Board of Directors' Meeting: 11 July 2024

The Shrewsbury and Telford Hospital NHS Trust

Agenda item	105/24			
Report	Guardian of Safe Working Hours Report 01 January – 31 March 2024			
Executive Lead	Dr John Jones, Medical Director			
Report Author	Dr Bridget Barrowclough, Guardian of Safe Working Hours			
	Link to strategic goal:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance		Responsive	√
	Our partners		Well Led	√
	Report recommendations:		**Link to BAF / risk:**	
	For assurance		BAF 1, BAF 2, BAF 3, BAF 4, BAF 8	
	For decision / approval		**Link to risk register:**	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
Presented to:	N/A			
Executive summary:	The GoSW notes recurrent breaches of safe working identified by the Workforce Directorate who have reviewed shifts retrospectively in those departments with live rostering. This has previously been reported to the Board who is asked to note the findings and the recommendation for an internal review of existing processes to prevent reoccurrence. It remains a recommendation that a central eRostering system is in place for visibility of live rotas.			
Appendices	Appendix 1: Vacancy WTE for Junior Doctors (FY1-ST2) – M7-M9 Appendix 2: Vacancy WTE for Junior Doctors (ST3-8) – M7-M9 Appendix 3: Urology Monitoring Findings			

QUARTERLY REPORT ON SAFE WORKING HOURS
POST GRADUATE DOCTORS AND DENTISTS IN TRAINING AND LOCALLY EMPLOYED DOCTORS
1 January 2024 – 31 March 2024

Dr Bridget Barrowclough

1.0 Introduction

The safety of patients is a paramount concern for the NHS and significant staff fatigue is a hazard to both patients and to staff themselves. The safeguards around doctors working hours within Schedules 04-06 of the 2016 Junior Doctor Contract and subsequent amendments in 2018/19 were designed to ensure risk is effectively mitigated and that mitigation is assured.
As per Schedules 06 Paragraph 11 of the 2016 Junior Doctor Contract, this quarterly report includes data relevant to the safe working hours for Post Graduate doctors and dentists and locally employed doctors including but not limited to, exception reports, vacancies, locum usage and assurance regarding monitoring of hours. Any issues arising and actions taken are summarised within the paper and any serious escalations related to decision or actions not addressed at department level are highlighted.

The detailed data below relates only to doctors directly overseen by the GoSW at Shrewsbury and Telford NHS Trust.

2.0 High level data for the Shrewsbury and Telford Hospital NHS Trust

Number of posts for doctors / dentists in training	359
Number of doctors / dentists in training:	229
Number of doctors / dentists in training on 2016 TCS:	229
Number of locally employed doctors:	205

Admin support provided to the GoSW via Medical People Services:

- Direct support provided by Medical eRostering advisor.
- Managerial support provided by Medical Temporary Staffing and Rostering Lead
- Senior managerial support provided by Head of Medical People Services

Amount of job planned time for GoSW 2PA/week
Amount of job-planned PAs for educational supervisors per trainee: 0.25PA
Amount of job planned PAs for Clinical Supervisors variable.

3.0 Exception reports (regarding working hours)

Exception reporting is encouraged in the Trust and is the mechanism to advise where all work performed is recognised in order to maintain safe working at all times and to provide compensation as deemed appropriate for example, time off in lieu to avoid fatigue and/or financial reimbursement for hours worked over.

Doctors can use exception reporting to inform the employer when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations are likely to include:

- differences in the total hours of work (including opportunities for rest breaks)
- differences in the pattern of hours worked.
- differences in the educational opportunities and support available to the doctor,
- and/or
- differences in the support available to the doctor during service commitments

PGDiT can also report instances where the agreed and contractualised educational opportunities have not been met.

In Q4 a total of 31 exception reports were raised; 23 of these were closed in quarter. 6 exception reports remained open from Q3. A total of 29 exception reports were closed in Q4.

Exception Reports (ER) – Quarter 4	
Total number of exception reports received	**31**
Number relating to immediate patient safety issues	0
Number relating to hours of working	25
Number relating to pattern of work	6
Number relating to educational opportunities	0
Number relating to service support available to the doctor	0

The table below shows the number of exception reports carried over, raised, closed and outstanding for Q4.

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General Medicine	1	2	3	0
Obs & Gynae	0	4	4	0
Ophthalmology	0	4	0	4
Oral & Max Fax	0	6	6	0
Paediatrics	0	9	9	0
T&O	4	2	5	1
Urology	1	4	2	3
Total	**6**	**31**	**29**	**8**

The below table provides a breakdown of the number of exception reports divided by medical grades for Q4.

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY1	0	0	6	0
FY2	0	2	2	1
CT1-2 / ST1-2	1	15	15	0
ST3+	5	14	9	7
Total	**6**	**31**	**29**	**8**

As reported in the previous quarter the primary delays in resolution continues to be the delays in response to an exception report from Clinical Supervisors.

2.1 Work Schedule Reviews

In Q3, in line with Schedule 05, Paragraphs 22-38 of the 2016 Junior Doctor Contract, the Guardian triggered 0 formal work schedule reviews.

