

Board of Directors' Meeting 14 December 2023

Agenda item	161/23b		
Report Title	Guardian of Safe Working Annual Report (August 2022 – July 2023)		
Executive Lead	Dr John Jones, Executive Medical Director		
Report Author	Dr Bridget Barrowclough, Guardian of Safe Working Hours		
CQC Domain:			
Link to Strategic Goal:			Link to BAF / risk:
Safe	√	Our patients and community	√
Effective	√	Our people	√
Caring	√	Our service delivery	√
Responsive	√	Our governance	
Well Led	√	Our partners	
Trust Risk Register id:			
Consultation Communication	N/A		
Executive summary:			
<p>Throughout this period Medical People Services (MPS) have taken significant steps to improve the working patterns of postgraduate doctors in training (PGDiT) and locally employed doctors (LEDS) in the Trust. This includes rota reviews in many departments with subsequent rota redesign and a commitment to enhance the medical establishment. The GoSW is reassured by the actions taken in MPS to provide some assurance regarding the safe working hours of PGDiTs and LED and in response to the concerns raised by the GoSW in past years. However, the delays to the completion of these plans, including those to provide transparency and visibility of doctors' working hours, remains of concern. It remains difficult to reassure the Board that doctors are working within their safe limits.</p>			
Recommendations for the Board:	<p>The Board is asked to:</p> <p>Note the report</p>		
Appendices:	-		

Annual Report Guardian of Safe Working Hours (GoSW)

July 2022-August 2023

Dr Bridget Barrowclough

Executive Summary

Throughout this period Medical People Services (MPS) have taken significant steps to improve the working patterns of postgraduate doctors in training (PGDiT) and locally employed doctors (LEDS) in the Trust.

This includes rota reviews in many departments with subsequent rota redesign and a commitment to enhance the medical establishment.

The GoSW is reassured by the actions taken in MPS to provide some assurance regarding the safe working hours of PGDiTs and LED and in response to the concerns raised by the GoSW in past years. However, the delays to the completion of these plans including those to provide transparency and visibility of doctors working hours remains of concern.

As such, the GoSW cannot provide the Board with the assurance that doctors have worked within their safe limits at all times and recognises that data on the vacancy position does not adequately provide the Board with information on specific rota gaps.

1.0 Introduction

The safety of patients is a paramount concern for the NHS and significant staff fatigue is a hazard to both patients and to staff themselves. The safeguards around doctors working hours within Schedules 04-06 of the 2016 Junior Doctor Contract are designed to ensure risk is effectively mitigated and that mitigation is assured. The Guardian of Safe Working Hours (GoSW) ensures that issues of compliance with safe working hours are addressed by the doctor and the trust or host organisation. The GoSW therefore should be able to provide assurance to the Board that doctors' working hours are safe.

As per Schedules 06 Paragraph 11 of the 2016 Junior Doctor Contract, this report provides a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps thereby improving the wellbeing of doctors and in turn assuring patient safety is optimized. 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.

High level data for The Shrewsbury and Telford Hospital NHS Trust

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:	0.25PA

2.0 Exception Reports

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

Exception reports 2022-2023

Table 1 summarises the exception reports received throughout the year, divided into the above categories. Most exception reports received relate to hours of working, with 52% of the total attributed to this category.

Exception Reports (ER) over past year	
Reference period of report	01/08/22 - 31/07/23
Total number of exception reports received	88
Number relating to immediate patient safety issues	10
Number relating to hours of working	46
Number relating to pattern of work	9
Number relating to educational opportunities	12
Number relating to service support available to the doctor	21

Table 1

Reasons for ER by speciality and grade

Reasons for ER by speciality & grade (01/08/2022 – 31/07/2023)					
ER relating to:	Specialty	Grade	No. ERs raised (in period)	No. ERs closed (in period)	No. ERs outstanding (in period)
Immediate patient safety issues	General medicine	FY1	1	1	0
	General medicine	ST1	4	1	0
	General medicine	ST2	1	1	0
	General medicine	ST3	1	0	1
	Medical oncology(OOH medicine)	FY2	1	0	0
	Otolaryngology (ENT)	FY2	1	1	0
	T&O	ST4	1	1	0
Total			10	5	1
No. relating to hours/pattern	Accident and emergency	ST1	1	0	0
	Cardiology	FY1	1	1	0
	General medicine	CT1	6	3	0
	General medicine	CT2	1	0	0
	General medicine	FY1	7	7	0
	General medicine	FY2	2	1	1
	General medicine	ST1	4	1	0
	General medicine	ST3	0	1	0
	General medicine	ST4	2	2	0
	General medicine	ST5	2	2	0
	General surgery	CT1	3	3	0
	General surgery	FY1	7	4	1
	Medical oncology	FY2	2	0	0
	Neonatology	ST1	1	4	0
	O&G	FY1	10	6	0
	Paediatrics	ST5	0	3	0
	T&O	CT2	1	0	1
T&O	FY2	1	0	1	

