

## Board of Directors' Meeting: 10 August 2023

<b>Agenda item</b>	094/23		
<b>Report Title</b>	Guardian of Safe Working Hours Report 1 April 2023 – 30 June 2023		
<b>Executive Lead</b>	Dr John Jones, Executive Medical Director		
<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	BAF 1, BAF 2, BAF 3, BAF 4, BAF 8, BAF 10, BAF 11
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>1. The Board's attention is drawn to the actions in this report.</p> <p>2. The risks are of non-compliant rotas on safe working hours and the decline in compliance with the Exception Reporting process is noted.</p> <p>3. There is evidence of significant progress made in the commitment to identifying, monitoring, and maintaining safe working hours for doctors.</p>		
<b>Recommendations for the Board:</b>	<p>The Board is asked to <b>NOTE</b> this report.</p> <p>This report is provided <b>for information only</b>.</p>		
<b>Appendices:</b>	<p>Appendix 1: Q1 Reported Junior Doctor Vacancies (FY1-ST2)</p> <p>Appendix 2: Q1 Reported Junior Doctor Vacancies (ST3-8)</p> <p>Appendix 3: Q1 Total Reported Junior Doctor Vacancies (FY1-ST8)</p>		

**QUARTERLY REPORT ON SAFE WORKING HOURS  
FOR DOCTORS AND DENTISTS IN TRAINING AND LOCALLY EMPLOYED DOCTORS  
1 April 2023 – 30 June 2023**

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

**Executive summary**

The GoSW has been advised that significant progress has been made by Medical Peoples Services (MPS) in providing safe rotas and in the monitoring of the compliance of these rotas with respect to safe working hours.

The GoSW advises the Trust cannot rely on exception reporting alone to highlight breaches of safe working hours. An initiative to develop a dashboard to monitor breaches together with the sustained review of all rotas by MPS is commendable.

There is evidence that the Trust are committed to addressing concerns regarding safe working and endeavor to ensure that all doctors work within the conditions of the Junior Doctor Contract 2016.

**Introduction**

The safety of patients is paramount. Staff fatigue is recognised as a risk to the safety of both patients and doctors. The safeguards regarding doctors' working hours within Schedules 04-06 of the 2016 Junior Doctor Contract were designed to ensure risk is effectively mitigated and that mitigation is assured. The role of the GoSW is independent to ensure that issues of compliance with safe working hours are addressed by doctors 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 Board report now includes data relevant to the safe working hours for doctors and dentists in training and locally employed doctors including, but not limited to, exception reports, vacancies, locum usage and assurance regarding the monitoring of hours. Any issues arising and actions taken are summarised within the report 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 GoSW.

**High level data for Shrewsbury and Telford Hospital**

Number of posts for doctors / dentists in training	314
Number of doctors / dentists in training:	229
Number of doctors / dentists in training on 2016 TCS:	229
Number of locally employed doctors on 2016 TCS:	127
Amount of time available in job plan for guardian to do the role:	2 PA / week
Admin support provided to the GoSW :	0.2 WTE
Amount of job-planned PAs for educational supervisors per trainee:	0.25 PA
Amount of job-planned PAs for clinical supervisors (independent of numbers of trainees):	Up to 0.25 PA/week

## Exception Reports (regarding working hours)

In Q1 a total of 21 exception reports were raised, with 18 closed in quarter. Six of the exception reports carried forward from Q4 remain open; 5 in General Medicine and 1 in Trauma and Orthopaedics. Five of the exception reports submitted in Q1 have been submitted as missed educational opportunities. However, all were either misclassified or relate to available capacity within working hours to achieve training opportunities and should be recognised under the TCS as an “exception to a variation in service support” and are therefore included within the figures pertaining to hours and rest as tabulated below.

