The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting: 14 November 2024

Agenda item		164/24		
Report Title		Guardian of Safe Working Hours Quarterly Report 1.4.2024-30.6.2024		
Executive Lead		Dr John Jones, Executive Medical Director and Responsible Officer		
Report Author		Dr Bridget Barrowclough, Guardian of Safe Working Hours		
CQC Domain:		**Link to Strategic Goal:**		**Link to BAF / risk:**
Safe	√	Our patients and community	√	BAF1, BAF2, BAF3, BAF4, BAF8
Effective	√	Our people	√	
Caring	√	Our service delivery	√	**Trust Risk Register id:**
Responsive	√	Our governance		
Well Led	√	Our partners		
Consultation Communication				
Executive summary:		This report highlights that the main areas for concern for doctors' working hours is in urology where there are persistent breaches in the tier 2 rota limits for continuous hours on duty and numbers of hours of rest. Two options are being considered to address this including replacing an on call rota with a full shift or introducing a separate tier 1 rota to reduce the workload on the tier 2 rota		
Recommendations for the Board:		The Board is asked to: **NOTE** the report.		
Appendices (in Supplementary Information Pack):		Appendix 1: Exception Reports Q1 Appendix 2: Locum Bookings by Department, Grade and Reason Appendix 3: Vacancy WTE for Resident and Locally Employed Doctors Appendix 4: Budgeted, Contracted, Vacancy (WTE) and Vacancy % of Budget M1-M3 (FY1-ST2) Appendix 5: Budgeted, Contracted, Vacancy (WTE) and Vacancy % of Budget M1-M3 (ST3-ST8) Appendix 6: Rostering Dashboard for Safe Working Hours		

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 are designed to ensure risk is effectively mitigated and that mitigation is assured. The Guardian of Safe Working Hours (GoSW) ensures that issues of compliance with safe working hours are addressed by the doctor and the Trust or host organisation thereby providing assurance to the Board that doctors' working hours are safe.

As per Schedules 06, Paragraph 11, of the 2016 Junior Doctor Contract, this quarterly report includes data relevant to the safe working hours for junior 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 Trust's GoSW. Please note that postgraduate doctor and dentists in training will be referred to as resident doctors (RD).

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

Number of posts for resident doctors and dentists:	359
Number of resident doctors and dentists:	225
Number of resident doctors and dentists on 2016 TCS:	225
Number of locally employed doctors:	189
Amount of time available in job plan for GoSW to do the role:	2 PA / week

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 PAs for educational supervisors per trainee: 0.25PA

3.0 Exception reports with regard to working hours

Exception reporting is the mechanism used by doctors to ensure compensation for all work performed and the upholding of agreed educational opportunities. 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 but are not limited to:

- 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

In Q1 a total of 17 exception reports were raised and a breakdown of this data can be found in Appendix 1

4.0 Work Schedule Reviews

In Q1, in line with Schedule 05, Paragraphs 22-38 of the 2016 Junior Doctor Contract, the GoSW triggered 1 formal work schedule review. The review was initiated following an exception report submitted by an ST6 in Urology regarding differences in the total hours of work whilst working non-resident on-call. The outcome of an organisational change was accepted as it became clear that the adjustments needed impacted the total workforce model within the department.

4.1 Fines

The GOSW levied a total of 3 fines in Q1, totaling £611.18.

4.2 Urology

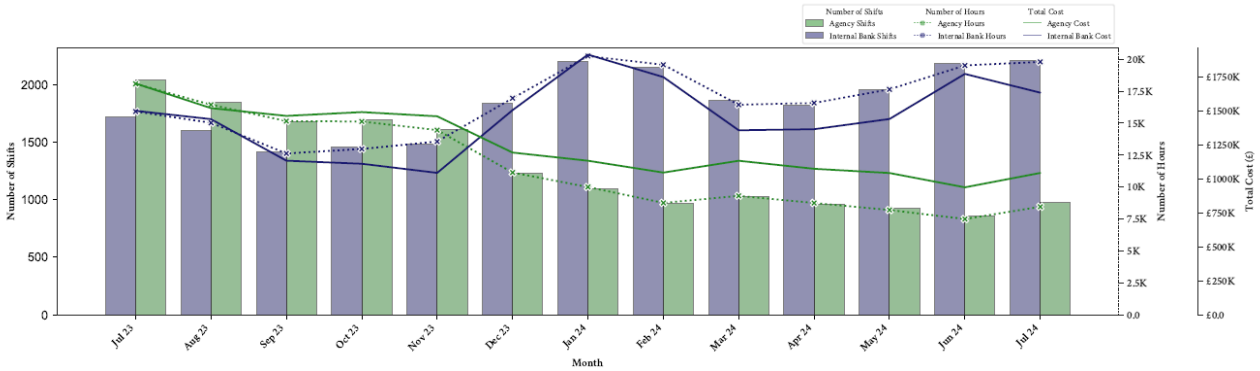
Three fines were levied for breaches of total shift duration (exceeding 13 hours continuously worked) and total non-resident hours including not achieving 5 hours continuous rest between 22:00 and 07:00 and 8 hours total rest in a 24 hour on-call period.