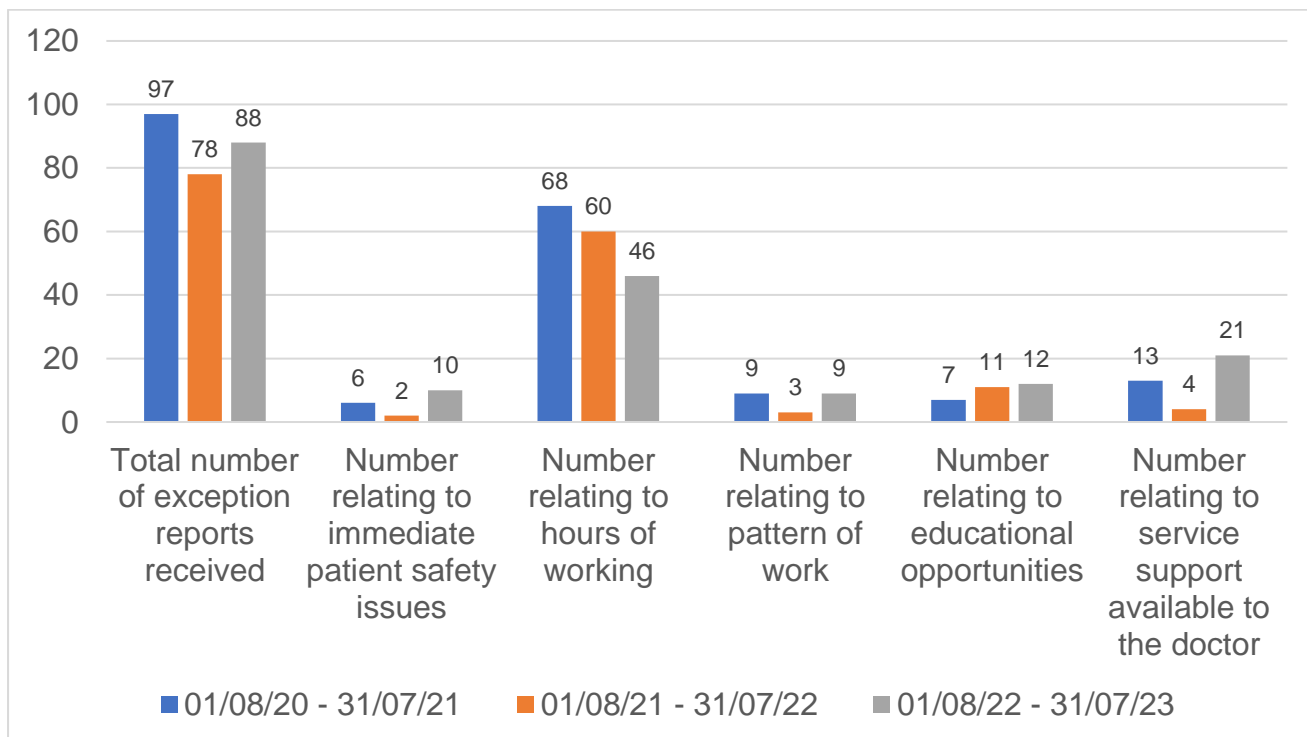
	T&O	ST4	1	1	0
	Urology	CT1	3	3	0
Total			55	42	4
No. relating to educational opportunities	General medicine	FY1	1	0	1
	General medicine	FY2	1	0	0
	General medicine	ST4	1	0	1
	General surgery	FY1	2	0	0
	General surgery	FY2	1	0	0
	T&O	FY1	6	2	3
Total			12	2	5
No. relating to service support available	General medicine	CT1	1	0	0
	General medicine	CT2	1	0	0
	General medicine	FY1	1	1	0
	General medicine	FY2	7	3	4
	General medicine	ST1	2	0	0
	General medicine	ST2	1	1	0
	General medicine	ST3	2	0	2
	General medicine	ST4	1	0	0
	General surgery	FY1	3	2	1
	Otolaryngology (ENT)	FY2	1	1	0
	T&O	FY2	1	1	0
Total			21	9	7

Table 2

Comments

Doctors in general medicine continues to submit most exception reports (57%). This is consistent across all categories of exception reports. This is a significant area of concern and demonstrates an area for dedicated focus.

