

Guardian of Safe Working Hours (GoSWH) Annual report 23/24

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Executive Summary

23/24 has seen the implementation of centralised exception report (ER) team within medical workforce at the Worthing site, UHSussex. The team offer a responsive and standardised system for processing ER data, tracking ER, responding to enquiries and processing payments. A key aim of this process is high quality data analysis for discussion and analysis at local faculty group meetings (LFGs). The value of exception reporting has been reinforced at trainee inductions, educational supervisor (ES) training events and LFGs throughout the year to increase awareness, understanding and promote a positive culture of ER.

1394 ER have been submitted in 23/24 by trainees at UHSussex. 424 ERs have been submitted at Worthing (WGH*); 364 at St Richards Hospital (SRH); 558 at Royal Sussex County Hospital (RSCH**) and 48 ER at the Princess Royal Haywards Heath site (PRH).

The majority of ERs at UHSussex are submitted by trainees in medical specialties (65% at WGH, 80% at SRH, 62% at RSCH and 92% at PRH sites). Predominant themes of exception reports are; WGH workload (27%) and staffing (21%); SRH workload (25%) and staffing (24%); RSCH workload (25%) and handover (16%). PRH staffing (19%) and handover (18%).

During the course of the year 11 immediate safety concerns (ISC) have been submitted and agreed; 7 at SRH and 4 at WGH. There have been no immediate safety concerns at RSCH/PRH which suggests this mechanism has been underutilised to highlight perceived risks to patient safety by doctors in training. The majority of ISCs in 23/24 have related to unsafe staffing levels out of hours at SRH hospital within the Division of Medicine.

Hot spots for exception reporting at WGH 23/24 include Gastroenterology (16%) and General Surgery (12%). At SRH the highest numbers of ER have been submitted by trainees in Acute medicine (24%) and Elderly Medicine (16%). At RSCH site trainees submitted the highest number of ER in Cardiology (14%) and Respiratory Medicine (9%). At PRH ER have been submitted in highest numbers for trainees in Diabetes & Endocrinology (46%) and Elderly Medicine (31%).

At UHSussex 49 Guardian fines have been issued for 23/24 (22 WGH, 12 SRH, 14 RSCH site 1 PRH site) resulting in a total Guardian fines allocation of £7226.10. The total GoSWH fines balance is £27,701.60. A process for transferring these funds to agreed JDF projects has been implemented with support from D Vincent (Director of Workforce, Planning and Deployment), J Claydon (Head of Medical Workforce) and N Wilson (Finance Officer). This ensures timely payment for JDF trainee projects which are submitted and agreed by junior doctors under the terms of the JDC (2016) to enhance working lives.

Overall Educational supervisors (ES) have closed 48% of exception reports at UHSussex within 7 days of submission; 59% at WGH, 53% at RSCH sites. There have been lower rates of ER closure within 7 days at SRH and PRH (21% at PRH and 32% at SRH).

8 Junior doctors fora (JDF) have taken place in 23/24. Speakers have included the Freedom to speak up Guardian (Ms Trish Marks) and representatives from Divisional leadership teams (Medicine) at WGH/SRH. Trainees discussed industrial action, rota gaps and safe staffing out of hours impacting patient safety. Trainees have requested transparency regarding the decision process to agree escalated rates of pay for vacant shifts to ensure a fair process pan-trust and improve bank/locum uptake.

(*WGH; refers to trainees at WGH and Southlands Hospital) (**RSCH; includes trainees at RSCH and RACH, BGH and SHE sites)

Summary of key progress 23/24

In April 2023 a new pantrust Guardian of safe working hours and Exception reporting team was established based at Worthing site. The team is responsible for oversight of all exception reports submitted by trainees across UHSussex. A standardised process ensures educational supervisors (ES) are responsible for closing ER, a change from previous practice where both clinical and educational supervisors could be nominated. The exception reporting team track exception reports, support ES in timely closure and ensures next pay packet remuneration for ERs agreed for payment. Thematic analysis of ER data pantrust provides high quality data to local faculty group leads to unlock key themes, variations in ER behaviour and seek local solutions.

The implementation of Healthrota digital rostering platform across the organisation continues to have a transformative impact for trainee doctors, rostering and rota teams. In line with RSCH/PRH sites; trainees within Medicine division (F1s, F2s, CT1-2s) and Surgery/ T&O at SRH and WGH sites transitioned to Healthrota in August 2023. ST grades subsequently in October 2023. Healthrota provides wider visibility of rota patterns across teams and a robust means of ensuring safe staffing and delivery of non-clinical time (e.g. study leave, annual leave and professional development time). It offers greater flexibility for doctors choosing to undertake additional work and facilitates easier shift swaps. Benefits for rostering teams are clear; Healthrota highlights non-compliance and caps maximum working hours over a rota cycle. Furthermore moving to a standardised rostering platform increases user confidence, functionality and access to key data. Trainees using Healthrota at UHSussex describe a better overall rostering experience, with rotas consistently published with contractual notice. There are mutual benefits for trainees and rota teams as leave is 'built in' rather than subtracted allowing forward planning with clearer anticipation of prospective pinch points. Trainees are better able to plan their lives outside work without the uncertainty that on starting a post, leave requests will be declined. The implementation of Healthrota continues at UHSussex with Neonatology at RACH transitioning by start of new posts in September 2024.

A pantrust Junior doctors forum was established in 23/24 with lively discussion, cross fertilisation and cultivation of ideas and opportunities for trainees to share challenges. This forum discusses the aspects of junior doctors working lives which matter to them most; rota gaps, rates of pay, acting down policy and concerns related to junior doctor safety (e.g. transport, parking and fatigue). This year has been multiple rounds of industrial action by junior doctors (ten rounds of IA staged since March 23) and BMA industrial officer representation at the JDF has been valuable. A 'hot seat' agenda item allows trainees to address concerns directly to Trust leadership figures (e.g. operational leads at Medicine SRH) on staffing models, rota gaps and Trust winter pressures strategy. The JDF offers a forum for trainees to submit ideas for distribution of GoSWH fines. Successful bids this year included MRCP PACES equipment, welcome events (iceskating IMGs RSCH) and wellbeing events (Nature trip SRH Mess Committee) (Table 4). A successful action from the JDF early in 23/24 was a survey highlighting trainee safety concerns resulting in Divisional agreement (supported by Prof Urch Chief Medical Officer) to meet the cost of private transport (taxis) for doctors at PRH walking an unlit route of 1.4 miles to the train station.

1.0 Introduction

Table 1: High level data UHSussex

| Number of doctors in training posts | RSCH and PRH sites: 722 | SRH: 185 | WGH: 220 |
|-------------------------------------|-------------------------|-------------------|------------------|
| | F1 posts: 81 | F1 post: 35 | F1 post: 32 |
| | F2 posts: 75 | F2 posts: 28 | F2 posts: 33 |
| | GP 1/2/3s: 138 | GP posts: 46 | GP posts: 48 |
| | CT /IMT posts: 149 | CT /IMT posts: 30 | CT IMT posts: 31 |
| | ST posts: 279 | ST3+: 46 | ST3+: 76 |

| | |
|---|----------------------------------|
| Cross site GoSWH | 2.5 PA |
| Admin support provided to GoSWH | 2 x Band 4 ER Workforce officers |
| Time for educational supervision / trainee | 0.25 PA |

2.0 Exception report (ER) data

2.1 ER Themes 23/24

There have been a total of 1394 ERs during 23/24. The majority of exception reports at UHSussex are submitted by trainees in medical specialties (65% at WGH, 80% at SRH, 62% at RSCH and 92% at PRH sites).

Overall predominant themes of exception reports for 23/24 vary by site and include workload ward staffing levels and handover. A single ER may fulfil descriptive criteria for more than one theme.

Work load: Perception by the exception reporter that the clinical workload exceeds the capacity of a full team.

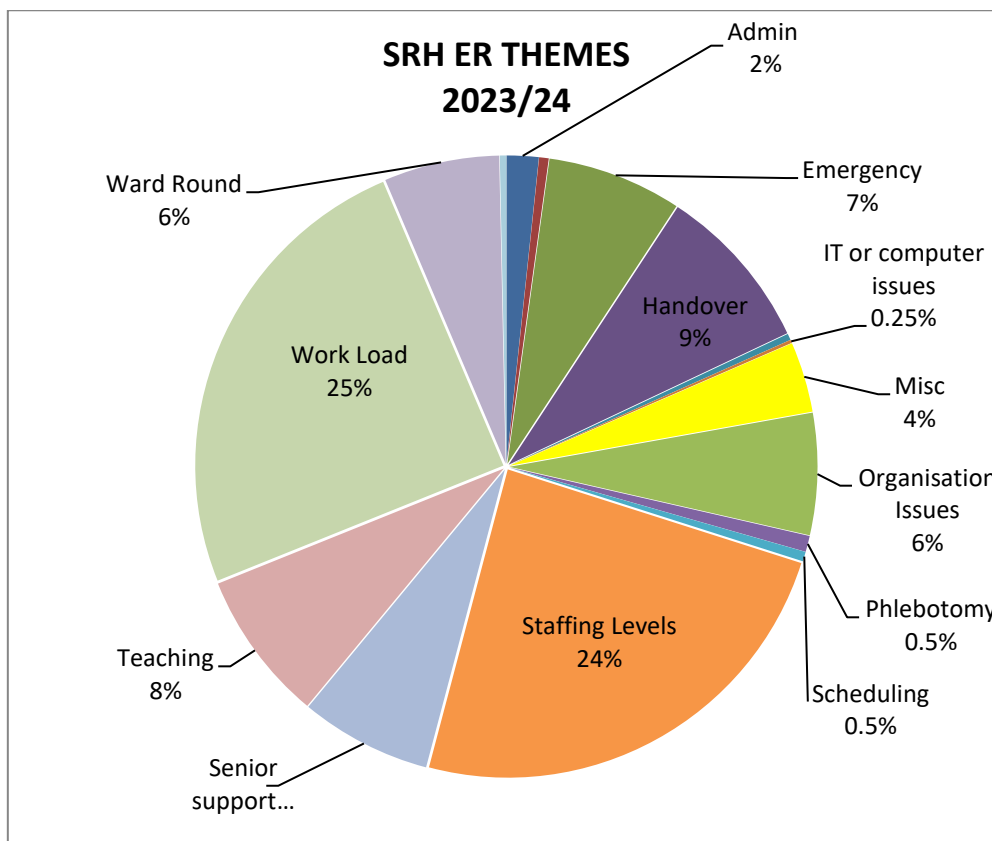
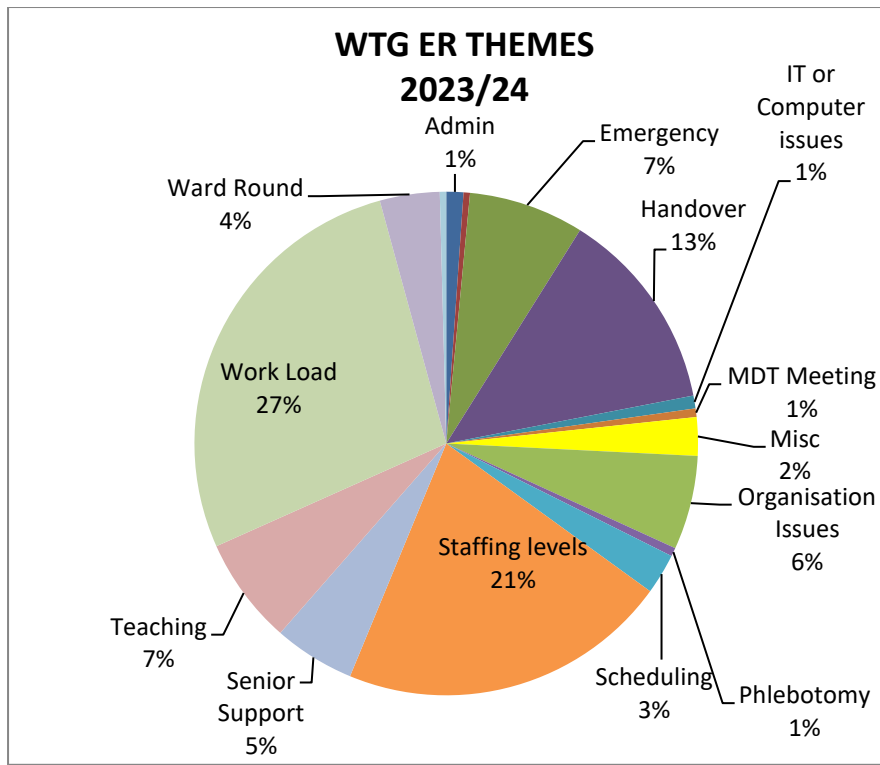
Ward staffing: Perception by the exception reporter that the team allocation was insufficient for the clinical work load.

Handover: Doctor stayed as they felt handing over tasks to another team was unsafe or inappropriate (must qualify).