Exception Reports by department (total for Q1)				
Specialty	No. Exception Reports carried over from last report	No. Exception Reports raised	No. Exception Reports closed	No. Exception Reports outstanding
General Medicine	17	3	10	10
General Surgery	1	10	8	1
Trauma & Orthopaedics	1	5	0	6
Urology	0	3	0	3
<b>Total:</b>	<b>17</b>	<b>21</b>	<b>18</b>	<b>20</b>

Exception Reports by grade (total for Q1)				
Specialty	No. Exception Reports carried over from last report	No. Exception Reports raised	No. Exception Reports closed	No. Exception Reports outstanding
FY1	1	13	7	7
FY2	8	2	4	6
CT1-2 / ST1-2	7	3	6	4
ST3+	1	3	1	3
<b>Total</b>	<b>17</b>	<b>21</b>	<b>18</b>	<b>20</b>

The Terms and Conditions of Service (TCS) state that a response to an exception report should occur within 7 days. The average number of days elapsed for the 18 closed exception reports in Q1 has a variance of -36.53 days from the target, with the highest elapsed average being in General Medicine. This represents a steady decline in time elapsed from exception reports being submitted to being closed which is a concern. The primary issue identified is availability/response times of clinical supervisors. The GoSW has identified that there is insufficient administrative support to chase the exception reports.

Exception Reports by department (total for Q1)				
Specialty	No. Exception Reports closed	Target (Days)	Average Days Elapsed	Variance
General Medicine	10	7	65.36	-58.36
General Surgery	8	7	13.5	-6.5
<b>Total:</b>	<b>18</b>	<b>7</b>	<b>43.53</b>	<b>-36.53</b>

## Work Schedule Reviews

In Q1, in line with Schedule 05, Paragraphs 22-38 of the 2016 Junior Doctor Contract, the Trust triggered 2 formal work schedule reviews:

### a) General Surgery FY1

Following an exception report raised in relation to missed breaks on a weekend shift, the reporting doctor's clinical supervisor indicated a requirement to review the timings of the shift.

This change has been successfully adjusted for all FY1s from August 2023.

### b) Trauma & Orthopaedics FY1 & FY2

Exception reports have been raised by both FY1s and FY2s in Trauma & Orthopaedics in relation to their working hours. It is acknowledged that the Level 1 Work Schedule Review process should be triggered for review of an individual or personalised work schedule and not for organisational change. Due to these reports and concerns raised elsewhere an outline business case to increase staffing levels has been proposed which will address the issues raised within those reports submitted by our present incumbent doctors.

## Locum Bookings

The Trust continues to record a higher proportion of agency vs bank usage, with acute medicine, general medicine and emergency medicine being the top 3 specialties for temporary medical staffing bookings. MPS report that the medical temporary staffing function has successful fill rates with a small proportion of shifts being unfilled across the quarter.

Locum Bookings (Shifts) by Department for Q1 (total)			
Department	Filled by Agency	Filled by Managed Bank	Unfilled
Acute Medicine	894	250	3
Anaesthetics	0	63	0
Breast Surgery	69	0	0
Cardiology (Medical)	183	67	0
Care of the Elderly	212	120	0
Colorectal Surgery	58	0	0
Emergency Medicine	440	537	27
Endocrinology and Diabetes	81	22	0
ENT	3	94	0
Gastroenterology	60	12	1
General Medicine	952	329	1
General Surgery	100	106	0
Haematology	64	0	0
Intensive Care	0	24	0
Neonatal Medicine	0	8	0
Obstetrics and Gynaecology	0	30	0
Oncology	0	0	0
Ophthalmology	35	31	0
Oral and Maxillofacial Surgery	87	206	3

Orthogeriatrics	20	0	0
Orthopaedic and Trauma Surgery	318	128	2
Paediatrics	157	56	0
Paediatrics and Neonates	0	42	0
Renal Medicine	243	47	1
Respiratory Medicine	54	71	2
Stroke Medicine	0	1	0
Urology	0	7	0
<b>Grand Total</b>	<b>4030</b>	<b>2251</b>	<b>40</b>

The temporary staffing usage by grade reflects the proportional variation in contracted WTE between the medical training grades.

