

Board of Directors' Meeting 14 December 2023

Agenda item	161/23a		
Report Title	Guardian of Safe Working Hours Report 1 July – 30 September 2023		
Executive Lead	Dr John Jones, Executive Medical Director		
Report Author	Guardian of Safe Working Hours Report 1 July – 30 September 2023		
CQC Domain:			
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	√
Effective	√	Our people	√
Caring	√	Our service delivery	√
Responsive	√	Our governance	
Well Led	√	Our partners	
Trust Risk Register id:			
Consultation Communication	N/A		
Executive summary:			
Executive summary:	<p>As previously reported, and in the absence of the use of the exception reporting system by doctors, the GoSW cannot rely on exception reporting alone to assure the Board of safe working in the Trust. It is concerning that we noted a significant decrease in reporting compared to this quarter in previous years.</p> <p>The timelines for the introduction of live rostering to provide visibility of doctors' working patterns and hours throughout the Trust seem protracted. This system will only provide assurances of safe working if completed accurately and in real time.</p> <p>A retrospective check of safe working in the quarter has highlighted significant concerns.</p> <p>At this time the GoSW cannot assure the Board that doctors in the Trust are working within their safe hours or obtaining sufficient rest during or after shifts.</p>		
Recommendations for the Board:	The previous recommendations for the Trust to support the use of one system of e-rostering stands with a further recommendation to support a central rostering system with oversight in Medical Peoples Services. The Board is asked to Note the report		
Appendices:	<p>Appendix 1: Vacancy WTE for Junior Doctors (FY1-ST2) – M4-M6</p> <p>Appendix 2: Vacancy WTE for Junior Doctors (ST3-8) – M4-M6</p>		

QUARTERLY REPORT ON SAFE WORKING HOURS

1 July – 30 September 2023

Dr Bridget Barrowclough

1.0 Introduction

The safeguards around doctors working hours within Schedules 04-06 of the 2016 Junior Doctor Contract are designed to ensure the risk of fatigue is mitigated. The guardian of safe working hours ensures that issues of compliance with safe working hours are addressed by the doctor and the Trust or host organisation. The GoSW should provide 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 includes data relevant to the safe working hours for junior doctors, including but not limited to, exception reports, vacancies, locum usage and assurance regarding monitoring of hours. Any issues arising and actions taken are summarised within the paper and any serious escalations related to decision or actions not addressed at department level are highlighted.

The detailed data below relates only to Postgraduate Doctors and Dentists in Training (PGDiT) and Locally employed doctors (LED) directly overseen by the GoSW at Shrewsbury and Telford NHS Trust.

High level data for Shrewsbury and Telford Hospital

Number of posts for doctors / dentists in training	351
Number of doctors / dentists in training:	250
Number of doctors / dentists in training on 2016 TCS:	250
Number of locally employed doctors:	157
Amount of time available in job plan for guardian to do the role:	2 PA / week
Admin support provided to the guardian (if any):	0.2 WTE
Amount of job-planned PAs for educational supervisors per trainee:	0.25 PA

Amount of job-planned time for clinical supervisors per PGDiT doctor and/or LED is part of the Corporate SPA with an allocation of up to 0.25 PA independent of the numbers of named trainees.

NHS England (NHSE) - Post Graduate Doctors in Training (PGDiT)

Following successful bids for additional training posts, including West Midland redistribution, the Trust has seen an increase of 37 training posts in August and September 2023. These posts vary across all medical grades. The growth is expected to continue into 2024, including an FY2 expansion from 48 to 66 in August 2024. Despite expansion, the NHSE fill rate remains at approximately 70%, with the remaining 30% out to local recruitment.

High Level NHSE Data	March 2023	October 2023
Number of posts for doctors/dentists in training	314	351
Number of doctors / dentists in training:	229	250

