

## TRUST BOARD

---

Title:	<b>Guardian of Safe Working Hours Quarterly Report</b>
Action:	<b>FOR DECISION/DISCUSSION/NOTING</b>
Meeting:	<b>10 January 2018</b>

### Purpose:

To provide an update from the Guardian of Safe Working Hours to update the Board on whether trainee doctors and dentists in the Trust are working safely under the new contract and highlighting any safety issues, if necessary.

### Recommendation:

The following recommendations are made to the Board:

1. To continue to prioritise training experience over service provision for medical trainees, in order to maintain organisational reputation and increase recruitment.
2. To encourage trainees and their trainers to use exception reporting as a tool to identify issues and improve safety and training experience.
3. To continue using the custom-made exception reporting system currently in use.
4. To consider whether the Board wants to receive information on medical vacancies and locum expenditure in this report in line with the NHS providers template or to reference where this information is already available to the Board through other sources.

	Name	Title
Author:	Dr Jorge Zimbron	Guardian of Safe Working Hours
Executive sponsor:	David Vickers	Medical Director

## 1. Executive Summary

- 1.1 The new terms and conditions of service doctors in training (TCS) have introduced the role of the Guardian of Safe Working Hours (Guardian) for each Trust. The Guardian is required to produce a quarterly and an annual report to the Board in order to provide reassurance that trainees are working safely under the new contract and highlighting any safety issues, if necessary.
- 1.2 This report concludes that Cambridgeshire Community Services NHS Trust continue meeting the demands of the new contract for doctors and dentists in England. There is no evidence that the current working practices amongst trainees at the Trust are unsafe. The most significant threat to this is a future lack of trainee and senior staff recruitment. This is a national issue.

## 2. Introduction

- 2.1 The data for this report has been obtained using an electronic exception reporting system, where trainees complete 'exception reports' every time there is a deviation from their pre-agreed work schedule. The system also collects information about the solutions to exceptions implemented by their supervisors. Information about trainee numbers, rota gaps, vacancies, and locum use is also considered in order to provide a context to the issues arising. This information is collected by medical staffing. The report highlights any emerging patterns and concludes by making recommendations on how to address them. The structure of this report follows that recommended by NHS Employers.
- 2.2 This report assumes that the Board has prior knowledge of the new terms and conditions for medical and dental trainees in England. Further information can be obtained from the NHS Employers' website by following the link below:

<http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training>

## 3. High level data

Number of doctors in training	17
Number of doctors in training under the new contract	17

The following is a breakdown by training grade:

- Foundation doctors in paediatrics 3
- GP Trainees in paediatrics 3
- Core trainees in paediatrics 2 (2 on maternity leave)
- Higher trainees in paediatrics 6 (1 on maternity leave)
- Genitourinary medicine trainees 2 (2 on maternity leave)
- Reproductive health trainees 1 (1 on maternity leave)
- Annual vacancy rate among this staff group 6 out of 17 trainees (35%) are currently on maternity leave

#### 4. Trainee Rota Gaps and Vacancies

During July 2017, there were 4 paediatric trainee gaps (3 core trainees and 1 higher trainee). In August 2017, 1 core trainee gap was filled. From September 2017, there have been no reported gaps.

#### 5. Non-Trainee Rota Gaps and Vacancies

##### 5.1 Speciality Doctors

There are no specialty doctor gaps.

##### 5.2 Consultants

There are no consultant gaps in paediatrics at Hinchingsbrooke. One consultant paediatrician is off sick, so other consultants cover her clinics. One consultant in paediatrics is due to retire in October, which will generate a gap. There is one job being advertised for a consultant in genitourinary medicine.

#### 6. Locum Use

The Trust are currently unable to provide a detailed breakdown of locum use as this information is not routinely collected. Consultants in charge of the paediatrics rota report an expenditure of around £5,000 for 1 agency worker who worked 40 hours between 14<sup>th</sup> - 20<sup>th</sup> August in the Luton Children & Young People's Services.

#### 7.0 Exception Reports

7.1 This section contains a textual summary of the exception reporting data provided and should be read in conjunction with the information in **Appendix 2A** attached.

7.2 There have been 6 exception reports submitted at CCS since August 2017. This is an improvement over the previous quarter where no reports were submitted. However, it is still a smaller number than would be expected by this number of trainees. To put this figure into context, a survey of Trusts in the East of England had an average of 0.7 reports per trainee per year<sup>1</sup>. The Trust is reporting at half the average rate ( $6/17 = 0.35$ ), which makes it an outlier, as the average rate is already seen to be as under-reporting by all of the local Guardians.

7.3 All reports came from paediatrics, which is expected as trainees from other specialities are on maternity leave.

7.4 The reasons for submitting exception reports included staying late, not being paid or being paid the wrong amount, and receiving a work schedule six weeks late. Only 2.5 hours of additional work were reported, which does not represent a concern from a safety point of view.

7.5 There was only 1 initial review meeting, which followed a report of a trainee working late. Every exception report should be followed by an initial review meeting, but this was not the case. The outcome of the initial review meeting was that the trainee was given time off in lieu, which is the recommended course of action by NHS employers. The trainee was in agreement with this, so a work schedule review was not required.