Total numbers and Reasons for Exception report by year



Graph 1

Comments

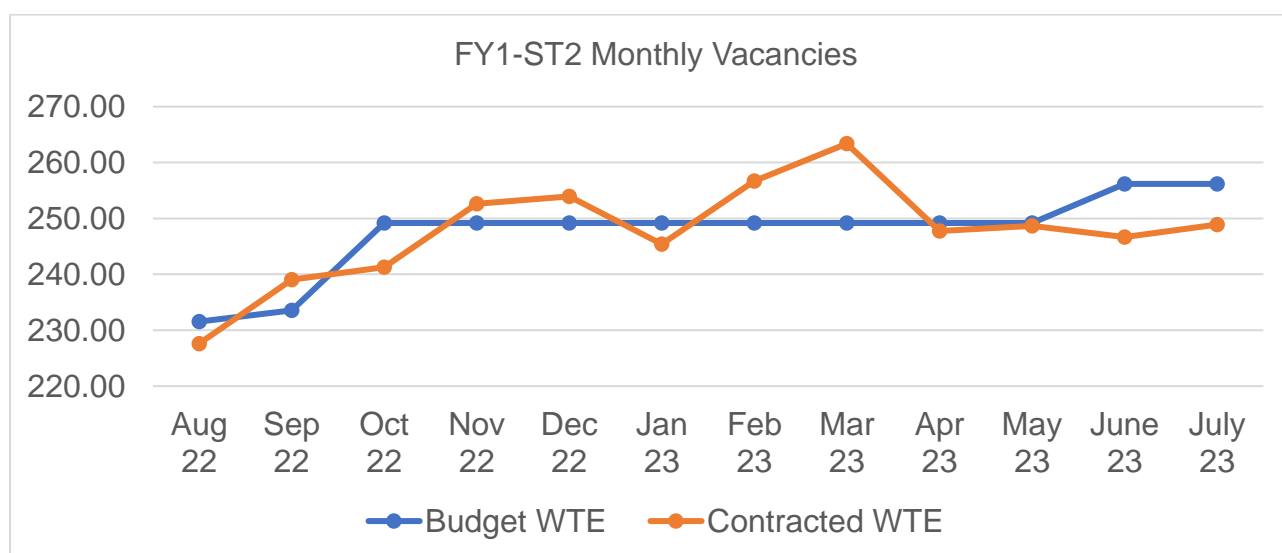
Graph 1 references compares total reports and reasons for exception reports between 2020 and 2023. The total number of reports submitted has increased by 10 from the previous year. A reduction of 22 in numbers related to hours working is notable. However increases in reports relating to immediate patient safety issue, educational opportunities and service support available should be recognised.

3.0 Vacancy Data

The data and narrative is provided by MPS

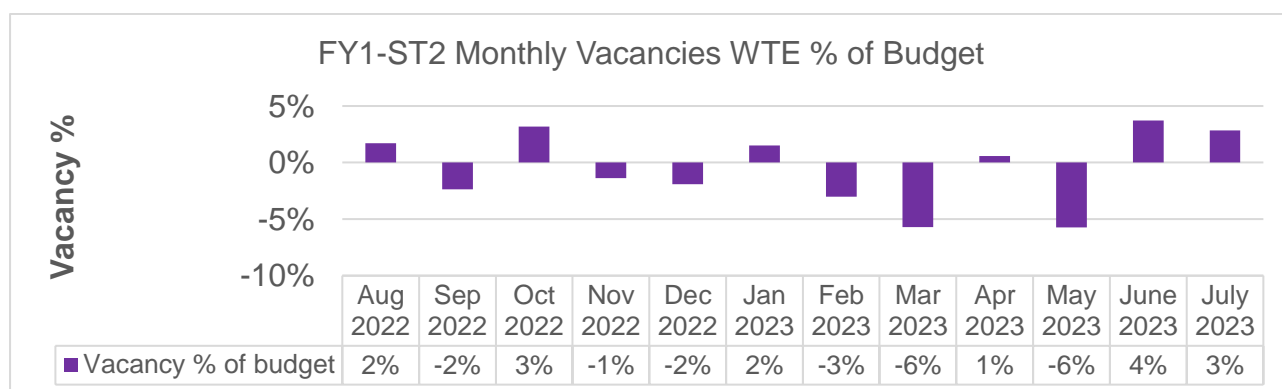
The following section lists the vacancy information amongst the PGDiT and locally LEDs during the previous year. The reported vacancy data is split into 2 ranges of medical grades FY1-ST2 and ST3-ST8. The section provides a summary of both ranges and a total across all junior doctors.

