


Agenda item	021/23			
Report	Guardian of Safe Working Hours Report 1 October – 31 December 2022			
Executive Lead	Dr John Jones, Executive 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			
Appendices	No vacancy data-appx-at time of submission			
Executive summary:	<p>The GoSW is concerned that data to complete this report remains unavailable despite repeated requests from medical People Services (MPS)</p> <p>The GoSW is concerned there is limited information on rota compliance and the monitoring of safe working hours and is therefore unable to provide the Board with purposeful assurance in this respect.</p> <p>The data on locums suggests vacancy rather than sickness is the main reason for locum requests. This is not compatible with reports from senior colleagues who perceive the latter is the reason for staffing shortages.</p>			
Executive Lead				

**QUARTERLY REPORT ON SAFE WORKING HOURS
DOCTORS AND DENTISTS IN TRAINING
1 October – 30 December 2022**

Dr Bridget Barrowclough: Guardian of Safe Working Hours (GoSW)

Executive summary

The GoSW is concerned that data to complete this report remains unavailable despite repeated requests Medical People Services (MPS)

The GoSW is concerned there is limited information on rota compliance and the monitoring of safe working hours and is therefore unable to provide the Board with purposeful assurance in this respect.

The data on locums suggests vacancy rather than sickness is the main reason for locum requests. This is not compatible with reports from senior colleagues who perceive the latter is the reason for staffing shortages at times.

MPS report difficulties with the introduction of dotted line management of rotas despite assurance from the workforce directorate at the previous Board meeting that this would be introduced.

A review of the governance framework with respect to the compliance and monitoring of safe working hours is recommended.

The administrative support provided by Medical People Services for the Guardian of Safe Working Hours (GoSW) is currently under review.

Introduction

The Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in Training (England) 2016 state:

- The Guardian reports to the Board of the employer directly or through a committee of the Board as below.
- The Board must receive a Guardian of Safe Working (GoSW) Report no less than once per quarter. This report shall also be provided to the Joint Local Negotiating Committee (JLNC), or equivalent. It will include data on all rota gaps on all shifts.
- The Board is responsible for providing annual reports to external bodies as defined in these Terms and Conditions, including Health Education England (HEE-Local Office), Care Quality Commission (CQC), General Medical Council (GMC) and General Dental Council (GDC).
- There may be circumstances where the Guardian identifies that certain posts have issues that cannot be remedied locally and require a system-wide solution. Where such issues are identified, the Guardian shall inform the Board. The Board will raise the system-wide issue with partner organisations (e.g., Health Education England, NHS England / Improvement) to find a solution
- A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the Trust Chief Executive. This report shall also be provided to the JLNC or equivalent.

High level data for Shrewsbury and Telford Hospital

Number of posts for doctors / dentists in training

313

Number of doctors / dentists in training:	243
Number of doctors / dentists in training on 2016 TCS:	239
Number of locally employed doctors / dentists in training:	115
Amount of time available in job plan for guardian to do the role:	2 PA / week
Admin support provided to the guardian:	0.35 WTE

Comments

Four doctors remain pay protected to the new deal pay scales but are contracted to and therefore follow the TCS Junior Doctor Contract 2016.

Exception reports (with regard to working hours)

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Cardiology	0	1	0	1
General Medicine	4	13	14	3
General Surgery	2	3	5	0
Paediatrics	3	0	0	3
Total	9	17	19	7

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY1	4	6	8	2
FY2	1	4	4	1
CT1-2 / ST1-2	1	7	7	1
ST3+	3	0	0	3

Comments

Medicine

The majority of exception reports this quarter were received from Medicine and Emergency Care Division.

Doctors perceive that live rosters are fragile at times due to vacancies and further complicated by short term notice of sickness. It is recognised that short term notice of sickness challenges the Division to provide additional staffing in time to cover a vacant shift.

Where differences in service commitments are raised as a reason for an exception report the GoSW discusses events with the lead physicians and is confident that, once recognised, attempts to provide safe staffing levels are always made. Live or detailed information on how rotas are managed in these circumstances is needed to fully appreciate staffing levels at all times.

A twice weekly meeting to move doctors to support bay wards with a less than 10-1 ratio is maintained in medicine. It should be noted that the following comment was made by a senior doctor: “the junior clinical fellows were moved in December to support Deanery gaps in renal, but the absence of live rostering suggests the day to day gaps are not accurately reported”.

There is reported concern that doctors feel they cannot provide the high level of care they wish to in times of high work intensity and especially in the presence of reduced staffing levels. It should be noted that this carries a risk of moral injury.

