

## TRUST BOARD (PUBLIC)

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Title:	<b>Guardian of Safe Working Hours Quarterly Report (April – June 2019)</b>
Action:	<b>FOR DISCUSSION</b>
Meeting:	<b>10 July 2019</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.

### Recommendations

The following recommendations are made to the Board:

1. Please ensure that there is a mechanism to ensure that trainees at CCS are receiving adequate supervision and access to educational opportunities. Given their low numbers, trainees at CCS will be relatively isolated.
2. To ensure there is communication between medical staffing departments at CCS and NWAFT regarding trainees working across both trusts. They need to be invited to the JDC and added to the NWAFT exception reporting system.

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

## 1. Executive Summary

- 1.1 This report concludes that Cambridgeshire Community Services NHS Trust continues 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.
- 1.2 Given the low numbers of trainees at CCS, it is difficult for important elements of the new contract, like the Junior Doctors Committee (JDC) and trainee representatives, to exist. Trainees are being advised to seek support with the Guardian directly and to engage with the JDCs of other trusts they work in (e.g. NWAFT).

## 2. Introduction

- 2.1 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.
- 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 8

Number of doctors in training under the new contract 8

The following is a breakdown by training grade:

- Community Paediatrics 4
- Genitourinary medicine trainees 2
- Reproductive health trainees 2

## 4. Trainee Rota Gaps and Vacancies

Nil.

## 5. Non-Trainee Rota Gaps and Vacancies

### 5.1 Speciality Doctors

Nil.

### 5.2 Consultants

1 consultant on maternity leave.

## **6. Locum Use**

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

## **7.0 Exception Reports**

7.1 There have been no exception reports submitted in this period.

## **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**

None.

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

There was only 1 JDC held recently, but sadly, no trainees were in attendance.

We discussed that Hinchingbrooke hospital was about to be taken over by NWAFT and only a few trainees would remain under CCS (community paediatrics, genitourinary medicine, and reproductive health). The community paediatric trainees would continue to do on-calls at Hinchingbrooke, so would have an honorary contract with NWAFT. Most issues raised through exception reporting occur during on-calls. NWAFT have their own Guardian of Safe Working Hours (Dr Cilla Reid). We agreed that it would make more sense for trainees to submit exception reports to Dr Reid and attend the NWAFT JDC, rather than to have a separate JDC for CCS with only a handful of trainees.

### **9.3 Other issues**

No other issues were identified.

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

10.1 I have discussed the matter of trainees working across two trusts with Dr Reid (NWAFT GOSWH). She agreed that community paediatric trainees doing on-calls at Hinchingbrooke should be added to the Allocate exception reporting system at NWAFT and submit exception reports in this way, as well as attending the local NWAFT JDC (see Appendix).

10.2 I have instructed trainees during their last induction to contact me directly through email if there are any issues specific to CCS they would like to discuss. No one has contacted me,

with the exception of 1 trainee who wanted to submit an exception report to NWAFT (I explained what he needed to do).

## **11 Analysis of the evidence**

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

My experience of trainees working at CCS has always been that they are happy with the training and support they receive.

### **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.

12.2 Given the low numbers of trainees at CCS, it is difficult for important elements of the new contract, like the Junior Doctors Committee (JDC) and trainee representatives, to exist. Trainees are being advised to seek support with the Guardian directly and to engage with the JDCs and Guardians of other trusts they work in (e.g. NWAFT).

12.3 The following recommendations are made to the Board:

3. Please ensure that there is a mechanism to ensure that trainees at CCS are receiving adequate supervision and access to educational opportunities. Given their low numbers, trainees at CCS will be relatively isolated.
4. To ensure there is communication between medical staffing departments at CCS and NWAFT regarding trainees working across both trusts. They need to be invited to the JDC and added to the NWAFT exception reporting system.

## **13 Questions for consideration**

None.