

TRUST BOARD

Title:	Guardian of Safe Working Hours Report (April 2018 – March 2019)
Action:	FOR DECISION/DISCUSSION/NOTING
Meeting:	13 March 2019

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 representative role and hold junior doctor committees.
4. For all paediatric trainees under CCS to be given access to the exception reporting system used by North West Anglia Foundation Trust and to be invited to their junior doctor committee meetings.

	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	14
Number of doctors in training under the new contract	14

The following is a breakdown by training grade:

○ Foundation doctors in paediatrics	3
○ GP Trainees in paediatrics	2 (plus 1 unfilled post since Dec 2018)
○ Core trainees in paediatrics	2 (plus 1 part-time trainee on maternity leave for 5 months)
○ Higher trainees in paediatrics	4 (1 on maternity leave)
○ Genitourinary medicine trainees	2
○ Reproductive health trainees	1

4. Trainee Rota Gaps and Vacancies

1 unfilled post since December 2018.

5. Non-Trainee Rota Gaps and Vacancies

5.1 Speciality Doctors

There are no specialty doctor gaps, but the only specialty doctor in paediatrics is on long term sick leave.

5.2 Consultants

1 vacant post in paediatrics since January 2019. Locum likely to start in mid-March.

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 1** attached.

7.2 There have been 8 exception reports in the last 11 months. There have only been 15 exception reports submitted at CCS since August 2017, when reporting began. As mentioned in previous reports, CCS reporting rates are lower than the average in the East of England (currently 0.47 exception reports/trainee/year vs. 0.97 in the region). It is recognised that trainees are not submitting many exception reports nationally.

7.3 The 8 exception reports were distributed equally amongst the training grades. There have been no reports from genitourinary medicine trainees, but they had been on maternity leave until recently.

7.4 There were only 2 types of exception reports: staying late and receiving the wrong pay.

7.5 There was only 1 initial review meeting with a supervisor following an exception report. Every exception report requires an initial review meeting. The trainee agreed with the outcome of the initial review meeting, which means there was no need for a further work schedule review.

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.

Trainees reported working an additional 17.5 hours in this period. I ignore whether trainees took time off in lieu, as there are no initial review meetings documented, but even if this was not the case, the small number of hours does not represent a safety concern.

Payment issues continue to raise concerns, particularly during change-over.

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

There was only 1 JDC meeting held in the last 11 months (25.02.19). Those present included Dr David Vickers (as medical director), Dr Sarah Edwards (as Director of Medical Education), John Ward (medical staffing) and myself. There were no trainees in attendance, so no issues were raised by them. I understand that trainees have been meeting on an informal basis throughout the year and no serious issues have been raised.

DV mentioned that paediatric trainees working at Hinchingsbrooke will soon become employees of North West Anglia Foundation Trust (NWAFT) who have their own Guardian of Safe Working Hours. That would leave paediatric trainees working in the community with the unusual situation of being under CCS, but doing on-calls at Hinchingsbrooke under NWAFT. We agreed that it would be important for all paediatric trainees to attend the same JDC, have the same process for exception reporting, and have the same Guardian. We agreed that it would be better for them to be under NWAFT as there is a larger trainee body that will provide the critical mass needed for JDCs to take place and significant issues to be addressed. They also rotate within NWAFT for other jobs.

We agreed for trainees to stop using the custom exception reporting system I developed. I will remain available by email for any queries or exception reports arising outside of NWAFT's remit (via email) and update the NWAFT Guardian as needed.

This will result in CCS only having about 5 or 6 trainees, which will mean that future reports will have very little data.

9.3 Other issues

No other issues were identified.

10 Actions taken to resolve issues

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

10.2 I will discuss the interface between CCS and NWAFT with the NWAFT Guardian (awaiting their response).

10.3 Medical staffing has investigated the pay issues and has resolved those that are within their power to resolve. Unfortunately, many issues arise from HMRC and medical staffing have no control over this. Issues are likely to continue to arise.

11 Analysis of the evidence

11.1 Areas of Good Practice

Training experience: All trainees that I have ever 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 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 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 representative role and hold junior doctor committees.
4. For all paediatric trainees under CCS to be given access to the exception reporting system used by North West Anglia Foundation Trust and to be invited to their junior doctor committee meetings.

