

Board of Directors' Meeting: 16 January 2025

Agenda item	021/25b		
Report Title	Guardian of Safe Working Hours Annual Report 1 August 2023 – 31 July 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:	<p>This report by the GOSW describes improvement in medical staffing in some areas, notably medicine, with the urology tier 2 rota remaining the area of most concern. The plan to address this is a switch to a full shift when recruitment allows.</p> <p>The GOSW remains concerned that she is unable to give assurance with regard to the monitoring of safe working hours given that there is not a visibility of all rotas on a single system. This is the plan for medical people services.</p>		
Recommendations for the Board:	<p>The Board is asked to:</p> <p>Note the report.</p>		
Appendices (in Supplementary Information Pack):	<p>Appendix 1: Exception Reports Appendix 2: Vacancy WTE for Resident and Locally Employed Doctors Appendix 3: Terms and Conditions 2016 Doctors in Training Schedule 6 Note 11</p>		

1.0 Introduction

The role of the Guardian of Safe Working (GoSW) to champion safe working hours is recognised across the Trust.

In addition to information on exceptions to safe working hours and rest, the GoSW should receive and report on information regarding vacancies, rota gaps and actions taken to address concerns regarding staffing levels in all divisions throughout the year thus providing the Board with the assurance that staffing levels are safe across the organisation enabling doctors to adhere to safe working limits.

This annual board report summarises issues arising and actions taken as a consequence of exception reports from 1 August 2023 and 31 July 2024, including vacancy data as provided by Medical Peoples Services.

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
Average annual vacancy rate for above cohort	- 2.4 %

3.0 Exception Reports

Ninety-two exception reports were raised in this period (Appendix 1). Ninety-seven exception reports were closed during the year which included several reports that remained open at the end of the previous annual period. Seven exception reports were live at the end of the period. Sixty-five percent of all reports related to hours of working, with 2 being submitted as immediate safety concerns. The 3 specialities responsible for the greatest number of exception reports submitted were General Medicine (18), General Surgery (15) and Urology (13). The average time worked over was 1 hour. There was an even split of financial reimbursement versus time off-in-lieu given as compensation.

3.1 Work Schedule Reviews

In accordance with Schedule 05, Paragraphs 22-38 of the 2016 NHS Doctors and Dentists in Training (England), the GoSW triggered a formal work schedule review in urology.

3.2 Fines

The GoSW levied 10 fines in the period, totaling £2,121.42. Seven fines were levied against Urology, 2 in Trauma and Orthopaedics and 1 in Oral and Maxillofacial Surgery. The total amount reported in GoSW account at the end of the period is £2839.32.

4.0 Vacancies

Vacancy data is provided by Medical People Services (MPS). Appendix 2 summarises the breakdown between budgeted, contracted and vacancy whole time equivalents (WTE) for the grade ranges FY1-ST2 and ST3-8 for the period.

It is reported that the ST3-8 budgeted WTE has remained constant with minimal reduction from 136.70 Whole Time Equivalents (WTE) to 134.68WTE. The contracted WTE has seen marked improvement increasing from 118.56WTE to 134.19WTE, with vacancy of 0.4% of budget by the end of the period.

The FY1-ST2 has seen significant increase in budgeted WTE from 256.18WTE to 320.04WTE, with a substantial increase of 59.15WTE at the start of the financial year 24/25. The contracted WTE has increased at a slower rate than budgeted WTE, with

275.72WTE growing to 286.05WTE. The Trust therefore reports a total vacancy of 10.6% vacancy of budget at the end of the period.

The increase in budgeted WTE reflects planned expansion of NHSE training posts in August-October 2024 and therefore vacancy position is expected to improve at the start of the next annual period.

At the end of the period the Trust reports a total budgeted WTE of 454.72 with a contracted WTE of 420.42. This therefore represents a vacancy position of 34.48WTE or 7.58% of budget.

It is acknowledged that this data does not provide accurate information on true rota gaps in specific departments within divisions.

