

**Board of Directors' Meeting:  
13 March 2025**

<b>Agenda item</b>	049/25		
<b>Report Title</b>	Guardian of Safe Working Hours Quarterly Report 01 Oct – 31 Dec 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>Interviews for urology tier 2 doctors are arranged for 7<sup>th</sup> March 2025 to enable new working pattern to address rest concerns.</p> <p>Resident doctors have been consulted and are supportive of proposal to address inadequate mess facilities at Princess Royal Hospital.</p> <p>Rostering dashboard revealing breaches in maxillofacial hours not currently reflected in exception reporting.</p>		
<b>Recommendations for the Board:</b>	<p>The Board of Directors is asked to:</p> <p><b>Note</b> the report.</p>		
<b>Appendices (in Supplementary Information Pack):</b>	<p>Appendix 1: Exception Reports Q3</p> <p>Appendix 2: Locum Bookings by Department, Grade and Reason</p> <p>Appendix 3: Vacancy WTE for Resident and Locally Employed Doctors</p> <p>Appendix 4: Budgeted, Contracted, Vacancy (WTE) and Vacancy % of Budget M4-M6 (FY1-ST2)</p> <p>Appendix 5: Budgeted, Contracted, Vacancy (WTE) and Vacancy % of Budget M4-M6 (ST3-ST8)</p> <p>Appendix 6: Rostering Dashboard Q3</p>		

## **1.0 Introduction**

The safeguards around doctors working hours within Schedules 04-06 of the NHS Doctors and Dentists in Training (England) 2016 Contract and the role of the Guardian of Safe Working (GoSW) hours is recognised across the Trust.

In accordance with Schedule 06 Paragraph 11 of the NHS Doctors and Dentists in Training (England) 2016, this quarterly Board report includes data relevant to the safe working hours for resident doctors and locally employed 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	372
Number of resident doctors / dentists on 2016 TCS:	272
Number of locally employed doctors:	200
Amount of time available in job plan for guardian:	2 PAs per week
Admin support provided to the Guardian:	0.2WTE
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

## **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 time off in lieu, the latter especially in situations where doctors risk breaching safe working.

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

In Q3 20 new exception reports were raised across various specialties and training grades (Appendix 1). FY1 and CT1-2/ST1-2 doctors submitted the highest numbers (8 each). Urology remains the only department with outstanding exceptions, carrying over four unresolved reports.

### **4.1 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 Q3.

### **4.2 Fines**

The GOSW levied a total of 3 fines in Q3, totaling £987.97. The GOSW account reports an account total of £5,596.92 at the end of Q3.

#### **4.2.1 Urology**

1 fine was 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.

#### **4.2.2 General Medicine**

A fine was issued for exceeding the maximum shift duration of 13 continuous hours and for a missed overnight break. The reported causes were the transition to daylight saving time (clocks going backward) and an excessive workload.

### **4.2.3 Trauma & Orthopaedics**

A fine was issued for exceeding the maximum shift duration of 13 continuous hours. In response, the Clinical Director for the service has reminded all colleagues of the importance of ensuring doctors leave at their scheduled shift end time.

## **5.0 Locum bookings**

Appendix 2 summarises locum bookings by department, grade and reason in Q3. Acute Medicine, General Medicine and Emergency Medicine continue to be the top 3 specialties requiring temporary medical staffing bookings.

0.05% of shifts were unfilled across the quarter.

## **6.0 Vacancies**

Appendix 3 summarises the breakdown between budgeted, contracted and vacancy whole time equivalent (WTE) for the grade ranges FY1-ST2 and ST3-8 in Q3. All data is provided by Medical People Services.

In Q3, the workforce position for FY1-ST2 showed a steady reduction in vacancies, improving from -6.2% in M7 to -3.4% in M9 as contracted WTE moved closer to the budgeted WTE. Similarly, for ST3-ST8, vacancies remained low, fluctuating between -2.8% and -0.5% across the quarter. Overall, vacancy levels improved across both groups, with a positive trend towards reducing gaps.

General Medicine reports the highest vacancy position at both FY1-ST2 (11.54 WTE in M9) and ST3-8 (9.2WTE in M9) although this is not considered representative of establishment position. Alignment between budgeted WTE and establishment continues to present a reporting challenge. A recent review of the rotas for GIM Tier 2 has confirmed zero vacancies across both PRH and RSH, ensuring full staffing at this level. Efforts remain ongoing to improve reporting accuracy and clarity.

## **7.0 Issues Arising & Actions Taken**

### **7.1 Digital Rostering**

Appendix 6 summarises the medical rosters dashboard for safe working hours for specialties live with the Health Roster (Medic on Duty) eRostering solution. In Q3, a reduction in breaches was observed compared to previous quarters. A total of 12 episodes were identified. The breaches were categorised by the specific safe working hour breaches outlined in the NHS Doctors and Dentists in Training (England) 2016 Contract, such as no rest after four long shifts, no rest after seven consecutive shifts, and over 72 hours of work. Notably, specialties like General Surgery had no breaches, while others, such as Oral & Max Fax, recorded the highest number of breaches, particularly in the "more than seven consecutive days" and "over 72 hours" categories.

### **7.2 Urology**

In Q3, a further exception report was submitted related to safe working hours from a doctor working on the Tier 2 non-resident on-call rota in Urology. The proposal submitted to the SAC Division in December 2024 was approved, and recruitment is now underway to deliver the additional post. Interviews are scheduled for 7th March 2025. A new full shift rota template has been drafted and is currently in consultation. Once recruitment is

complete, the rota will be safely converted to a full shift system with resident long days and nights, addressing the safety concerns previously identified.

## **8.0 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. The Charter requires an easily accessible mess with appropriate rest areas 24 hours a day, seven days a week, allowing staff to nap during breaks. It should also ensure nap / rest areas are separate from food preparation or routine break areas, and that the mess is not used for organised shift handovers for other clinical work – it should be an area of rest and not a clinical environment.

The Doctors Mess usually also offers key facilities outlined in the charter including;

- Lounge (with power points, telephone connection with TV aerial)
- Office / study area (with power points, telephone connection and internet access).
- Kitchen (with sink, hotplate, microwave, toaster, fridge, freezer, kettle, coffee machine and supply of tea, coffee, milk and break)
- Storage area including lockers for doctors

The closure of the PRH doctors' mess in 2024 due to reinforced aerated concrete (RAAC) issues led to the establishment of a small, temporary space within the Education Centre. Permission has now been granted to expand this temporary facility by constructing a new wall and privatizing a larger floor plan. Stored furniture, including sofas and chairs, will be used to furnish the space, and doctors will continue to have access to a shared kitchen area.

Doctors using the PRH mess have been consulted and are supportive of these improvements. Further consultation will take place regarding the refurbishment of the permanent doctors' mess once RAAC issues are resolved. It is anticipated that doctors will remain displaced for approximately two more years, with a focus on ensuring that the permanent facility fully meets the standards outlined in the BMA Charter.

## **9.0 Summary**

This report highlights the persistent concerns previously raised in urology regarding the NROC shifts. Persistent violations of the safe working limits are also observed in the maxillo- facial department on retrospective data collection. In the absence of exception reports and/or actions to address in these situations the Guardian of Safe Working is unable to levy a fine and recommends a process is put in place to retrospectively do so. This would require agreement from the Executive Team.

The Guardian of safe Working would like to thank the Executive Team for addressing concerns raised in the previous report regarding the doctors' mess.

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