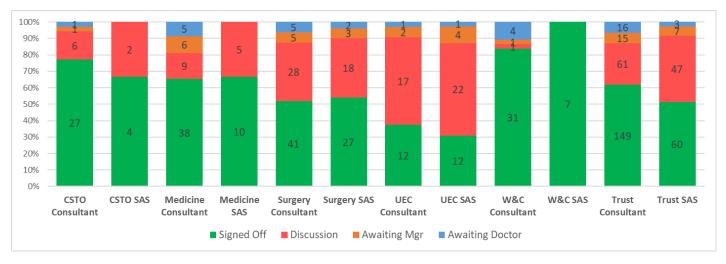


# **Medical Workforce Report**

# Looking After our People

# **Job Planning**

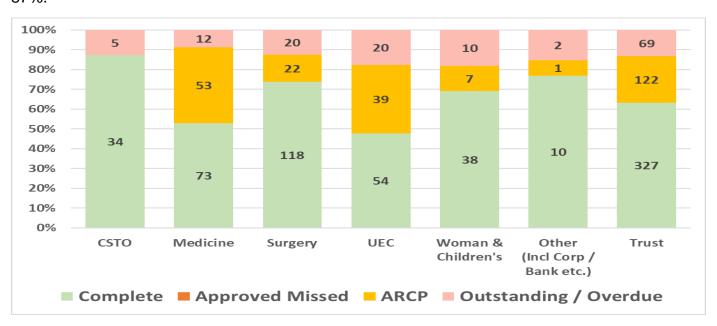
There are a small number of the services that we are continuing to support through their 2024/25 job plans. With 80% of all Consultant job plans have been agreed at the Trust Job Planning Panel and 75% of the SAS/Specialist being agreed. All the job plans going through the Divisional sign off are shown below.



A Subgroup of the LNC are currently reviewing the Job Planning Toolkit with plans for this to be in place for the 25/26 job planning round. This will include adjustments following updates for both Consultants and SAS Terms and Conditions of Service.

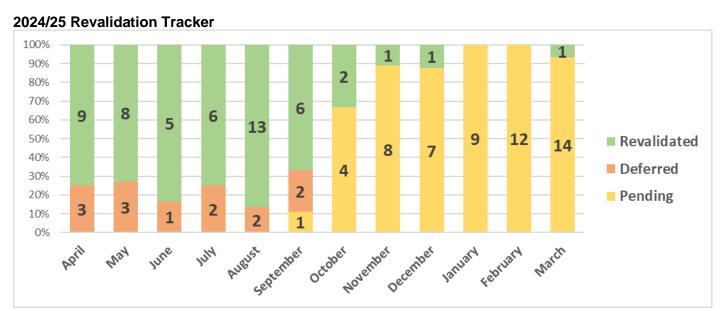
### **Appraisal**

As we move into Autumn, the required numbers of appraisals due to be completed each month, reduces slightly. During the summer period, the compliance percentage has dropped from 90% to 87%.



### **GMC** Revalidation

There are currently 120 doctors that are due GMC revalidation between April 2024 and March 2025. Of those, 52 have already been successfully revalidated. To date 13 have been deferred to a future date for having insufficient evidence for a positive recommendation. Many of which are due to the doctor joining Sherwood Forest Hospitals recently and not having enough appraisals to revalidate. We continue to work closely with those doctors to ensure they have the evidence prior to the new revalidation date.



#### **Industrial Action**

Since the last report there have been a number of periods of Industrial Action, undertaken by Consultants and Resident Doctors. The most recent of which was by Resident doctors which was from 7am on Thursday 27<sup>th</sup> June 2024 until 7am on Tuesday 2<sup>nd</sup> July 2024, just prior to the General Election. The industrial action has had a significant impact on resident doctors training. A pay deal has been agreed by both Consultants and SAS doctors and more recently a pay deal has been put to the Resident doctors which has been accepted and this will be implemented in salaries in October.

It has since been agreed nationally that the monies used to fund the local Clinical Excellence Award process would be re proportioned to fund the recently agreed Consultant pay deal. Therefore, it has been confirmed by NHS Employers that there will be no further Local Clinical Excellence Award rounds and the Terms and Conditions of Service for Consultants are being updated by NHS Employers to reflect that change.

The National Clinical Impact Awards are still in place and therefore substantively employed Consultants can apply for a National Impact Award.

### **Junior Doctors Changeover**

Junior Doctors changeover took place on Wednesday 7<sup>th</sup> August. There are now 272 established posts which is an increase of 23 posts from August 2023. 15 of these posts are Foundation Year 1 posts and relate to the Foundation Expansion Programme. There are 9 training posts that have not been filled and these vacancies are across all Divisions.