FY1 - ST2	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23
Budgeted WTE	231.54	233.54	249.18	249.18	249.18	249.18	249.18	249.18	249.18	249.18	256.18	256.18
Contracted WTE	227.61	239.05	241.26	252.62	253.92	245.43	256.67	263.37	247.75	248.68	246.68	248.89



FY1-ST2 Monthly Vacancies August 2022 – July 2023

In the previous year, the budgeted WTE for our FY1-ST2 grades has increased from 231.54WTE to 256.18WTE, and contracted WTE has shown a concurrent increase from 227.61WTE to 248.89WTE. The fill rate from NHS England remains consistent at ~70%, with the remainder being filled through local recruitment.

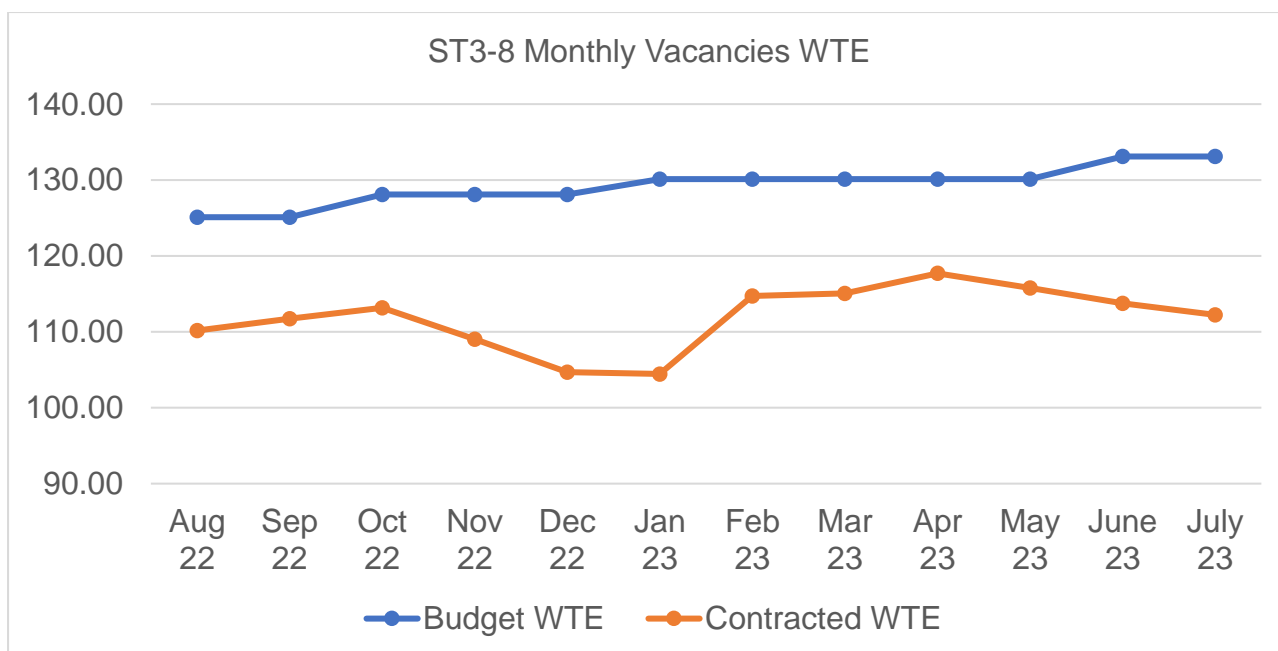


FY1-ST2 Monthly Vacancies WTE % of Budget

In the previous year, the budgeted WTE of the ST3-8 medical grades has increased from 125.10WTE to 133.10WTE, and contracted WTE remained consistent at 110.15WTE to 112.25WTE. A peak in contracted WTE in March 2023 of 115.05WTE is noted.