2.2 Fines

The GOSW levied 5 fines in Q4, 2 in Trauma and Orthopaedics, 1 in Oral and Maxillofacial Surgery and 2 in Urology totaling £1061.55.

2.2.1 Trauma and Orthopaedics

2 fines were levied for breaches of maximum shift duration (defined as 13 hours) for an FY2 that reported working 13.5 consecutive hours on 2 occasions. A fine of 1 hour was therefore levied totaling £45.98.

2.2.2 Oral & Maxillofacial Surgery

1 fine was levied for breach of maximum shift duration for a Locally Employed Doctor who reported consecutive working of 15 hours and 10 minutes. A fine of 2.25 hours was therefore levied totaling £94.46.

2.2.3 Urology

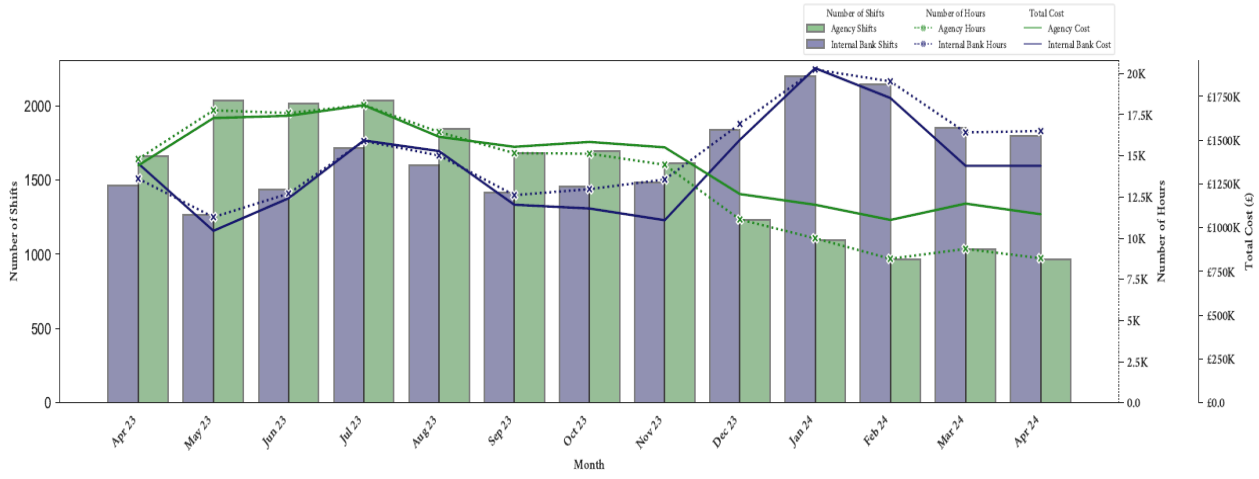
2 fines were levied for breaches of 5 hours of continuous rest between the hours of 22:00 and 07:00 when non-resident on-call, and for exceeding consecutive hours worked. The number of hours in breach were applied to the generic work schedule and fines were levied for 7.5 hours, totaling £812.48.

The GOSW account therefore reports a total of £2062.83 at end of the 2023/24.

3.0 Locum bookings

Medical People Services advise that Agile Workforce Services remain commissioned to provide Neutral Vendor (December 2021) and Managed Bank Services (July 2022) at SaTH. The following section outlines the locum bookings by shift, grade and reason and provides a summary of results from the Neutral Vendor and the Managed Bank services.

MPS report the bank fill rate has consistently sustained higher fill rate than agency since M9 Q3 and throughout Q4, Agency WTE reports final reduction for the 2023/24 from 78WTE to 50WTE.



Acute Medicine, General Medicine and Emergency Medicine continue to be the top 3 specialties for temporary medical staffing bookings. The medical temporary staffing function continues to have successful fill rates with a small proportion of shifts being unfilled across the quarter.

3.1 Locum bookings (shifts) by department

Department	Filled by Agency	Managed Bank	Unfilled
Acute Medicine	637	242	0
Anaesthetics	5	171	0
Breast Surgery	69	0	0
Care of the Elderly	162	55	0
Emergency Medicine	551	851	26
ENT	2	59	0
Gastroenterology	22	26	0
General Medicine	1048	455	5
Oncology	45	14	
Ophthalmology	0	29	0
Oral and Maxillofacial Surgery	76	201	1
Orthopaedic and Trauma Surgery	258	264	5
Paediatrics	0	106	0
Renal Medicine	229	7	0
Respiratory Medicine	199	13	2
Urology	23	16	
General Surgery	98	99	7
Cardiology (Medical)	163	63	0
Haematology	0	1	0
Neonatal Medicine	14	19	0
Endocrinology and Diabetes	82	26	0
Intensive Care	0	45	0
Obstetrics and Gynaecology	0	83	0
Stroke Medicine	9	47	0
Paediatrics and Neonates	0	5	0
Anaesthesia Obs	3	0	0
Grand Total	**3695**	**2897**	**46**

3.2 Locum bookings (shifts) by grade

The temporary staffing usage by grade reflects the proportional variation in contracted WTE between the medical training grades.

