not been renewed. Solutions are likely to involve more staff, which has financial implications, and rota redesign. The Trust is committed to resolving these, but delays on budget setting hampered change.

Finally, the covid pandemic has provided more challenge, with medical staffing working very hard to develop new covid rotas which were compliant with the TCS. Hybrid rotas did persist for some time. Concerns have shifted from anxiety over rotas and covid to anxiety related to lost training.

7. Recommendations

Staffing levels in CUHFT are generally adequate to provide good quality patient care but there are some areas with persistent problems and rota gaps. The Board is asked to note that the 2019 amendments to the 2016 TCS for junior doctors in combination with redesigning rotas post covid was challenging and has impacted on training and trainee welfare.

The Board of Directors is asked to note this fifth annual (2021-22) report from the Guardian of Safe Working and is asked to provide their continuing support for measures to improve trainee welfare, training and morale and thus recruitment and retention.

8. Appendices

Appendix I: Glossary of terms and abbreviations

Appendix I: Glossary of Terms and Abbreviations

F1	Foundation Doctor Year 1
F2	Foundation Doctor Year 2
StR	Specialty Registrar
SpR	Specialist Registrar
ACAS	Advisory, Conciliation and Arbitration Service
CCT	Certificate of Completion of Training
COGPED	Committee of General Practice Education Directors
CQC	Care Quality Commission
DME	Director of Medical Education
FPP	Flexible pay premium / premia
GDC	General Dental Council
GMC	General Medical Council
GP	General Practitioner
HEE	Health Education England
JLNC	Joint Local Negotiating Committee
LTFT	Less than Full Time
NHSI	NHS Improvement
NIHR	National Institute for Health Research
OOP	Out Of Programme
OOPC	Out Of Programme (Career Break)
OOPE	Out Of Programme (Experience)
OOPR	Out Of Programme (Research)
OOPT	Out Of Programme (Training)
PIDA	Public Interest Disclosure Act 1998
SDM	Senior decision maker
SID	Senior independent director
TCS	Terms and Conditions of Service
WTR	The Working Time Regulations 1998 (as amended)

Acting down	Acting down is where a doctor is requested by their employer to cover the duties of a more junior colleague within their contracted working hours, although it may extend to covering the duties of a more junior colleague during unplanned additional hours. This definition does not apply, however, where the doctor undertakes duties as part of their normal workload which a more junior doctor might be competent to undertake; nor does it apply where a doctor agrees to undertake locum work at a more junior level.
Allocated Leave	Allocated leave is residual leave which is allocated to an individual doctor after requests for leave have been accommodated as best as possible.

Caring responsibilities	Significant responsibilities to care for another person, whether solely or as part of a group (for example of family members). This may include but is not limited to acting as a carer for a child or an ill or disabled family member.
Director of Medical Education (DME)	The DME is a member of consultant medical staff and an employee of the employer / host organisation who leads on the delivery of postgraduate medical and dental education in the Local Education Provider (LEP), ensuring that doctors receive a high quality educational experience and that GMC/GDC standards are met, together with the strategic direction of the organisation and Health Education England (HEE). The DME is responsible for delivering the educational contract between the LEP/ lead provider (LP) and HEE local team. For the purposes of these terms and conditions, where reference is made to the DME, the responsibilities described may be discharged by a nominated deputy to the DME.
Doctor	Wherever 'doctor' is used in these terms and conditions, it is intended to mean a doctor or dentist in an approved postgraduate training programme under the auspices of HEE.
Doctor or dentist in training	A doctor or dentist in postgraduate medical or dental education undertaking a post of employment or a series of posts of employment in hospital, general practice and/or other settings.
Educational review	An educational review is a formative process which enables doctors to receive feedback on their performance and to reflect on issues that they have encountered. Doctors will be able to raise concerns relating to curriculum delivery and patient safety. This will include regular discussions about the work schedule.
Educational supervisor	A named individual who is selected and appropriately trained to be responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time. The educational supervisor may be in a different department, and occasionally in a different organisation, to the trainee. Every trainee should have a named educational supervisor and the trainee should be informed of the name of the educational supervisor in writing. This definition also covers approved clinical supervisors in GP practice placements.
Employer	The organisation by which the employee is employed and which holds the contract of employment.