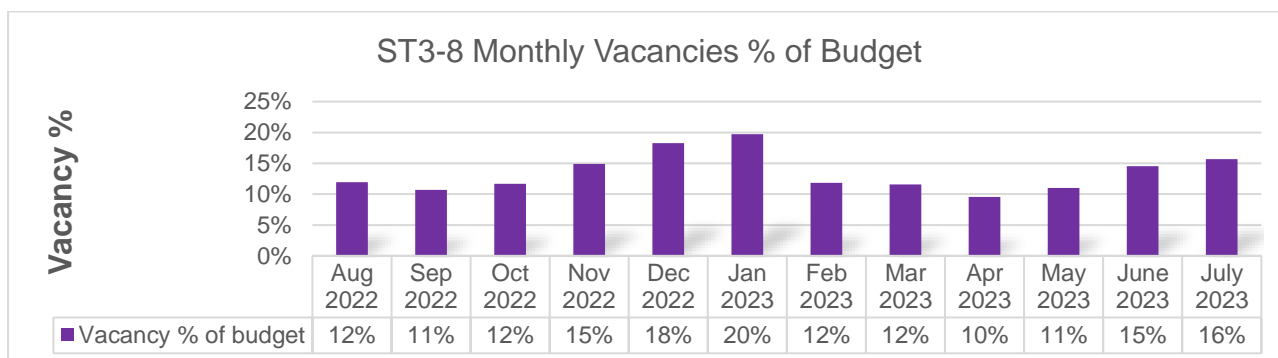
ST3-8	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23
Budgeted WTE	125.10	125.10	128.10	128.10	128.10	130.14	130.14	130.14	130.14	130.14	133.10	133.10
Contracted WTE	110.15	111.71	113.15	109.05	104.68	104.45	114.74	115.05	117.70	115.80	113.74	112.25

Table 4



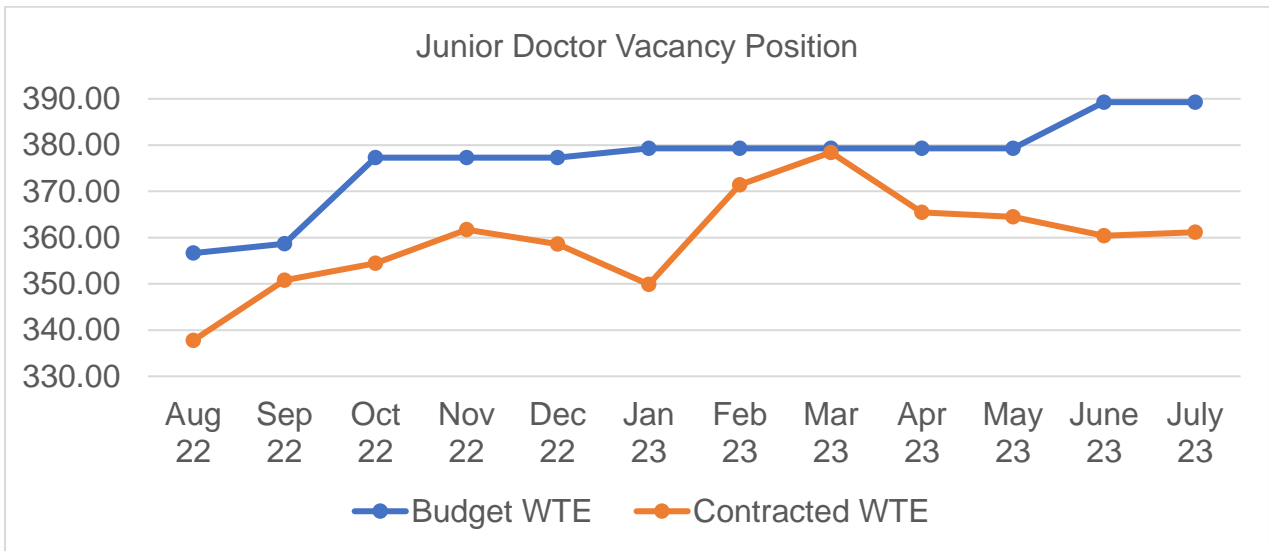
Graph 4 : ST3-8 Monthly Vacancies August 2022 – July 2023

To note, the budgeted WTE increased by 7WTE, whilst the contracted WTE grew by 2.1WTE through the period, resulting in a total vacancy % of budget increase of 4%.