Grade	Filled by Agency	Filled by Bank	Unfilled
FY1	321	37	3
FY2-ST2	2296	1694	22
ST3+	1078	1166	21
Grand Total	**3695**	**2897**	**46**

3.3 Locum bookings (shifts) by reason

The locum booking reason of vacancy continues to be the most significant in number in Q4, although we have seen improvement in the variation of booking reasons which provides further clarity on the reason for locum usage.

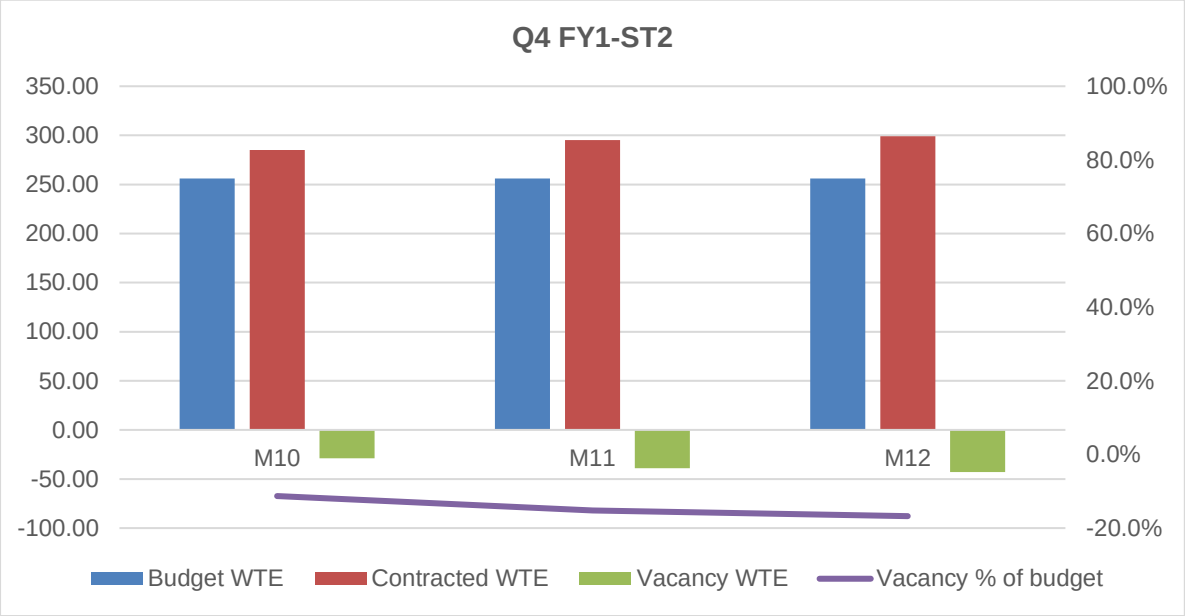
Reason	Filled by Agency	Filled by Bank	Unfilled
Annual Leave	79	10	0
Extra Cover	70	95	1
Sick	67	121	3
Vacancy	3181	2156	39
Study Leave	0	10	0
Exempt from On Calls	0	14	0
Paternity Leave	0	2	0
Compassionate / Special Leave	19	1	0
Escalation area	202	7	0
Less Than FT Trainee Gap	2	10	0
Industrial action	75	471	3
Grand Total	**3695**	**2897**	**46**

4.0 Vacancies

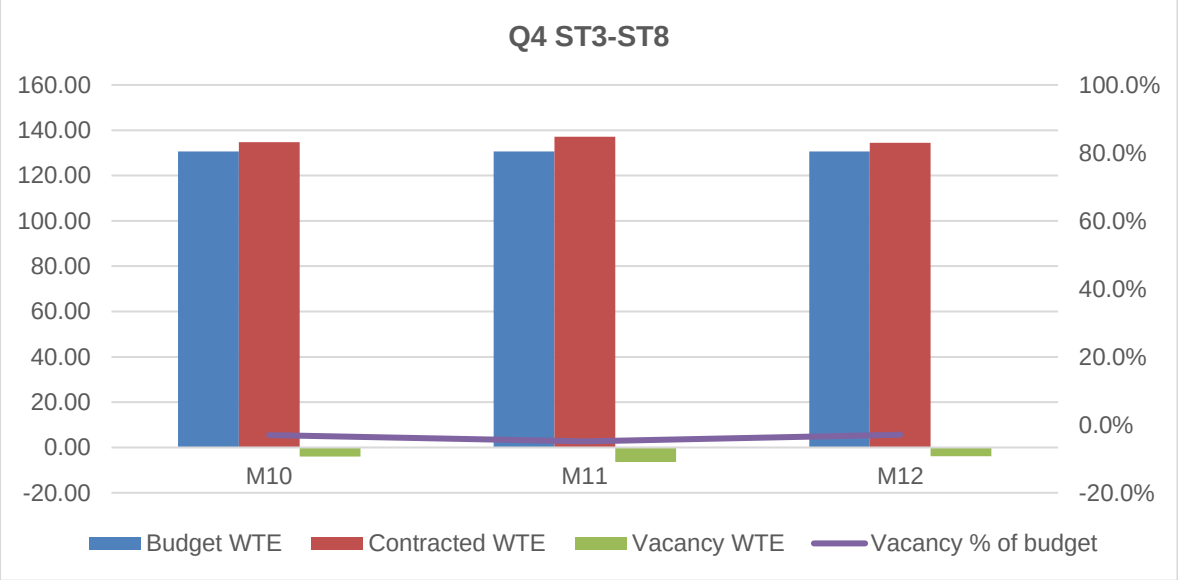
Data and narrative from Medical Peoples Services