This year there have been 59 resident doctors commence who are working less than full time (LTFT). The majority are doing either 70% or 80% of a full-time post.

It is expected that the number of doctors wanting to work LTFT will increase over the next few years which in turn will extend their training period. Developing bespoke rotas for those working LTFT does impact heavily on the resources of the team within a defined period to ensure that both rotas and rosters are sent to the doctors within the code of practise timescales.

The Table below shows the number of resident doctors in post prior to August and the proportion working full time and less than full time.

May 2024		August 2024		
	Total		Total	
Female	146	Female	155	
Full Time	109	Full Time	114	
Part Time	37	Part Time	41	
Male	97	Male	126	
Full Time	84	Full Time	108	
Part Time	13	Part Time	18	
<b>Grand Total</b>	243	<b>Grand Total</b>	281	

29 Clinical Fellows have recently commenced in post.

## **Salary Errors**

The new resident doctors received their first salary on 26<sup>th</sup> August 2024 and in line with Improving Working Lives for Resident Doctors a record is being retained of the salary errors. In August there were 7 errors reported. 6 of these errors were relating to out of hours allowances and one of the doctors wasn't paid at all. This was rectified immediately, and the doctor received their salary within 24 hours of the notification of the error. Errors will be monitored on an ongoing basis.

### **Resident Doctors Passport**

Work has been undertaken nationally on a resident doctor's passport. Resident doctors will have a passport which will include key credentials meaning that when they rotate to other Trusts, they will no longer need to provide documentation to complete the NHS Employers Recruitment Standard Checks. All the information will be recorded on ta passport and verified by the previous Trust. This is now ready to go live and discussions will be taking place between ourselves, Nottingham University Hospital NHS Trust and Derby and Burton Foundation Trust to provide rotating doctors with the credentials required prior to them rotating to another Trust.

### **Work Schedules**

There is a requirement for Work schedules to be sent to the doctors commencing at the Trust in August a minimum of 8 weeks prior to the doctors commencing in post. NHSE East Midlands are required to advise the Trust a minimum of 12 weeks prior to the doctors commencing in post, the details of the resident doctors. For doctors in training commencing in August, 59 different work schedules were sent to 186 doctors by the deadline. Therefore 93% of the full-time doctors were issued a work schedule by the deadline.

There were 10 work schedules that were delayed (15 doctors affected) for the following reasons:

Rota	Reason	Number of WS Produced	Number of Doctors Affected	Number of Calendar Days After Deadline
Paediatrics ST4+	All doctors sent bespoke work schedules due to high number of LTFT doctors	1	3	5
Radiology ST2+	Rota change notified by the department close to the deadline	1	2	5
ENT F1	New expansion posts - notified after deadline the number of resident doctors commencing with the Trust	1	1	12
T&O F1	New expansion posts - notified after deadline the number of resident doctors commencing with the Trust	1	4	12
Ophthalmology F1	New expansion posts - notified after deadline the number of resident doctors commencing with the Trust	1	1	21
Critical Care ST6+	Resident doctor was already with the Trust and was extended. The team missed the extension by the deadline.	1	1	40
Ophthalmology ST	Rota change notified by the department close to the deadline	1	2	40
Urology ST3+	OOH is worked at NUH - late notification of OOH elements from NUH	1	1	42

In addition to the above, 53 bespoke work schedules were issued to the LTFT Resident Doctors. These were all issued after the 8-week deadline. The reason being that there is only 4 weeks to be able to build bespoke rotas for the LTFT Resident Doctors and with the numbers having increased significantly, this is no longer possible to achieve. A review of the Changeover will be undertaken over the next few weeks to establish if this can be improved and efficiencies made, however, with the individual requirements of resident doctors working LTFT and the individual discussions that need to take place with these doctors, it is extremely difficult to meet this target for LTFT resident doctors.

## **Resident Doctor Training**

Significant progress has been made in addressing training issues across various services, with core Anaesthetics training at Sherwood Forest Hospitals successfully downgrading its Intensive Support Framework (ISF) from 1 to 0 following a positive inspection by NHS England. There are still areas with ongoing support including Trauma & Orthopaedics and EAU which have some of the more pressing challenges.

To further enhance the training experience, a dedicated faculty development programme has been implemented for supervisors, featuring training sessions, keynote speakers and workshops on leadership and well-being. This demonstrates the Trust's growing commitment to supporting our supervisors to deliver enhanced supervision.