The GOSW account therefore reports an account total of £2674.01 at the end of Q1.

5.0 Locum bookings

Agile Workforce Services (AGS) remain commissioned to provide Neutral Vendor (NV) and Managed Bank Services (MBS) at the Trust. The following section outlines the locum bookings by shift, grade and reason and provides a summary of results from NV and MBS.

The graph below shows the number of shifts, hours, and cost by month for the previous 12 months (up to the end of Q1). Bank fill rate (~70%) consistently sustains higher fill than agency (~30%) with near full elimination of agency usage at FY1-ST2 level (107 shifts worked by agency in Q1). The remaining non-consultant agency spend is focused at ST4+ level in Emergency Medicine. It is noted that industrial action undertaken 27th June 2024 – 2nd July 2024 is reflected in higher temporary staffing usage in M2 and M3.



Appendix 2 summarises locum bookings by department, grade, and reason for Q1. Acute Medicine, General Medicine and Emergency Medicine continue to be the top 3 specialties for temporary medical staffing bookings. It is recognised the high usage in medicine is primarily associated with escalation areas. The medical temporary staffing function continues to have successful fill rates with a small proportion of shifts being unfilled across the quarter (13). The locum booking reason of “vacancy” continues to be the most significant in number in Q1. Further clarity is required to understand bank and agency usage with the booking reason ‘annual leave’, as it is recognised leave should be prospectively covered.

6.0 Vacancies

The following section summarises the reported vacancies in WTE among the resident doctors including locally employed doctors during the previous quarter.

Appendix 3 shows the breakdown between budgeted, contracted and vacancy WTE for the grade ranges FY1-ST2 and ST3-8 in Q1. A vacancy % of the budget is also provided. The FY1-ST2 establishment has shown a steady decrease in contracted WTE from between 295.21 in M1 to 289.60 in M3. This follows national and local trend in resignations/natural end of fixed term contracts during this period where doctors enter national training as part of the August changeover. The number of vacancies is expected to decrease by M4 through realisation of workforce plans, including expansion in the intake of FY3 rotational doctors. ST3-8 fill rate remains high at -0.1% at the end of Q1.

Appendices 4 and 5 summarise the budgeted, contracted, vacancy (WTE) and vacancy % of budget M1-M3 of all medical grades (FY1-ST8) split by specialty. The totals are inclusive of

LEDs and RDs. The alignment between medical establishment and recurrent budget continues to present reporting challenges. For example, Emergency Medicine reports 6.15 – 8.3WTE vacancy (FY1-ST2) in quarter, with a budgeted WTE of 51. The medical rota is established at 42WTE (FY2-ST2), with 2WTE FY1 posts across the two sites. The recurrent budget should therefore reflect 44WTE, which provides a reduced vacancy position of -0.85 – 1.3WTE in quarter. The highest vacancy position is reported in general medicine, at ~13WTE (FY1-ST2) and 11.54WTE (ST3-8) in quarter, although this cannot be correlated to vacancies shown in the medical establishment. The GoSW is however assured that recruitment plans are robust to support high substantive fill rate across the medical rotas for the RDs.

7.0 Issues Arising & Actions Taken

7.1 Digital Rostering & Assurance on Safe Working Hours (data provided by MPS)

Appendix 6 summarises the number of breaches identified during Q1. The dashboard overlays information exported from the Medic On Duty eRostering system and the recorded bank data to identify breaches in safe working hours. This information is only available for the areas live with this system; Oral & Maxillofacial Surgery (DCTs only), ENT (FY1-CT2 only), Emergency Medicine (FY1-ST2 only), General Surgery (FY1-ST8) and Trauma and Orthopaedics (FY1-ST8).
Marked improvement is noted in the number of breaches associated with the 46-hour minimum rest post a singular (up to a maximum of 4 consecutive night shifts). It is also recognised that Emergency Medicine have seen a decrease in the number of breaches associated with additional bank work.