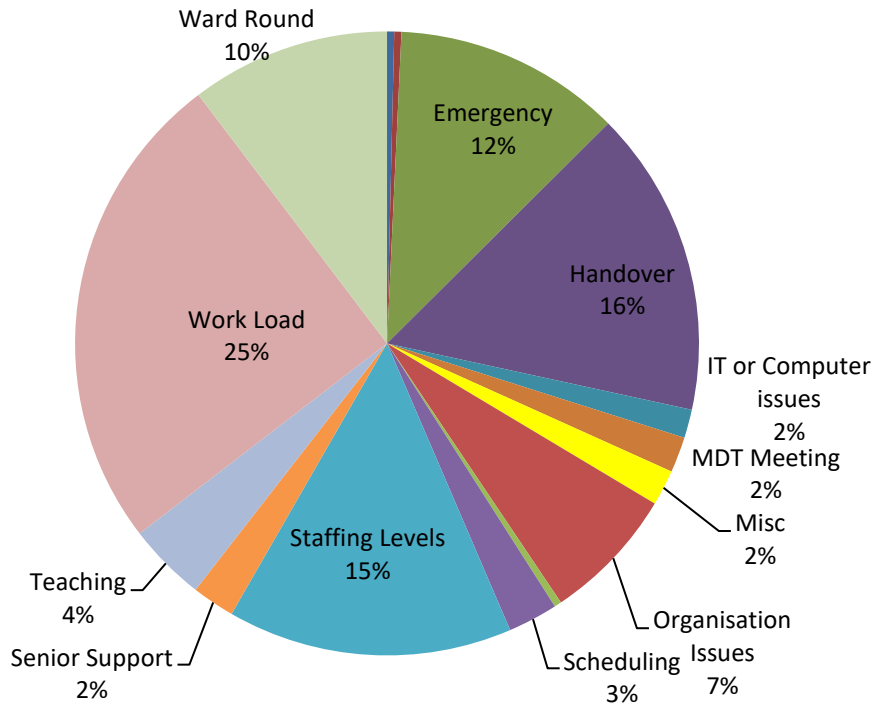
Emergency: Unpredicted clinical issue or emergency situation that occurred at the close of the shift or after normal working hours that required doctors continued presence.

- 424 exception reports have been submitted at WGH; workload (27%) and staffing (21%);
- 364 at SRH; workload (25%) and staffing (24%)
- 558 at RSCH; workload (25%) and handover (16%)
- 48 ER at PRH staffing (19%) and handover (18%)

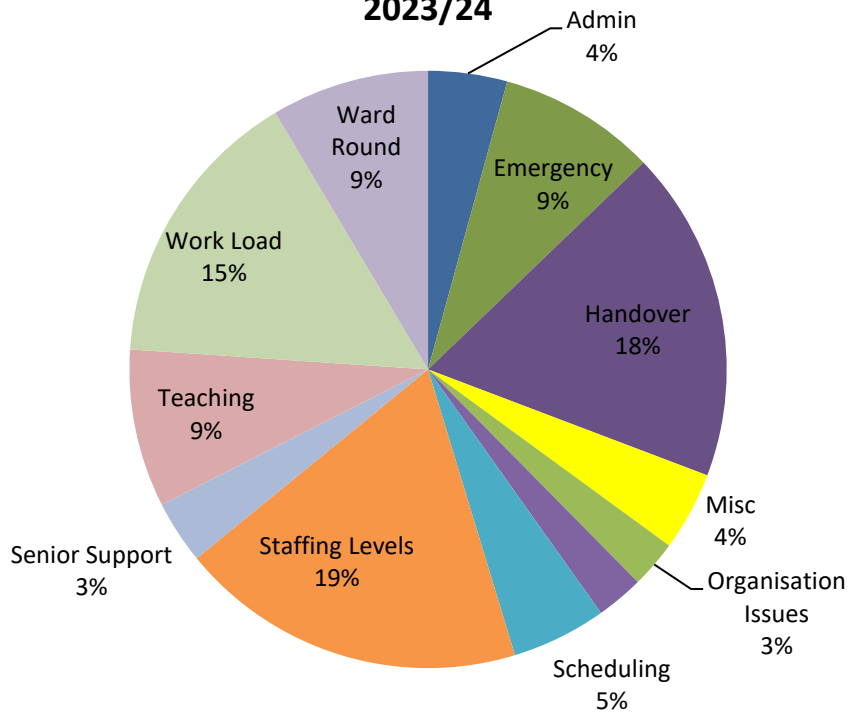
Graphs 1a-d UHSussex ER Themes at WGH, SRH, RSCH and PRH



**RSCH ER THEMES
2023/24**



**PRH - ER THEMES
2023/24**



2.2 Local faculty group (LFG) meetings and ER data

87 LFG meetings take place across UHSussex across the 23/24 academic year. An ER data summary is provided to each LFG lead by the workforce team in advance of the meeting attended by clinical and educational supervisors, educational leads and trainee representatives.

The ER team ensure all trainees have access to DRS-4 at the start of their training post this relies on shared access to assigned educational supervisor allocations. The GoSWH, academic Registrars (L Neville and K Hines) and ER team within medical workforce (N Taylor and B Strickland) have agreed a template for reporting ER data to LFGs (Appendix 1). This ensures data is relevant for the period under review, accurate and specific for relevant trainee cohort. The presentation includes a reminder for supervisors to close ER within 7 days to ensure trainees can receive TOIL (time off in lieu) or payment for additional hours.

An area of focus for is boosting attendance from educational and clinical supervisors at LFG meetings to unlock the significance of ER themes. This may include historical perspectives, insights on the nuances of specific shifts and working models, quality and timing of handover meetings and trainee supervision / access to senior decision makers.

Trainees repeatedly express frustrations that ER data does not result in meaningful change and incorporates an intrinsic 'lag' resulting from the submission, agreement and reporting of data at LFGs. What is clear from ER data is that spikes in ER data when ignored, lead to further problems. ER hotspots can be seen as a 'tremor before an earthquake' and pinpoint issues within departments which require intervention. ER survey data shows strong correlation with GMC survey red flags and subsequent Deanery visits have focused on the local and Trust response (or lack of) to these signals. Trainees show professionalism in submitting ER to highlight issues, when patterns are ignored this evokes a feeling of powerlessness which can be corrosive. The sense of 'expendability' trainees describe creates future senior trainees who may lack faith in Trust risk reporting systems which may perpetuate the problem.

2.3 Barriers to exception reporting

At the JLNC (Joint local negotiating committee) trainee representatives described reluctance from junior doctors to submit ER, fearing negative perceptions by senior colleagues. There have also been reported instances of trainees being actively discouraged from ER or perceptions that it is 'not within the culture of the organisation'. Trainees are invited to complete anonymised feedback questionnaires at each LFG which ask specifically if they have been 'discouraged from exception reporting'. There have been only two instances of reported discouragement reported in 23/24 which have been addressed with departmental leads directly by the DME and Guardian of safe working hours.

In response to raised concerns a Trust wide letter of support, to promote a positive culture of Exception reporting was produced by the GoSWH with support of the CMO and DME and distributed by email to all doctors in training and educational /clinical supervisors in January 2024. It was also shared on closed trainee WhatsApp groups via trainee representative and received a positive response. This letter was signed by the Director Medical Education (Prof D Beattie), Chief Medical Officer (Prof C Urch) and Guardian of safe working hours (Dr L Ford) (Appendix 2).

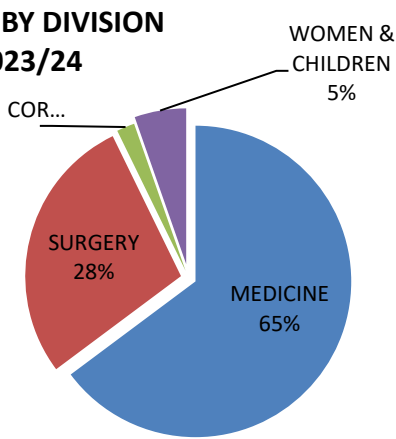
Educational supervisor workshops at UHSussex held throughout the year (16.5.23, 12.10.23, 7.12.23 and 4.3.24) included a session from the GoSWH with specific training on barriers to exception reporting and guidance on the role and responsibilities of educational supervisors in the exception reporting process.

2.4 Exception reports by Division and Specialty department

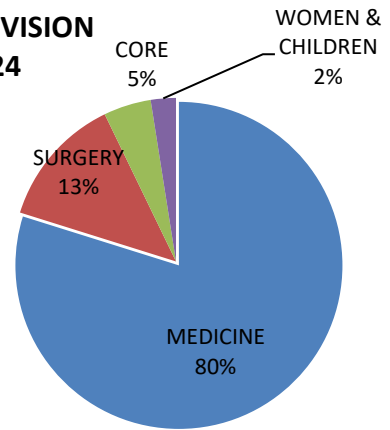
The majority of exception reports at UHSussex are submitted by trainees in medical specialties; 65% at WGH, 80% at SRH, 62% at RSCH and 92% at PRH sites.