Appendix 1 and Appendix 2 show the WTE breakdown between budgeted WTE, contracted WTE and the corresponding vacancy WTE split by FY1-ST2 and ST3-8 and specialty. The tables below provide a breakdown of each month in quarter. The vacancy position through Q4 has seen sustained fill for both grade ranges, with FY1-ST2 increasing contracted WTE from 285.12WTE to 299.10WTE, thus reducing the total vacancy WTE to -42.92WTE. The notable over establishment is primarily focused in General Medicine which is reflective of previous quarterly reports highlighting misalignment between funded establishment and rota posts. It is also recognised the 2024/25 will be updated to include historic NHSE post expansion not currently incorporated. For ST3-8, there is a sustained fill rate at ~103% of budget with the vacancy WTE reported at 3.82 at the end of the 2023/24.

	Q4 FY1-ST2		
	M10	**M11**	**M12**
Budget WTE	256.18	256.18	256.18
Contracted WTE	285.12	295.17	299.10
Vacancy WTE	-28.94	-38.99	-42.92
Vacancy % of Budget	-11.3%	-15.2%	-16.8%



	Q4 ST3-ST8		
	M10	**M11**	**M12**
Budget WTE	130.70	130.70	130.70
Contracted WTE	134.69	137.08	134.52
Vacancy WTE	-3.99	-6.38	-3.82
Vacancy % of Budget	-3.1%	-4.9%	-2.9%



5.0 Issues Arising & Actions Taken

5.1 Digital Rostering & Assurance on Safe Working Hours

In 2024 the Workforce Directorate took an initiative to design a system to identify and collate data in departments using e Rostering. A summary of the relevant conditions can be found at: https://www.nhsemployers.org/sites/default/files/media/Rota-rules-at-a-glance_0.pdf.

The below tables summarises, the instances identified from the retrospective rostering dashboard functioning since Q2. Each breach is a singular count of the number of instances where a rest requirement has not been met. Where this is consecutive days, each day is counted as a breach (e.g. if a doctor worked 10 consecutive days, days 8-10

would be counted as 3 breaches). The number of episodes shows the occurrences by grouping breaches by runs of shifts worked.

Specialty	Sum of No. Breaches	Sum of No. Episodes
Emergency Medicine	18	13
General Surgery	28	7
T&O	11	10
ENT	0	0
Oral & Max Fax	3	2
Grand Total	**60**	**32**

The most significant reason for breaches of safe working hours continues to be medical staff working additional bank shifts above their generic working pattern, with 27/32 episodes being attributed to temporary staffing bookings. The remaining episodes relate to non-compliant swaps.

Emergency Medicine represents the highest number of breaches, with all 13 episodes resulting from additional bank work. The dashboard also identified breaches within Trauma & Orthopaedics with medical staff working additional shifts in Emergency Medicine creating breaches in rest requirements.

It is recognised that the number of exception reports submitted in relation to safe working hours is significantly lower than the number of breaches.

The table below categorises the breaches into the safe working hours listed in Schedule 3 of the 2016 Junior Doctor Contract. A summary of the headings is provided below.

- **No rest following 4 long shifts (48 hours)** - No more than four long shifts (where a long shift is defined as being a shift rostered to last longer than 10 hours) shall be rostered or worked on consecutive days. Where four long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fourth long shift.
- **No rest after singular or max 4 nights** - Where shifts (excluding non-resident on-call shifts) defined as having 3 hours fall into the period 23:00-06:00 rostered singularly, or consecutively, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the shift(s).
- **More than 7 consecutive days** - A maximum of seven shifts of any length can be rostered or worked on seven consecutive days
- **No rest after 7 consecutive days** - Where seven shifts of any length are rostered or worked on seven consecutive days, there must be a minimum 48-hours' rest rostered immediately following the conclusion of the seventh shift.
- **Over 72 hours** - No more than 72 hours' actual work should be rostered for, or undertaken by any doctor, working on any working pattern, in any period of 168 consecutive hours.

Specialty	No rest after 4 long (48 hours)?	No rest after singular or max 4 nights?	More than 7 consecutive days?	No rest after 7 consecutive shifts?	Over 72 hours?
Emergency Medicine	4	1	14	10	3
General Surgery	5	2	3	3	18
T&O	6	0	8	4	1
ENT	0	0	0	0	0
Oral & Max Fax	2	0	0	0	1
Grand Total	**17**	**3**	**25**	**17**	**23**

It is recognised that singular episodes can represent breaches in different categories of safe working hours. As an example, a singular episode could breach rest after 4 long days, more than 7 consecutive days and more than 72 hours worked in one run of shifts, which explains the higher number of breaches recorded vs episodes counted.