Episodes of work	Periods of continuous work within an on call period separated by periods of rest.
Exception reporting	Mechanism used by doctors to inform the employer when their day- to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be differences in total hours of work, pattern of hours worked, in the educational opportunities and support available to the doctor.
Form B	Form B is a GMC document which approves a training post at a specific point in time. It provides an outline of the educational and service activities and the expected learning outcomes from the post.
Guardian of safe working hours	A senior appointment made jointly by the employer / host organisation and junior doctors, who ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and provides assurance to the Board of the employing organisation that doctors' working hours are safe.
Host organisation	An organisation where a doctor is deployed to work in a post for a fixed period of time under a lead employer arrangement. The employer can also be, but is usually not, the host organisation.
Integrated clinical academic pathway	Integrated clinical academic pathway combines both clinical and academic components within one training programme (for example, those defined under the auspices of the National Institute for Health Research (NIHR)).
Lead employer	An organisation that issues and holds the contract of employment throughout a doctor’s training programme, during which the doctor may be deployed into one or more host organisations.
Long shift	For the purposes of these TCS, a long shift is any shift that exceeds 10 hours in duration.
On-call	A doctor is on-call when they are required by the employer to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period. A doctor carrying an ‘on-call’ bleep whilst already present at their place of work as part of their scheduled duties does not meet the definition of on-call working.

On-call period	An on-call period is the time that the doctor is required to be on call (as defined above) by their employer.
Period of grace	6 months of continued employment after a doctor has successfully completed their specialist training. Periods of grace are not applicable to GP trainees.
Placement	For the purposes of these TCS, a placement is a setting into which a doctor is placed to work for a fixed period of time in a post or posts in order to acquire the skills and competencies relevant to the training curriculum, as described in the work schedule.
Post	For the purposes of these TCS, a post has approval by the GMC/HEE for the purposes of postgraduate medical and dental education. Each approved post is located within an employer or host organisation.
Professional leave	Professional leave is leave in relation to professional work.
Professional work	Professional work is work done outside of the requirements of the curriculum and/or the employer/host organisation for professional bodies such as Royal Colleges, Faculties or the GMC/GDC. Non-trade union activities undertaken by for a recognised trade union, for example work on an Ethics Committee would count as professional work, however trade union duties and activities are covered through recognition agreements.
Public holiday	Holidays recognised by the NHS in England. Currently, these are: New Year's Day; Easter Friday (otherwise also known as Good Friday); Easter Monday; the two May bank holidays; the August bank holiday; Christmas Day and Boxing Day.
The regulator	General Medical Council or (for dental programmes) other relevant body.
Resident on-call	A doctor who is resident on-call is required to be present on site and available to work for the whole on-call period, but will not be expected to be working during that time unless called upon to do so.
Rota	The working pattern of an individual doctor or group of doctors.
Rota cycle	The number of weeks' activity set out in a rota, from which the average hours of a doctor's work and the distribution of those hours are calculated.

Rotation	A rotation is a series of placements made by the HEE local office into posts with one or more employers or host organisations. These can be at one or more locations.
Senior independent director	Non-executive director appointed by the board of directors to whom concerns regarding the performance of the guardian of safe working hours can be escalated where they are not properly resolved through the usual channels.
Shift	The period which the employer schedules the doctor to be at the work place performing their duties, excluding any on-call duty periods.
Special leave	Special leave for any circumstances will be defined by the employer's local policy.
Study leave	Study leave is leave that allows time, inside or outside of the workplace, for formal learning that meets the requirements of the curriculum and personalised training objectives. This will include regional educational events where the time is protected.
Training programme	Training programmes and training posts are approved by the GMC or (for dental programmes) HEE. Learning environments and posts used for training are recommended for approval by HEE for the purpose of postgraduate medical/dental education. Time spent in those posts/environments allows the doctor to acquire and demonstrate the competencies to progress through the training pathway for their chosen specialty (including general practice) and to acquire a Certificate of Completion of Training (CCT).
Work schedule	A work schedule is a document that sets out the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement, research and patient safety activities, periods of formal study (other than study leave), and the number and distribution of hours for which the doctor is contracted.