# Belonging in the NHS

#### **Doctors Mess**

Due to a change in building regulations, there has been a delay in the progress of the Doctors Mess. A plan is being produced with the aim of minimising the delay, however, the changes to install the kitchen in the mess will involve some work being required to be undertaken relating to fire compartments and this will need to be reviewed by the building Safety Regulator.

## **Resident Doctor Wellbeing**

Resident doctors wellbeing remains a high priority. The eagerly anticipated doctors mess aims to provide a supportive and relaxing environment for our resident doctors and will be most welcomed when finished. The Medical Education team are also exploring additional well-being initiatives, including extending support to medical students on placement and piloting a "wellbeing pod" that offers relaxation and escapism through soundscapes and virtual reality.

## **Meetings with SAS Doctors**

Individual meetings with SAS doctors have now been concluded, however, this has now been extended to Consultants in Fixed Term positions, to enable them to have the opportunity to discuss their roles, the support available for them and to understand their medium to long career aims.

A survey has been sent to the SAS doctors to establish if the doctors have found the meetings useful and nearly all have said that they did, they felt they had the opportunity to say everything they wanted and felt they would benefit from an annual meeting to discuss their career aims and development needs.

### **Resident Doctor Forums**

Junior Doctors forums were not well attended by the last cohort of doctors, therefore a decision has been made to redesign the engagement process for Resident Doctors to create a more effective and inclusive environment. By taking these steps, we are providing a clear pathway for our resident doctors to share ideas, raise concerns and contribute to the development of training in our Trust. The plans surrounding the governance of the forums are currently being worked through by the Deputy Medical Director, the Medical Education Team and our Chief Registrar.

## New Ways of Working

#### **Vacancies**

There are currently 34 Medical Vacancies that are being actively recruited to. The medical vacancies are reported at the Medical Transformation Board monthly.

Of the 34 Medical vacancies, 6 posts have been offered and 17 have start dates confirmed. For the doctors with start dates 10 are trainees and they commenced in post on Wednesday 7<sup>th</sup> August, 4 are Consultants, 1 is a Specialty Doctor and 2 are Senior Clinical Fellows.

Where agency locums have covered these vacancies that have now being filled following the changeover, the agency locums have been given notice to leave the Trust.

### **Task and Finish Group Progress**

Work is continuing with Task and Finish Groups within Anaesthetics, Haematology and Stroke Medicine.

There has been some success in Haematology with a Fixed Term Consultant being appointed. Within Anaesthetics 1 Specialty Doctor has submitted their CESR and they are currently acting into a Consultant post. There are also 3 resident doctors in Anaesthetics that are all due to complete their training and will therefore be eligible to apply for Consultant posts within the next 18 months. These doctors have expressed an interest in working at Sherwood Forest Hospitals as Consultants in the future.

Executive Searches are also ongoing in all three specialties above. These searches are being managed by Remedium Partners.

## **Bank Rates for Consultants and Specialists**

Work is progressing on reviewing payments that are currently being made to Consultants and Specialists for work in addition to contract. Analysis of current payments being made to these doctors has been produced and this has been discussed with the Clinical Chairs. Further work is required to understand some areas that have paid bespoke rates that have been agreed historically to support particular services.

It is understood that there is an appetite to agree bank rates for medical Staff across the ICS. However, further work is required around the rates that are currently being across the ICS to inform these discussions. This is being taken forward by Medical Directors across the ICS.

### **Annual Leave Audit**

Work is ongoing with the medical staff annual leave audit for Specialty Doctors, Specialists and Consultants. The process and principles of the audit have been agreed with Clinical Chairs and Clinical Chairs and Heads of Service are in receipt of their audit information. The specialties that are the first to be audited are Anaesthetics, Trauma & Orthopaedics, and the Women & Childrens Division. Doctors within these areas will be in receipt of their audit information within the next few weeks. Where they have overtaken leave, individual meetings will be held with the Head of Service and an annual leave expert to discuss the detail of that particular situation and how any overtaken leave can be paid back. With each of these discussions, a person-centred approach will be taken. The audit is reviewing the leave year that incorporates 1<sup>st</sup> April 2024.

### Conclusion

The Committee is asked to take this Medical Workforce Report as an assurance item and an update from previous reports and to note the following: -

- The progress with job planning, appraisal, and revalidation
- The increase in the number of resident doctors following the changeover in August and the compliance with elements of the Improving Working Lives Requirements for Resident Doctors.
- The plans relating to the wellbeing of our resident doctors and the resident doctors forums.
- The progress being made to recruit to the vacancies.
- The work that is taking place surrounding the implementation of bank rates for Specialists and Consultants.
- The progress relating to the leave audit.