5.2 Trauma and Orthopaedics

During Q3 of the 2023/24 several exception reports were raised in relation to the working pattern of the Tier 1 doctors within T&O. Primarily these related to misalignment between work schedules and working patterns, associated with the start and end times of the nights and long days at both PRH and RSH. All work schedules were adjusted and pay updated. Any variations to working times continue to be monitored through exception reports. Further reports have not been formally submitted, however the GOSW has received concern that doctors are working beyond 13 hours overnight whilst attending morning MDT at RSH. Escalation has been raised to the Clinical Director to maintain compliance to safe working hours.

The implementation of the revised full shift Tier 2 Trauma & Orthopaedic rota was successful in October 2023. Between month 7 and month 9 of the 2023/24, 10WTE Locally Employed Doctors were successfully appointed and onboarded to provide sustainable workforce. Since implementation, discussions have commenced to increase Tier 2 medical workforce at PRH by reducing establishment at RSH. The MPS team have redesigned compliant templates for both sites and have supported with workforce plans to deliver changes in Q2 of the 2024/25 in line with the August changeover.

5.3 General Internal Medicine

General Internal Medicine report improvements in out of hours provision since the implementation of rota template changes in Q3. The restructure to a Tier 1A (FY1, FY2 and equivalent level Junior Clinical Fellow), Tier 1B (IMT, ACCS and equivalent Junior Clinical Fellow) and Tier 2. The GoSW is advised by MPS that effective workforce planning is sustained and the vacancy position across the tiers remains low, with Tier 2 reporting the largest number of rota gaps, predominantly at PRH.

5.4 Urology

Following concerns raised in Q2 related to the safe working hours within the Urology non-resident on-call rota for Tier 2, MPS initiated a formal monitoring exercise in month 8. The monitoring exercise was completed in Q3 and analysis and actions have been shared with the department [Appendix 3].
MPS advise that the implementation of a compliant 1 in 7 rota template is anticipated at the start of Q2 of the 2024/25 whilst a growth business case is completed to increase substantive establishment and address ongoing intensity concerns of the rota.

5.5 Oral & Maxillofacial Surgery

MPS advise that the Oral and Maxillofacial Surgery faces significant recruitment challenges due to the dual qualification requirement (GDC/GMC) from ST4+. Currently, there are 2 out of 5 Specialty Doctor vacancies. It is appreciated that multiple recruitment attempts have been made.
Additionally, there is 1 out of 4 DCT1-3 vacancies, which is expected to persist at least until September 2024. The NHSE Codes of Practice deadline in month 3 of the 2024/25 for September rotations will clarify the upcoming changes in Post Graduate Doctors in Training. This will allow for a review of workforce numbers and the development of a corresponding recruitment strategy.

5.6 No further updates have been received regarding the implementation of live rostering throughout the Trust at the time of writing. The GoSW will endeavor to explore this further for the subsequent reporting period.

Summary

Providing good working conditions and safeguarding the working hours and educational experiences of doctors in training is a key and integral part of ensuring that staff fatigue is avoided, and that our patients remain protected by safe working practices.

Exception reporting has once again identified departments with staffing issues (notably urology and oral and maxillo-facial). The GoSW commends the pro-active approach taken by Medical Peoples Services in validating these reports and working in collaboration with Divisions to affect a prompt remedy.

It remains a concern that breaches have been identified by the Workforce Directorate despite the introduction of e.Rostering in some departments.

The GoSW feels this requires further investigation to prevent unsafe working conditions in the future. It is unclear whether shifts breaching rest limits have been agreed internally and/or whether there is an escalation process in place to notify senior executives of these occurrences and whether those doctors working these shifts are reminded of their contractual obligations to following safe working practice prior to accepting locum shifts.

Ensuring that the terms and conditions of the contract are effectively implemented and monitored mitigates the risk to patients, is critical in ensuring staff engagement and is important in attracting and retaining the highest calibre of doctors in training in the Trust.

Recommendation

The Board is asked to **NOTE** this report.