The following recommendations were made by MPS in the 2023 annual report, but it is unclear at the time of writing whether these have all been implemented:

1. To review and provide assurance that budget lines accurately reflect the medical establishment.
2. To enhance the breakdown of medical grades, dividing into FY1, FY2, ST1/CT1, ST2/CT2, ST3/CT4, ST4, ST5, ST6, ST7 and ST8.
3. To consider mapping the vacancy position to medical rotas by correlating vacancy WTE to tiers of medical rota, for example by grouping general medical specialties into general internal medicine rotas to support accurate reporting of true rota gaps based on full shift and non-resident on-call rotas.
4. To provide enhanced specialty breakdown of vacancy WTE.
5. To request that the financial vacancy dashboard of all medical grades is shared monthly to target recruitment efforts in areas of highest need.

5.0 Plans & Actions to Reduce Rota Gaps

In this section, plans and strategic actions aimed at alleviating vacancies and rota gaps is summarized.

5.1 Management of Medical Establishment

It is appreciated that effective management of the medical establishment requires a proactive approach to workforce planning, particularly in addressing resident and locally employed doctor vacancy positions. In the past year MPS report they have established robust workforce plans. The GoSW is confident that significant improvements have been made throughout the year with respect to recruitment and retention.

5.2 Trauma & Orthopaedics

In response to exception reports the implementation of the revised full-shift Tier 2 Trauma & Orthopaedic rota was completed in October 2023 (M7). To support a sustainable workforce model within the Trauma & Orthopaedic department, 10 WTE Locally Employed Doctors were recruited between October 2023 (M7) and December 2023 (M9). No further exception reports or escalations were received from medical staff on these rotas at either site during the annual period.

5.3 Urology

The Urology Tier 2 rota has operated as a 1 in 6 non-resident on-call since the implementation of the 2016 Doctors and Dentists in Training (England) Contract with limited changes to working pattern. Following exception reports submitted in the financial

year 23/24, MPS undertook a monitoring exercise in Q3 the findings of which were shared with the Board.

Thirteen exception reports were submitted by doctors working on the urology Tier 2 rota over the period. It was agreed that doctors should continue to submit reports while the exception report outcome for “an organisational change” took place. One report was submitted as an immediate safety concern. The reports consistently highlighted breaches of safe working hours limits.

In July 2024, following an increase in current medical establishment to 7WTE, the rota was adjusted to a 1-in-7 non-resident on-call cycle. While increasing capacity during daytime activity, this action did not fully mitigate the intensity and compliance concerns. At the time of writing a proposal to utilise waiting list initiative budget on an interim basis to create an 8th post has been made. This post will convert the rota to a full shift with resident long days and nights potentially mitigating concerns. MPS report a further growth business case is in process.

5.4 General Medicine

Since the implementation of rota template changes in Q3 of the financial year 23/24 and in response to exception reports General Internal Medicine have reported improvements in out-of-hours provision throughout the period. 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 has provided accessibility to decision makers and enhanced prospective capacity to respond to unexpected absence.

6.0 Summary

There is evidence of actions having been undertaken to enable safe working in response to concerns raised to the GoSW throughout the reporting period.

The Board is asked to note the staffing issues within the urology department and persistent breaches of safe working hours and rest.

Without detailed information regarding the vacancies and rota gaps aligned to specific areas within the medical establishment the GoSW must continue to rely on doctors reporting exceptions to their contracted hours and rest or patterns of work in order to provide the Board with the assurance that doctors working hours are safe and not impacted by unsafe staffing levels. Until exception reporting is widely accepted and encouraged as a tool with which doctors feel comfortable in using to highlight work performed over contracted hours and breaches of safe working limits the GoSW feels unable to provide the Board with the assurances they require.

The Board to recommended to consider the points in section 4:

The following recommendations were made by MPS in the 2023 annual report, but it is unclear at the time of writing whether these have all been implemented:

1. To review and provide assurance that budget lines accurately reflect the medical establishment.
2. To enhance the breakdown of medical grades, dividing into FY1, FY2, ST1/CT1, ST2/CT2, ST3/CT4, ST4, ST5, ST6, ST7 and ST8.
3. To consider mapping the vacancy position to medical rotas by correlating vacancy WTE to tiers of medical rota, for example by grouping general medical specialties into general internal medicine rotas to support accurate reporting of true rota gaps based on full shift and non-resident on-call rotas.
4. To provide enhanced specialty breakdown of vacancy WTE.

5. To request that the financial vacancy dashboard of all medical grades is shared monthly to target recruitment efforts in areas of highest need.

This supports the requirements for TCS Schedule 6 Note 11 (Appendix 3) the GoSW is required to provide detailed information aligning to the medical establishment throughout the year.