<b>Locum Bookings (Shifts) by Grade for Q1 (total)</b>			
Grade	Filled by Agency	Filled by Managed Bank	Unfilled
StR (ST3-8)	1695	1520	28
ST1-2 / CT1-2	3930	3431	12
Foundation	136	128	0
<b>Total</b>	<b>5761</b>	<b>5079</b>	<b>40</b>

The locum booking reason of “vacancy” continues to be the most significant in number in Q1. MPS report an improvement in the variation of booking reasons. MPS believe this process requires improvement to fully understand the reason for any absence.

<b>Locum Bookings (Shifts by Reason) for Q1 (total)</b>			
Reason	Filled by Agency	Filled by Managed Bank	Unfilled
Annual Leave	4	4	0
Compassionate / Special Leave	9	11	0
Covid-19	8	3	0
On Calls	38	38	0
Extra Cover	147	131	1
Paternity Leave	16	16	0
Pregnancy / Maternity Leave	4	0	0
Sick	118	132	8
Strike	59	91	0
Study Leave	1	1	0
Vacancy	5357	4652	31
<b>Total</b>	<b>5761</b>	<b>5079</b>	<b>40</b>

## Vacancies

The data in appendices 1, 2 and 3 have been provided by MPS and highlight the reported Q1 vacancies for doctors within the Trust split by FY1-ST2, ST3-8 and a combined total for each specialty as provided by Finance. The GoSW is advised that MPS and Finance are conducting a Trust wide review of the medical establishment comparing junior doctor budgets, rota posts and reported vacancies to achieve alignment. The GoSW is advised that once this work has been completed the Trust will have an assured understanding of

the vacancy position which can be accurately reported through the financial position for doctors.

### **Fines**

No fines were administered by the Guardian of Safe Working in Q1.

### **Comments**

#### **Issues arising in Q1**

MPS have highlighted to the GoSW a specific challenge they face in Q1 each year. This relates to difficulties outside of the control of MPS which have an impact on the Trusts contractual obligation to deliver rotas in line with the Codes of Practice . Further information is required by the GoSW to understand this challenge fully and its relevance to the Board.

The GoSW is assured that despite these challenges the delays have been managed appropriately and appreciates the significant investment in time afforded by the current MPS team.

#### **Paediatrics and Neonatology Tier 2 Full Split Rota – Issues Arising**

In June 2022, several exception reports were raised relating to missed rest breaks during night shifts covering Paediatrics and Neonates due to workload and clinical acuity. This was reported at Trust Board in August 2022 and the full split of the Paediatric and Neonatology Tier 2 rotas was acknowledged by the Medical Leadership Team for Women & Children's as a priority action aligned to the Ockenden Report.

While work continues to recruit to the required establishment, a partially split rota continues to date which is an ongoing concern.

#### **Paediatrics and Neonatology Tier 2 Full Split Rota – Actions Taken**

MPS advise that as per the previous Board Report, progress has been made, with September 2022 seeing the introduction of a partial split rota which achieved full split during daytime hours (up to 21:30) and an approximate 60% full split overnight.

A full workforce redesign for both Paediatrics and Neonatology was completed in December 2022 which identified the shortfall in medical establishment required to achieve the full split (5WTE Specialty Doctors in Paediatrics and 2WTE Specialty Doctors in Neonatology). In Q1, following a recruitment campaign, 4WTE Specialty Doctors in Paediatrics commenced in post.

The successful recruitment campaign and NHSE fill rate has afforded the necessary establishment to achieve the full split rota from September 2023. The rota was released in Q1 in line with NHS Codes of Practice and will see a reduction in workload intensity for our present incumbents and future trainees.

#### **Trauma & Orthopaedics (T&O) – Issues Arising**

T&O has seen a significant increase in the incidence of exception reports raised by foundation doctors. These reports are classified into educational, hours, service support and pattern. However, all are underpinned by workload intensity with indications for an improvement in staffing levels.

The GoSW initiated a formal Level 1 Work Schedule Review for 3 of the most recent exception reports to highlight the requirement for organisational change.