Work schedule review	A work schedule review is a formal process by which changes to the work schedule may be suggested and/or agreed. A work schedule review can be triggered by one or more exception reports, or by a request from either the doctor or the employer. A work schedule review should consider safe working, working hours, educational concerns and/or issues relating to service delivery.
WTR reference period	Reference period as defined in the Working Time Regulations 1998 (as amended), currently 26 weeks.

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 13 July 2022

Agenda item	14
Title	Freedom to Speak Up Guardian report
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	Francesca Taylor, Freedom to Speak Up Guardian
Purpose	To inform the Board of progress on the Speaking Up Service.
Previously considered by	Management Executive, 7 July 2022

Executive Summary

This report provides the Board with a six-monthly update from the Freedom to Speak Up Guardian covering the period to the end of March 2022.

Related Trust objectives	All Trust objectives
Risk and Assurance	The report provides assurance on the steps being taken to promote open and transparent speaking up culture.
Related Assurance Framework Entries	BAF risks 007, 008, 013
How does this report affect Sustainability?	n/a

Does this report reference the Trust's values of “Together: safe, kind and excellent”?	The Trust’s Safe value: “I never walk past; I always speak up”

Action required by the Board of Directors

The Board is asked to receive and discuss the six-monthly report from the Trust’s Freedom to Speak Up Guardian.

Cambridge University Hospitals NHS Foundation Trust

13 July 2022

Board of Directors
Freedom to Speak Up Guardian report
Francesca Taylor, Freedom to Speak Up Guardian

1. Introduction

1.1 The creation of the Freedom to Speak Up Guardian (FTSUG) role was one of the recommendations of Sir Robert Francis' Freedom to Speak Up review following the Mid Staffordshire Public Inquiry.

1.2 Francesca Taylor took up post as the Trust's FTSUG on 23 May 2022 and will cover the role until Elizabeth Bulley's return in May 2023. Francesca is seconded from her permanent post as Senior Sister on EAU5 ward. During the period of transition between Elizabeth and Francesca, Annie Ng has provided interim FTSUG cover for CUH in the period from April to June 2022. Annie is the FTSUG at Cambridgeshire and Peterborough NHS Foundation Trust.

1.3 The Director of Corporate Affairs is the Executive lead for raising concerns and speaking up. Annette Doherty is the link Non-Executive Director for Freedom to Speak Up and has met with the new FTSUG following her appointment.

1.4 This report provides the Board with an update of the activity and progress of the Freedom to Speak Up service over the last six-month period (October 2021 to March 2022) since the previous report to the Board in January 2022.

2. Recent progress

2.1 The new FTSUG has completed the National Guardian's Office (NGO) training for Guardians.

2.2 The first month has been focused on holding introductory meetings with key stakeholders both internally and externally. The FTSUG has visited a number of wards and departments and engaged with staff in these areas. She has attended a number of CUH meetings, including with the Staff Networks and the Junior Doctors' Forum, to introduce herself and raise the profile of the Speaking Up service. Further meetings are planned.

2.3 In particular, the FTSUG is in discussion with Maternity Services regarding a proposed programme of activity, including listening events as recommended in the Ockenden report.