Graphs 2a-d: Exception reports by Division 23/24

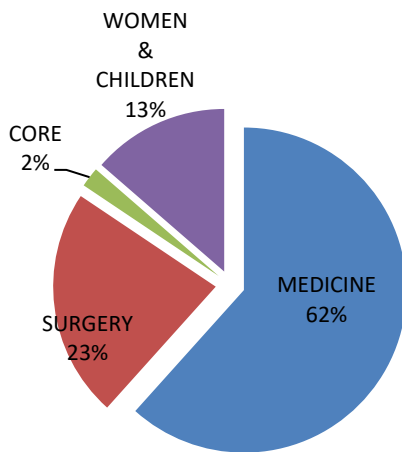
**WTG ER BY DIVISION
2023/24**



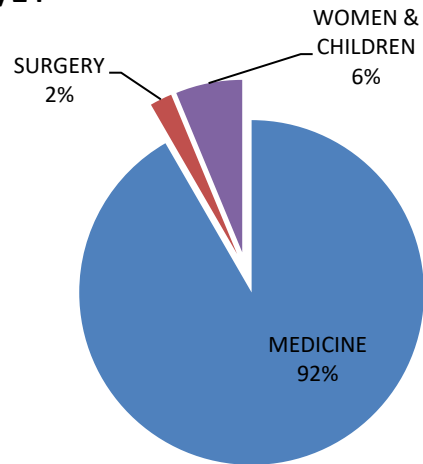
**SRH ER BY DIVISION
2023/24**



**RSCH ER BY DIVISION
2023/24**

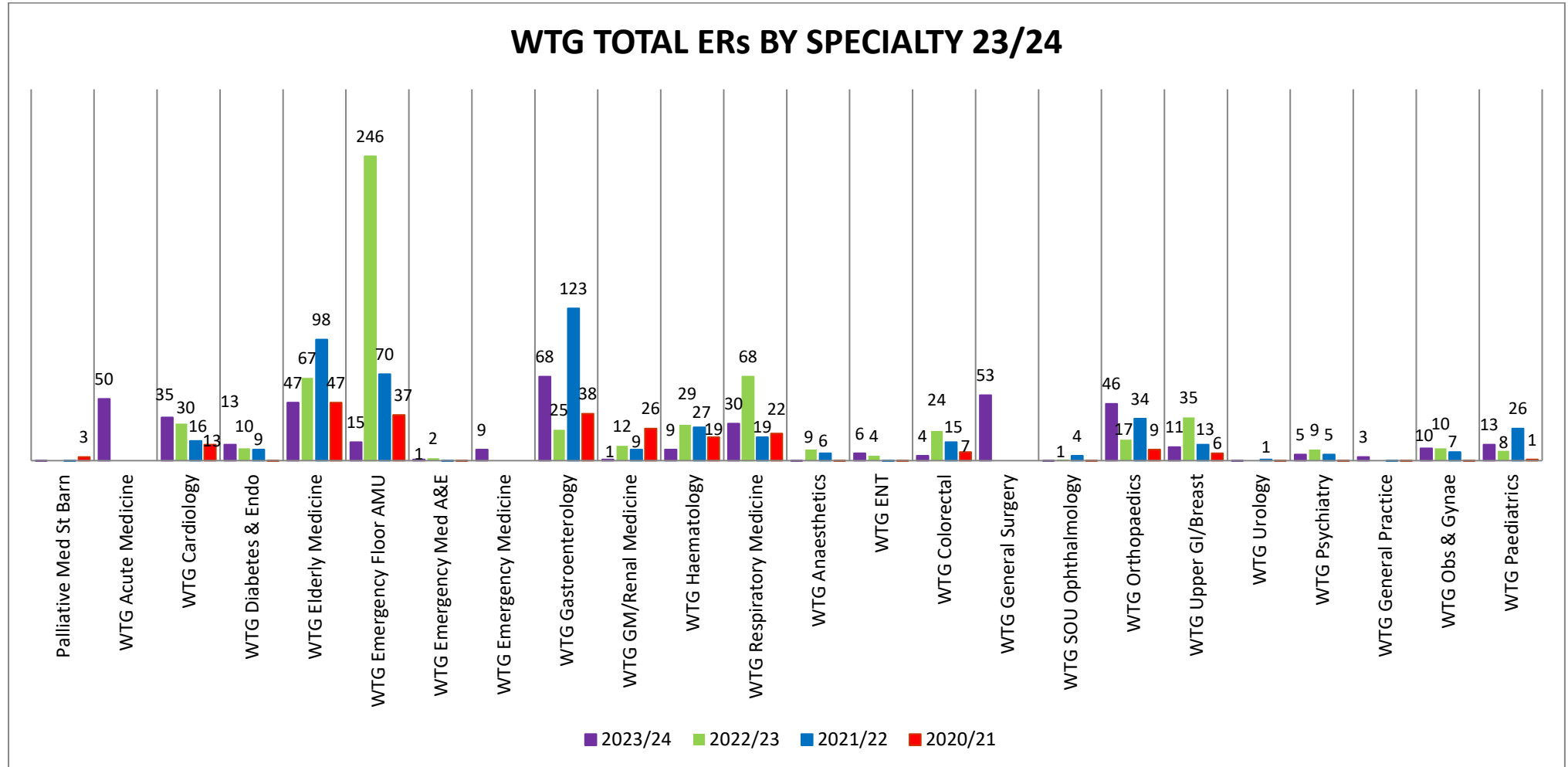


**PRH ER BY DIVISION
2023/24**

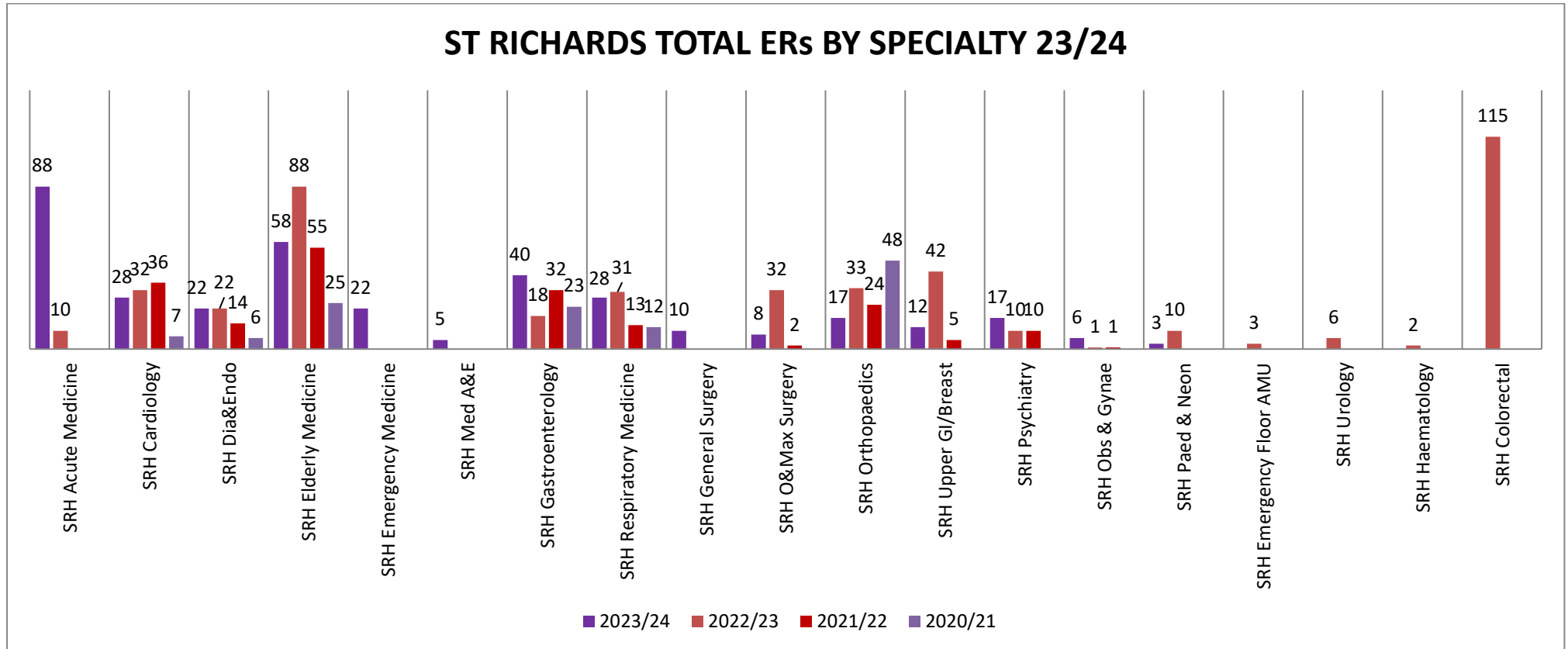


Specialty hot spots for exception reporting at UHSussex;

Graph 3a: UHSussex (WGH) Total Exception reports by Specialty 23/24

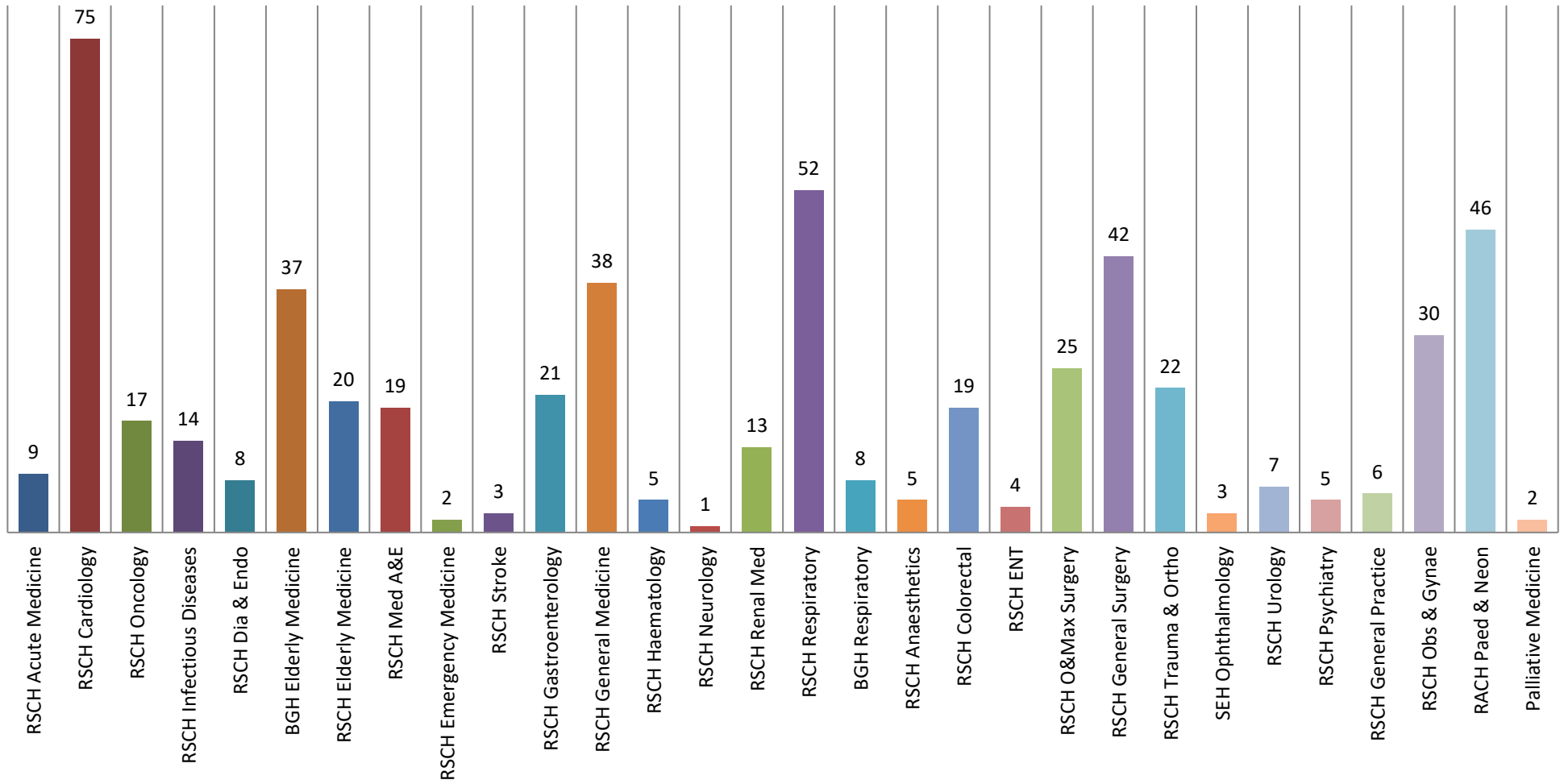


Graph 3b: UHSussex (SRH) Total Exception reports by Specialty 23/24

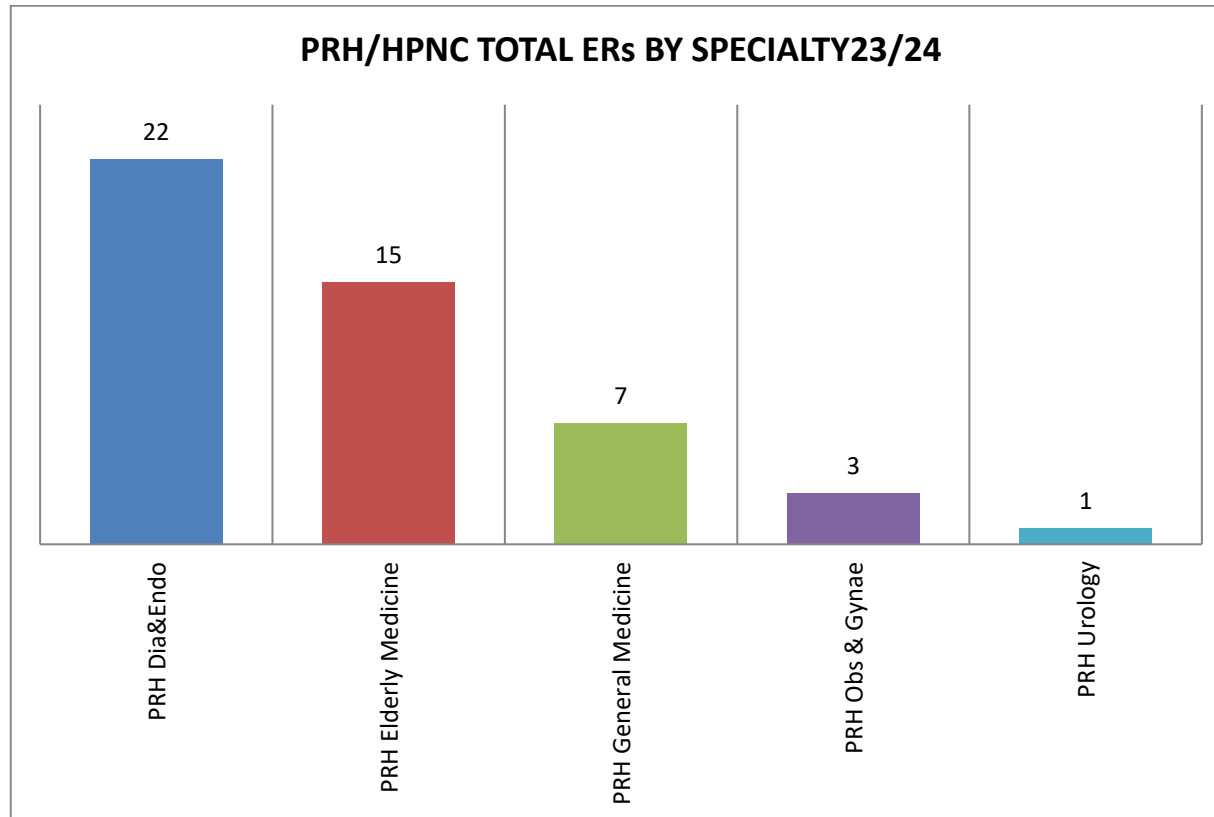


Graph 3c: UHSussex (RSCH) Total Exception reports by Specialty 23/24

RSCH TOTAL ERs BY SPECIALTY 23/24



Graph 3d: UHSussex (PRH) Total Exception reports by Specialty 23/24



2.5 Missed breaks

Under the terms and conditions of the Junior doctors contract (2016) trainees should receive;

- At least one 30 minute paid break for a shift rostered to last more than 5 hours
- A second 30 minute paid break for a shift rostered to last more than 9 hours
- A third 30 minute break when working a night shift of 12 hours or longer

No GoSWH fines were incurred for missed breaks in 23/24. Specialties with the highest numbers of missed breaks ER at each site are reported below.