As reported by the MPS, the key issues arising from the current T&O rotas have been summarised below:

- The current Tier 2 non-resident on-call rotas (NROC) are non-compliant due to the rest requirements outlined in Schedule 3 of the 2016 Junior Doctor Contract.
- The non-resident on-call period of the shifts are reportedly extremely busy. A review of bank timesheets by MPS indicates recurrent breaches in both 5 hours continuous rest and the 8-hour minimum in any 24 hour period under the Working Time Regulations.
- The rota templates for Tier 1 and Tier 2 do not meet the service's set minimum staffing requirement.

### **Trauma & Orthopaedics – Actions Taken**

MPS reports that an immediate action was taken by the T&O service in this quarter to approve increased temporary staffing on both sites at Tier 1 and Tier 2 level. This provided additional day time cover which has afforded the opportunity for safe day time coverage. However, this has not addressed the out-of-hours issues highlighted.

The GoSW is advised that an outline business case has been drafted to address both the daytime and out-of-hours issues arising across the T&O service. It is understood that the key changes proposed are as follows;

- Autonomous split of ENT and T&O Tier 1 at PRH.
- Conversion from non-resident on-call to full shift rotas for the Tier 2 doctors.
- An increase in weekend cover at Tier 1 level to support ward cover and effective and efficient discharge.
- An increase in medical establishment to provide consistent staffing levels with the capacity to accommodate full leave entitlement, training exposure and to deal with unexpected absences reducing the reliance on bank and agency doctors.

It is expected that Tier 1 changes will take effect from August 2023.

### **Medicine – Issues Arising**

MPS report the General Medicine rotas across both RSH and PRH have identified issues with the capacity to achieve safe working hours and provide ongoing training and educational opportunities and that the current establishment requires recurrent long term, agency and bank doctors to maintain safe staffing levels.

MPS advise high frequency FY1 and Tier 2 rotas and inadequate staffing of the Tier 1 rotas which might carry a risk to staff fatigue. It is further reported by MPS that high sickness rates (8%) result in regular gaps, particularly with the on-call cover. The impact of this could lead to compromised patient safety out-of-hours.

### **Medicine – Actions Taken**

An outline business case has been drafted to address both the daytime and out-of-hours issues arising across the service.

MPS advise that the key changes proposed are as follows:

- Compliance to Working Time Regulations (WTR), the BMA Good Rostering Guide 2018 and to the 2016 Junior Doctor Contract, with reference to Schedule 3 (Working Hours).
- Consideration towards factors such as patient needs, staff needs, organisational needs, the staffing levels and skills required to deliver service, the provision of training, quality improvement, development, career development for JCFs and general workforce availability/rota gaps.
- Collaboration between the Trust and doctors through facilitated discussions of service requirements.
- A balance of different types of shifts evenly distributed to allow for access to full leave allowances (annual and study) including capacity for unexpected absences.
- A maximum weekend frequency of 1-in-4 to afford necessary training capacity and to acknowledge workload intensity.
- Equality in rota templates across RSH and PRH to achieve financial parity and frequency of out-of-hours working.
- A 26-week cycle as a maximum rota cycle aligned to WTR.
- Alignment to the Royal College of Physicians guidance on safe staffing on decision making, as below:
  - FY1, FY2 and Junior Clinical Fellow (JCF) FY2 equivalent on Tier 1A
  - ST1-2 (including IMT/ACCS) and JCF FY3+ equivalent on Tier 1B
  - ST3-8 on Tier 2

The Tier 2 rota has approval to increase the number of posts from 36 to 42, and successful recruitment to senior clinical fellow positions in Q1 will afford capacity to increase to 40 at PRH, with the potential to achieve 42 at RSH from September 2023.

In Q1 MPS have supported medicine to recruit to 19 junior clinical fellow positions which will support the divisional targets to reduce reliance on medical temporary staffing across the 2 sites.

The GoSW will closely track the progress of the business case and report to the Trust Board of Directors on a quarterly basis.