NHSE PGDiT October 2023 Dashboard

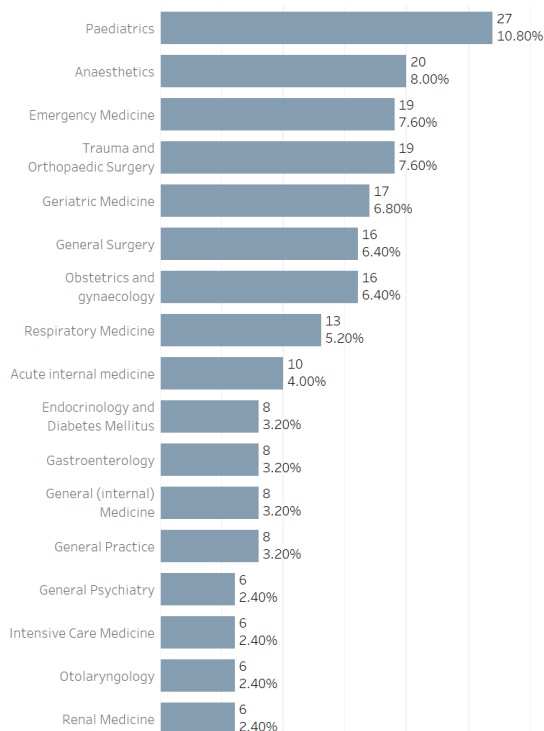
The below dashboard shows a breakdown of the Trusts current post graduate doctors in training including, grade, specialty and current WTE (full or part-time) from exported data on 8th October 2023.

Shrewsbury And Telford Hospital NHS Trust

Total Trainees - 250

Figures are based on trainees in a current ProgrammeMembership who are currently in a post where the above trust is the EmployingBody or TrainingBody on TIS.

Trainees per Specialty - Click below to filter. Hover for Site detail.



Trainees per Placement Grade - Click below to filter. Hover for Site detail.

Placement Grade	Number of Trainees	Percentage
Foundation Year 1	37	14.80%
Foundation Year 2	39	15.60%
Core Training Year 1	12	4.80%
Core Training Year 2	20	8.00%
Core Training Year 3	11	4.40%
Specialty Training Year 1	24	9.60%
Specialty Training Year 2	21	8.40%
Specialty Training Year 3	10	4.00%
Specialty Training Year 4	31	12.40%
Specialty Training Year 5	16	6.40%
Specialty Training Year 6	15	6.00%
Specialty Training Year 7	6	2.40%
Specialty Training Year 8	4	1.60%
Core Training Year 4	3	1.20%
Dental Core Training Year 3	1	0.40%

ProgrammeManagingDeanery
All

ProgrammeName
All

SiteTrust
All

Site
All

Trainees FT/LTFT - Based on Current WTE. Click below to filter. Hover for Site detail.

Full Time	222
Less Than Full Time	28

Returning Trainees - Current Parental Leave Placement Ends within 6 Months. Click below to filter. Hover for Site detail.

February 2024	1
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Trainees per Placement Type - Click below to filter. Hover for Site detail.

In Post	244	97.60%
In Post - Extension	3	1.20%
Parental Leave	2	0.80%
Suspended	1	0.40%

Completing Trainees - Based on Programme Curriculum Completion Date. Click below to filter. Hover for Site detail.

0 - 6 Months	9
6 - 12 Months	58

2.0 Exception reports (with regard to working hours)

Exception reporting is the mechanism used by doctors to ensure compensation for all work performed and the upholding of agreed educational opportunities. Doctors can use exception reporting to inform the employer when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations are likely to include:

- differences in the total hours of work (including opportunities for rest breaks)
- differences in the pattern of hours worked
- differences in the educational opportunities and support available to the doctor,
- and/or
- differences in the support available to the doctor during service commitments

In Q2 a total of 7 exception reports were raised in relation to safe working hours, with 0 closed in quarter. 7 exception reports remain open from the previous quarter.

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Accident and Emergency	0	1	0	1
Cardiology	0	1	0	1
General Medicine	6	3	0	9

General Surgery	1	0	0	1
Medical Oncology	0	1	0	1
Total	7	6	0	13

The below table provides a breakdown of the number of exception reports divided by medical grades.

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY1	1	2	0	2
FY2	4	5	0	9
CT1-2 / ST1-2	0	0	0	0
ST3+	2	0	0	2
Total	7	7	0	13

As reported in the previous quarter the primary delays in exception report resolution continues to be the response from clinical supervisors. In this quarter reports were raised by a doctor working in oncology and working the out of hours rota in general medicine as per work schedule. The clinical supervisor felt he was not able to address concerns raised in another department. The reports were discussed with the deputy lead in the Division of Medicine but remain open until the GoSW is happy the doctor has been informed of the outcome and given the right to reply as per contractual obligations. In future an actioner will be nominated by the Divisions to respond promptly to similar reports. The escalation to Divisional Medical Directors after 7 days will be enforced. Thereafter the Medical Director has agreed to assist in completing the process.

2.1 Work Schedule Reviews

In Q2, in line with Schedule 05, Paragraphs 22-38 of the 2016 Junior Doctor Contract, the GoSW triggered 0 formal work schedule reviews.

3.0 Locum bookings

The following section outlines the locum bookings by shift, grade and reason and provides a summary of results from the Neutral Vendor Agile and the Managed Bank services.