Several reports recognise missed rest which is of concern. Rest facilities including 3 sleep pods are available, and doctors are reminded in all forums and at induction that it is advisable not to drive if tired.

One immediate safety concern (ISC) was raised in renal medicine. This was addressed in line with contractual obligations within 24 hours. In terms of an immediate response the GoSW was advised that a locum senior clinical fellow was appointed to support the team and that a work template review would take place to maintain a 10-1 patient to junior doctor ratio.

Trauma and Orthopaedics (T&O)

Although not evidenced in exception reports, concerns have been raised regarding the staffing levels on weekend shifts in T&O at PRH. The weekend team consists of one consultant, one registrar and one foundation doctor. While senior staff are occupied in theatre, significant numbers of patients are managed by the remaining doctor with missed opportunity for rest and delays to leaving on time. The GoSW will raise this at Medical Leadership Team (MLT) meeting and seek to request a work schedule review.

Work schedule reviews

There were no individual rota reviews as a consequence of exception reports. The Medicine rota was reviewed by the Division at RSH following an immediate safety concern (ISC) in renal as highlighted above.

Work schedule and rotas reviewed by Medical People Services (MPS)

29/55 junior doctor rotas have been reviewed this quarter.

Rotas within work schedules have taken place in the following specialties:

- General Surgery
- Urology
- Ophthalmology
- Trauma & Orthopaedic Surgery
- Emergency Department
- Obstetrics & Gyneacology
- Paediatrics
- Medicine FY1 & Tier 1

Key Achievements reported by Medical People Services

- Medicine: The Tier 1 rota template has been drafted against minimum staffing requirements for both PRH and RSH. This is currently under departmental review.
- Paediatrics and Neonates: Only 6.4 WTE of the 10 WTE training posts were allocated to the department for March 2023. The failure to recruit to 1 SAS doctor post and other contributing factors continue to prevent the splitting of the paediatric

and neonatal rota. Currently there is a 78% split, with long days split and nights partially split with only those trainees trained in both specialities covering both at night. The full split requirements have been completed and an active recruitment campaign for the Tier 2 posts has commenced.

- A&E: Tier 2: ST3+ and Specialty Doctors (SAS) rota were introduced in November 2022, with all SAS doctors now job planned.
- Urology: A new CT1/2 rota template has been created following the full establishment of a 1-in-6 ST3+ rota which will provide an improved learning experience and service cover for the department. This is due to 'Go Live' in February 2023.
- 100% of Less Than Full Time (LTFT) rota templates have been built in line with the BMA Good Rostering Guide 2018 and distributed within contractual deadlines.
- 100% work schedules have been completed to ensure they are in line with national guidance. Training and educational requirements have been updated to include personal development time/

Locum bookings

Locum bookings (shifts) by department

Department	Filled by Agency	Filled by Managed Bank	Unfilled
Acute Medicine	680	193	618
Anaesthetics	0	186	34
Breast Surgery	69	0	0
Cardiology (Medical)	166	82	127
Care of the Elderly	232	113	249
Chest Medicine	3	0	3
Colorectal Surgery	59	0	59
Emergency Medicine	609	618	923
Endocrinology and Diabetes	75	29	118
ENT	75	27	33
Gastroenterology	60	14	92
General Medicine	1039	137	946
General Surgery	42	93	129
Haematology	15	1	15
Intensive Care	0	25	7
Neonatal Medicine	0	11	1
Obstetrics and Gynaecology	0	60	30
Oncology	126	0	135
Ophthalmology	47	39	47
Oral and Maxillofacial Surgery	98	255	216
Orthopaedic and Trauma Surgery	199	103	255
Paediatrics	50	62	77
Paediatrics and Neonates	0	19	13
Renal Medicine	144	17	105
Respiratory Medicine	15	66	103
Stroke Medicine	2	8	38

Upper GI	15	0	15
Urology	0	9	0
Total	3820	2167	4388

Locum bookings (shifts) by grade

Department	Filled by Agency	Filled by Managed Bank	Unfilled
StR (ST3-8)	1032	970	1114
Core Trainee	2677	1165	3128
FY 1	111	26	140
FY 2	0	6	6
Total	3820	2167	4388

Locum bookings (shifts) by reason

Department	Filled by Agency	Filled by Managed Bank	Unfilled
Annual Leave	0	0	1
Compassionate / Special Leave	0	2	2
Covid-19	0	10	20
Extra Cover	97	14	109
Paternity Leave	6	2	9
Pregnancy / Maternity Leave	71	0	2
Sick	22	122	212
Study Leave	0	1	1
Vacancy	3624	2016	4032
Total	3820	2167	4388

Comments

It is possible that data received regarding locums is not representative of all gaps. For example, it is reported that at times where sickness is noted, locums will only be sought or possibly found for the out-of-hours service rather than the complete shift.

