

GRANTHAM & LINCOLN HOSPITAL 1ST DECEMBER 2016 TO 30TH NOVEMBER 2017 REPORT ON SAFE WORKING HOURS

Introduction

The purpose of this report is to provide the ULHT Trust Board with an oversight of whether patients are receiving safe, high quality care and junior doctors in training at ULHT are working within the Terms and Conditions set out in the Junior Doctors' Contract of 2016. The contract sets out specific requirements regarding shift length, payment of hours worked, a 72 hour limit on actual weekly hours worked, a 48 hour average and rest breaks. Deviations from these requirements are reportable by the Drs via an electronic 'exception reporting' system that also records deviations from their training opportunities and is separately overseen by the Director of Medical Education. Certain breaches such as that over the absolute limit on weekly hours worked are fineable to the Department concerned with the Dr receiving part of the monies and a separate Guardian's account collating the remainder. At the end of the year, any monies collected into the 'fines account' administered by the Guardian are distributed in a manner determined by the junior doctors and Guardian, but cannot be used for resources that HEEM expects the Trust to provide.

This report covers the period from the introduction of the contract on 1st December 2016 to 30th November 2017, covering the first 12 months of the process. It was felt that as administrative support is now in place for the Guardian, there should be a summary of the first year's data for the board to consider here providing a regular quarterly report. This is to indicate a scale to the problems in the first year of the roll out of the process and to align the annual report to the rotation of the majority of the junior doctors on a four monthly basis through the various specialties of the Hospital which commences in early August annually.

High level data

No. of doctors / dentists in training (total):	281
No. of doctors / dentists in training on 2016 Terms & conditions of Service (total):	281
Amount of time available in job plan for guardian to do the role:	6 HOURS/1.25 PA/WEEK
Admin support provided to the guardian (if any):	20% OF WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

a) Exception reports (with regard to working hours)

Exception reports by department				
Specialty	No. Exceptions Carried over from last Report	No. Exceptions Raised	No. exceptions Closed	No. Exceptions Outstanding
General Medicine	0	70	0	0
Tr. & Orthopaedic Surgery	0	63	0	0
General Surgery	0	55	0	0
A&E	0	4	0	0
Anaesthetics	0	6	0	0

Ophthalmology	0	1	0	0
Paediatrics	0	1	0	0
Cardiology	0	202	0	0
TOTAL	0	402	0	0

Exception reports by grade				
Specialty	No. Exceptions Carried over from last Report	No. Exceptions Raised	No. Exceptions Closed	No. Exceptions Outstanding
F1	0	353	0	0
F2	0	25	0	0
StR (CT)	0	17	0	0
StR (FT)	0	4	0	0
Str	0	3		
TOTAL	0	402	0	0

Exception reports by rota				
Specialty	No. Exceptions Carried over from last Report	No. Exceptions Raised	No. Exceptions Closed	No. Exceptions Outstanding
A&E F1 LCH	0	4	0	0
Anaesthetics F1 LCH	0	1		
Anaesthetics F2 LCH	0	5		
F1 LCH Med New Rota 2016	0	202	0	0
F1 Gen. Med. GDH	0	8	0	0
Gen. Med. F1/F2 GDH	0	22	0	0
Gen. Med. F1 LCH	0	23	0	0
Gen. Med. STF LCH	0	3	0	0
Gen. Med. F2 CT; GPVTS LCH 2	0	14		
Gen. Surgery F1 LCH	0	53	0	0
Gen. Surgery F2 & CT LCH 6 of 6	0	1		
T&O F2 LCH (5 pm finish)	0	19	0	0
T&O STC GDH	0	3	0	0
T&O STF LCH	0	2	0	0
Paediatrics; O F1 LCh	0	1	0	0
T&O F1 LCH	0	39	0	0
Gen. Surgery STF LCH	0	1	0	0
Ophthalmology STC – STF LCH	0	1	0	0
TOTAL	0	402	0	0

a) Work schedule reviews

Work schedule reviews by grade	
F1	3
F2	2
CT1-2 / ST1-2	0
ST3+	0

Work schedule reviews by department	
Acute medicine	2
General surgery	1
T&O	1
Cardiology	1

b) Locum bookings

i) Bank

Locum bookings (bank) by department					
Specialty	Total Number of Shifts Requested	Total Number of hours Requested	Number of Shifts Worked (Bank)	Number of Hours Worked (Bank)	Estimated Cost (Bank)
Acute Med.	3,312	29,341	906	7,088	£247,222
Anaesthetics	1,395	12,312	1,302	11,383	£637,700
Anaes & theatres	5	50	0	0	0
Cardiology	1,223	10,129	236	1,963	£98,712
Care of Elderly	1,412	11,778	72	594	£18,681
Chest med.	108	801	33	190	£8,417
Colorectal. Surgery	3	16	3	16	0
Diabetes	39	264	39	264	£16,624
Emergency medicine.	7,708	69,413	2,229	17,933	£1,237,880
Endocrine Surg.	1	9	1	9	0
Endo & Diabetes	536	4,251	198	1,357	£68,634
ENT	938	8,200	404	2,931	£139,477
Gastro	1,124	9,548	288	2,236	£60,489
Gen Med	2,645	22,907	588	4,603	£163,236
Gen Surg	3,287	30,718	1,546	13,883	£498,931
Gynaecology	18	92	18	92	£852
Haematology	1,207	10,505	3	51	£3,315
Int. care	421	4,698	421	4,698	£269,148
Med. Outliers	213	1,746	1	2	£61
Neonatal med	2	25	0	0	0
Neurology	281	2,631	91	1,064	£66,170
Obstetrics	6	29	6	29	£1,853
Obs & Gyn	2,690	23,671	535	3,781	£190,369
Oncology	435	3,825	56	387	£20,477
Ophthal.	435	4,199	287	2,981	£156,204