Acute Medicine, General Medicine and Emergency Medicine remain the top 3 specialties for temporary medical staffing bookings.

Locum bookings (shifts) by department

Department	Filled by Agency	Filled by Bank	Unfilled
Acute Medicine	637	242	0
Anaesthetics	5	171	0
Breast Surgery	69	0	0
Care of the Elderly	162	55	0
Emergency Medicine	551	851	26
ENT	2	59	0
Gastroenterology	22	26	0
General Medicine	1048	455	5

Oncology	450	15	0
Ophthalmology	0	29	0
Oral and Maxillofacial Surgery	76	201	1
Orthopaedics and Trauma	258	264	5
Paediatrics	0	106	0
Renal Medicine	229	7	0
Respiratory Medicine	199	13	2
Urology	23	16	0
General Surgery	98	99	7
Cardiology (Medical)	163	63	0
Haematology	0	1	0
Neonatal Medicine	14	19	0
Endocrinology and Diabetes	82	26	0
Intensive Care	0	45	0
Obstetrics and Gynaecology	0	83	0
Stroke Medicine	9	47	0
Paediatrics and Neonates	0	5	0
Anaesthetics Obs	3	0	0
Grand Total	3695	2897	46

Locum bookings (shifts) by grade

Grade	Filled by Agency	Filled by Bank	Unfilled
FY1	321	37	3
FY2-ST2	2296	1694	22
ST3+	1078	1166	21
Grand Total	3695	2897	46

Locum bookings (shifts) by reason

The locum booking reason given as vacancy continues to be the most significant in number in Q2 . Notably agency cover for study leave, on-calls and maternity/paternity has reduced to 0, compared to a total of 167 in the previous quarter.

Reason	Filled by Agency	Filled by Bank	Unfilled
Annual Leave	79	10	0
Extra Cover	70	95	1
Sick	67	121	3
Vacancy	3181	2156	39
Study Leave	0	10	0
On-Calls	0	14	0
Maternity/Paternity Leave	0	2	0
Compassionate/Special Leave	19	1	0
Escalation Area	202	7	0
Less Than FT Trainee Gap	2	10	0
Strike	75	471	3
Grand Total	3695	2897	46

MPS advise that although demand for shifts has increased by 500 shifts a month Agile has achieved fill rates of an average 99.2% of shifts sent to agency and those from the managed bank averaging 43%.

4.0 Vacancies

This narrative is provided by Medical Peoples Services

Appendix 1 and Appendix 2 show the WTE breakdown between budgeted WTE, contracted WTE and the corresponding vacancy WTE split by FY1-ST2 and ST3-8. The tables provide a breakdown of each month in quarter. The vacancy position through Q2 has seen continued improvement for both grade ranges, with FY1-ST2 increasing contracted WTE from 118.65 to 127.94 and reducing the total vacancy WTE to 8.76. For ST3-8, there is a similar improvement, from 785.82WTE to 811.53WTE, reducing the vacancy position to 28.12WTE. As a total staff group this means a reduction from 72.27WTE to 36.88WTE, against a budgeted WTE of 976.35WTE. As a percentage of budget this represents a reduction from 7.45% in M4 to 3.77% by M6.

5.0 Issues Arising & Actions Taken

5.1 Digital Rostering & Assurance on Safe Working Hours

The introduction of Medic On Duty in Emergency Medicine, General Surgery, Trauma & Orthopaedics, ENT and Oral and Maxillofacial Surgery on 2 August 2023 has enabled enhanced visibility and reporting of the working hours of our junior doctors. From the system, and in conjunction with Workforce Reporting colleagues, Medical People Services have been able to develop a retrospective dashboard which identifies breaches to safe working hours covering the period 2 August 2023 – 30 September 2023. A prospective dashboard is in development. The proactive review of breaches has been enhanced by the system through flags highlighting non-compliance to rest requirements, but assurance remains significantly impacted by having limited specialties uploaded to one central system.

The below tables summarise the instances identified from the rostering dashboard. Each breach is a singular count of the number of instances where a rest requirement has not been met. Where this is consecutive days, each day is counted as a breach (e.g. if a doctor worked 10 consecutive days, days 8-10 would be counted as 3 breaches). The number of episodes shows the occurrences by grouping breaches by runs of shifts worked.

Emergency Medicine is an area of particular concern, with 32 breaches spanning 10 episodes within the review period. It has been identified that bank shifts worked in Emergency Medicine are not being recorded on Medic On Duty which prevents proactive management of rest requirements. 2 of the episodes from Emergency Medicine relate to doctors working bank shifts in medicine in breach of rest requirements following rostered hours in ED.