Table 2a-d: UHSussex Specialty data missed breaks 23/24

Table 2a: Total missed breaks 23/24 WGH

WTG/SLD

| Specialty | Missed Breaks |
|--------------------------|---------------|
| WTG General Surgery | 20 |
| WTG Orthopaedics | 17 |
| WTG Gastroenterology | 12 |
| WTG Diabetes & Endo | 7 |
| WTG Emergency Floor AMU | 6 |
| WTG Emergency Medicine | 6 |
| WTG Respiratory medicine | 6 |
| WTG Cardiology | 4 |
| WTG Elderly Medicine | 4 |
| WTG ENT | 3 |
| WTG Acute Medicine | 2 |
| WTG General Practice | 2 |
| WTG Obs & Gynae | 2 |
| WTG Psychiatry | 2 |
| WTG Emergency Med A&E | 1 |
| WTG Haematology | 1 |
| WTG Upper GI/Breast | 1 |
| Total | 96 |

Table 2b: Total missed breaks 23/24 SRH

| Specialty | Missed Breaks |
|--------------------------|---------------|
| SRH Acute Medicine | 28 |
| SRH Elderly Medicine | 22 |
| SRH Emergency Medicine | 15 |
| SRH Respiratory Medicine | 13 |
| SRH Gastroenterology | 11 |

| | |
|---------------------|------------|
| SRH Cardiology | 8 |
| SRH Dia&Endo | 5 |
| SRH General Surgery | 5 |
| SRH Orthopaedics | 5 |
| SRH Med A&E | 1 |
| SRH Paed & Neon | 1 |
| SRH Psychiatry | 1 |
| SRH Upper GI/Breast | 1 |
| Total | 116 |

Table 2c: Total missed breaks 23/24 RSCH

| Specialty | Missed Breaks |
|-----------------------|----------------------|
| RSCH Cardiology | 23 |
| RSCH Respiratory | 22 |
| RSCH General Medicine | 18 |
| RSCH General Surgery | 12 |
| RSCH Obs & Gynae | 11 |
| RSCH Colorectal | 7 |
| RSCH Trauma & Ortho | 6 |
| RACH Paed & Neon | 5 |
| BGH Elderly Medicine | 4 |
| RSCH Elderly Medicine | 4 |
| RSCH Gastroenterology | 4 |
| BGH Respiratory | 3 |
| RSCH Acute Medicine | 3 |
| RSCH General Practice | 2 |
| RSCH Med A&E | 2 |
| RSCH Oncology | 2 |
| RSCH Dia & Endo | 1 |
| RSCH Psychiatry | 1 |
| RSCH Renal Med | 1 |
| RSCH Respiratory | 1 |
| RSCH Urology | 1 |
| Total | 133 |

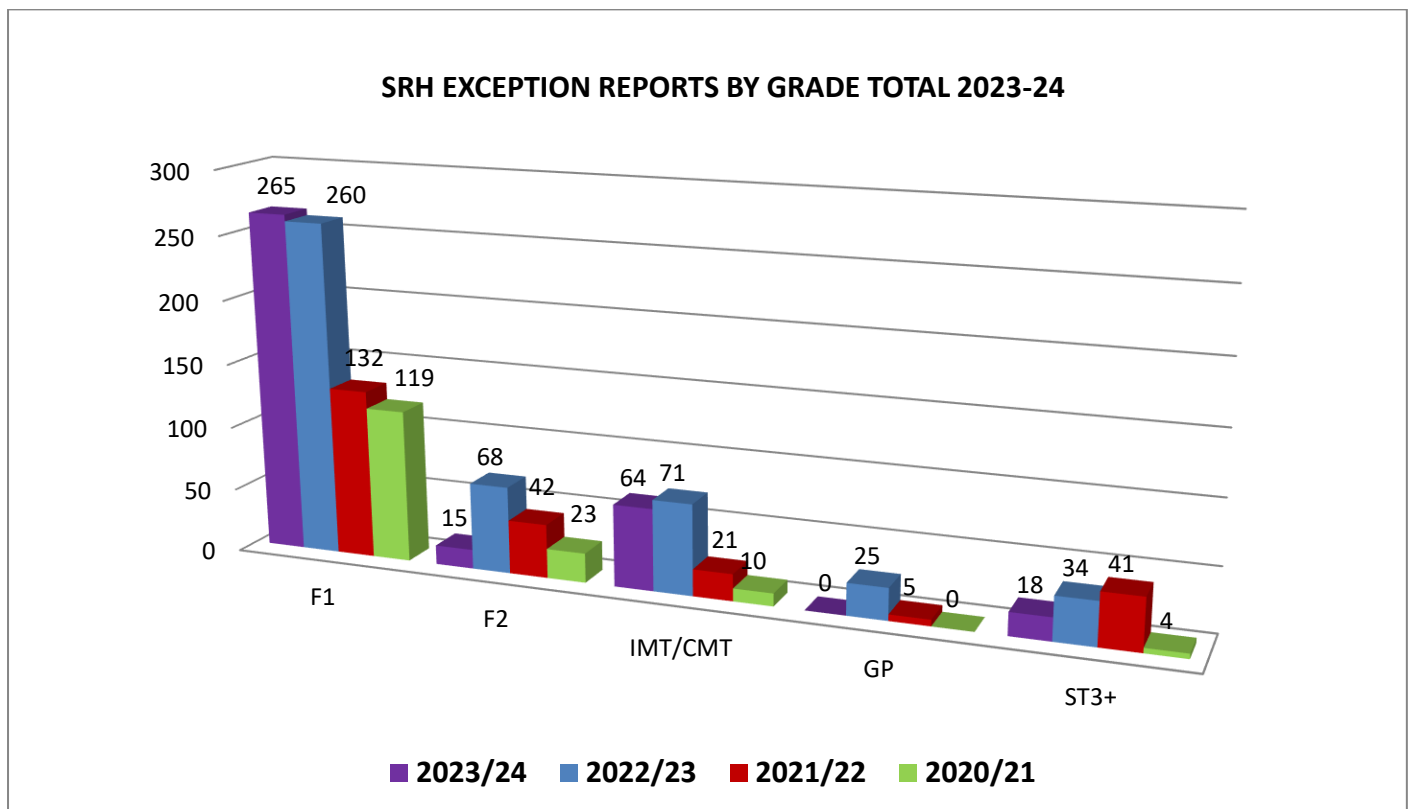
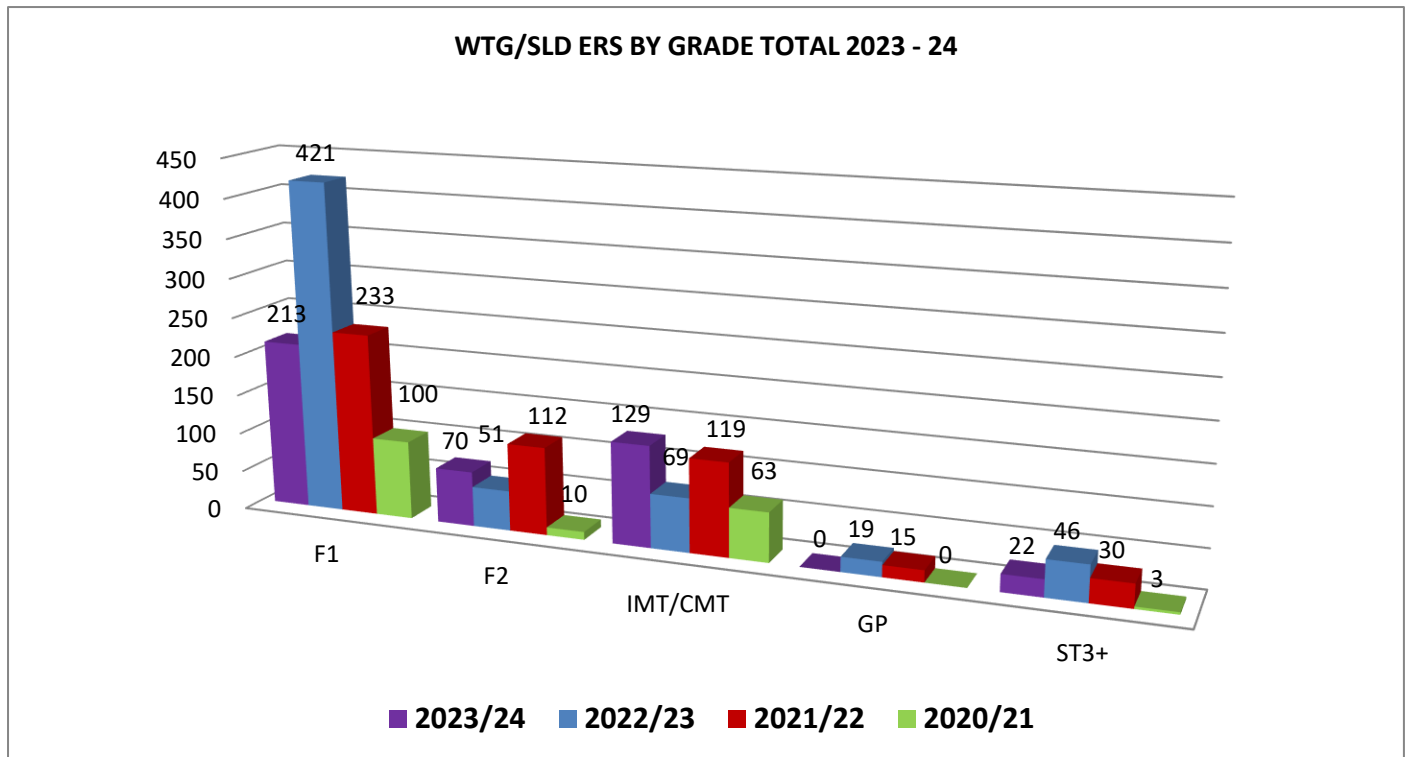
Table 2d: Total missed breaks 23/24 PRH

| Specialty | Missed Breaks |
|----------------------|----------------------|
| PRH Dia&Endo | 6 |
| PRH General Medicine | 2 |
| Total | 8 |

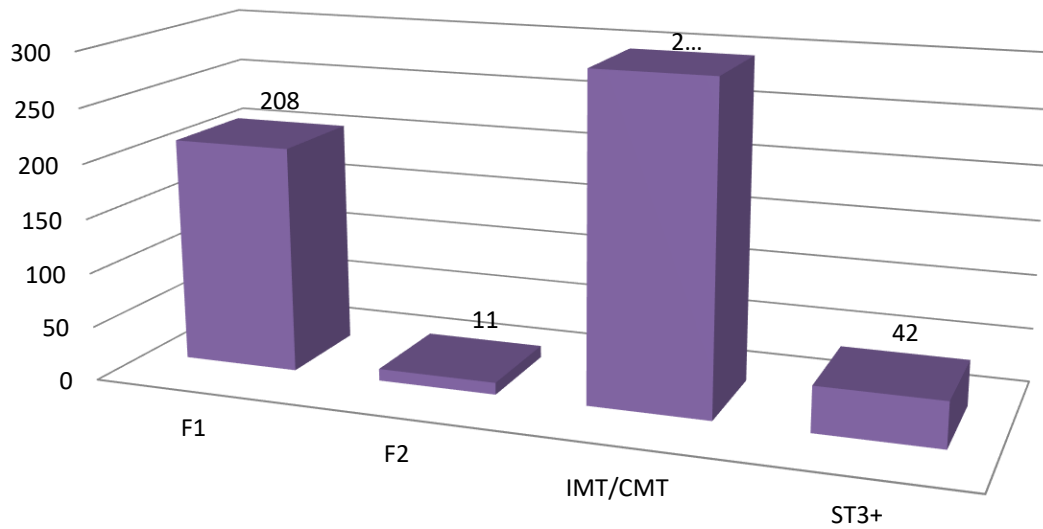
2.5 UHSussex Exception reports by Grade 23/24

At WGH Foundation year 1 doctors have submitted the majority of ERs (51%). This predominance is seen also at SRH with 57% of ER submitted by F1s. At RSCH the highest number of ERs (53%) are submitted by IMT/CT grades. At PRH 48% of ERs were submitted by F1s.

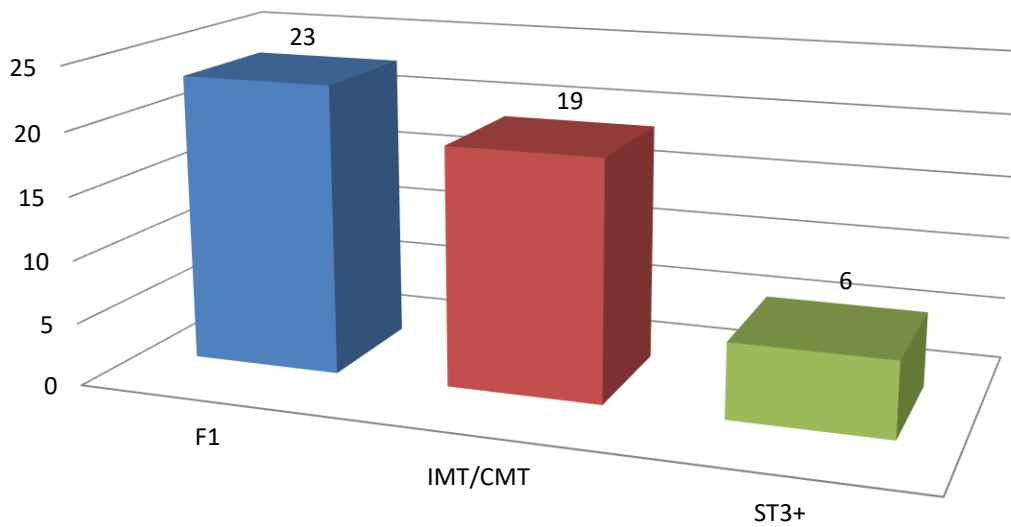
Graphs 4a-d: Overview UHSussex Total Exception reports by Grade 23/24