13 Questions for consideration

None.

Appendices:

Appendix 1 - Guardian of Safe Working Hours Exception Reports

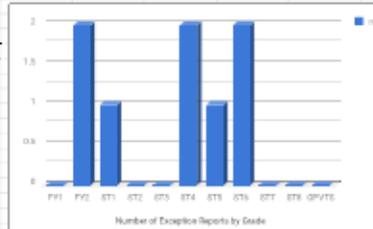
Guardian of Safe Working Hours Report

Report start date: 01/04/18
 Report end date: 25/03/19

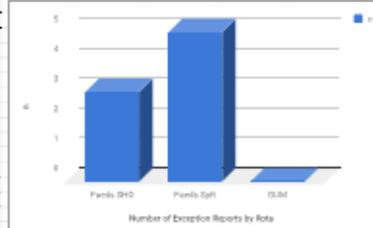
Exception Reports Summary Statistics

Total Number of Exception Reports: 8
 Number of Trainees Submitting Exception Reports: 7

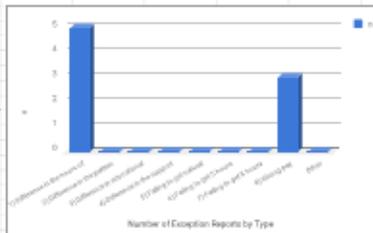
Exception Reports by Trainee Grade	n	%
FY1	0	0.00%
FY2	2	25.00%
ST1	1	12.50%
ST2	0	0.00%
ST3	0	0.00%
ST4	2	25.00%
ST5	1	12.50%
ST6	2	25.00%
ST7	0	0.00%
ST8	0	0.00%
GP/VTs	0	0.00%



Exception Reports by Role	n	%
Parade SHO	3	37.50%
Parade SpR	5	62.50%
GUM	0	0.00%



Exception Reports by Type	n	%
1) Difference in the hours of work (e.g. staying late)	5	62.50%
2) Difference in the pattern of hours worked	0	0.00%
3) Difference in educational opportunities or available support	0	0.00%
4) Difference in the support available during service commitments	0	0.00%
5) Failing to get natural breaks	0	0.00%
6) Failing to get 5 hours continuous rest in a 24 hour on-call period (between 10pm - 7am)	0	0.00%
7) Failing to get 8 hours rest between shifts	0	0.00%
8) Wrong pay	3	37.50%
Other	0	0.00%



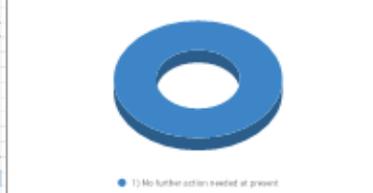
Workload assessment	n	%
Extra hours worked by trainees (total)	17.5	
Extra hours worked per exception report (average)	3.50	
Breaks missed (total)	0	
Breaks missed per exception report (average)	#DIV/0!	

Initial Review Meetings Summary Statistics

Total number of initial review meetings (IR): 1
 Proportion of ERs with IR: 12.5%

IR Outcomes	n	%
1) No further action needed at present	1	100.0%
2) Time off in lieu, compensation, or work schedule amendments	0	0.0%
Time off in lieu	0	0.0%
Compensation	0	0.0%
Work schedule amendments	0	0.0%
Trainees agreeing with IR outcomes	1	100.0%

Initial Review Outcomes



Work Schedule Reviews Summary Statistics

Total number of work schedule reviews (WSR): 0
 Proportion of ERs with WSRs: 0.0%

WSR Outcomes	n	%
1) No further action needed at present	0	#DIV/0!
2) Time off in lieu, compensation, or work schedule amendments	0	#DIV/0!
Time off in lieu	0	#DIV/0!
Compensation	0	#DIV/0!
Work schedule amendments	0	#DIV/0!
Trainees agreeing with IR outcomes	0	#DIV/0!

Work Schedule Review Outcomes

Summary of Fines

Breakdown of fines by type	n	%
Total number of fines	#VALUE!	
72 hour rule	#VALUE!	
48 hour rule	0	
Breaks rule	0	
Less than 8 hours rest rule	0	