Oral & Maxillofacial Surgery has seen a significant decrease in safe working hours performance in Q1, primarily attributed to 1 individual with 13 episodes. The episodes are all attributed to working non-resident on-call (via the medical bank) alongside a full shift rota during the medical period of dual qualification. The service sought advice and guidance from MPS regarding the rules around non-resident on-call rotas and comprehensive information was provided to the doctor on working within terms and conditions of service. The Board is asked to note that the dashboard is limited when considering local agreements on clinical safety associated with non-resident on-calls where it is mutually agreed as safe due to intensity. It should also be noted that currently the GoSW is unable fine departments retrospectively for breaching safe limits and will seek approval to do so in the future.

7.2 Foundation Expansion

The August 2024 intake of RDs presented a significant national challenge due to the oversubscription of foundation programme places by more than 10,000. This was compounded by national changes to foundation allocation which changed the algorithm for how doctors were allocated to regional deaneries into a ranked tiering system.

In the West Midlands, this represented more than 300 additional placeholders. Placeholder is defined as a doctor who has successful appointment to a foundation programme, and to regional deanery, but without an available programme. These doctors were divided by NHS England and distributed to regional Trusts proportionate to previous year fill rates, which for SaTH, totaled 21. Prior to August 2024, the FY1 allocation for SaTH was 66 posts (split across 22 programmes).

21 additional FY1 posts were successfully incorporated into the August 2024 intake. It has been confirmed that these posts will become permanent establishment for our foundation allocation.

NHS England has confirmed that SaTH will be expected to support the 21 additional FY1 posts into August 2025, therefore increasing the FY2 total to 75. The MPS and Medical Education Teams are working closely with Divisional Teams to identify posts

which could be converted to FY2 posts with 50% tariff to support the additional rotations. This may represent cost efficiency where Locally Employed Doctor posts are converted; however, it could pose a risk to fill rates where the Trust are subject to NHSE recruitment and allocation. The Board is also asked to note the additional supervision requirements for Clinical and Educational Supervision in lieu of foundation increases.

7.3 Urology

Urology Tier 2 non-resident on-call continues to be an area of concern with a further 5 exception reports submitted in quarter. All reports were associated with excessive working during non-resident hours, including more than 13 hours continuous, and less than 5 hours rest achieved between 22:00 and 07:00, and 8 hours in the 24- hour period. The monitoring exercise previously undertaken and shared at the quarterly guardian report for Q4 of the FY 23/24 has resulted in planned adjustment to a 1 in 7 non-resident on-call rota in July 2024. However, it is not anticipated that this will directly resolve the intensity of the out of hours work. Work schedules will also be adjusted to incorporate the new predicted disturbance and pay protection will be applied to the RDs in-situ.

The Urology service is currently developing a growth business case which will include plans to increase medical establishment for the on-call rota. This centres on increasing Tier 1 to provide a 1st on-call, therefore reducing Tier 2 intensity out of hours, or to covert Tier 2 to a resident full shift. The GoSW will closely monitor exception reporting and feedback through RD forums whilst this is progressed.

8.0 Improving Working Lives of Doctors

The Trust recognises the Fatigue and Facilities Charter which mandates that the organisation is required to provide an easily accessible mess with appropriate rest areas 24 hours a day seven hours a week allowing staff to rest during breaks.

The PRH doctors mess is currently affected by issues with RAAC and is therefore unusable. The doctors have expressed concern that the temporary mess located in the Education Centre is not fit for purpose in its current configuration. The GoSW agrees with this sentiment and is aware that an alternative area is being sought but remains concerned regarding the time taken to resolve.

9.0 Summary

9.1 It remains a concern that breaches continue to be identified by the retrospective dashboard. Live rostering provides the ability to collect this information prospective, however this remains limited to only few departments across the Trust. In future the GoSW will seek approval to fine departments retrospectively for breaches identified outside of the exception reporting system.

9.2 The Board is advised that until the concerns identified in urology are addressed, doctors on the non-resident on-call shifts may continue to breach safe working limits and this therefore remains a risk to both patients and doctors.

9.3 The Board is asked to recognise the concerns regarding the doctors' mess raised in multiple forums.

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