RSCH ERs BY GRADE 2023/24



PRH EXCEPTION REPORTS BY GRADE 2023/24



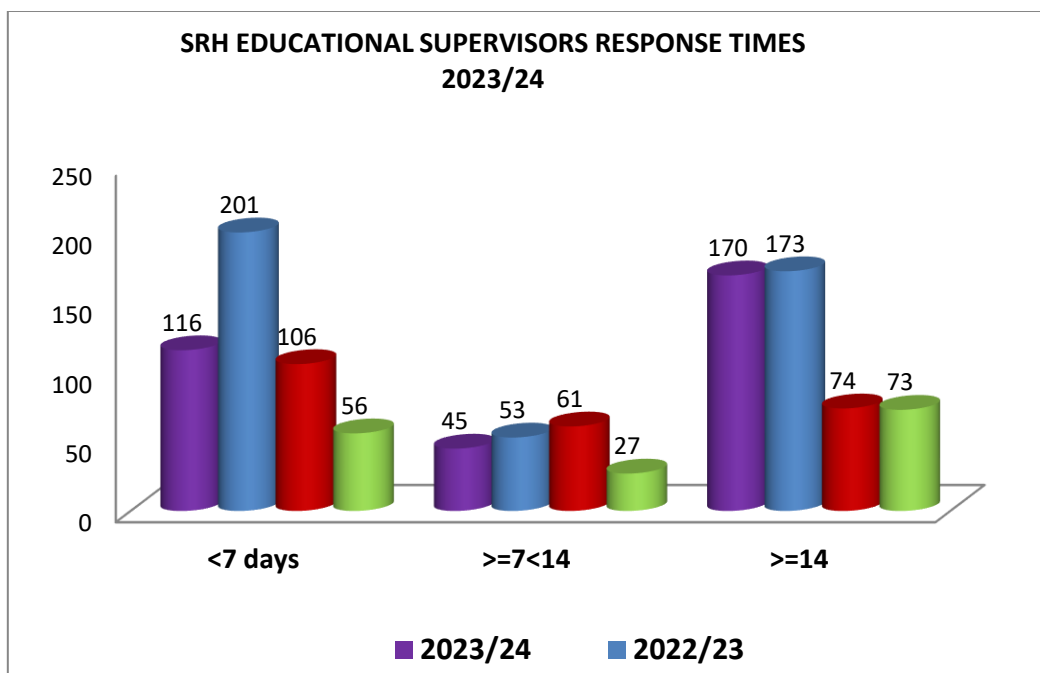
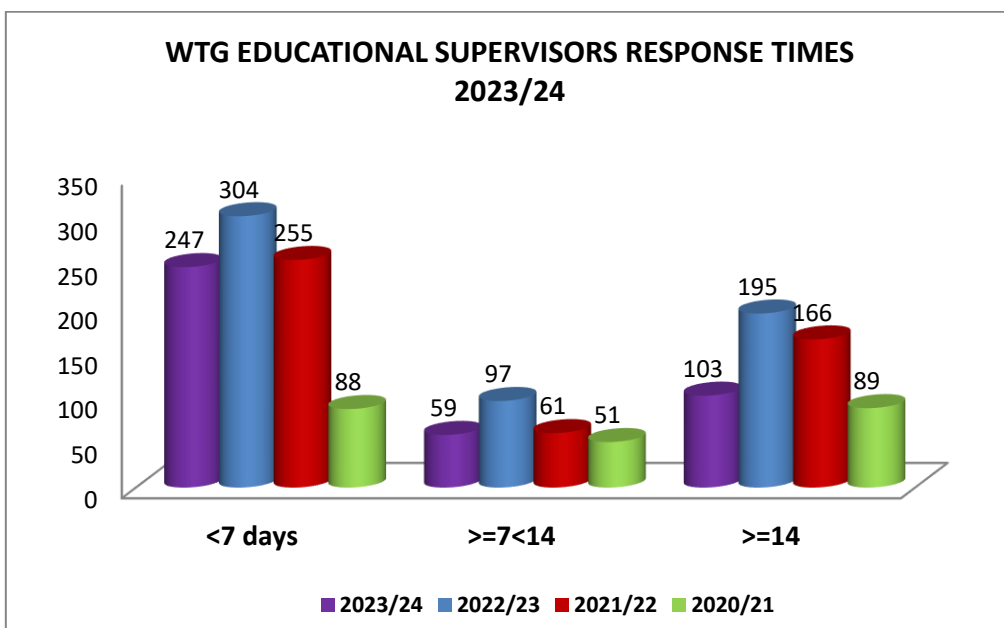
3.0 Exception report data: Educational supervisors closure times

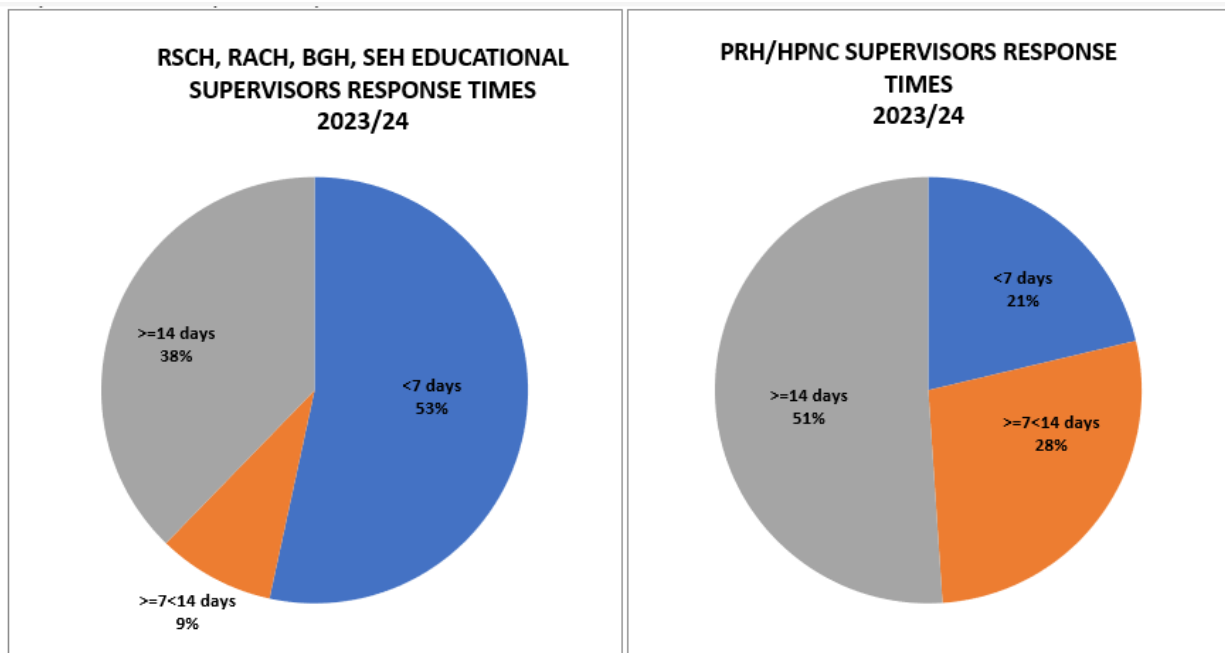
The Junior doctors contract asks that educational supervisors action ERs within 7 days. This is to ensure trainees when working additional hours can receive timely remuneration with time off in lieu (TOIL) or payment and identified concerns can be acted upon swiftly.

Overall Educational supervisors (ES) have closed 48% of exception reports at UHSussex within 7 days of submission; 59% at WGH, 53% at RSCH sites. There have been lower rates of ER closure within 7 days at SRH and PRH sites (32% at SRH and 21% at PRH).

There have been no identified delays to next pay packet remuneration for agreed ERs in 23/24.

Graph 5a-d: UHSussex Educational supervisor response times 23/24





4.0 Work schedule reviews

No work schedule reviews were issued during 23/24.

5.0 Guardian fines

Although most exception reports will result in either payment for the additional hours worked or TOIL, there are circumstances where financial penalties will also be levied. When issued these are levied to the department at the following rate;

| | Total hourly value (£) | Hourly penalty rate (£), paid to the doctor | Hourly fine (£), paid to the Guardian of Safe Working Hours |
|-------------------|--|---|---|
| Basic rate | The total value of the fine is four times the <u>basic</u> hourly rate | x1.5 of the <u>basic</u> hourly locum rate | The total hourly value minus the hourly penalty rate paid to the doctor |

49 Guardian fines have been issued at UHSussex for 23/24 with contribution to GoSWH fines fund of **£7226.10**.

- Breach A: Exceeding 13 hr shift length
- Breach B: Unable to achieve the minimum 11 hours rest between resident shifts
- Breach C: Unable to achieve minimum overnight continuous rest of five hours between 22:00 and 07:00 during a non-resident on-call (NROC)

Table 3: UHSussex Guardian fines 23/24

WTG GoSWH Fines 23/24

| Department / Specialty | Grade | Submission Date | Exception Date | Doctor receives X1.5 | GOSWH receives x 2.5 | Breach |
|------------------------|-------|-----------------|----------------|----------------------|----------------------|--------|
| WGH General Surgery | SPR4 | 02/05/2023 | 18/04/2023 | 155.87 | 259.77 | C |

| | | | | | | |
|----------------------|------|------------|------------|---------|---------|-----|
| WOR Gastroenterology | FY2 | 26/04/2023 | 22/04/2023 | 27.59 | 45.97 | A |
| WOR Gastroenterology | FY2 | 26/04/2023 | 23/04/2023 | 13.80 | 22.99 | A |
| WGH General Surgery | FY2 | 28/04/2023 | 25/04/2023 | 37.79 | 62.99 | A |
| WGH General Surgery | FY2 | 28/04/2023 | 26/04/2023 | 47.24 | 78.74 | A |
| WGH General Surgery | FY2 | 28/04/2023 | 27/04/2023 | 53.66 | 89.45 | A |
| WGH General Surgery | FY2 | 01/05/2023 | 29/04/2023 | 55.18 | 91.94 | A |
| WGH General Surgery | SPR4 | 16/05/2023 | 16/05/2023 | 396.76 | 661.22 | C |
| WOR Upper GI/Breast | SPR3 | 08/06/2023 | 02/06/2023 | 20.69 | 34.47 | A |
| WOR Orthopaedics | FY2 | 03/08/2023 | 28/07/2023 | 6.90 | 11.49 | A |
| WOR Orthopaedics | FY2 | 03/08/2023 | 30/07/2023 | 6.90 | 11.49 | A |
| WOR Upper GI/Breast | SPR3 | 09/08/2023 | 09/08/2023 | 170.04 | 283.38 | C |
| WTG General Surgery | FY1 | 30/08/2023 | 29/08/2023 | 16.32 | 27.22 | A |
| WTG General Surgery | FY2 | 19/10/2023 | 18/10/2023 | 37.79 | 62.99 | B |
| WTG General Surgery | FY1 | 20/11/2023 | 18/11/2023 | 16.32 | 27.22 | A |
| WTG General Surgery | FY1 | 20/11/2023 | 19/11/2023 | 32.64 | 54.44 | A |
| WTG ENT | FY2 | 31/12/2023 | 28/12/2023 | 27.59 | 45.97 | C |
| WTG Gastroenterology | FY2 | 18/01/2024 | 18/01/2024 | 37.79 | 62.99 | A/B |
| WTG General Surgery | FY1 | 12/02/2024 | 12/02/2024 | 16.32 | 27.22 | A |
| WTG Paediatrics | ST7 | 01/03/2024 | 23/02/2024 | 162.525 | 270.825 | A |
| WTG Diabetes & Endo | FY2 | 06/03/2024 | 01/03/2024 | 37.79 | 62.99 | A |
| WTG Elderly Medicine | ST1 | 12/03/2024 | 16/03/2024 | 67.08 | 111.795 | A |

SRH WTG GoSWH Fines 23/24

| Department / Specialty | Grade | Submission Date | Exception Date | Doctor receives X1.5 | GOSWH receives x 2.5 | Breach |
|------------------------|-------|--------------------|-------------------|----------------------------|----------------------------|--------|
| SRH Acute Medicine | FY1 | 30/08/2023 | 29/08/2023 | 32.64 | 54.44 | A/B |
| SRH O&Max Surgery | DCT2 | 18/04/2023 | 16/04/2023 | 208.20 | 346.99 | C |
| SRH Elderly Medicine | FY1 | 01/05/2023 | 30/04/2023 | 23.83 | 39.73 | A |
| SRH Surgery | FY2 | 07/05/2023 | 02/05/2023 | 27.59 | 45.97 | A/B |
| SRH Surgery | FY2 | 07/05/2023 | 04/05/2023 | 27.59 | 45.97 | A/B |
| SRH Surgery | FY2 | 07/05/2023 | 05/05/2023 | 13.80 | 22.99 | A/B |
| SRH Cardiology | FY1 | 16/06/2023 | 10/06/2023 | 35.75 | 59.60 | A |
| SRH Elderly Medicine | FY1 | 12/06/2023 | 10/06/2023 | 11.92 | 19.87 | A |
| SRH Elderly Medicine | FY1 | 12/06/2023 | 11/06/2023 | 16.32 | 27.22 | A |
| SRH Gastroenterology | FY1 | 28/08/2023 | 27/08/2023 | 16.32 | 27.22 | A |
| SRH Acute Medicine | FY1 | 01/11/2023 | 28/10/2023 | 32.64 | 54.44 | A |
| SRH Cardiology | FY2 | 09/11/2023 | 07/11/2023 | 56.69 | 94.49 | A |
| SRH Elderly Medicine | FY1 | 01/03/2024 | 01/03/2024 | 32.64 | 54.44 | A |