### **Assurance on Safe Working Hours - actions taken.**

MPS report a number of actions have been taken to help progress the compliance of safe working hours since the previous report including:

- the appointment of a project manager to oversee the introduction of the live rostering system, the appointment of further roster coordinators with the development of user profiles and user guides.
- the introduction of electronic rostering system to enable improved visibility and reporting of the working hours of doctors with all specialties (excluding Medicine and Paediatrics) live on the system from August. The latter will follow once rotas are agreed and ready for upload into the system.
- a new dashboard which will collate junior doctor working hours and highlight levels of compliance. This dashboard is in development and will highlight the following breaches as recognised as the safe limits in rotas within the TCS: more than 4 long shifts, no rest after 4 long shifts, more than 4 nights worked, more than 7 consecutive days worked, breaches over 72 hours and breaches over 48 hours on average over a rota cycle. To date the GoSW is advised that 7 rosters out of 52 have been set up including those from surgery and T and O. Of these rotas, 7



doctors were flagged as having more than one type of breach. A full review of these doctors working patterns over this reference period will be performed to validate the findings highlighted in the dashboard. The GoSW is assured that action will be taken where necessary.

- the managed bank system (Agile) which continues to perform further checks of contractual hours against hours booked.

## Summary

It is concerning to note a steady decline in compliance with the exception reporting process, recognised as time elapsed from exception reports being submitted to being closed. In the event of a delayed response from the supervisor there is a process for escalation to clinical directors and divisional directors. This process requires constant and consistent administrative support. The GoSW believes that the administrative support requires review.

It remains a concern that despite the recent recognition of non-compliant rotas in T&O, Tier 2 rotas have been issued which predict the likelihood of a breach in safe working hours. The GoSW will closely monitor progress to ensure effective action to address the highlighted issues with safe working hours.

It is concerning that, despite the NROC T&O rota having been found to be non-compliant during this quarter, no exception reports were raised. The reason for this is unclear and, while it is possible doctors have been offered compensatory rest and/or payment, it is not possible to reassure the Board that doctors are not breaching their safe working hours on this shift and may continue to do so until action is taken. Further investigation is required within the Division to assure the GoSW that doctors are confident in the exception reporting process.

While work continues to recruit to the required establishment in Paediatrics and Neonates, a partially split rota continues, and this remains an ongoing concern. However, the GoSW is reassured that concerns raised by doctors in the past are being addressed by effective workforce planning and rota redesign.

The GoSW is confident that the level of assurance with respect to working hours will continue to increase as all specialties are progressed onto the live rostering system together with the introduction of the dashboard to identify breaches and monitor doctors working patterns further. However, an assurance regarding the hours worked by our doctors' performing locums is awaited now the managed bank system check contractual hours against hours booked.

It is clear that since November 2022, significant work has been undertaken by MPS to mitigate the risks that might impact on the safe working of our doctors.

The GoSW is reassured by the MPS's commitment to supporting rotas that are compliant, optimise doctors' training and work-life balance, while recognising the necessity to monitor safe working hours.

It is hoped that the benefit of this work will be reflected in future reports.

