

## TRUST BOARD

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Title:	<b>Guardian of Safe Working Hours Quarterly Report (October 2017 – March 2018)</b>
Action:	<b>FOR DISCUSSION/NOTING</b>
Meeting:	<b>Wednesday 11 July 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 encourage and support trainees to take up the junior doctor representative role and hold junior doctor committees.
4. To continue using the custom-made exception reporting system currently in use.

	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. 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:

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

## 4. Trainee Rota Gaps and Vacancies

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.

## 6. **Locum Use**

The Trust receives information about locum use through a separate report.

## 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 A** attached.

7.2 There has only been 1 exception report in the last 2 quarters. There have only been 7 exception reports submitted at CCS since August 2017. As mentioned in previous reports, CCS is an outlier when it comes to reporting, although it is recognised that trainees are not submitting many exception reports nationally.

7.3 The reason for the 1 report was receiving the wrong pay, which has now been corrected. Only 2.5 hours of additional work have ever been reported, which does not represent a concern from a safety point of view.

7.4 There was no initial review meeting with the trainee's supervisor following the report, as it usually should be the case. In cases of pay, however, this is not necessary, as the supervisor cannot correct this and the report is forwarded to medical staffing.

## 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 **Guardian 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)**

Trainees did not hold a Junior Doctors Committee in the last 2 quarters. This is due to a lack of junior doctor trainee representative, which is an issue that needs addressing.

### **9.3 Other issues**

No other issues were identified.

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

10.1 The medical director, Dr Vickers, has encouraged trainees to write exception reports and take up the junior doctor representative role.

## **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: Trainees report going home on time and working within the role specified by their work schedule.

### **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**

None identified.

## **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.

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 and support trainees to take up the junior doctor representative role and hold junior doctor committees.
3. To encourage and support trainees to take up the representative role and hold junior doctor committees.
4. To continue using the custom-made exception reporting system currently in use.

## **13 Questions for consideration**

None.

### **Appendices:**

Appendix A - Guardian of Safe Working Hours Exception Reports