RSCH, RACH, BGH, SHE WTG GoSWH Fines 23/24

| Department/Specialty | Grade | Doctor receives | GOSWH / JDF | Breach |
|-----------------------|-------|-----------------|-------------|--------|
| RSCH Cardiology | CT2 | 44.72 | 74.53 | A |
| RSCH Cardiology | FY1 | 65.28 | 108.88 | A |
| RSCH Cardiology | FY1 | 47.66 | 79.46 | B |
| RSCH Cardiology | FY1 | 32.64 | 54.44 | A |
| RSCH Gastroenterology | FY1 | 28.24 | 47.09 | A |
| RSCH Gastroenterology | FY1 | 24.48 | 40.83 | A |
| RSCH Urology | FY1 | 16.32 | 27.22 | A |
| RSCH Stroke | FY1 | 28.24 | 47.09 | A |
| RSCH Respiratory | FY2 | 36.47 | 60.78 | A |
| BGH Elderly Medicine | FY1 | 44.56 | 74.31 | A |
| RACH Paed & Neon | ST1 | 44.72 | 74.53 | A |
| RSCH Elderly Medicine | FY1 | 44.56 | 74.31 | B |
| EH Ophthalmology | ST7 | 357.56 | 595.82 | C |
| RSCH Respiratory | FY2 | 18.90 | 31.50 | A |

PRH WTG GoSWH Fines 23/24

| Department / Specialty | Grade | Submission Date | Exception Date | Doctor receives X1.5 | GOSWH receives x 2.5 | Breach |
|------------------------|-------|-----------------|----------------|----------------------|----------------------|--------|
| PRH Dia&Endo | FY1 | 19/12/2023 | 17/12/2023 | £44.56 | £74.31 | A/B |

The application process to bid for GoSWH fines fund has been agreed within the UHSussex JDF. An application form and process has been established this year (Appendix 3) with a mechanism to make purchases on behalf of trainee projects and allocate funds within 28 days. This has been implemented with support from D Vincent (Director of Workforce, Planning and deployment), J Claydon (Head of Medical Workforce) and N Wilson (Finance Officer). This will ensure timely payment for JDF funds to trainee projects.

Table 4: Agreed bids for JDF GoSWH fines 23/24

| Bid/ Project overview | Trainee cohort | Total amount |
|--|--|--------------|
| Welcome to Brighton ice skating event for international medical graduates (IMG) joining the trust | IMGs RSCH (Project lead IMT RSCH) | £179.82 |
| MRCP PACES kit bag to assist IMTs in revising for PACES exam. <ul style="list-style-type: none"> - Bag (£15.98) - Tendon hammer (£6.95) - Neuro tips (£16.50) - Tuning fork (£21.99) - Ophthalmoscope (£59.99) | IMTs SRH AND WGH (Project lead IMT WGH) | 2 X £208.26 |

| | | |
|---|---|------|
| <ul style="list-style-type: none"> - PACES pocketbook (£56) - Pentorch (£5.15) - Snellen chart (£3.23) - Ishihara plates (£10.99) - Pocket watch (£4.99) - Cotton wool buds (£6.49) | | |
| <p>Wellbeing Camping Trip - April/May 2024</p> <p>Organised in association with the 2023/24 Mess Committee and Wellbeing lead. A one-night camping trip advertised to the entire doctor mess with a focus on wellbeing and connecting with nature. Connection with nature is well documented to improve mood, reduce stress, and promote teamwork after a challenging and isolating winter period</p> | <p>25 doctors any grade or specialty SRH</p> <p>(Project lead F2 SRH)</p> | £700 |

6.0 Immediate safety concerns

Table 5: Immediate safety concerns submitted and agreed during 23/24

| Site | Date | ISC |
|--|------------------------------------|--|
| F2 Elderly Medicine (SRH) | 21.4.23 | 'No ward cover SHO grade doctor over weekend on call (staffing gap). F1 unsupported' |
| ST Medicine (SRH) | 23.04.23 | 'Night shift, staffing gaps during day >20 patients waiting to be assessed at start of shift, unacceptable delays to patient care' |
| F1 Elderly Medicine (SRH) | 29.04.23 | 'Ward cover on call. [Excessive] workload on wards. Staffing gap as Twilight SpR stepped down to cover vacant SpR night shift' |
| F2 General Medicine (SRH) | 13.05.23 | 'Staffing gaps [no second night SHO grade]; High workload covering wards and acute medical take' |
| ST grade Upper GI/Breast (WTG) | 26.07.23 | 'Due to a known rota gap no SHO cover [in place] for Friday night. [At] short notice registrar on call for the day stepped down to cover the shift onsite' |
| ST grade Emergency Department (WGH) | 29.07.23 | 'Only 3 doctors rostered to work the night shift, instead of the usual 5. Reported excessive wait in ED by the morning; the department was unsafe and patient safety jeopardised by the lack of staffing throughout the night' |
| F1 SRH General Surgery (WGH) | 10.08.23 | 'Due to sickness and inability to arrange ward cover on the day one F1 doctor on the ward (first week as an F1)' |
| ST grade Medicine (SRH) | 11.11.23 | 'There was a 12 hour wait to be seen by a medical doctor; 15-20 patients waiting to be clerked all night; multiple MET calls and an arrest call. The day shift was short a twilight SHO but even if they had been present the workload would still have been completely unmanageable.' |
| ST grade Medicine (SRH) | 12.11.23 | '20 patients handed over to be clerked between myself and one junior SHO with a wait of 12 hours to be seen all night. Multiple MET calls earlier in the evening which meant leaving the take. Full staffing but still wholly inadequate.' |
| F1 General Medicine (SRH) | 09.12.23 10.12.23 | '[There was] no SHO on ward cover for both Saturday and Sunday. I ended up having to hold the SHO bleep and [I was] the only doctor covering medical wards' |

Immediate safety concerns are submitted via DRS-4 by trainees to highlight significant risks to patient or doctor safety. These are reviewed by the GoSWH within 24hrs of submission and discussed with the trainee. Information gathering then takes place with operational and rota teams to investigate specific details such as how staffing gaps arose (rota gaps / unanticipated leave) and explore mitigations put in place such as advertisement of vacant shifts and escalation of bank shift rates to increase uptake and staffing. The Chief of Service has been informed of all ISCs in 23/24 and provide insights and steps in place to prevent a future recurrence. The Divisional response is included in full in each quarterly Guardian report.

In 23/24 there have been 11 agreed ISCs at UHSussex. 7 have been submitted by trainees within the Division of medicine at SRH. 7 of these ISCs implicate understaffing with deplete Medical SpR and SHO grade rotas out of hours/on call. Higher specialty trainees have reported a negative impact on specialty training experience due to their being repeatedly asked to cover the Medical on call during working hours. Trainees described a 'sense of despair' and frustration. Consultants have been asked to act down at short notice to fill vacant Medical Registrar shifts. Concerns have been shared regarding trainee burnout and the impact on future recruitment at SRH.

In October 2023 the SRH Medical Registrar rota structure changed from a 15 person rota to 10 person rota; this resulted in a modest increase in on call frequency. Successful recruitment ensured a replete base rota from February 2024 and this increase was removed. The rota change removed the Twilight registrar shift, instead advertising these as additional bank/locum shifts. From October 2023 to Feb 2024 there was a 90% fill rate of these shifts, with resultant improvement in continuity between day and night shifts. In November 2023 two additional SHO grade bank/locum shifts were introduced for medical patients located in ED at SRH; DTA (decision to admit) shifts to further support medical doctors on the emergency floor.

Looking forward, the division of medicine is finalising a business case for investment in a junior doctor establishment to uplift minimum ward numbers in SRH wards as well as enhance daytime and night time on calls with particular focus on numbers of doctors available for ward cover on the weekends. The Division is also working with the British Association of Physicians of Indian Origin (BAPIO) with which the Trust has a memorandum of understanding in creating additional recruitment pipelines to reduce rota gaps.

In Q4 23/24 there have been no agreed ISCs at SRH or across the Trust. Trainees continue to raise concerns related to staffing within Medicine at SRH at JDF fora. Concerns may arise due to fragile rota resilience and high rates of staff sickness. A project lead by the Chief Registrar at SRH (Dr C Miles) aims to support trainees to ensure doctors have clear awareness on how to report sickness out of hours. This process ensure the 'shift leader' the Medical registrar as well as rota teams are notified so that vacant shifts are put out to advert promptly. In turn this may allow the on call Consultant to seek authorisation via the Hospital Director for escalated rates of pay for vacant shifts out of hours. There has been discussion and reinforcement at JDF fora on how trainees raise concerns regarding staffing, workload and supervision both in and out of working hours. There is a perception from trainees that the focus is on 'the result' of the problem (high rates of sick leave amongst the junior doctor body) without providing the same focus to addressing contributing factors; fragile staffing models, rota gaps, high workload, junior doctor burn out.

7.0 UHS Sussex Agency and Locum Expenditure 23/24 (Table 5A-D)

TABLE 5A - Summary of Medical & Dental Spend 2023-24

| | 2023-24 Medical & Dental Staff Spend (Figures in £000s) | | | | | | | | | | | |
|--|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | YTD |
| Medical Locum Spend | £3,826 | £3,788 | £3,450 | £4,404 | £4,013 | £4,163 | £4,705 | £5,104 | £5,008 | £5,757 | £5,857 | £50,994 |
| Medical Agency Spend | £355 | £264 | £46 | £423 | £84 | £319 | £250 | £75 | £272 | £169 | £193 | £2,462 |
| Total Medical & Dental Spend | £23,871 | £23,256 | £23,430 | £23,714 | £28,695 | £24,472 | £25,671 | £26,246 | £26,315 | £27,747 | £26,911 | £281,585 |
| Agency/Locum Spend as a % of Total Medical Pay | 17.50% | 17.40% | 14.90% | 20.40% | 14.30% | 18.30% | 19.30% | 19.73% | 20.07% | 21.36% | 22.48% | 18.98% |

| Quarter 1 | Quarter 2 | Quarter 3 | Jan & Feb |
|----------------|----------------|----------------|----------------|
| Average | Average | Average | Average |
| £3,688 | £4,193 | £4,939 | £5,807 |
| £222 | £275 | £199 | £181 |
| £23,519 | £25,627 | £26,077 | £27,329 |
| 16.60% | 17.40% | 19.70% | 21.91% |

TABLE 5B: Medical & Dental Agency Spend by Division

| | 2023-24 Medical & Dental Staff Spend (Figures in £000s) | | | | | | | | | | | |
|--------------------------------|---|-------------|------------|-------------|------------|-------------|-------------|------------|-------------|-------------|-------------|---------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | YTD |
| Cancer Division | £1 | £19 | £27 | £-9 | £1 | £28 | £-2 | £-27 | £10 | £34 | £7 | £91 |
| Surgery (RSCH & PRH) Division | £49 | £10 | £-29 | £90 | £0 | £28 | £50 | £27 | £11 | £67 | £0 | £304 |
| Surgery (WOR & SRH) Division | £-31 | £-17 | £3 | £24 | £47 | £6 | £4 | £-38 | £13 | £-9 | £3 | £4 |
| Women & Children Division | £4 | £5 | £6 | £9 | £11 | £-1 | £5 | £1 | £4 | £8 | £6 | £58 |
| CSS Division | £9 | £93 | £61 | £77 | £14 | £83 | £80 | £52 | £45 | £98 | £108 | £719 |
| Medicine (RSCH & PRH) Division | £23 | £-22 | £12 | £-11 | £0 | £0 | £1 | £0 | £0 | £2 | £9 | £14 |
| Medicine (WOR & SRH) Division | £113 | £120 | £-8 | £208 | £2,327 | £-2,180 | £77 | £49 | £131 | £16 | £43 | £898 |
| Specialist Division | £187 | £44 | £-28 | £31 | £17 | £36 | £38 | £10 | £55 | £-49 | £17 | £359 |
| Corporate | £0 | £12 | £2 | £3 | £-2,333 | £2,319 | £-2 | £1 | £2 | £1 | £0 | £16 |
| TOTAL | £355 | £264 | £46 | £423 | £84 | £319 | £250 | £75 | £272 | £169 | £193 | £2,462 |

| Quarter 1 | Quarter 2 | Quarter 3 | Jan & Feb |
|-------------|-------------|-------------|-------------|
| Average | Average | Average | Average |
| £16 | £7 | £-6 | £21 |
| £10 | £39 | £29 | £34 |
| £-15 | £26 | £-7 | £-3 |
| £5 | £6 | £4 | £7 |
| £54 | £58 | £59 | £103 |
| £4 | £-4 | £0 | £5 |
| £75 | £118 | £86 | £30 |
| £68 | £28 | £34 | £-16 |
| £5 | £-4 | £-0 | £1 |
| £222 | £275 | £199 | £181 |

TABLE 5C: Medical & Dental Locum Spend by Division

| 2023-24 Medical & Dental Staff Spend (Figures in £000s) | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
|---|--|--|--|--|--|--|--|--|--|--|--|--|

| Quarter 1 | Quarter 2 | Quarter 3 | Jan & Feb |
|-----------|-----------|-----------|-----------|
|-----------|-----------|-----------|-----------|