Specialty	Sum of No. Breaches	Sum of No. Episodes
Emergency Medicine	32	10
General Surgery	15	3
T&O	12	4
ENT	0	0
Oral & Max Fax	0	0
Grand Total	59	16

It is recognised that the number of exception reports submitted in relation to safe working hours is significantly lower than the number of breaches identified and suggests poor compliance is likely when booking additional shifts.

Doctors have a professional responsibility to adhere to the safe working practices and the Trust must enforce the safe working rules as below when offering locum shifts.

The table below categorises the breaches into the safe working hours listed in Schedule 3 of the 2016 Junior Doctor Contract. A summary of the headings is provided below.

- **No rest of 4 long (48 hours)** - No more than four long shifts (where a long shift is defined as being a shift rostered to last longer than 10 hours) shall be rostered or worked on consecutive days. Where four long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fourth long shift.
- **No rest after singular or max 4 nights** - Where shifts (excluding non-resident on-call shifts) defined as having 3 hours fall into the period 23:00-06:00 rostered singularly, or consecutively, there must be a minimum 46-hour rest period rostered immediately following the conclusion of the shift(s).
- **More than 7 consecutive days** - A maximum of seven shifts of any length can be rostered or worked on seven consecutive days
- **No rest after 7 consecutive days** - Where seven shifts of any length are rostered or worked on seven consecutive days, there must be a minimum 48-hours' rest rostered immediately following the conclusion of the seventh shift.
- **Over 72 hours** - No more than 72 hours' actual work should be rostered for or undertaken by any doctor, working on any working pattern, in any period of 168 consecutive hours.

Specialty	No rest after 4 long (48 hours)?	No rest after singular or max 4 nights?	More than 7 consecutive days?	No rest after 7 consecutive shifts?	Over 72 hours?
Emergency Medicine	6	1	15	8	2
General Surgery	1	1	5	2	6
T&O	1	0	5	2	4
ENT	0	0	0	0	0
Oral & Max Fax	0	0	0	0	0
Grand Total	8	2	25	12	12

The majority of breaches relates to working more than 7 consecutive days, which spans both the number of shifts and the rest requirement after working 7 shifts. This can also impact the number of 72-hour breaches. The review also identified breaches to 46 hours hour rest requirements with both episodes indicating doctors working 4 consecutive nights and returning to work the following day after the conclusion of the night shift (e.g. ending the night shift on Friday morning and returning to work on Saturday).

The dashboard demonstrates that further work is required to achieve Trust wide compliance to rest requirements and highlights the previous concerns held by the GoSW that there may be significant amount of compliance breaches which are not yet evidenced due to the lack of central reporting dashboard.

Recommendations

The Trust purchased the contract for Medic on Duty in 2019. This is currently rolled out in 4 departments only

The GoSW has repeatedly recommended the use of this system Trust wide to assist in providing:-

- Central visibility of all medical staff preventing staff from working bank shifts in multiple specialties in breach of their working hours.
- Compliance to 2016 Junior Doctor Contract and Working Time Regulations to ensure working hours are not breached by proactive warnings on bookings to prevent inadvertent breaches

It is understood that this will also provide

- Details of staffing levels, which aids intelligent planning and deployment of available resources to meet patient needs within each clinical area.
- Effective management of budgeted establishments to drive efficiencies in the workforce organisation-wide to reduce under and over staffing and the reliance on temporary and agency staff.
- Reduction in unused hours leading to a better use of substantive staff time.
- A significant step towards compliance with Lord Carter's recommendation to approve rosters six weeks in advance.
- Progress towards NHS Levels of Attainment

The GoSW also endorses the considered opinion of Medical Peoples Services to provide a centralised medical rostering team for consistent management of rostering in line with the 2016 Junior Doctor Contract. This would provide:

- real-time monitoring of doctors working hours
- the visibility to external providers of temporary staffing of Trust medical rosters to support secondary check of contractual hours against hours booked
- clear escalation processes with risk assessment where breaches are identified
- the ability to perform regular audits and assessments of safe working hours both on a prospective and retrospective basis using the retrospective breaches as cases for learning and education to support prevention of recurrence.
- To assist the GoSW in encouraging the use of exception reporting through regular promotion in communications, forums and events.