Appendix 1: Vacancy WTE for Junior Doctors (FY1-ST2) – M10-M12

		M10 FY1-ST2				M11 FY1-ST2				M12 FY1-ST2			
Care Group	**Specialty**	**Budget V**	**Contracted**	**Vacancy**	**Vacancy**	**Budget V**	**Contracte**	**Vacancy**	**Vacancy**	**Budget V**	**Contracte**	**Vacancy WT**	**Vacancy**
SACC	Anaesthesia	21.00	15.65	5.35	25%	21.00	17.78	3.22	15%	21.00	17.65	3.35	16%
SACC	Breast Surgery	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Clinical and Medical Oncology	3.00	1.00	2.00	67%	3.00	2.86	0.14	5%	3.00	3.00	0.00	0%
SACC	Clinical Haematology	1.00	2.00	-1.00	-100%	1.00	2.00	-1.00	-100%	1.00	2.00	-1.00	-100%
SACC	Colorectal and Upper GI Surgery	15.00	18.00	-3.00	-20%	15.00	17.00	-2.00	-13%	15.00	17.00	-2.00	-13%
SACC	ENT	5.00	8.00	-3.00	-60%	5.00	9.00	-4.00	-80%	5.00	9.00	-4.00	-80%
SACC	Gastroenterology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Head & Neck Management	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Ophthalmology	3.00	3.00	0.00	0%	3.00	2.30	0.70	23%	3.00	2.00	1.00	33%
SACC	Oral & Maxillo-Facial Surgery	4.00	3.00	1.00	25%	4.00	3.00	1.00	25%	4.00	3.00	1.00	25%
SACC	Orthopaedics and Trauma Surgery	16.00	25.00	-9.00	-56%	16.00	24.97	-8.97	-56%	16.00	25.00	-9.00	-56%
SACC	Palliative Care	0.00	1.00	-1.00	0%	0.00	1.00	-1.00	0%	0.00	1.00	-1.00	0%
SACC	Scheduled Care	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Theatres	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Urology	4.00	4.00	0.00	0%	4.00	3.48	0.52	13%	4.00	3.00	1.00	25%
SACC	Vascular Surgery	6.00	4.00	2.00	33%	6.00	6.00	0.00	0%	6.00	6.00	0.00	0%
SACC	Surgical Management Services	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
MEC	Operational Management	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
MEC	Care of the Older Adult	14.00	11.64	2.36	17%	14.00	13.00	1.00	7%	14.00	15.00	-1.00	-7%
MEC	General Medicine	4.00	28.55	-24.55	-614%	4.00	28.65	-24.65	-616%	4.00	28.65	-24.65	-616%
MEC	Stroke Medicine	1.93	3.70	-1.77	-92%	1.93	3.70	-1.77	-92%	1.93	3.70	-1.77	-92%
MEC	Neurology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
MEC	Dermatology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
MEC	Respiratory	13.57	13.85	-0.28	-2%	13.57	14.85	-1.28	-9%	13.57	14.85	-1.28	-9%
MEC	Cardiology	9.00	5.00	4.00	44%	9.00	6.00	3.00	33%	9.00	6.00	3.00	33%
MEC	Nephrology	7.20	14.00	-6.80	-94%	7.20	13.00	-5.80	-81%	7.20	14.00	-6.80	-94%
MEC	Diabetes & Endo	9.00	7.94	1.06	12%	9.00	7.94	1.06	12%	9.00	7.94	1.06	12%
MEC	Acute Medicine	22.80	19.92	2.88	13%	22.80	20.64	2.16	9%	22.80	22.02	0.78	3%
MEC	A&E	50.00	43.54	6.46	13%	50.00	43.85	6.15	12%	50.00	42.83	7.17	14%
WAC	Gynaecology	10.00	11.91	-1.91	-19%	10.00	14.34	-4.34	-43%	10.00	14.86	-4.86	-49%
WAC	Neonatology	4.00	4.00	0.00	0%	4.00	4.00	0.00	0%	4.00	3.79	0.21	5%
WAC	Paediatrics	15.88	19.41	-3.53	-22%	15.88	19.41	-3.53	-22%	15.88	20.41	-4.53	-29%
WAC	W&C â€“ Reserve	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
WAC	W&C Management Services	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
WAC	Fertility	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
WAC	W&C Identified Program	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CSS	Pathology	2.80	3.40	-0.60	-21%	2.80	3.40	-0.60	-21%	2.80	3.40	-0.60	-21%
CSS	Radiology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CSS	Support Services â€“ Reserve	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CSS	Director of Clinical Effectiveness	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
COVID-19	COVID-19	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
COVID-19 Vaccination S	COVID-19 Vaccination Service	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
Corporate Services	Medical Directorate	14.00	13.61	0.39	3%	14.00	13.00	1.00	7%	14.00	13.00	1.00	7%
Corporate Services	Director of Strategy and Planning	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
Corporate Services	Chief Operating Officer	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CDC	CDC	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
Reserves	Reserves	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
Total		**256.18**	**285.12**	**-28.94**	**-8.49**	**256.18**	**295.17**	**-38.99**	**-9.72**	**256.18**	**299.10**	**-42.92**	**-9.93**