---

<sup>1</sup> Survey carried out during the last Guardian Regional Network meeting on 7/11/17

## **8. Fines levied against the Trust**

### **8.1 Summary statistics**

There have been no fines issued to the Trust since trainees started in the new contract in December 2016, as there have not been any breaches to the safeguards of the new contract.

### **8.2 Use of Fines**

There have been no fines issued.

### **8.3 Account Balance**

The account balance is £0.

## **9 Issues arising at Cambridgeshire Community Services NHS Trust**

### **9.1 Issues arising from Exception reports**

The small number of exception reports received does not allow for the identification of any concerning patterns.

### **9.2 Issues raised by the Trust's Junior Doctors Committee (JDC)**

**Work Schedule Delays:** Various junior doctors expressed the view that the work schedules were not provided 8 weeks in advance as suggested by the code of practice of the new contract. All new trainees report receiving a work schedule before starting their placements.

**Pay issues:** All trainees attending the JDC reported issues surrounding their pay. 2 trainees reported not being paid at all, with 1 not being paid for 2 consecutive months. There was consensus that the level of inaccuracy with regards to pay was unprecedented in the trainees' experience with other trusts.

Issues that seem to have contributed to this problem include:

- Information about the trainees not being passed on to Medical Staffing on time by other Trusts.
- Medical staffing not distributing pre-employment checks in advance, once they become aware of trainees.
- Medical staffing depending on other organisations (eg. Addenbrooke's) to conduct occupational health checks, rather than conducting their own. This leads to further delays as there are disagreements between organisations as to whether this is acceptable practice.

**Medical staffing issues:** There is an overall lack of satisfaction with the service provided to the Trust by medical staffing at Cambridge and Peterborough NHS Foundation Trust. This is as a result of some of the issues mentioned above, as well as delays in replying to e-mails, and delays in resolving issues that have been reported.

**Missing training opportunities:** Verbal reports from General Practice Vocational Training Scheme (GPVTS) trainees during Junior Doctors Committee (JDC) meetings suggest that they are often unable to attend GPVTS training on Wednesdays due to lack of staff covering the wards.

### **9.3 Other issues**

No other issues were identified.

## **10 Actions taken to resolve issues**

- 10.1 Work schedule delays: Trainees have been encouraged to raise exception reports about this issue, but only 1 has done so. I have informed Dr Sarah Edwards about this issue. She is responsible for work schedules as Director of Medical Education (DME). She has highlighted that she has experienced delays in getting a list of new trainees by medical staffing. Work schedules for all jobs have been completed.
- 10.2 Pay issues: Trainees have been encouraged to raise exception reports about this issue. Medical staffing were contacted about it. They admit that the level of service they provide has been compromised by sickness amongst members of staff within the team. However, they have also highlighted that there were long delays in some of the trainees completing the necessary paperwork, particularly trainees who were not paid at all. All junior doctors have now been paid, and medical staffing have committed to attend each junior doctor induction in order to get any outstanding paperwork completed in order to prevent re-occurrence of these issues.
- 10.3 Medical staffing issues: Medical staffing are aware of these problems and they have begun recruiting additional staff with the aim of providing a better service.
- 10.4 Missing training opportunities: I have encouraged trainees to raise exception reports if this happens. No one has submitted a report as of yet. Dr Sarah Edwards is aware.

## **11 Analysis of the evidence**

### **11.1 Areas of Good Practice**

Training experience: All trainees that I have spoken to have reported an excellent training experience within the Trust. They feel very supported by consultants and results from the most recent trainee survey reflect this.

Working practice: Most trainees report going home on time and working within the role specified by their work schedule.

Junior Doctors Committee attendance: There has been a good level of attendance by trainees to Junior Doctors Committee meetings, which helps identify potential issues that are not raised through exception reporting.

### **11.2 Areas of Concern**

There are no significant areas of concern to report with regards to safe working.

### **11.3 Issues that are not possible to solve at local level**

Delays in receiving information about trainees arriving to the Trust from another organisation is the most likely reason for the Trust failing to provide trainees with work schedules and rotas within the time-frames specified in their new contracts. These issues are likely to affect all trusts.

## **12 Conclusions and Recommendations**

- 12.1 Cambridgeshire Community Services NHS Trust continues to meet the demands of the new contract for doctors and dentists in England. There is no evidence that the current working practices amongst trainees at the Trust are unsafe. The most significant threat to this is a future lack of trainee and senior staff recruitment. This is a national issue.
- 12.2 There needs to be more engagement with the new processes of exception reporting and initial reviews amongst trainees and consultants. This requires a change in culture and the increase in exception reporting this quarter is a positive sign.
- 12.3 The following recommendations are made to the Board:
1. To continue to prioritise training experience over service provision for medical trainees, in order to maintain organisational reputation and increase recruitment.
  2. To encourage trainees and their trainers to use exception reporting as a tool to identify issues and improve safety and training experience.
  3. To continue using the custom-made exception reporting system currently in use.

## **13 Questions for consideration**

The structure of this report has been set by NHS Employers. The Board may already receive information regarding medical vacancies and locum expenditure from different sources. I would like to know whether there is a need for me to continue to report separately on these matters, or whether I can simply make reference to already available information.

### **Appendices:**

Appendix 2A - Guardian of Safe Working Hours Exception Reports