5.2 A New Initiative for Local Recruitment to Foundation Programmes

MPS advise the Trust currently has 66 Foundation Year 1 (FY1) programmes, and 48 Foundation Year 2 (FY2) programmes. From August 2024, the FY2 programmes will increase to 66. On the NHSE allocations distributed in May 2023, the Trust had 4 vacant FY1 programmes predicted for August 2023, and 3 that were out to late release (59 filled). In June 2023, the Trust was allocated an additional 8 FY1 doctors from NHSE, including the 3 that were already out for late release. Between May 2023 and August 2023, there were over 30 withdrawals resulting in ~50% fill rate. This presented a significant risk to August 2024, as these doctors continue into FY2 in August 2024, and remain with the Trust until August 2025.

In late 2022, SaTH partnered with the Gateway EU Programme with doctors direct, NHS Professionals, which offers doctors who have graduated from a European university to gain experience as a junior doctor in the NHS, working in clinical roles, equivalent to FY1

or FY2. The Gateway EU Programme offers clinical and educational experience which supports the completion of CREST certification, giving the same opportunities as a UK graduate finishing foundation training such as:

- Applying for the Gateway Specialty Programme
- Applying for HEE core/GP/specialty training
- Applying for Trust grade roles including Junior Clinical Fellowships

Between May 2023 and August 2023 Medical People Services appointed 22 Gateway doctors at FY1 level and 1 Gateway doctor at FY2 level, thus reducing the vacancy position to 8/66 programmes. In Q3, further interviews are scheduled to convert existing bank and agency workers to substantive posts to further reduce the vacancy position.

5.3 FY3 Programme

In Q2, Medical People Services successfully recruited 12 doctors to a newly established FY3 programme. This programme, which aims to increase retention, provides an opportunity for doctors finishing their foundation programmes or internal locally employed doctors to experience additional rotations, or specialty placements, based on both service and educational requirements.

Doctors on this programme are supported by a designated Consultant Educational Supervisor (ES), with a study leave allowance and budget and have access to ePortfolio. The ES supports the doctors with completion of competences and with career development through regular educational meetings and personal development plans.

5.4 Trauma & Orthopaedics Business Case

Following a successful review of the Trauma & Orthopaedics rotas by Medical People Services, a business case for T&O Tier 1 and Tier 2 expansion was approved which will see the increased medical establishment of 6WTE Tier 1 doctors and 8WTE Tier 2 doctors across the two sites. This will address key issues highlighted within the business case including, patient safety, health and wellbeing of existing staff, access to training, financial spend and compliance to medical terms and conditions. A recruitment timeline was established and commenced in August 2023.

At the time of writing all doctors appointed were on track to start in December 2023.

Guardian is reassured that this work demonstrates a Trust commitment to modern rota design and staff wellbeing.

5.5 Anaesthetic Rota Review

A rota review of the Anaesthetics and ITU roster management was undertaken by Medical People Services for the period 31 July - 24 September 2023.

Medical People Services advise this review identified the following issues:

- Non-Compliance with shift patterns
MPS identified that doctors were not following work schedules and rotas produced by them with some working too many hours and others not working sufficient according to their template rota. There was a failure to consider rest requirements outlined in the 2016 Junior Doctor Contract and Working Time Regulations.

- Inaccurate Leave Recording

The absence of a structured system for recording and filtering leave taken or tracking sickness levels was noted.

- Salary Discrepancies

- Allocation of Rota Posts

Inefficiencies in Tier 1 rosters were identified, with two staff members assigned to cover one line on multiple instances across both sites.

5.5.1 Actions Taken & Recommendations

To address the key issues identified by the review, Medical People Services have made the following recommendations.

- Implementation of a structured roster management process
The rota template produced by Medical People Services must be adhered to and any changes to the template must go through the change of roster process. This will provide the Division with a well-defined roster system with pre-locked shifts to ensure adequate day-to-day coverage. It is recommended that rotas are locked down 6 weeks in advance to support the facilitation of equitable leave allocation and ensure minimum staffing requirements are met.
- Management of Leave
Medical People Services propose the department develop a comprehensive leave recording system with the ability to accurately track and report absence. An example of a system that has this functionality is Medic On Duty and it is highly recommended that this be considered as a replacement system to the current system CLW.
- Review of Work Schedules
A review of work schedules is recommended to address and rectify discrepancies related to rest periods and safe working hours, and of salary discrepancies to address and rectify any anomalies.
- Management of rotas
MPS advise the review further suggests that staff managing rotas are supported to develop their skills, knowledge and expertise in order to continue with the responsibility. It is further recommended that there is a dedicated rota coordinator who has been trained on medical terms and conditions, with direct access and oversight from Medical People Services on roster management.

Further discussions will be required and progress will be reported in the next quarter.