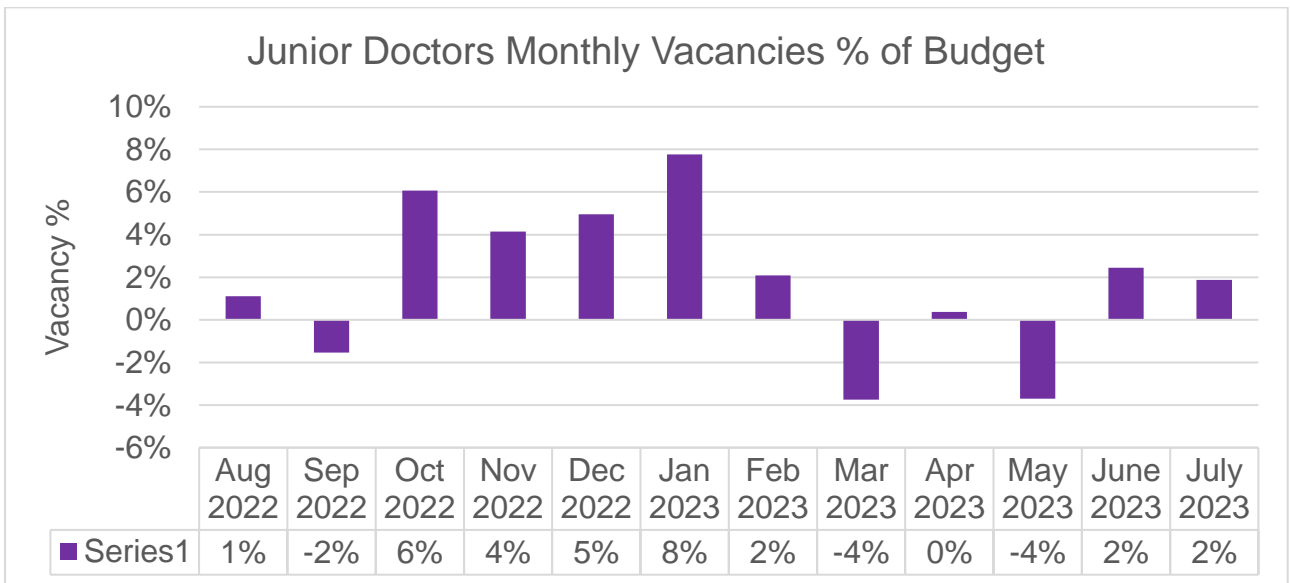
ST3-8 Monthly Vacancies WTE % of Budget

Junior Doctors	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23
Budget WTE	356.64	358.64	377.28	377.28	377.28	379.32	379.32	379.32	379.32	379.32	389.28	389.28
Contracted WTE	337.76	350.76	354.41	361.67	358.60	349.88	371.41	378.42	365.45	364.48	360.42	361.14



Junior Doctor Vacancy Position August 2022 – July 2023

Junior doctor monthly vacancy % of budget has remained relatively constant with some fluctuation throughout the period. The low vacancy %, peaking at 8% in January 2024 represents consistent and sustained recruitment.



Junior Doctors Monthly Vacancies % of Budget August 2022 – July 2023

3.1

3.2 Recommendations to improve data quality.

It is recognised that this data does not provide accurate information on true rota gaps. The following recommendations have been forwarded by MPS and are for consideration:

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

4.0 Plans & Actions to Reduce Rota Gaps

In this section, plans and strategic actions aimed at alleviating vacancies and rota gaps for our junior doctors is summarised.

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

Following successful bids for additional training posts, including West Midland redistribution, SaTH will see an increase of 37 training posts by August 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.

High Level NHSE Data for SaTH	August 2022	August 2023 (Planned)
Number of posts for doctors/dentists in training	314	351
Number of doctors / dentists in training:	229	250

4.2 Local Recruitment to Foundation Programmes

In 2022, SaTH partnered with the Gateway EU Programme which offers clinical and educational experience to doctors from Europe working at Tier 1 and supports the completion of CREST certification allowing for retention of doctors and their ability to :

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

The programme is procured through the Health Trust Europe framework with explicit adherence to compliance requirements.

4.3 FY3 Programme

In March 2023, Medical Education, in conjunction with Medical People Services, established the FY3 programme which aims to increase retention by providing an opportunity for doctors finishing their foundation programmes or for internal locally employed doctors, to experience additional rotations or specialty placements based on both service and educational requirements. Medical People Services successfully recruited 12 doctors to the programme who commenced in post in August 2023. Doctors on this programme are supported by a designated Consultant Educational Supervisor, 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.

4.4 Permanent and International Recruitment

In the previous year Medical People Services implemented an internal Structured English Language Reference (SELR) assessment process. This programme was rolled out in Emergency Medicine and has yielded significant success in improving the vacancy position. Between March 2023 and August 2023, 9WTE Specialty Doctors in Emergency Medicine commenced in post .

4.5 Temporary Staffing Solutions

Agile Workforce Services were commissioned in December 2021 and July 22 respectively to provide Neutral Vendor and Managed Bank Services in the Trust. The following section outlines the locum bookings by count of shifts and provides a summary of results from the Neutral Vendor and the Managed Bank services.

Acute Medicine, General Medicine and Emergency Medicine remain the top 3 specialties for temporary medical staffing bookings. The data suggests a relatively small proportion of shifts being unfilled across the year to address rota gaps on a temporary basis.