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | YTD | Average | Average | Average | Average |
|--------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|
| Cancer Division | £122 | £168 | £54 | £192 | £205 | £106 | £257 | £176 | £246 | £158 | £205 | £1,888 | £114 | £168 | £226 | £181 |
| Surgery (RSCH & PRH) Division | £746 | £557 | £655 | £807 | £891 | £1,225 | £997 | £1,243 | £719 | £989 | £1,397 | £10,225 | £652 | £974 | £986 | £1,193 |
| Surgery (WOR & SRH) Division | £351 | £216 | £312 | £716 | £356 | £603 | £686 | £610 | £602 | £653 | £485 | £5,592 | £293 | £558 | £633 | £569 |
| Women & Children Division | £478 | £450 | £461 | £793 | £615 | £531 | £441 | £530 | £612 | £725 | £465 | £6,102 | £463 | £647 | £527 | £595 |
| CSS Division | £234 | £248 | £249 | £183 | £314 | £317 | £451 | £420 | £577 | £442 | £396 | £3,831 | £244 | £271 | £483 | £419 |
| Medicine (RSCH & PRH) Division | £164 | £366 | £526 | £397 | £513 | £287 | £205 | £287 | £328 | £499 | £597 | £4,168 | £352 | £399 | £273 | £548 |
| Medicine (WOR & SRH) Division | £1,520 | £1,318 | £757 | £962 | £-531 | £3,353 | £1,226 | £1,345 | £1,401 | £1,504 | £1,625 | £14,481 | £1,199 | £1,262 | £1,324 | £1,565 |
| Specialist Division | £132 | £333 | £386 | £188 | £368 | £238 | £425 | £485 | £488 | £746 | £682 | £4,471 | £284 | £265 | £466 | £714 |
| Corporate | £79 | £133 | £51 | £165 | £1,282 | £-2,498 | £18 | £10 | £36 | £40 | £5 | £236 | £88 | £-351 | £21 | £22 |
| TOTAL | £3,826 | £3,788 | £3,450 | £4,404 | £4,013 | £4,163 | £4,705 | £5,104 | £5,008 | £5,756 | £5,857 | £50,993 | £3,688 | £4,193 | £4,939 | £5,807 |

TABLE 5D: Agency & Locum Spend as a % of Total Medical Pay

| | 2023-24 Agency & Locum Spend as a % of Total Medical Pay | | | | | | | | | | | | Quarter 1 | Quarter 2 | Quarter 3 | Jan & Feb |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | YTD | Average | Average | Average | Average |
| Cancer Division | 13.8% | 19.6% | 9.4% | 24.0% | 21.7% | 11.5% | 24.4% | 14.8% | 23.9% | 18.8% | 20.6% | 24.4% | 14.3% | 19.1% | 21.0% | 19.7% |
| Surgery (RSCH & PRH) Division | 18.6% | 14.1% | 15.7% | 20.8% | 20.2% | 20.5% | 21.8% | 25.0% | 15.9% | 20.7% | 26.2% | 21.8% | 16.1% | 20.5% | 20.9% | 23.5% |
| Surgery (WOR & SRH) Division | 10.5% | 7.2% | 10.3% | 21.8% | 13.2% | 14.2% | 19.3% | 16.5% | 17.6% | 18.6% | 15.1% | 19.3% | 9.4% | 16.4% | 17.8% | 16.9% |
| Women & Children Division | 16.0% | 15.6% | 15.7% | 24.4% | 20.0% | 12.4% | 13.7% | 16.2% | 18.0% | 20.0% | 14.2% | 13.7% | 15.7% | 18.9% | 15.9% | 17.1% |
| CSS Division | 13.8% | 18.8% | 17.1% | 14.8% | 17.9% | 16.6% | 26.8% | 22.3% | 28.2% | 24.6% | 23.4% | 26.8% | 16.6% | 16.4% | 25.8% | 24.0% |
| Medicine (RSCH & PRH) Division | 7.6% | 13.2% | 19.2% | 15.0% | 18.9% | 7.8% | 8.3% | 10.2% | 11.4% | 16.7% | 20.4% | 8.3% | 13.3% | 13.9% | 9.9% | 18.5% |
| Medicine (WOR & SRH) Division | 46.7% | 43.5% | 29.5% | 40.2% | 48.6% | 29.8% | 37.7% | 38.6% | 41.6% | 41.4% | 43.9% | 37.7% | 39.9% | 39.5% | 39.3% | 42.7% |
| Specialist Division | 14.4% | 16.5% | 16.1% | 10.9% | 16.8% | 9.6% | 18.8% | 19.5% | 20.5% | 24.9% | 26.0% | 18.8% | 15.6% | 12.4% | 19.6% | 25.5% |
| Corporate | 2.9% | 5.6% | 1.7% | 6.2% | -15.9% | 4.2% | 0.6% | 0.4% | 1.6% | 1.4% | 0.2% | 1.4% | 3.4% | -1.8% | 0.9% | 0.8% |
| Agency/Locum Spend as a % of Total Medical Pay | 17.5% | 17.4% | 14.9% | 20.4% | 14.3% | 18.3% | 19.3% | 19.7% | 20.1% | 21.4% | 22.5% | 19.0% | 16.6% | 17.6% | 19.7% | 21.9% |

8.0 UHSussex Medical Workforce: Vacancy data and forward plan 23/24

| Site | Department | Gaps for Q4 (Jan - Mar) | WTE | Duration | Challenge and forward plan for this period |
|------|-----------------------|-------------------------|-----|-----------|---|
| SRH | Elderly Medicine | 1x ST3+ | 1 | 4 months | Deanery vacant post. Filled from Apr 24 |
| SRH | Elderly Medicine | 1x CT1/CT2 | 1 | 3 months | Trainee on ITU placement |
| SRH | Elderly Medicine | 4x Trust Dr (CT1) | 4 | 4 months | Post filled from April 2024 |
| SRH | Emergency Medicine | 3x ST4+ | 3 | 12 months | Deanery vacant posts. Ongoing recruitment |
| SRH | Emergency Medicine | 2x Clinical Fellow | 2 | 6 months | Ongoing recruitment |
| SRH | Emergency Medicine | 1 x GPST1/2 | 1 | 4 months | Deanery vacant post. Filled from Apr 24 |
| SRH | Emergency Medicine | 1 X Trust Dr (CT1) | 1 | 6 months | Ongoing recruitment |
| SRH | Gastroenterology | 1x CT1/2 | 1 | 6 months | Deanery vacant post - interdeanery transfer. Filled from April 2024 |
| SRH | Anaesthetics | 1 x CT2 | 1 | 4 months | Parental leave |
| SRH | General Surgery | 1 X Trust Dr (CT1) | 1 | 6 months | Filled from April 2024 |
| SRH | Oral Surgery | 2x DCT1/2 | 2 | 12 months | Deanery vacant posts. Ongoing recruitment |
| SRH | Oral Surgery | 1x Trust Dr CT1+ | 1 | 12 months | Ongoing recruitment |
| SRH | Trauma & Orthopaedics | 1x Trust Dr ST3+ | 1 | 12 months | Ongoing recruitment |
| SRH | Trauma & Orthopaedics | 1x F2 | 1 | 4 months | Deanery vacant post. Filled from Apr 24 |
| SRH | Trauma & Orthopaedics | 1x ST3 + | 1 | 12 months | Deanery vacant post. Ongoing recruitment |
| SRH | Paediatrics | 2x ST4+ | 1 | 6 months | Deanery vacant posts. Posts filled from Mar 24 |

| Site | Department | Gaps for Q4 (Jan - Mar) | WTE | Duration | Challenge and forward plan for this period |
|------|--------------------------|-------------------------|-----|-----------|---|
| WTG | Elderly Medicine | 1 xF2 | 1 | 4 months | Deanery vacant post. Post filled from April 2024 |
| WTG | Elderly Medicine | 2x Trust Dr (CT1) | 2 | 6 months | Posts filled from April 2024 |
| WTG | Emergency Medicine | 2x Clinical Fellow | 2 | 12 months | Ongoing recruitment. One filled from March 2024 |
| WTG | Emergency Medicine | 3x Trust Dr (ST1 - 2) | 3 | 12 months | Ongoing recruitment. One filled from April 2024 |
| WTG | Haematology | 1 x CT1/2 | 1 | 4 months | Deanery vacant post - displaced for ITU placement. Filled from April 2024 |
| WTG | Diabetes & Endocrinology | 1 x IMT3 | 1 | 2 months | Filled from 29 March 2024 |
| WTG | ENT | 2 x Trust Dr | 2 | 2 months | Filled from March 2024 |
| WTG | Cardiology | 1x Trust Dr (CT1+) | 1 | 8 months | Post filled from April 24 |
| WTG | Trauma & Orthopaedics | 3x F2 | 3 | 4 months | Ongoing recruitment |

| Site | Department | Gaps for Q4 (Jan - Mar) | WTE | Duration | Challenge and forward plan for this period |
|------|----------------|-------------------------|-----|-----------|--|
| PRH | Acute Medicine | 1x ST3+ | 1 | 12 months | Vacant deanery post. Ongoing recruitment |

| | | | | | |
|-----|--------------------------|-------------|---|-----------|--|
| PRH | Acute Medicine | 1x IMT3 | 1 | 12 months | Vacant deanery post. Ongoing recruitment |
| PRH | Acute Medicine | 1 x F2 | 1 | 4 months | Vacant deanery post. Ongoing recruitment. Filled from April 2024 |
| PRH | Care of Elderly Medicine | 2x GPST 1/2 | 2 | 4 months | Vacant deanery post. Filled from April 2024 |
| PRH | Anaesthetics | 1 x ST1/2 | 1 | 6 months | Vacant deanery post |
| PRH | Urology | 1 x ST3+ | 1 | 6 months | Deanery vacant post. Filled from Apr 24 |

| Site | Department | Gaps for Q4 (Jan - Mar) | WTE | Duration | Challenge and forward plan for this period |
|------|--------------------------|----------------------------------|-----|-----------|--|
| RSCH | Geriatrics | 1 x F1 | 1 | 4 months | Vacant deanery post. Filled from April 2024 |
| RSCH | General Medicine | 1 x F1 | 1 | 4 months | Vacant deanery post. Filled from April 2024 |
| RSCH | Academic - NIHR | 1x IMT3 | 1 | 6 months | Vacant deanery post |
| RSCH | Emergency Medicine | 1 x F1 | 1 | 4 months | Post filled from Apr 24 |
| RSCH | Emergency Medicine | 1 x ST3+` | 1 | 6 months | Vacant deanery post. Ongoing recruitment |
| RSCH | Emergency Medicine | 4 x ST4+` | 4 | 6 months | Vacant deanery post. Ongoing recruitment |
| RSCH | Acute Medicine | 1 xST1/2 | 1 | 6 months | Vacant deanery post. Ongoing recruitment |
| RSCH | Emergency Medicine | 1 xST1/2 | 1 | 6 months | Vacant deanery post. Ongoing recruitment |
| RSCH | Emergency Medicine | 3 x GPST1/2 | 3 | 4 months | Vacant deanery post. Ongoing recruitment. Filled from April 2024 |
| RSCH | Intensive Care Medicine | 2x ST3+ | 2 | 6 months | Deanery vacant posts. Ongoing recruitment |
| RSCH | Gastroenterology | 1 x IMT3 | 1 | 6 months | Deanery vacant post. Ongoing recruitment |
| RSCH | Diabetes & Endocrinology | 1 x IMT3 | 1 | 6 months | Deanery vacant post. Ongoing recruitment |
| RACH | Orthodontics | 2x ST3+ | 2 | 12 months | Deanery vacant posts. Awaiting feedback from deanery |
| RSCH | Anaesthetics | 2x ST3+ | 2 | 6 months | Deanery vacant post |
| RSCH | Anaesthetics | 2x ST3+ | 2 | 12 months | Maternity leave. Ongoing recruitment |
| RSCH | Anaesthetics | 1x Clinical Fellow | 1 | 12 months | Ongoing recruitment |
| RSCH | General Surgery | 4x ST3 | 4 | 12 months | Deanery posts on hold. Ongoing recruitment |
| RSCH | ENT | 1x GPST1/2 | 1 | 4 months | Deanery vacant post. Filled from April 2024 |
| RSCH | ENT | 1x Clinical Fellow | 1 | 6 months | Ongoing recruitment |
| RSCH | Intensive Care Medicine | 1x S/CT 3 | 1 | 12 months | Deanery vacant post. Ongoing recruitment |
| RSCH | Intensive Care Medicine | 2 x ST3+ | 2 | 6 months | Deanery vacant post. |
| RSCH | Oral & MaxFax Surgery | 1x Clinical Fellow | 1 | 12 months | |
| RSCH | Ophthalmology | 1x Clinical Fellow | 1 | 1 month | Post filled from March 2024 |
| RSCH | Trauma & Orthopaedics | 1x Clinical Fellow - Hand Fellow | 1 | 6 months | Post filled as of Apr 24 |
| RSCH | Cardiac Surgery | 1x ST3+ | 1 | 12 months | Deanery vacant post. Ongoing recruitment |