5.6 General Internal Medicine (GIM)

MPS advise that as reported in the previous quarterly report, their review of the General Medicine rotas across both RSH and PRH identified issues with the capacity to achieve safe working hours, training exposure and thus the ability to maintain healthy and balanced working lives.

The current establishment requires recurrent long-term agency and bank doctors to maintain safe staffing levels.

It is reported by MPS that the high frequency FY1 and Tier 2 rotas and the current staffing levels of the Tier 1 rotas have the potential for fatigue and may contribute to the sickness rate currently at 8%. MPS report that this is reflected in regular gaps, particularly with the on-call cover with potential to compromise patient safety.

MPS report that in M6, the Tier 2 rotas at both sites were increased by 2 full time posts (18 to 20). A further increase in August 2024 to 22 posts will support consistent staffing in specialty areas together with reducing the impact of staffing shortages in General Medicine.

The Tier 1 business case remains in process. A review of the existing rota templates was completed in this quarter by MPS and rota templates have been adjusted to increase out of hours provision for wards and acute take from 6 December 2023. This is currently using the existing establishment. However, there is a valid concern regarding the impact this will have on available ward cover and at the time of writing some concerns have been raised regarding the shift patterns and working hours. The GoSW understands that once completed the business case will include plans to address all elements of safe staffing through increased establishment. Progress and/or concerns will be highlighted through the next quarter report.

5.7 ENT Tier 1

Following reports made externally from the exception reporting portal it has been identified that the current ENT Tier 1 (1in7) rota does not incorporate foundation teaching, with shifts ending on a Wednesday at 16:00 and teaching ending at 17:00. This impacts 4 FY2 and 1 FY2 post in the specialty in 4/7 weeks of the pattern. These doctors have not received compensation for the additional average worked time.

The following actions have been taken by Medical People Services and referred to the speciality for consideration:

- The doctors that raised the report have been encouraged to formally exception report. This should trigger a Level 1 Work Schedule Review. The reports will be tracked, and TOIL or payment can also be allocated for the hours worked through the rotation.
- An initial review has also indicated night shifts finishing at 09:30 hours with handover recorded at 07:45 hours. It is proposed that reducing the night hours will result in a compliant template with the additional hours included.
- The 1in7 full shift rota is recommended to increase to a minimum of 1in8 to achieve a reasonable balance of out of hours and core hours worked.

5.7 Urology

MPS report that In Q2 concerns have been raised in relation to the work schedules of the Urology Tier 2 doctors. This relates to breaches in rest requirements due to rota intensity. This also includes misalignment in salary pertaining to worked hours during non-resident on-call. No exception reports have been submitted by this staff group during this quarter. Doctors have been encouraged to report to support Trust action.

In response to concerns raised, Medical People Services have initiated a plan to monitor the non-resident on-call rota and will make recommendations on changes required once the data has been analysed. This is predicted through Q3 and will be reported at the next quarterly update.

6.0 Administrative Support for The Guardian of Safe Working

Following a period of instability in the consistent support available the Guardian is pleased to report that a dedicated team member of Medical People Services has been identified to directly oversee the administration of the safe working hour processes. The team member commenced in the team at the start of 2023 as Medical eRostering Advisor and their role will be expanded to include monitoring of safe working hours in November 2023. The Guardian also has 3 stages of escalation, from Medical eRostering Advisor to the Medical Rostering and Temporary Staffing Lead, to the Head of Medical People Services and subsequently to the Assistant Director of Medical People Services. Progress on the support offered will be reported in the next quarterly board report.

7.0 Fines

0 fines were levied by the Guardian of Safe Working during Q2.

8.0 Key issues from host organisations and actions taken

No key issues identified from host organisations.

Summary

There is evidence that significant issues are being raised by MPS following intensive review of departmental rotas and in the development of a dashboard to recognise breaches of safe working. The GoSW asks the Board to note persistent concerns raised in General Medicine and in those departments highlighted above and the actions taken. In order for the GoSW to provide the assurance to the Board of the safe working of our doctors it is imperative that we obtain the visibility of all doctors working patterns at all times.

If it is agreed that the Trust use the Medic on Duty system for e-rostering Trust wide, the GoSW would recommend a request for a timeline for its the roll out and that consideration is given to supporting a central rostering team with oversight by Medical Peoples Services.

The Board is asked to consider what escalation either internally or externally can be taken to secure the monitoring and provision of safe working hours and rest to support the safety of our doctors and patients.

At this time the GoSW cannot assure the Board of the safe working of our doctors.