Temporary Staff Fill Rate (Count of Shifts)			
Specialty	Agency	Managed Bank	Unfilled
Acute Medicine	3779	2029	4
Anaesthesia Obs	102	0	0
Anaesthetics	0	873	0
Breast Surgery	538	0	0
Cardiology (Medical)	1234	576	2
Care of the Elderly	1333	535	2
Chest Medicine	5	1	0
Colorectal Surgery	416	2	0
Dermatology	12	42	0
Diabetes	0	47	0
Emergency Medicine	3153	3127	110
Endocrinology and Diabetes	271	148	0
Endoscopy	0	0	8
ENT	127	640	2
Gastroenterology	658	180	3
General Medicine	6579	2126	11
General Surgery	163	464	5
Gynaecology	10	0	0
Haematology	774	79	0
Intensive Care	0	544	0
Interventional radiology	0	5	0
ITU	0	22	0
Microbiology (Medical)	98	0	0
Neonatal Medicine	123	102	0
Obstetrics	0	3	0
Obstetrics and Gynaecology	147	822	0
Oncology	193	462	3
Ophthalmology	261	188	0
Oral and Maxillofacial Surgery	447	1019	4
Orthogeriatrics	20	0	0
Orthopaedic and Trauma Surgery	1340	544	6
Paediatrics	537	507	0
Paediatrics and Neonates	0	85	0
Radiology	0	185	0
Renal Medicine	988	118	5
Respiratory Medicine	688	154	4
Stroke Medicine	2	145	2
Upper GI	71	2	0
Urology	854	90	0
Vascular Surgery	0	12	0
Grand Total	24923	15878	171

MPS describe significant benefits of the Neutral Vendor and the Managed Bank to the Trust. Although demand for shifts increased an average 99.2% of shifts were filled by Agile and 43% by the managed bank with working bank doctors increasing from 257 to 405.

4.6 Roster Management

Recruitment of Rota Coordinators

The GoSW has repeatedly reported that it is imperative that those personnel managing rosters should be familiar with and the application of the safe working hours and rest limits referred to in the TCS JD Contract 2016 to prevent breaches.

MPS report that the plans to successfully recruit and train specialised rota coordinators has significantly improved the efficiency of roster management in T&O, Head and Neck, Women's and Children and General Surgery.

It is felt that this role in all departments within Divisions should have professional accountability to Medical People Services. Thereafter the rota coordinators can proactively manage safe working hours and workforce efficiency across medical rotas, including locum and agency usage by maximizing fill rates and reducing rota gaps.

Further recruitment will be imperative in establishing safe rota management throughout the Trust.

4.7 Digital Rostering & Assurance on Safe Working Hours

This narrative by Medical Peoples Services is endorsed by the GoSW

Having an effective e-roster empowers roster creators and senior clinical staff to make informed decisions. The benefits of e-rostering include:

- 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.
- Shared learning and constructive challenge between managers across different services.
- A significant step towards compliance with Lord Carter's recommendation to approve rosters six weeks in advance.
- Compliance to 2016 Junior Doctor Contract and Working Time Regulations to ensure working hours are not breached.
- Improved recording, transparency, and management of planned and unplanned non-working time, e.g., annual and study leave

Open and transparent e-rostering processes improve employee engagement, autonomy, and satisfaction, and can have a positive effect on retention. When used alongside e-job planning, they mean the right staff will be in the right place at the right time, so that patients receive the care they need, and organisations can better manage their workforce and financial efficiency.

In August 2023, there is a planned implementation of the RLDatix system Medic on Duty for junior doctors in General Surgery, ENT, Oral & Maxillofacial Surgery, Trauma & Orthopaedics and Emergency Medicine. The initial focus of the implementation is for all specialties to be using digital rostering systems to provide enhanced visibility and system

controls. Currently there is variation across the organisation between 3 systems (Medirota, CLW and Medic on Duty). These systems are not compatible.

MPS advise that to mitigate existing risk associated with safe working hours, a secondary check is completed via Agile where contractual hours are checked against hours booked. The level of assurance with respect to working hours will continue to increase as we progress more specialties on the rostering system and rosters go live.

4.8 Rota Reviews

During the period August 2022 – July 2023, Medical People Services have conducted a series of junior doctor rota reviews to maximise coverage, ensure compliance and respond to escalations and exception reports raised by our medical staff. The following section summarises these reviews completed to date and highlights notable achievements.

General Medicine

MPS report that the general medicine rotas cross sites had issues with the capacity to achieve safe working hours, training exposure and to maintain healthy and balanced working lives. The current establishment requires recurrent long term, agency and bank doctors to maintain safe staffing levels. MPS advise this has resulted in an additional cost above recurrent budget and could impact the quality of service delivered to patients together with poor staff experience. The latter maybe reflected in staff surveys however it should be noted that generally the NETS survey for doctors in training recognises good supervision and training in most areas.