## Recommendation

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

## Appendix 1: Q1 Reported Junior Doctor Vacancies (F1-ST2)

Specialty	M1 F1-ST2			M2 F1-ST2			M3 - ST1-2			Trend of F1-ST2 Vacancies M1-M3
	Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE	
Anaesthesia	21.00	15.19	5.81	21.00	15.19	5.81	21.00	15.19	5.81	=====
Breast Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Clinical and Medical Oncology	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	=====
Clinical Haematology	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	=====
Colorectal and Upper GI Surgery	15.00	17.00	(2.00)	15.00	17.00	-2.00	15.00	17.00	-2.00	=====
ENT	5.00	4.00	1.00	5.00	5.00	0.00	5.00	7.00	-2.00	=====
Gastroenterology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Head & Neck Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Ophthalmology	3.00	2.00	1.00	3.00	2.00	1.00	3.00	2.00	1.00	=====
Oral & Maxillo-Facial Surgery	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00	=====
Orthopaedics and Trauma Surgery	16.00	18.00	(2.00)	16.00	17.00	-1.00	16.00	17.00	-1.00	=====
Palliative Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Scheduled Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Theatres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Urology	4.00	3.80	0.20	4.00	3.00	1.00	4.00	3.00	1.00	=====
Vascular Surgery	6.00	4.00	2.00	6.00	5.00	1.00	6.00	5.00	1.00	=====
Surgical Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Operational Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Care of the Older Adult	14.00	17.67	(3.67)	14.00	16.69	-2.69	14.00	15.69	-1.69	=====
General Medicine	26.80	24.10	2.70	12.80	24.91	-12.11	4.00	12.00	-8.00	=====
Stroke Medicine	1.93	1.00	0.93	1.93	0.00	1.93	1.93	0.00	1.93	=====
Neurology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Dermatology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Respiratory	13.57	12.00	1.57	13.57	11.00	2.57	13.57	11.00	2.57	=====
Cardiology	9.00	5.00	4.00	9.00	6.00	3.00	9.00	6.00	3.00	=====
Nephrology	7.20	10.70	(3.50)	7.20	10.70	-3.50	7.20	10.70	-3.50	=====
Diabetes & Endo	9.00	7.92	1.08	9.00	7.92	1.08	9.00	7.92	1.08	=====
Acute Medicine	0.00	1.00	(1.00)	0.00	1.00	-1.00	22.80	12.91	9.89	=====
A&E	43.00	48.16	(5.16)	43.00	45.71	-2.71	50.00	43.71	6.29	=====
Gynaecology	10.00	14.00	(4.00)	10.00	14.00	-4.00	10.00	13.00	-3.00	=====
Neonatology	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00	=====
Paediatrics	15.88	21.08	(5.20)	15.88	19.96	-4.08	15.88	19.96	-4.08	=====
W&C â€” Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
W&C Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Fertility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
W&C Identified Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Pathology	2.80	5.00	(2.20)	2.80	5.00	-2.20	2.80	5.00	-2.20	=====
Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Support Services â€” Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Director of Clinical Effectiveness	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
COVID-19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
COVID-19 Vaccination Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Medical Directorate	14.00	5.13	8.87	14.00	9.60	4.40	14.00	10.60	3.40	=====
Director of Strategy and Planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Chief Executive's Office	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=====
Reserves	0.00	1.00	(1.00)	0.00	1.00	-1.00	0.00	1.00	-1.00	=====
	<b>249.18</b>	<b>248.75</b>	<b>0.43</b>	<b>235.18</b>	<b>248.68</b>	<b>-13.50</b>	<b>256.18</b>	<b>246.68</b>	<b>9.50</b>	=====