| | | | | months | |
|------|--------------------|--------------------------|---|-----------|---|
| RSCH | Renal Medicine | 2x Clinical Fellow | 2 | 12 months | Ongoing recruitment |
| RSCH | Vascular Surgery | 2x Clinical Fellow | 2 | 12 months | Ongoing recruitment |
| RSCH | Vascular Surgery | 1x ST3+ | 1 | 6 months | New post - deanery vacant post. ongoing recruitment |
| RACH | Paediatrics | 1x S/CT 1/2 | 1 | 6 months | Post filled as of Mar 24 |
| RACH | Paediatrics | 1x ST1/2 | 1 | 6 months | Deanery vacant post. Filled from Mar 24 |
| RACH | Paediatric Surgery | 1x ST1/2 | 1 | 12 months | Ongoing recruitment - candidate withdrew |
| RACH | Paediatrics | 1x Clinical Fellow (ST4) | 1 | 12 months | Ongoing recruitment |
| RSCH | Paediatrics | 3x ST1/2 | 3 | 6 months | Deanery vacant posts. Ongoing recruitment |
| RACH | Paediatrics | 1x ST4+ | 1 | 12 months | Deanery vacant post. Ongoing recruitment |
| RACH | Paediatrics | 1x ST4+ | 1 | 12 months | Maternity leave |
| RSCH | Haematology | 1x ST3+ | 1 | 12 months | Deanery vacant post |
| RSCH | Medical Oncology | 1x ST3+ | 1 | 12 months | Maternity Leave - returning Mar 24 |
| RSCH | Nuclear Medicine | 2x ST3+ | 2 | 12 months | Deanery vacant posts |
| RSCH | Radiology | 1x ST3 | 1 | 5 months | Approved out-of-programme |
| RSCH | Radiology | 1x ST1/2 | 1 | 12 months | Maternity leave |
| RSCH | Radiology | 1x ST3 | 1 | 8 months | Deanery vacant post |
| RSCH | Microbiology | 1xST3 | 1 | 12 months | Maternity leave |
| RSCH | Microbiology | 1xST3 | 1 | 12 months | Secondment |
| RSCH | Histopathology | 1xST1/2 | 1 | 12 months | Deanery vacant post |

LTFT trainees in full-time posts which therefore leaves a backfill requirement for the division (i.e. not slot shares) the figures by site are as follows:

| Site | Number of LTFTs in full-time posts |
|------|------------------------------------|
| SRH | 9 |
| WTG | 27 |
| PRH | 1 |
| RSCH | 47 |

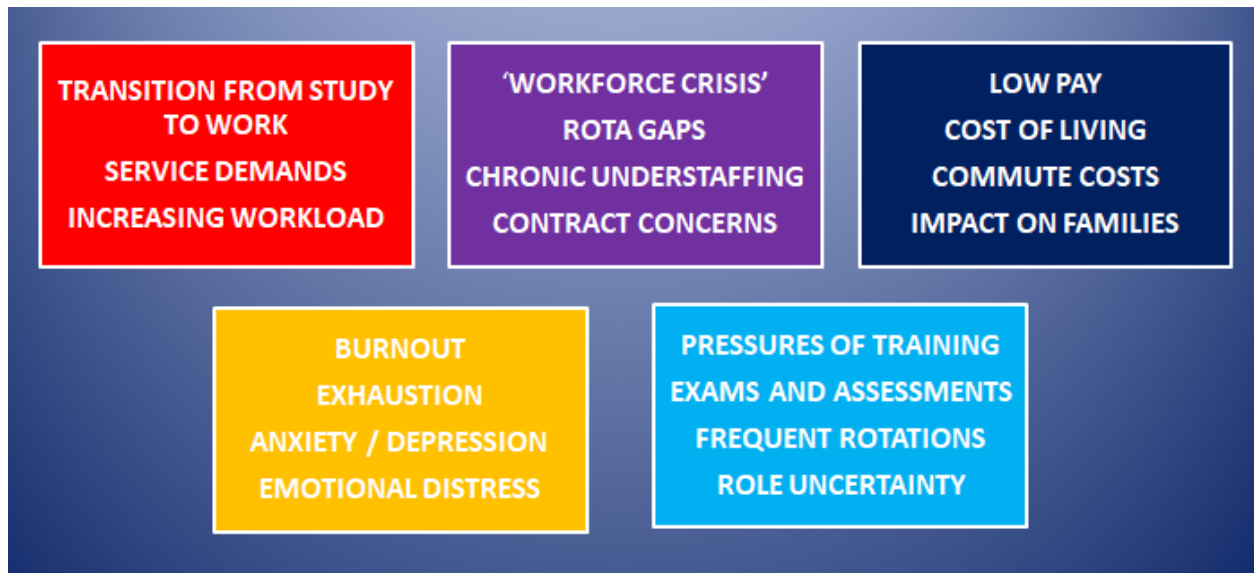
9.0 UHSussex Rota compliance 23/24

| | Non compliance | Proposed solution |
|------------------------|---|--|
| Microbiology SpR x WGH | No more than 3 on call duty periods in 7 days unless agreed at local level. | Local agreement can be sought to maintain the current rota. Note: this rota is a non-resident on call rota of low intensity. |
| Microbiology SpR x SRH | No more than 3 on call duty periods in 7 days unless agreed at local level. | Local agreement can be sought to maintain the current rota. Note: this rota is a non-resident on call rota of low intensity. |

| | | |
|----------------------------------|---|--|
| St Wilfrid's Hospice SHO x 6 SRH | No more than 3 on call duty periods in 7 days unless agreed at local level. | Local agreement can be sought to maintain the current rota. Note: this rota is a non-resident on call rota of low intensity |
| ENT (Otolaryngology) SpR RSCH | No more than 3 on call duty periods in 7 days unless agreed at local level. | Local agreement can be sought to maintain the current rota. Note: this rota is a non-resident on call rota of low intensity. |

10.0 Future challenges 24/25

Junior doctor burnout One of the key challenges facing trainee doctors are unprecedented levels of anxiety and burnout, key contributors are listed below.



At UHSussex we must continue seek opportunities for engagement between senior leadership and trainees on key issues and concerns as set out by the junior doctor body. The JDF provides an open opportunity for Senior leadership teams to offer visibility to address 'hot topics' and provide early intervention. In 23/24 key concerns as expressed by the junior doctors body remain unchanged and have included; safe levels of staffing out of hours, provision of high quality rest facilities and transparency on strategies to mitigate rota gaps such as escalation of rates of pay for those vacant shifts meeting the definition of a 'critical shift'.

Response to ER data and triangulation of information Opportunities exist alongside ER which to signal departments in difficulty or trainees facing undue pressures. These include key workforce data; staff sickness/absence rates, lack of recruitment to substantive posts or bank/agency shift uptake to specific wards/departments, GMC trainee and supervisor survey data, departments repeatedly declining study/annual leave or rota lines unable to remunerate trainee ERs with TOIL. The Trust has yet to harness the potential for sharing this information and triangulate data sources to allow senior change makers to facilitate early interventions. There must be a clear plan to address proven concerns and accountability to ensure ER data is acted upon and results in meaningful and sustained improvement.

Expanding exception reporting Exception reporting is most valuable in demonstrating pressure points when all junior doctors across a rota line are able to ER. Clinical areas staffed by non-training grades; (trust grade doctors/LEDs locally employed doctors and clinical fellows) are under-represented in ER data. The under-representation of non-training grades in ER data remains a 'blind spot' of organisational risk and may be considered inequitable. Lack of access for ER for locally employed and Trust grade doctors must be addressed as a key priority if we are to deliver equitable working conditions and demonstrate a believed sense of value for this key part of our medical workforce.

Dear Doctors,

We are writing to you as senior colleagues within the Trust to raise your awareness of **exception reporting** and to encourage you to use the system available to you within the Trust.

We know that as junior doctors in training you may have a high workload and that staying late, missing breaks or educational opportunities may sometimes happen. You can submit a report for any variation from the planned working hours or training opportunities in your work schedule or for missed rest breaks. You should submit the exception report as soon as possible after the exception takes place.

The outcome can be TOIL (time off in lieu) or pay for additional hours and the report should be done within a maximum of 14 days (or 7 days when making a claim for payment). **These reports provide rich data for the Trust which enables us to improve.** This can be through changing rotas for the better or allocating more staff where needed. Exception reporting data can also help us identify and make the case for more staff, thus improving departmental working conditions trust wide as well as maintaining and improving patient safety. You should exception report issues as they arise, which can include:

- Differences in the total hours worked from what was set out in the work schedule, including the prospective estimate of hours worked while non-resident on-call
- Being unable to take your contractual rest breaks which are: at least one 30-minute paid break for a shift rostered to last more than five hours, a second 30-minute paid break for a shift rostered to last more than nine hours and a third 30-minute break when working a night shift of 12 hours or longer
- Missed educational or training opportunities including teaching, allocated clinics or procedural training
- Levels of support available during service commitments

At UHSussex we use DRS-4 drs.realtimerostering.uk/Home.aspx. Here is a link showing you how to use it; [Guardian of Safe Working Hours and Exception Reporting - Staffnet](#). This link from the BMA website contains more information and videos on how to submit an exception report and different systems which you may encounter as you move hospitals; [Exception reporting for junior doctors in England \(bma.org.uk\)](#). For any difficulties with login or using the system, please contact our dedicated team of workforce officers at uhsussex.exceptionreportingenquiries@nhs.net.

This email has been sent to all educational and clinical supervisors. **We expect all your senior colleagues to be supportive of you in reporting.** If you feel there barriers to exception reporting these can be raised with Dr Charlotte Ford (Guardian of Safe Working) charlotte.ford8@nhs.net or at the monthly UHSussex Junior Doctors Forum which all doctors at the Trust are welcome to attend.

Kind Regards



Prof Catherine Urch
Chief Medical Officer



Dr Charlotte Ford
Guardian of Safe Working



Mr David Beattie
Director of Medical Education

UHSUSSEX GUARDIAN FINES APPLICATION FORM

Principles of Fine Money Allocation & Application Form

Completed forms should be emailed to uhsussex.exceptionreportingenquiries@nhs.net

The 2016 Terms and Condition of Service for NHS Doctors and Dentists in training includes the levying of fines by the Guardian(s) of Safe Working (GoSWH) where certain contractual working conditions have been breached. Within this document the term 'junior doctor' refers to all doctors training on the 2016 national terms and conditions of service contract.

Following consultation with the UHSussex junior doctor body it has been agreed that the fine money will be allocated by the junior doctor representatives of the Junior Doctor Forum (JDF) in association with the GoSWH with reference to the following principles.

1. The money raised through fines must be used to **benefit the education, training and working environment** of trainees
2. All applications should be for prospective expenditures (in some exceptional circumstances a retrospective expenditure may be considered)
3. **Votes will be decided by a simple majority with a quorum of a minimum of 5 of the TRAINEE REPRESENTATIVES attending the JDF**
4. Applicants may be asked to present their application in person to the junior doctor representatives and GoSWH
5. Remote reviews and sanctioning of applications may occur on occasions where Junior Doctors could not attend the meeting following contact with all trainee representatives given the opportunity to vote
6. **The funds must not be used to supplement the facilities, study leave that can be supported by HEE, IT provision and other resources that are defined by HEE as fundamental requirements for doctors in training and which should be provided by the employer/host organisation as standard**
7. Junior doctors can apply for an allocation of fine money providing it fulfils the above criteria. Submissions should be for review prior to the next scheduled JDF MEETING
uhsussex.exceptionreportingenquiries@nhs.net
8. THE EXCEPTION REPORTING TEAM WITHIN MEDICAL WORKFORCE WILL MAKE AGREED PURCHASES ON BEHALF OF TRAINEE PROJECT LEAD. Retrospective expenditures will only be considered in exceptional circumstances.
9. Trainees will be notified of outcome at the JDF meeting and this will be confirmed by email. The workforce team will aim to make purchases within 28 days and update trainee applicant accordingly.
10. All fine expenditure will be included in the quarterly GoSWH report.
11. These principles will be reviewed on a yearly basis and will not be altered without consultation with the UHSussex junior doctor workforce.

Appendix 3:

UHSUSSEX GUARDIAN FINES APPLICATION FORM

Principles of Fine Money Allocation & Application Form

Completed forms should be emailed to uhsussex.exceptionreportingenquiries@nhs.net

| | |
|--|--|
| Date | |
| Name | |
| Current specialty and grade | |
| Trainee representative Y/N (include details) | |
| Email | |
| Total amount applying for | |
| Is this an individual or group expenditure? | |
| Details of expenses: please provide an overview of the project/item: -Brief description of what the money is needed for -Purpose and anticipated outcomes -Who would this serve/ benefit? (include numbers) -How will the funds be spent? -What is the timeline for the use? -Who will be responsible for receiving the funds? -Who will be responsible for providing evidence and feedback for use of fund? | |

I confirm my application complies with the UHSussex Principles of Fine Money Allocation and I will use allocated money as detailed above.

Applicant

Name:

Signature:

Date:

Official Use

Date of discussion at JDF:

Outcome: **AGREED** / **NOT AGREED** (delete)

Comments:

AUTHORISATION GOSWH:

Signature:

Date:

SECOND AUTHORISING CONSULTANT:

Name / Position:

Signature:

Date:

Date of purchase by workforce team (initials):

BID OPEN / CLOSED (DELETE AS APPROPRIATE)