Appendix 2: Vacancy WTE for Junior Doctors (ST3-8) – M10-M12

		M10 ST3-8				M11 ST3-8				M12 ST3-8			
Care Group	**Specialty**	**Budget V**	**Contracted**	**Vacancy**	**Vacancy**	**Budget V**	**Contracte**	**Vacancy**	**Vacancy**	**Budget V**	**Contracte**	**Vacancy WT**	**Vacancy**
SACC	Anaesthesia	9.00	19.13	-10.13	-113%	9.00	18.31	-9.31	-103%	9.00	18.13	-9.13	-101%
SACC	Breast Surgery	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Clinical and Medical Oncology	4.00	2.20	1.80	45%	4.00	2.20	1.80	45%	4.00	2.20	1.80	45%
SACC	Clinical Haematology	1.00	0.00	1.00	100%	1.00	0.00	1.00	100%	1.00	0.00	1.00	100%
SACC	Colorectal and Upper GI Surgery	8.42	9.51	-1.09	-13%	8.42	9.51	-1.09	-13%	8.42	9.51	-1.09	-13%
SACC	ENT	3.00	3.00	0.00	0%	3.00	3.00	0.00	0%	3.00	3.00	0.00	0%
SACC	Gastroenterology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Head & Neck Management	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Ophthalmology	2.00	3.00	-1.00	-50%	2.00	2.85	-0.85	-43%	2.00	3.00	-1.00	-50%
SACC	Oral & Maxillo-Facial Surgery	1.00	1.00	0.00	0%	1.00	1.00	0.00	0%	1.00	1.00	0.00	0%
SACC	Orthopaedics and Trauma Surgery	10.00	16.00	-6.00	-60%	10.00	17.18	-7.18	-72%	10.00	18.00	-8.00	-80%
SACC	Palliative Care	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Scheduled Care	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Theatres	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
SACC	Urology	3.00	3.00	0.00	0%	3.00	4.00	-1.00	-33%	3.00	4.00	-1.00	-33%
SACC	Vascular Surgery	2.00	3.00	-1.00	-50%	2.00	3.00	-1.00	-50%	2.00	3.00	-1.00	-50%
SACC	Surgical Management Services	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
MEC	Operational Management	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
MEC	Care of the Older Adult	5.00	10.00	-5.00	-100%	5.00	8.11	-3.11	-62%	5.00	7.13	-2.13	-43%
MEC	General Medicine	4.85	10.46	-5.61	-116%	4.85	9.35	-4.50	-93%	4.85	8.46	-3.61	-74%
MEC	Stroke Medicine	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	1.00	-1.00	0%
MEC	Neurology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
MEC	Dermatology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
MEC	Respiratory	4.91	8.03	-3.12	-64%	4.91	9.59	-4.68	-95%	4.91	9.74	-4.83	-98%
MEC	Cardiology	3.00	5.00	-2.00	-67%	3.00	6.00	-3.00	-100%	3.00	6.00	-3.00	-100%
MEC	Nephrology	1.82	6.23	-4.41	-242%	1.82	5.23	-3.41	-187%	1.82	3.23	-1.41	-77%
MEC	Diabetes & Endo	2.00	3.69	-1.69	-85%	2.00	3.69	-1.69	-85%	2.00	3.69	-1.69	-85%
MEC	Acute Medicine	12.00	5.00	7.00	58%	12.00	7.89	4.11	34%	12.00	7.00	5.00	42%
MEC	A&E	29.00	6.00	23.00	79%	29.00	6.73	22.27	77%	29.00	7.00	22.00	76%
WAC	Gynaecology	9.10	10.49	-1.39	-15%	9.10	9.49	-0.39	-4%	9.10	9.49	-0.39	-4%
WAC	Neonatology	3.00	3.59	-0.59	-20%	3.00	3.58	-0.58	-19%	3.00	5.00	-2.00	-67%
WAC	Paediatrics	5.00	6.36	-1.36	-27%	5.00	6.37	-1.37	-27%	5.00	4.94	0.06	1%
WAC	W&C â€“ Reserve	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
WAC	W&C Management Services	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
WAC	Fertility	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
WAC	W&C Identified Program	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CSS	Pathology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CSS	Radiology	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CSS	Support Services â€“ Reserve	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CSS	Director of Clinical Effectiveness	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
COVID-19	COVID-19	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
COVID-19 Vaccination S	COVID-19 Vaccination Service	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
Corporate Services	Medical Directorate	7.60	0.00	7.60	100%	7.60	0.00	7.60	100%	7.60	0.00	7.60	100%
Corporate Services	Director of Strategy and Planning	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
Corporate Services	Chief Operating Officer	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
CDC	CDC	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
Reserves	Reserves	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
Total		**130.70**	**134.69**	**-3.99**	**-6.38**	**130.70**	**137.08**	**-6.38**	**-6.31**	**130.70**	**134.52**	**-3.82**	**-5.12**

Appendix 3: Urology Monitoring Findings

Medical People Services undertook a monitoring exercise of the Urology Tier 2 non-resident on-call rota for the period 6 November to18 December 2023. This report is provided by Medical people Services .The key findings are summarised with the recommendations from MPS of any considerations and changes required to effectively address the risks identified.

2.0 **Current Rota Template**

2.1 **Tier 2**

The current Tier 2 Urology Non-Resident On-Call (NROC) rota is a 1in6 cycle with 7 on-calls over a 6-week period. The rota is established by 3WTE NHSE Postgraduate Doctors in Training (PGDiT), 2 Locally Employed Doctors (ST3-8 equivalent) and 1WTE Specialty Doctor.

The existing Tier 2 rota template incorporates normal working days (08:00-17:30), half-days (08:00-13:00), NROC weekdays (08:00-08:00, with 08:00-17:30 resident, and predicted call out of 8 hours, and handover of 08:00-09:00) and NROC weekends (09:00-09:00) with predicted call-out of 3.75 hours.

The current template records an average of 46 hours per week, 5% weekend allowance, 5.75 hours of hours attracting a 37% enhancement and an 8% on-call availability allowance.

