

Board of Directors – Private - Cover Sheet

Subject:	Medical Staffing Business Case		Date: 6th January 2022	
Prepared By:	Elizabeth Holland, Deputy Divisional General Manager			
Approved By:	Trust Management Team			
Presented By:	Richard Mills – Chief Finance Officer			
Purpose				
To request that investment in medical staffing and associated costs currently approved up until end of July 2022, be made substantive at the cost of £1.4 million (FYE).			Approval	X
			Assurance	
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
✓	✓	✓		✓
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		✓		
Risks/Issues				
Financial	Substantive investment will enable the Medicine Division continue improvements to reduce reliance on bank and agency for ward-based and on-call medical staffing, reducing variable pay spend.			
Patient Impact	Investment in a substantive medical workforce which increases cover in and out of hours, will deliver better continuity and quality of care, improve flow and reduce risk to patient safety.			
Staff Impact	Substantive investment will continue to address concerns raised in multiple forums by junior and senior medical doctors with regards to patient safety, and their own morale and wellbeing, and experience. Longer term, this case will support with recruitment and retention of junior, middle grade and consultant clinicians.			
Services	Investment in substantive staff and reduction in reliance on bank and agency out of hours will ensure service continuity			
Reputational	Should investment not be made substantive, the new posts will be retracted and the following would be expected: Potential consequences from failure to meet RCP recommendations for safe medical staffing. Reputational risk with poor staff satisfaction results and GMC feedback from Junior doctors. Reputational risk should SFHT not continue with additional training posts from the Deanery (IMT3). Reputational risk within the region, where we will no longer align with local Trust's staffing levels, at a time where local Trusts are investing in their own medical establishments			
Committees/groups where this item has been presented before				
Trust Management Team (TMT), Finance Committee 21 st December 2021				
Executive Summary				
As per the request made by TMT on approval of the business case, an update on the evaluation of impact following recruitment and implementation of the new rotas in August 2021 was presented at TMT 24 th November. A request was made at this time for continuation of investment on a substantive basis; this was supported by TMT with a recommendation that the request be submitted to finance committee for approval. Finance Committee approved the proposal at its meeting on 21 st December 2021				

This is a request for approval for the agreed investment of 1.4m (FYE) to be made substantive.

Summary of the approved posts to be made substantive:

Post	Approved
Tier 1	11 Clinical Fellow / FY3 (and associated costs)
Tier 2	6 IMT3 posts (2 Medicine, 4 Acute Medicine)
	1 Senior Clinical Fellow
Tier 3	3 PA consultant supervision
Admin	1 WTE Band 3

This will enable the Medicine Division to continue to sustain and improve further upon the benefits outlined in the paper, but which can be summarised as follows:

- Rotas in place which meet RCP guidelines for safe medical staffing
- Medical Registrar's doubled up overnight, in-line with local Trusts
- Second registrar overnight allows for continuation of FY1s on nights
- Positive feedback from all medical grades regarding patient safety as well as their experience both in and out of hours
- Additional in-hours ward-based cover
- Improved senior cover and support for UEC out of hours
- Some impact on ward-processes in-hours
- Admin post supported efforts to manage rotas with greater visibility and financial control
- Reduction in unplanned variable pay
- Mitigation of risk – downgraded from 12 to 4

There were savings in H1 against the case, but it is expected H2 will spend to the full allocation following recruitment to remaining posts and other costs detailed in the paper.

Approval now for substantive investment of the 1.4m (FYE) will allow for recruitment to take place over the coming weeks to ensure posts are filled ready for August rotation, to prevent any vacancies or reliance on bank or agency fill.

Following implementation of the full rotas and recruitment to posts by February 2022, a review will be undertaken to confirm any savings against the 1.4m.

Senior leaders across TMT and Medicine and UEC triumvirates are aligned in their support for the implementation of these posts on a substantive basis in order to continue and further improve upon the benefits already evident.