## Appendix 2: Q1 Reported Junior Doctor Vacancies (ST3-S8)

Specialty	M1 ST3-8			M2 ST3-8			M3 ST3-8			Trend of ST3-8 Vacancies M1-M3
	Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE	
Anaesthesia	9.00	16.69	-7.69	9.00	16.69	-7.69	9.00	16.69	-7.69	_____
Breast Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Clinical and Medical Oncology	4.00	3.00	1.00	4.00	3.00	1.00	4.00	3.00	1.00	_____
Clinical Haematology	1.00	0.80	0.20	1.00	0.80	0.20	1.00	0.80	0.20	_____
Colorectal and Upper GI Surgery	8.42	9.31	-0.89	8.42	9.41	-0.99	8.42	9.41	-0.99	_____
ENT	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	_____
Gastroenterology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	-1.00	_____
Head & Neck Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Ophthalmology	2.00	4.00	-2.00	2.00	4.00	-2.00	2.00	4.00	-2.00	_____
Oral & Maxillo-Facial Surgery	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	_____
Orthopaedics and Trauma Surgery	11.00	10.94	0.06	11.00	10.94	0.06	10.00	10.94	-0.94	_____
Palliative Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Scheduled Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Theatres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Urology	3.00	6.00	-3.00	3.00	6.00	-3.00	3.00	6.00	-3.00	_____
Vascular Surgery	2.00	5.00	-3.00	2.00	4.00	-2.00	2.00	4.00	-2.00	_____
Surgical Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Operational Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Care of the Older Adult	5.00	4.68	0.32	5.00	4.68	0.32	5.00	4.68	0.32	_____
General Medicine	18.89	13.69	5.20	16.85	14.69	2.16	10.85	6.69	4.16	_____
Stroke Medicine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Neurology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Dermatology	0.00	1.00	-1.00	0.00	1.00	-1.00	0.00	1.00	-1.00	_____
Respiratory	4.91	6.74	-1.83	4.91	6.74	-1.83	4.91	6.74	-1.83	_____
Cardiology	3.00	4.00	-1.00	3.00	5.00	-2.00	3.00	4.00	-1.00	_____
Nephrology	1.82	3.67	-1.85	1.82	3.67	-1.85	1.82	3.67	-1.85	_____
Diabetes & Endo	2.00	3.90	-1.90	2.00	2.90	-0.90	2.00	2.90	-0.90	_____
Acute Medicine	0.00	0.00	0.00	0.00	0.00	0.00	12.00	7.00	5.00	_____
A&E	29.00	4.00	25.00	29.00	3.00	26.00	29.00	3.00	26.00	_____
Gynaecology	9.10	10.40	-1.30	9.10	10.40	-1.30	9.10	9.40	-0.30	_____
Neonatology	3.00	1.94	1.06	3.00	1.94	1.06	3.00	1.94	1.06	_____
Paediatrics	5.00	4.94	0.06	5.00	4.94	0.06	5.00	4.88	0.12	_____
W&C " Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
W&C Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Fertility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
W&C Identified Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Pathology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Support Services " Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Director of Clinical Effectiveness	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
COVID-19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
COVID-19 Vaccination Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Medical Directorate	4.00	0.00	4.00	47.20	0.00	47.20	4.00	0.00	4.00	_____
Director of Strategy and Planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Chief Executive's Office	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Reserves	0.00	-1.00	1.00	0.00	-1.00	1.00	0.00	-1.00	1.00	_____
	<b>130.14</b>	<b>116.70</b>	<b>13.44</b>	<b>171.30</b>	<b>115.80</b>	<b>55.50</b>	<b>133.10</b>	<b>113.74</b>	<b>19.36</b>	_____