It was felt the high frequency FY1, and Tier 2 rotas and inadequate staffing of the Tier 1 rotas might contribute to fatigue in the short term. This might explain the 8 % sickness rate with resultant regular gaps especially during on-call cover shifts. This in turn might lead to compromised patient safety.

In September 2023, the Tier 2 rotas at both sites have a planned increase of 2 full time posts (18 to 20). There will be a further increase in August 2024 to 22 posts. This will directly support consistent staffing in specialty areas as well as reducing the number of worked hours for general medicine out of hours.

The Tier 1 business case remains in process. However, a full review of the existing rota templates has been achieved in the current quarter and the rota templates have been adjusted to increase out of hours provision for wards and the acute take from December 2023. This is currently using the existing establishment with valid concerns as to the impact this will have on available ward cover. The business case once completed will include plans to address all elements of safe staffing through an increased establishment. Progress will be reported through the next quarter.

Paediatrics & Neonatology

A full workforce redesign for both Paediatrics and Neonatology was completed in December 2022. This identified the shortfall in the medical establishment required to achieve a full split in Paediatrics and Neonates at a Tier 2 level as outlined in Ockenden recommendations, and in response to exception reports raised. Following a recruitment campaign, 4WTE Specialty Doctors in Paediatrics commenced in post between April 22- June 23.

The recruitment campaign together with an increased NHSE fill rate has afforded the necessary establishment to achieve the full split rota by September 2023. The rota will see a reduction in workload intensity for our present doctors and future trainees, an enhanced training experience and, crucially, safe out of hours care for our Paediatric and Neonatology patients.

Trauma & Orthopaedics

A significant increase in the incidence of exception reports was noted in this period with 10 reports raised between December 2022 and June 2023. These reports were raised by doctors of all grades working on both tiers of rota. The reports were classified into educational, hours, service support and pattern, however, were all underpinned by workload intensity and breaches in required staffing levels.

A full rota review was undertaken, and key issues were identified.

- Non-compliant Tier 2 non-resident on-call rotas due to the rest requirements outlined in Schedule 3 of the 2016 Junior Doctor Contract.
- The non-resident on-call period of the shifts were reportedly extremely busy, particular with the Tier 2 doctor being required to take all referrals on behalf of the specialty.
- The rota templates for Tier 1 and Tier 2 did not meet the service's set minimum staffing requirement.
- Delays in patient reviews
- Interdependence between ENT Tier 1 and MSK (Musculoskeletal) Tier 1 doctors overnight.

A business case was completed to address both the daytime and out of hours issues arising across the T&O service which was subsequently approved. The implementation of the rota redesign is planned between August 2023 and October 2023 to include the following.

- 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. This will also reduce reliance on bank and agency doctors.

Acute Medicine

At the end of 2022, the Acute Medicine team successfully submitted a business case to extend the Acute Floor at RSH. This project included a significant increase in medical establishment, which required workforce planning and rota design. Medical People Services supported a full Tier 1 rota design for the new floor, incorporating allocations for all Acute areas, SDEC, AMA, AMU, Short Stay, Monitored Bays, Ward Take, ED Take and a percentage of prospective cover for annual leave and study leave. A 4% sickness rate was included to ensure consistent coverage. Throughout the year recruitment campaigns have been delivered and full establishment to the 14 junior clinical fellow posts is planned by December 2023.

General Surgery

MPS report a full redesign of all General Surgery junior doctor templates was completed in this year. This review included adjustments to working patterns, shift times, allocations of duties and full consultation with all medical grades, operational teams, specialist nurses and finance. The review incorporates foundation and higher specialty trainee expansions and achieves a balance of skill mix within allocated establishment to maximise rota coverage.

An effective recruitment strategy has been delivered and all medical posts are either consistently filled or have an incoming doctor under conditional offer due to commence.

These efforts saw full substantive establishment in the April 2023 – August 2023 rotation of junior doctors.

5.0 Conclusion

This report highlights the challenges surrounding the management of junior doctors' working hours, vacancies, and rota gaps. The commitment to fully establish transparency and accountability is evident. The GoSW appreciates the ongoing review of all rotas and together with the analysis of exception reports and the vacancy data and commends the strategic actions that are being taken to address issues. The achievements described such as workforce redesigns, recruitment campaigns, and digital rostering implementations, demonstrate a proactive approach to ensuring safe and effective healthcare delivery.

However there remains an urgency to deliver these plans in the coming months as without completion the GoSW cannot reassure the Board of the safe working hours of doctors.

This report recognises the requirement for improvement, reinforcing the Trusts position to providing exceptional patient care while prioritising the welfare of its medical professionals.

6.0 Recommendation

The Board is asked to note this report.

.