Recommendation

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

Appendix 1: Vacancy WTE for Junior Doctors (FY1-ST2) – M4-M6

Appendix 1	Care Group	Specialty	M4 FY1-ST2			M5 FY1-ST2			M6 FY1-ST2		
			Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE
Surgery Anaesthetics and Cancer Division	Anaesthesia	21.00	16.81	4.19	21.00	16.81	4.19	21.00	16.46	4.54	
Surgery Anaesthetics and Cancer Division	Breast Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Clinical and Medical Oncology	3.00	3.06	-0.06	3.00	3.06	-0.06	3.00	3.00	0.00	
Surgery Anaesthetics and Cancer Division	Clinical Haematology	1.00	2.00	-1.00	1.00	2.00	-1.00	1.00	2.00	-1.00	
Surgery Anaesthetics and Cancer Division	Colorectal and Upper GI Surgery	15.00	18.19	-3.19	15.00	18.19	-3.19	15.00	17.00	-2.00	
Surgery Anaesthetics and Cancer Division	ENT	5.00	8.20	-3.20	5.00	8.20	-3.20	5.00	8.00	-3.00	
Surgery Anaesthetics and Cancer Division	Gastroenterology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Head & Neck Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Ophthalmology	3.00	3.07	-0.07	3.00	3.07	-0.07	3.00	2.00	1.00	
Surgery Anaesthetics and Cancer Division	Oral & Maxillo-Facial Surgery	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00	
Surgery Anaesthetics and Cancer Division	Orthopaedics and Trauma Surgery	16.00	19.29	-3.29	16.00	19.29	-3.29	16.00	20.00	-4.00	
Surgery Anaesthetics and Cancer Division	Palliative Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	-1.00	
Surgery Anaesthetics and Cancer Division	Scheduled Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Theatres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Urology	4.00	3.04	0.96	4.00	3.04	0.96	4.00	3.00	1.00	
Surgery Anaesthetics and Cancer Division	Vascular Surgery	6.00	4.30	1.70	6.00	4.30	1.70	6.00	4.00	2.00	
Surgery Anaesthetics and Cancer Division	Surgical Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Operational Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Care of the Older Adult	14.00	20.78	-6.78	14.00	20.78	-6.78	14.00	19.70	-5.70	
Medicine and Emergency Care Division	General Medicine	4.00	18.36	-14.36	4.00	18.36	-14.36	4.00	23.00	-19.00	
Medicine and Emergency Care Division	Stroke Medicine	1.93	0.00	1.93	1.93	0.00	1.93	1.93	2.00	-0.07	
Medicine and Emergency Care Division	Neurology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Dermatology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Respiratory	13.57	12.28	1.29	13.57	12.28	1.29	13.57	11.91	1.66	
Medicine and Emergency Care Division	Cardiology	9.00	6.97	2.03	9.00	6.97	2.03	9.00	7.00	2.00	
Medicine and Emergency Care Division	Nephrology	7.20	11.07	-3.87	7.20	11.07	-3.87	7.20	14.71	-7.51	
Medicine and Emergency Care Division	Diabetes & Endo	9.00	6.66	2.34	9.00	6.66	2.34	9.00	8.00	1.00	
Medicine and Emergency Care Division	Acute Medicine	22.80	15.12	7.68	22.80	15.12	7.68	22.80	15.85	6.95	
Medicine and Emergency Care Division	A&E	50.00	46.64	3.36	50.00	46.64	3.36	50.00	45.32	4.68	
Women's and Children's Division	Gynaecology	10.00	11.09	-1.09	10.00	11.09	-1.09	10.00	12.00	-2.00	
Women's and Children's Division	Neonatology	4.00	3.00	1.00	4.00	3.00	1.00	4.00	5.10	-1.10	
Women's and Children's Division	Paediatrics	15.88	22.76	-6.88	15.88	22.76	-6.88	15.88	20.85	-4.97	
Women's and Children's Division	W&C â€” Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Women's and Children's Division	W&C Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Women's and Children's Division	Fertility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Women's and Children's Division	W&C Identified Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Clinical Support Services Division	Pathology	2.80	4.97	-2.17	2.80	4.97	-2.17	2.80	4.60	-1.80	
Clinical Support Services Division	Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Clinical Support Services Division	Support Services â€” Reserve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Clinical Support Services Division	Director of Clinical Effectiveness	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
COVID-19	COVID-19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
COVID-19 Vaccination Service	COVID-19 Vaccination Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Corporate Services	Medical Directorate	14.00	14.06	-0.06	14.00	14.06	-0.06	14.00	15.00	-1.00	
Corporate Services	Chief Operating Officer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Reserves	Reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total		256.18	275.72	-19.54	256.18	275.72	-19.54	256.18	285.50	-29.32	

