

## Board of Directors' Meeting: 16 January 2025

<b>Agenda item</b>	021/25a		
<b>Report Title</b>	Guardian of Safe Working Hours Quarterly Report 1 July - 30 September 2024		
<b>Executive Lead</b>	Dr John Jones, Executive Medical Director and Responsible Officer		
<b>Report Author</b>	Dr Bridget Barrowclough, Guardian of Safe Working Hours		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF1, BAF2, BAF3, BAF4, BAF8
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b>
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>			
<b>Executive summary:</b>	<p>The Guardian's report shows that the main concern for safe working hours relates to the tier 2 urology on call rota where there is a plan to increase establishment by one post to all a full shift. The appointment process is currently at the interview stage.</p> <p>The Guardian expresses concerns about the prolonged arrangements for a temporary doctor's mess at PRH which is as a consequence of remedial work required following discovery of RAAC. A suitable alternative location has not been identified.</p>		
<b>Recommendations for the Board:</b>	<p>The Board is asked to:</p> <p><b>Note</b> the report.</p>		
<b>Appendices (in Supplementary Information Pack):</b>	<p>Appendix 1: Exception Reports Q2  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 M4-M6 (FY1-ST2)  Appendix 5: Budgeted, Contracted, Vacancy (WTE) and Vacancy % of Budget M4-M6 (ST3-ST8)  Appendix 6: Rostering Dashboard for Safe Working Hours -no data presented</p>		

## **1.0 Introduction**

The safeguards around doctors working hours within Schedules 04-06 of the 2016 Junior Doctor Contract and the role of the Guardian of Safe Working (GoSW) hours is recognized across the Trust.

In accordance with Schedule 06 Paragraph 11 of the 2016 Junior Doctor Contract, this quarterly Board report includes data relevant to the safe working hours for junior doctors including, but not limited to, exception reports, vacancies and locum usage. Any issues identified and subsequent actions taken are summarised within the report. Serious escalations related to decisions or actions not addressed at department level are highlighted.

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

Number of posts for resident doctors / dentists	359
Number of resident doctors / dentists on 2016 TCS:	226
Number of locally employed doctors:	196

## **3.0 Exception Reports**

Exception reporting is a mechanism used by doctors to inform the employer when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Doctors working over their contracted hours will usually receive compensation either as payment or in situations where doctors risk breaching safe working limits, time off in lieu.

The GOSW report focuses on exception reports related to safe working hours.

In Q2 a total of 35 exception reports were raised. (Appx 1). General Medicine, Surgery and Urology received the bulk of the reports. There were no themes identified in General Medicine; 10 exception reports remained open at the end of Q2 whilst awaiting a response from the clinical supervisor who addresses all reports.

### **2.1 Work Schedule Reviews**

In line with Schedule 05, Paragraphs 22-38 of the 2016 Junior Doctor Contract, there were no formal work schedule reviews in Q2.

### **2.2 Fines**

The GOSW levied a total of 4 fines in Q2, totaling £1934.94. The GOSW account reports an account total of £4608.95 at the end of Q2.

#### **2.2.1 Urology**

Four fines were levied for breaches of total shift duration exceeding 13 hours of continuous work 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.

## **3.0 Locum bookings**

Appendix 2 summarises locum bookings by department, grade and reason in Q2. Acute Medicine, General Medicine and Emergency Medicine continue to be the top 3 specialties requiring temporary medical staffing bookings. Emergency Medicine rely on a high proportion of agency staff at ST3-8 level due to vacancies within the SAS workforce.

5.35% of shifts were unfilled across the quarter.

The reason of "vacancy" continues to be the most common reason for locum bookings in Q2. However, clarification of this is required as Medical People Services (MPS) report that within the Trust there is a low vacancy position.

## **4.0 Vacancies**

Appendix 2 summarises the breakdown between budgeted, contracted and vacancy whole time equivalent (WTE) for the grade ranges FY1-ST2 and ST3-8 in Q2. All data is provided by MPS.

General Medicine reports the highest vacancy position at both FY1-ST2 (8.08 WTE in M6) and ST3-8 (12.32WTE in M6) although this is not considered representative of establishment position. It is recognised that medical specialties contributing to the general medicine rota are reported as over established. Therefore, alignment clarification is required to understand accurate vacancy position at specialty level and for the GoSW to correlate any concerns raised in future reports.

## **5.0 Issues Arising & Actions Taken**

### **5.1 Digital Rostering**

Live rostering will allow for visibility of doctors working practice and it remains disappointing that the expansion of this tool is delayed.

In Q2 doctors raised concerns regarding the time taken to receive approval for annual leave in General Medicine. It is reported that this is limited by the volume of requests and further supports the need for live rostering which will enable doctors to effect safe swaps in a timely manner and assist approvers who need to ensure staffing levels are safe prior to confirmation.

The timely approval of annual leave is of paramount importance in securing the wellbeing of our doctors.

Previous reports have contained data acquired by reviewing a live dashboard retrospectively. This data is unavailable at the time of writing

### **5.2 Urology**

In Q2, a further 8 exception reports were submitted related to safe working hours from doctors working on the Tier 2 non-resident on-call rota in Urology. A proposal was submitted to the SAC Division in December 2024 to mitigate the work intensity, fatigue and safe working hour compliance of the rota by utilising the waiting list initiative budget on an interim basis to create an 8<sup>th</sup> post. The 8<sup>th</sup> post would safely convert the rota to a full shift with resident long days and nights, which would address the safety concerns identified by the resident and locally employed doctors. A further growth business case is in process which will consider the demand on elective service delivery and the workforce required to cover both the emergency out of hours and daytime activity in the service. Recruitment for this post has been initiated.

## **6.0 Fatigue and facilities Charter**

In 2018 the Trust committed to the BMA Fatigue and Facilities Charter. It is the responsibility of the GoSW to notify the Board of any conditions within the Charter that are not being met.

### **6.1 PRH Doctors Mess**

The BMA Charter states that each Trust should provide doctors with a dedicated rest space for doctors. In 2024 doctors were advised of the closure of the PRH doctors mess due to issues with reinforced aerated concrete (RAAC).

A small, temporary area has been provided within the Education Centre. However, doctors have repeatedly reported that this area is unsuitable as a rest area for the significant numbers of doctors wishing to access the space. It is understood that doctors will be displaced for a further two years.

### **9.0 Summary**

Consistent with previous years there has been an increase in the number of exception reports in Q2 compared to other quarters. It should be noted that the medical establishment has increased significantly over the past two years so there are more doctors with the ability to report.

The GoSW asks the Board to consider the issues in urology as it remains unclear whether the situation has been resolved.

The GoSWs supports the doctors concerns regarding the PRH doctors mess as it is considered the current area is unsuitable for requirements.

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