2.2 **Tier 1 Support**

The Tier 2 rota is not currently supported by a fully established and structured 1st on-call (for out of hours), although 2WTE CT1-2 NHSE PGDiT support daytime activity. 33.33% of weekday and weekends incorporate Tier 1 cover from 08:00-20:00 with the 2 CT-2 doctors working a 1in6 template with 7 long days over the 6-week period. There is no overnight 1st on-call provision for Urology.

3.0 **Monitoring Exercise Findings**

During the period 6 November to 18 December 2023, 4 doctors took part in a monitoring exercise. 2 rota posts were not monitored during the exercise due to substantive vacancies. The doctors submitted weekly timesheets recording all duties, including callouts, time for travel to and from site whilst on-call and all resident on site working. If any bank shifts were worked, the doctors were asked to include these to provide high data quality. The section below highlights the notable findings.

3.1 **On-Call Periods**

On weekday on-calls, the data determined that doctors regularly remained on site beyond their resident finish time and worked an average of 4.4 hours after 17:30 (including call outs overnight), with the highest average recorded at 5.8 hours. The exercise therefore identified an average of 13.9 hours worked in any 24hr non-resident on-call period, with the highest recorded average being 15.3 hours.

On weekend on-calls, the data determined that doctors worked a significant number of resident hours, with the primary hours being worked consecutively starting at 08:00. The

average number of hours worked on any given weekend day was 12.4 hours, with the highest recorded being 14.5 hours.

The average hours for weekday and weekend on-call periods were incorporated into the rota template (Table 1) to provide an accurate number of worked hours. This exercise determined a reduced number of average hours per week, with 45.5 hours now recorded. The hours attracting a 37% enhancement were equally reduced to 4.25 hours. The weekend allowance and on-call availability supplement were unaffected. This represents a salary reduction from £73,763.93 to £72,304.63 based on nodal point 4 of the 2016 pay scale.

Over the 6-week period, the exercise identified 12/31 occasions (38.7%) where doctors were not able to achieve 5 continuous hours of rest between 22:00 and 07:00 when on-call as per schedule 03 Paragraph 30 of the 2016 Junior Doctor Contract. These occasions impacted all doctors who took part in the exercise.

3.2 **Locum Shifts Impacting Safe Working Hours**

The exercise identified regular bank shifts worked further increasing the number of worked hours in the monitored period. This is represented throughout Q3 with 39 medical temporary staffing shifts worked. This report recognises this is likely to be representative of the 2WTE vacancy within the rota during the monitoring period.

4.0 **Recommendations**

The Urology department must correct prospective calculation of the NROC periods and update all work schedules and job plans. These calculations should reflect the new prospective calculations at least from the new placement period commencing on 04/10/2023. Pay protection will apply for the duration of the placement periods for those on the 2016 contract. For those on the 2021 contract if the job plan review determines a reduction in PAs, the new arrangements will take immediate effect without any period of protection. Should they increase, it should be from an agreed date and on a prospective basis.

The Urology department should consider the new prospective estimates for on-call shifts and the intensity these represent.

The following should be considered

- Having an additional doctor(s) on the on-call rota – this should include demand and capacity and minimum safe staffing modelling to determine the establishment and skill mix required to deliver the Urology service. Consideration should also include factors such as patient needs, staff needs, organisational needs, the provision of training, quality improvement, development, career development and general workforce availability/rota gaps
- Reducing the workload covered by the on-call rota – this could include reviewing 1st on-call (Tier 1) contribution to overnight cover and whether on-call emergencies overnight could be managed by a decision maker at a lower grade
- Converting the on-call working pattern to a full shift working pattern – this would require minimum establishment of 8WTE and should include the demand and capacity and minimum safe staffing modelling as above.
- Rota management - the Urology department should use the new prospective estimates for on-call shifts within existing rota management processes and incorporate sufficient rest periods where doctors elect to work additional locum hours.

- Doctors on the 2016 Contract; in line with Schedule 02 Paragraphs 72-80 of the 2016 Junior Doctor Contract, the Urology department should assure appropriate compensation when unplanned circumstances mean a doctor's professional judgment is that they have a duty to work beyond the estimated call-out hours captured within their work schedules. Please note paragraph 77 in reference to breaches associated with five hours continuous rest and in 8 hours rest in any 24-hour period. These breaches will be subject to exception reporting and will incur penalty rate for both breach fine and payment for additional hours worked. Hours not in breach should be allocated for TOIL (recommended) or renumerated at basic hourly rate or with 37% enhancement depending on time worked with approval from the budget holder
- Doctors on the 2021 Specialty Doctor Contract – In line with Schedule 06, job plan reviews should be undertaken to incorporate the new predicted estimated call outs. These will determine a new total number of PAs. If the review determines that the on-call activity is more than 2PAs a week, the department must make arrangement to recognise the excess of this limit,either by renumeration or through TOIL. The post on-call day without job planned activity should continue.

Appendices

Appendix 1: Urology Monitoring Data Summary [attached as an excel document] Appendix 2: 2016 Junior Doctor Contract: NHS-Doctors-and-Dentists-in-Training-England-TCS-2016-VERSION-11.pdf (nhsemployers.org) Appendix 3: 2021 Specialty Doctor Contract Specialty-Doctor-terms-and-conditions-June-2022.pdf (nhsemployers).