Appendix 2: Vacancy WTE for Junior Doctors (ST3-8) – M4-M6

Appendix 2	Care Group	Specialty	M4 ST3-8			M5 ST3-8			M6 ST3-8		
			Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE	Budget WTE	Contracted WTE	Vacancy WTE
Surgery Anaesthetics and Cancer Division	Anaesthesia	9.00	18.87	-9.87	9.00	18.87	-9.87	9.00	18.65	-9.65	
Surgery Anaesthetics and Cancer Division	Breast Surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Clinical and Medical Oncology	4.00	3.00	1.00	4.00	3.00	1.00	4.00	3.00	1.00	
Surgery Anaesthetics and Cancer Division	Clinical Haematology	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	1.00	
Surgery Anaesthetics and Cancer Division	Colorectal and Upper GI Surgery	8.42	8.41	0.01	8.42	8.41	0.01	8.42	8.41	0.01	
Surgery Anaesthetics and Cancer Division	ENT	3.00	3.00	0.00	3.00	3.00	0.00	3.00	3.00	0.00	
Surgery Anaesthetics and Cancer Division	Gastroenterology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	-1.00	
Surgery Anaesthetics and Cancer Division	Head & Neck Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Ophthalmology	2.00	3.08	-1.08	2.00	3.08	-1.08	2.00	3.00	-1.00	
Surgery Anaesthetics and Cancer Division	Oral & Maxillo-Facial Surgery	1.00	1.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	
Surgery Anaesthetics and Cancer Division	Orthopaedics and Trauma Surgery	10.00	12.07	-2.07	10.00	12.07	-2.07	10.00	12.00	-2.00	
Surgery Anaesthetics and Cancer Division	Palliative Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Scheduled Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Theatres	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Surgery Anaesthetics and Cancer Division	Urology	3.00	5.15	-2.15	3.00	5.15	-2.15	3.00	4.00	-1.00	
Surgery Anaesthetics and Cancer Division	Vascular Surgery	2.00	4.00	-2.00	2.00	4.00	-2.00	2.00	4.00	-2.00	
Surgery Anaesthetics and Cancer Division	Surgical Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Operational Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Care of the Older Adult	5.00	5.19	-0.19	5.00	5.19	-0.19	5.00	5.61	-0.61	
Medicine and Emergency Care Division	General Medicine	10.85	9.37	1.48	10.85	9.37	1.48	10.85	10.78	0.07	
Medicine and Emergency Care Division	Stroke Medicine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Neurology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Dermatology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Medicine and Emergency Care Division	Respiratory	4.91	7.78	-2.87	4.91	7.78	-2.87	4.91	7.74	-2.83	
Medicine and Emergency Care Division	Cardiology	3.00	3.09	-0.09	3.00	3.09	-0.09	3.00	4.11	-1.11	
Medicine and Emergency Care Division	Nephrology	1.82	4.78	-2.96	1.82	4.78	-2.96	1.82	6.17	-4.35	
Medicine and Emergency Care Division	Diabetes & Endo	2.00	4.11	-2.11	2.00	4.11	-2.11	2.00	3.00	-1.00	
Medicine and Emergency Care Division	Acute Medicine	12.00	5.15	6.85	12.00	5.15	6.85	12.00	5.00	7.00	
Medicine and Emergency Care Division	A&E	29.00	3.09	25.91	29.00	3.09	25.91	29.00	4.00	25.00	
Women's and Children's Division	Gynaecology	9.10	10.60	-1.50	9.10	10.60	-1.50	9.10	10.49	-1.39	
Women's and Children's Division	Neonatology	3.00	1.94	1.06	3.00	1.94	1.06	3.00	5.21	-2.21	
Women's and Children's Division	Paediatrics	5.00	4.88	0.12	5.00	4.88	0.12	5.00	7.77	-2.77	
Women's and Children's Division	W&C "Reserve"	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Women's and Children's Division	W&C Management Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Women's and Children's Division	Fertility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Women's and Children's Division	W&C Identified Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Clinical Support Services Division	Pathology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Clinical Support Services Division	Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Clinical Support Services Division	Support Services "Reserve"	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Clinical Support Services Division	Director of Clinical Effectiveness	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
COVID-19	COVID-19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
COVID-19 Vaccination Service	COVID-19 Vaccination Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Corporate Services	Medical Directorate	7.60	0.00	7.60	7.60	0.00	7.60	7.60	0.00	7.60	
Corporate Services	Chief Operating Officer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Reserves	Reserves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total		136.70	118.56	18.14	136.70	118.56	18.14	136.70	127.94	8.76	