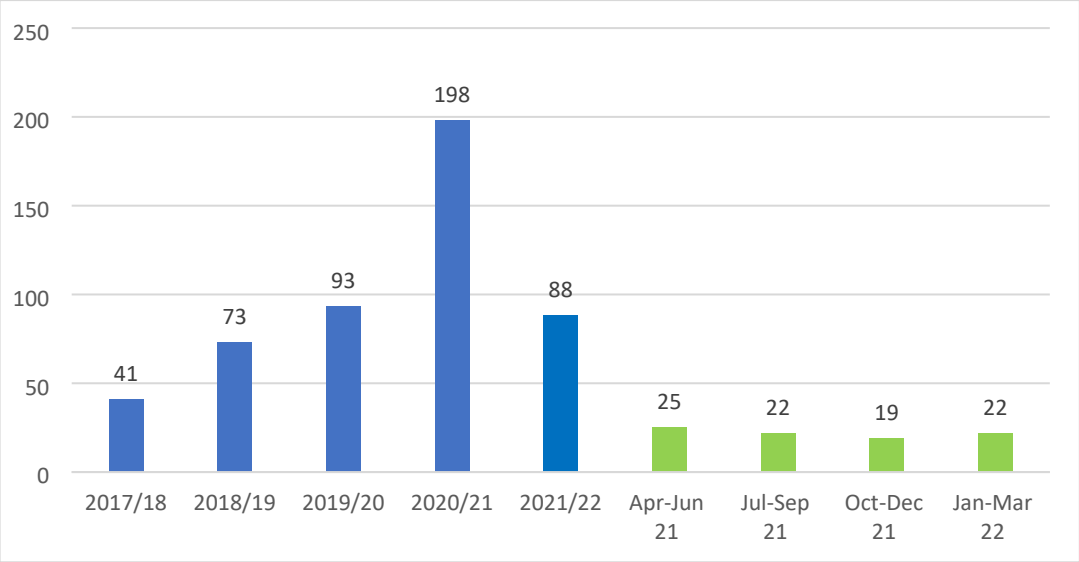
3. Concerns raised, October 2021 to March 2022

3.1 The Speaking Up service has maintained a consistent and responsive presence throughout the Covid-19 pandemic to support staff and has continued to escalate and signpost concerns for resolution/action in a timely way.

3.2 As reported in the previous Board report, the number of staff contacts to the Speaking Up service in 2020/21 was more than double that of 2019/20 (*see Chart 1 – blue bars for annual data*). This reflected a strong Covid-19 impact, with a particularly high number of concerns raised between April and June 2020 during the early stages of the pandemic, and continuing high numbers during the remainder of the year. Further details are provided in Table 1a at Appendix A.

3.3 In the six month period covered by this report, from October 2021 to March 2022, 41 concerns were raised with the service. The total number of concerns raised through the service has remained relatively stable at around 20-25 cases per quarter since April 2021, following the fallback to pre-pandemic levels.

Chart 1: Number of staff contacts to CUH Speaking Up service



3.4 Of the 41 staff members raising concerns in the second half of 2021/22, the highest numbers by staff group were Nursing and Midwifery (16) and Administrative and Clerical/ Maintenance and Ancillary (10). These have historically been the main staff groups accessing the service, at or above average as a proportion of the size of the total workforce group (see Table 1a).

3.5 The main themes of concerns raised in the past six months (see Table 1b) have been management support (24.5%) and Trust processes in practice (20%). 19.4% of cases had elements of behavior and relationships with a further 10% involving bullying and harassment. Patient safety and quality and capacity, workload and training each accounted for around 10% of the 98 cases by theme reported. Worker safety was the lowest reported theme, making up 5% of all reported cases by theme.

3.6 As the Q4 national data (January to March 2022) has not yet been reconciled, Table 1d compares CUH with the other Shelford Group trusts for the October to December 2021 period, as well as including previous data from 2021/22 Q1 and Q2. While there are significant differences in reported case numbers across the trusts, CUH remained broadly in line with the average number of cases for the Shelford Group over the first half of 2021/22. However, in 2021/22 Q3, while CUH cases remained stable, some trusts reported a significant increase in cases which raised the Shelford average. Across the three quarters, the proportion of cases related to bullying and harassment for CUH is below the Shelford Group average (CUH 21% against Shelford Group 32%); while the proportion of cases related to patient safety and quality issues for CUH is above the Shelford Group average (30% against 14%).

3.7 The majority of cases were raised by individuals contacting the Raising Concerns email account. There were no concerns that were raised anonymously during this period. In each case, the FTSUG has discussed the concerns with those raising them and sought to agree a way forward. Of the 41 concerns raised in the six months to March 2022, seven of the cases remain open.