A concern raised in T&O illustrated two issues.

In this case the GoSW was alerted to the fact that a junior doctor had been asked to manage the rotas for annual leave purposes but appeared to be fulfilling the role of a rota coordinator. This carries a risk if that doctor has not received training for safe hours monitoring.

The doctor raised concerns regarding the delays to the filling of locums. It was established that in the absence of live rosters the locum management department needed to complete a series of cross checks for compliance with Medical People Services and the operational team.

The department have since agreed to provide the locum management system with live rosters at two weekly intervals.

MPS have addressed the situation regarding cross checks for compliance in T and O within their own team.

MPS also advise that

- Agile are able to monitor bookings against the working time regulations for those working bank only. For those picking up additional shifts, the doctor is asked to confirm the hours worked in their substantive post which aims to provide assurance.
- Often doctors put themselves forward for shifts in breach of their safe working hours. If these shifts are provided retrospectively MPS do not have a process to checking the compliance.
- There are a number of rosters managed by doctors, or by staff not trained in the different contractual rest requirements and
- Where MPS cannot access the live rosters, they are not able to provide assurance of safe working hour breaches.

Vacancies

No data has been provided for this quarter. It remains the responsibility of the Workforce Directorate to provide this data in a timely manner in order that the GoSW might provide the Board with purposeful appraisal of those rotas. The requests for data for previous quarters remains in place.

Fines

There were no fines applied in this quarter

Actions

Locally Employed Doctors

The GoSW held a series of training sessions to introduce exception reporting to Locally Employed Doctors this quarter. The provision of the reporting system went live on 1 November 2022. In future, exception reporting data will include all doctors contracted to the TCS JD Contract 2016. The GoSW thanks the Executive Directors for their support of this introduction and hopes this will provide further clarification regarding the working hours of doctors within the Trust.

The GoSW will introduce new Locally Employed Doctors to the system at their induction in March 2023.

Fatigue and Facilities Charter

The Trust continues to support this charter by promoting well-being.

The Well and Resilient Doctor (WARD) programme is in place and with peer support for all juniors.

An online forum called “Trickle” with the ambition to promote doctor-in-training engagement is to be established by the Education Department. The GoSW has agreed to provide support to this initiative.

The GoSW will continue to attend as many in-house forums as possible and maintain visibility with walkabouts.

Plans to attend teaching sessions with the Foundation Programme Directors is in hand.

Further issues

In 2022 the administrative support for the GoSW was transferred from the Medical Director Services Team at the request of MPS to the Workforce Directorate. The GoSW

understands that currently there is not a dedicated position within the MPS Team to provide this support and, at the time of writing, discussions are ongoing. The GoSW has been assured that support will be provided but clarity around this has not yet been confirmed.

Summary

This report remains subjective given the absence of data from MPS together with the lack of data on the management of gaps and lack of detail from relatively few exception reports.

Informal discussion with doctors suggests there are differences between contracted working hours (the rota template issued by MPS which relates to earnings/salary) and the actual hours worked (department duty roster) and also as a consequence of late finishes and missed rest.

It should be recognized that all rota coordinators require training in managing rota compliance. It is concerning that junior doctors, whilst gaining valuable experience regarding rota design might be held responsible for compliance checks and especially without a central digital tool (e-rostering) in place.

Missed rest features in reports and reflects high work intensity that results in doctors concerned that that they are unable to provide high level care. The risk of moral injury in these instances should be noted.

The GoSW is not confident that the current mechanisms to ensure both safe service delivery, i.e., adequate medical cover, and safe working hours are compatible.

Further to the assurances made at the last Board meeting, the GoSW is advised that Medical People Services continue to report limited access to some live rosters and/or weekly plans within departments.

Assurance regarding safe working hours compliance is therefore not possible.

MPS endorses repeated recommendations from the GoSW for a central digital system for rostering, as suggested in previous reports.

The GoSW understands that recruitment is ongoing for rota coordinators for Musculoskeletal, Head and Neck, and General Surgery and that in the meantime, the Workforce Directorate is supporting Divisional discussions regarding the proposal for dotted line management.

A review of the governance framework within the organization with respect to the compliance and monitoring of safe working hours is recommended.

Recommendation

A review of the governance framework within the organisation with respect to the compliance and monitoring of safe working hours is recommended.

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