### Appendix 3: Q1 Total Reported Junior Doctor Vacancies (F1-ST8)

Specialty	M1 Total F1-ST8			M2 Total F1-ST8			M3 Total F1-ST8			Trend of F1-ST2 Vacancies M1-M3
	Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE	
Anaesthesia	30.00	31.88	-1.88	30.00	31.88	-1.88	30.00	31.88	-1.88	_____
Breast Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Clinical and Medical Oncology	7.00	6.00	1.00	7.00	6.00	1.00	7.00	6.00	1.00	_____
Clinical Haematology	2.00	0.80	1.20	2.00	0.80	1.20	2.00	0.80	1.20	_____
Colorectal and Upper GI Surgery	23.42	26.31	-2.89	23.42	26.41	-2.99	23.42	26.41	-2.99	_____
ENT	8.00	7.00	1.00	8.00	8.00	0.00	8.00	10.00	-2.00	_____
Gastroenterology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	-1.00	_____
Head & Neck Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Ophthalmology	5.00	6.00	-1.00	5.00	6.00	-1.00	5.00	6.00	-1.00	_____
Oral & Maxillo-Facial Surgery	5.00	4.00	1.00	5.00	4.00	1.00	5.00	4.00	1.00	_____
Orthopaedics and Trauma Surgery	27.00	28.94	-1.94	27.00	27.94	-0.94	26.00	27.94	-1.94	_____
Palliative Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Scheduled Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Theatres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Urology	7.00	9.80	-2.80	7.00	9.00	-2.00	7.00	9.00	-2.00	_____
Vascular Surgery	8.00	9.00	-1.00	8.00	9.00	-1.00	8.00	9.00	-1.00	_____
Surgical Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Operational Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Care of the Older Adult	19.00	22.35	-3.35	19.00	21.37	-2.37	19.00	20.37	-1.37	_____
General Medicine	45.69	37.79	7.90	29.65	39.60	-9.95	14.85	18.69	-3.84	_____
Stroke Medicine	1.93	1.00	0.93	1.93	0.00	1.93	1.93	0.00	1.93	_____
Neurology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Dermatology	0.00	1.00	-1.00	0.00	1.00	-1.00	0.00	1.00	-1.00	_____
Respiratory	18.48	18.74	-0.26	18.48	17.74	0.74	18.48	17.74	0.74	_____
Cardiology	12.00	9.00	3.00	12.00	11.00	1.00	12.00	10.00	2.00	_____
Nephrology	9.02	14.37	-5.35	9.02	14.37	-5.35	9.02	14.37	-5.35	_____
Diabetes & Endo	11.00	11.82	-0.82	11.00	10.82	0.18	11.00	10.82	0.18	_____
Acute Medicine	0.00	1.00	-1.00	0.00	1.00	-1.00	34.80	19.91	14.89	_____
A&E	72.00	52.16	19.84	72.00	48.71	23.29	79.00	46.71	32.29	_____
Gynaecology	19.10	24.40	-5.30	19.10	24.40	-5.30	19.10	22.40	-3.30	_____
Neonatology	7.00	5.94	1.06	7.00	5.94	1.06	7.00	5.94	1.06	_____
Paediatrics	20.88	26.02	-5.14	20.88	24.90	-4.02	20.88	24.84	-3.96	_____
W&C â€” Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
W&C Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Fertility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
W&C Identified Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Pathology	2.80	5.00	-2.20	2.80	5.00	-2.20	2.80	5.00	-2.20	_____
Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Support Services â€” Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Director of Clinical Effectiveness	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
COVID-19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
COVID-19 Vaccination Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Medical Directorate	18.00	5.13	12.87	61.20	9.60	51.60	18.00	10.60	7.40	_____
Director of Strategy and Planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Chief Executive's Office	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
Reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	_____
<b>Total</b>	<b>379.32</b>	<b>365.45</b>	<b>13.87</b>	<b>406.48</b>	<b>364.48</b>	<b>42.00</b>	<b>389.28</b>	<b>360.42</b>	<b>28.86</b>	_____

## **Vacancies - Narrative provided by MPS**

Appendices 1, 2 and 3 show the reported Q1 vacancies for junior doctors split by FY1-ST2, ST3-8 and a combined total for each specialty as provided by finance.

MPS and Finance are conducting a Trust wide review of the medical establishment comparing junior doctor budgets, rota posts and reported vacancies to achieve alignment. Once this work has been completed the Trust will have an assured understanding of the vacancy position which can be accurately reported through our financial position for junior doctors. To date 27 rota reviews have been completed, 13 are in business case stage and 12 are outstanding pending review. The rota reviews that have been completed are currently being aligned by the Finance Team against the budgets.

The specialties currently showing the highest number of junior doctor vacancies are Acute Medicine with 14.89WTE vacant and Emergency Medicine with 32.29WTE vacant. As an example of the work completed by Finance and Medical People Services, the A&E establishment should report a budgeted WTE for SAS grades of 38WTE, however the budget currently reports 13WTE, and the ST3-8 budgeted WTE reports 29WTE with a vacancy position of 26WTE. Therefore, when reporting vacancy position against the current budget lines this indicates a higher proportion of vacancy amongst our junior doctors which is not reflected in the rotas or within the workforce planning.

The locum usage across the medical specialties is higher than the requirement evidenced by the reported vacancy position for our junior doctors. It is acknowledged that the medical specialties require additional medical temporary staffing during periods of escalation which may contribute to the elevated spend. It is also acknowledged that an outline business case is in draft to address the additional requirement for in and out of hours across the medical specialties which, once considered, would address the high and regular locum usage.

The reported total budget fluctuates between M1, M2 and M3, with a significant increase in budgeted WTE in our Medical Directorate for junior doctor vacancies in M2 from 18WTE to 51.60WTE.

This is under investigation by our Finance Team. As a result, the total vacancy position for our junior doctor grades shows a spike in M2.