



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	29 July 2020	
Agenda Item:	P1-120-20	
Title:	Guardian of Safe Working Hours - Q4 Report	
Report prepared by:	Gary Watson, Interim Head of Medical Workforce	
Executive Lead:	Sheena Khanduri, Medical Director	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Workforce and Organisational Development Committee
Date & Decision:	24 July 2020

Purpose of the Paper/Key Points for Discussion:	<p>To brief the Board and provide assurance the Trust maintains compliance with the Junior Doctor's 2016 Terms and Conditions.</p> <p>To assure the Board where Exception Reports have been raised, the Trust has taken the correct steps to rectify the issues.</p>
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Action Required:	Discuss	
	Approve	
	For Information/Noting	x

Next steps required	The committee is asked to discuss and note the content of the report
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>	X	Collaborative system <b>leadership</b> to <b>deliver better patient care</b>	
Retain and develop <b>outstanding staff</b>		Be <b>enterprising</b>	
Invest in <b>research &amp; innovation</b> to deliver <b>excellent patient care</b> in the future		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	

*The paper relates to the following Board Assurance Framework (BAF) Risks*

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care	

Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

### Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

## Quarterly Report on Safe Working Hours: Doctors and Dentists in Training – Quarter 4

### 1. Introduction

This report covers the period January to April 2020.

Since August 2017, The Clatterbridge Cancer Centre has had junior doctors who are working under the 2016 Junior Doctor contract and its associated Terms and Conditions of Service. There are also junior doctors on the 2002 contract working alongside them and on the same rotas who are not on this contract. Information is being collected from both sets of doctors on issues of working hours to ensure patient safety and for completeness, but only significant breaches for doctors on the 2016 contract could incur financial penalties.

The 2016 Contract for doctors in training ('Junior Doctors') sets out terms and conditions regarding Working Hours (Schedule 03), Work Scheduling (Schedule 04) and Exception Reporting and Work Schedule Reviews (Schedule 05). These are a system of checks and balances to ensure doctors in training work fixed numbers of hours in a 24 hour period, fixed numbers of consecutive days of work and have designated break times in a work period, to try to ensure they are never so fatigued from work as to be a risk to patient safety, which is of paramount importance. The new contract also has schedules outlining the training opportunities the junior doctors should be receiving to ensure appropriate development of skills and knowledge.

With effect from December 2019, all doctors in training transferred to the 2016 Terms and Conditions of service. Eight current ST3+ trainees have their previous pay and banding protected on their existing salaries.

### 2. High level data

Number of doctors/dentists in training (total):	31
Number of doctors/dentists in training on 2016 TCS (total):	31
Amount of time available in job plan for guardian to do the role: (per week)	0.5 PA (2 hours)
Admin support provided to the guardian (if any):	As required
Amount of job-planned time for educational supervisors: trainee	0.25 PA per

#### Exception reports (with regard to working hours)

There are 0 exception reports for this period:

### Hours Monitoring

Because all doctors in training are on the 2016 Terms and Conditions of service, there is no contractual need to undertake hours monitoring exercises. Where working hours are in excess of the hours stated on the rota template, exception reports would be submitted and rotas reviewed if there were recurring issues.

### Work schedule reviews

Work schedules for all trainees were reviewed in line with the changes to the contract effective from 1<sup>st</sup> December, 2019.

### Locum bookings

Specialty	Shifts worked by bank doctors	Shifts worked by agency doctors
Clinical Oncology / Medical Oncology	0	0
General Medicine	20	0
Haemato Oncology	29	163

### Locum work carried out by trainees

In addition to the above bank and agency shifts, 31 additional shifts were covered by trainees attracting locum payments.

### Vacancies

We maintain a 1:16 rota with gaps due to 1 x Doctor on Maternity Leave and 1 x Doctor on Long Term Sick Leave, covered by trainees who are currently "Out Of Programme – Research".

On the Junior Doctor's rota, there were 13 wte trainee Doctors supported by 2 x Clinical Fellows at CT1/2 level.

There are two vacant CT1/2 level posts within Haematology, both of which still remain covered by agency doctors.

## **Fines**

There were no fines incurred in this quarter.

All Trainees who require access to Exception Reporting, have passwords and log in details for exception reporting have been reissued.

## **Actions taken to resolve issues**

- Carry on encouraging Trainees to record their exception reports when necessary.

## **Summary**

The information in this report confirms for this quarter, the working hours of Ward - based doctors in training F2, CMT, GP trainees and Oncology trainee doctors remain compliant with both the 2002 and 2016 contracts. Locums were used appropriately to cover on-call shifts during this time period.

Within this organisation, working hours for doctors in training are considered safe at the current time. The information collected and documented in this report provides assurance for this.

**Dr Madhuchanda Chatterjee**

**Guardian of Safe Working Hours**