3.8 A more detailed breakdown of the data is provided at Appendix A.

3.9 It is important to emphasise that the Freedom to Speak Up service is one, albeit a very important, route through which concerns are raised in the Trust. Staff are encouraged to raise concerns with their line managers where possible and appropriate as this is often the most effective way of achieving a timely resolution. The vast majority of concerns are managed and resolved successfully at local level. Concerns are also raised through other channels including trades unions and professional bodies, HR Consult and Heads of

Workforce, the Chaplaincy service and external regulators (e.g. the Care Quality Commission). This report should not, therefore, be taken as providing a comprehensive overview of raising concerns.

4. NHS National Staff Survey results 2021

4.1 Results from the NHS National Staff Survey support understanding of staff perspective on the raising concerns/speaking up culture at CUH. The 2021 NHS Staff Survey has been restructured in line with the themes of the NHS People Plan. The questions relating to Raising Concerns are housed under the theme "We each have a voice that counts".

4.2 Table 1e at Appendix A provides a breakdown of the survey responses from a historical viewpoint and in comparison with the Picker group average. The latest data is from the 2021 National Staff Survey which was published in spring 2022 and reported to the Board in May 2022.

4.3 CUH's results for the questions relating to raising concerns remain significantly more favourable than the Picker group average. However, this does not provide any room for complacency, with the CUH results having been broadly flat over the past three years.

4.4 For the 2021 survey, a new question has been added: *"if I spoke up about something that concerned me, I am confident my organisation would address my concern"* (Q21f). While the CUH result is again significantly higher than the Picker average (55.5% compared to 47.9%), the absolute figure demonstrates the need for a continued strong focus on improving the Trust's speaking up culture.

4.5 Specifically with reference to question 21e (*"I feel safe to speak up about anything that concerns me in this organisation"*), there remain key differences in the results by protected characteristic (See Table 1f):

- 69% for respondents who said they do not have a disability, compared with 61% for respondents who said they have a disability.
- 68% for respondents who identified as Heterosexual or Straight, compared with 66% for respondents who identified as Gay, Lesbian or Bisexual and 55% who Preferred Not to Say.
- 69% of respondents from a white background compared with 64% from a BAME background.

4.6 The fact that members of staff with these protected characteristics feel less safe in speaking up and raising concerns is a significant concern and

remains a clear area of focus for the Freedom to Speak Up service. The FTSUG is working closely with the Staff Network leads and the Head of Equality, Diversity and Inclusion to seek to identify actions which will support progress in closing these gaps.

4.7 An anonymised feedback system for those who have accessed the Speaking Up service is under development but not yet operational. This will allow the collection of demographic data as well as feedback on the effectiveness of the service which will support improvement work.

5. Freedom to Speak Up Index

5.1 As the NHS Staff Survey has been aligned with the themes from the NHS People Plan, some of the questions that previously were included in the national FTSU Index have been dropped. As a result, the Freedom to Speak Up Index will no longer be published. The National Guardian's Office is working with colleagues to present the results of the 2021 NHS National Staff Survey in NHS England's Model Health System. When available, comparative results across FTSU Staff Survey questions will be easily accessible in the same way as previously for the Freedom to Speak Up Index.

6. Local support for the FTSUG

6.1 The new Freedom to Speak Up Guardian is refreshing the CUH Listener service in line with new guidance from the Nation Guardian's Office. All CUH Listeners will be required to complete the new national e-learning modules called Speak Up and Listen Up.

6.2 The FTSUG has contacted all of the Listeners currently in post to offer introductions and confirm whether they would like to continue in the role. During the next six months, refresher training will take place for existing Listeners and new Listeners will be recruited and trained. Discussions are continuing between the FTSUG, the Head of Equality, Diversity and Inclusion and the Staff Networks to ensure that, through additional recruitment, there is a diverse Listener group which is representative of the workforce population.

6.3 A focus for the FTSUG over the next 12 months is to raise the profile of the Speaking Up service. She has met with the Communications Teams and plans to update the promotional materials so these can be distributed. She has been working with the Listeners and other interested parties to arrange visits to clinical areas to talk with staff, attendances at key meetings such as Audit days to promote the Speaking Up service and has plans to hold