Oral & Max	1,125	13,971	284	4,496	£183,378
O & Tr. Surg	1,898	19,061	1,012	10,517	£510,460
Paediatrics	1,062	8,743	910	7,006	£2,210
Paed & Neonatal	336	3,554	179	1,841	£68,371
Renal med	302	2,816	24	181	£6,785
Resp. med	648	5,285	115	728	£53,828
Rheumatology	229	1,773	66	446	£28,438
Stroke med	397	3,576	50	605	£28,135
Urology	1,181	11,360	224	1,829	£88,106
TOTAL	36,622	331,297	12,127	105,184	£4,874,163

Locum bookings (bank) by grade					
Specialty	Total Number of Shifts Requested	Total Number of Hours Requested	Number of Shifts Worked (Bank)	Number of Hours Worked (Bank)	Estimated Cost (Bank)
CT	297	2,649	52	361	£10,439
Spec. Reg.	499	4,924	170	1,477	£71,551
ST 1	14	107	12	91	£3,168
GPVTS	23	145	23	145	£5,075
StR (ST3-8)	2,138	20,034	1173	10,712	£675,665
Core Tr./ST1&2	6,952	61,575	1207	10,994	£253,687
Dental Core Tr.	3	72	3	72	£2,520
FY2	1,185	10,033	824	6,842	£233,594
FY1	551	3,761	409	2,606	£56,168
StR Lower (ST1/ST2)	1,805	16,069	184	1,707	£37,312
Sen. Hse Officer	478	4,879	207	2,318	£66,602
House Officer	2	17	0	0	0
Registrar	49	440	14	162	£5,928
ST2	1	23	1	23	£788
ST 3	1	4	1	4	£208
TOTAL	13,998	124,732	4,280	37,514	£1,422,705

ii) Agency

Locum bookings (agency) by department					
Specialty	Total Number of Shifts Requested	Total Number of hours Requested	Number of Shifts Worked (Agency)	Number of Hours Worked (Agency)	Estimated Cost (Agency)
Acute Med.	3,312	29,341	2,406	22,252	£1,728,524
Anaesthetics	1,395	12,312	93	930	£73,902
Anaes & th.	5	50	5	50	£3,914
Cardiology	1,223	10,129	987	8,166	£815,978
Care of Elderly	1,412	11,778	1,340	11,184	£872,494
Chest med.	108	801	75	611	£29,049
Col. Surgery	3	16	0	0	£107,629
Dermatology	170	1,269	42	326	£43,508
Diabetes	39	264	0	0	0

Emerg medicine	7,708	69,413	5,479	51,480	£3,934,461
Endocrine Surg.	1	9	0	0	0
Endo & Diab	536	4,251	338	2,894	£218,906
ENT	938	8,200	534	5,269	£328,850
Gastro	1,124	9,548	836	7,311	£707,617
Gen Med	2,645	22,907	2,087	18,304	£1,156,754
Gen Surg	3,287	30,718	1,741	16,835	£1,122,927
Gynaecology	18	92	0	0	0
Haematology	1,207	10,505	1,204	10,454	£832,073
Int. care	421	4,698	0	0	0
Med. Outliers	213	1,746	212	1,745	£147,399
Neonatal medicine	2	25	2	25	£1,370
Neurology	281	2,631	190	1,567	£182,268
Obstetrics	6	29	0	0	0
Obs & Gyn	2,690	23,671	2,155	19,890	£1,262,199
Oncology	435	3,825	379	3,438	£300,424
Ophthal.	435	4,199	148	1,217	£115,882
Oral & Max	1,125	13,971	841	9,475	£630,422
O & Tr. Surg	1,898	19,061	886	8,545	£498,384
Paediatrics	1,062	8,743	152	1,736	£101,685
Paed & Neon	336	3,554	157	1,712	£101,368
Renal medicine	302	2,816	278	2,635	£263,672
Resp. medicine	648	5,285	533	4,557	£485,832
Rheumatology	229	1,773	163	1,327	£154,504
Stroke medicine	397	3,576	347	2,972	£247,862
Urology	1,181	11,360	957	9,531	£726,762
TOTAL	36,792	332,566	24,567	226,438	£17,196,619

Locum bookings (agency) by grade					
Specialty	Total Number of Shifts Requested	Total Number of Hours Requested	Number of Shifts Worked (Agency)	Number of Hours Worked (Agency)	Estimated Cost (Agency)
CT	297	2,649	245	2,288	£114,738
ST 1	14	107	2	16	£876
GPVTS	23	145	0	0	0
StR (ST3-8)	2,138	20,034	965	9,321	£678,041
Core Tr./ST1&2	6,952	61,575	5,745	50,581	£2,850,413
Dental Core Tr.	3	72	0	0	0
FY2	1,185	10,033	361	3,192	£173,309
FY1	551	3,761	142	1,155	£57,095
StR Lower (ST1/ST2)	1,805	16,069	1,621	14,362	£745,777
Sen. Hse Off	478	4,879	271	2,560	£139,362
House Officer	2	17	2	17	£527
Registrar	49	440	35	278	£21,725
ST2	1	23	0	0	0
ST 3	1	4	0	0	0
TOTAL	13,499	119,808	9,389	83,770	£4,781,863

Locum work carried out by trainees

The Trust has recently set up an internal bank for extra locum work for medical staff and we will explore how best we are able to capture this data to ensure that Drs in training who undertake extra locum work for the trust do so within the contractual limits on their working hours to ensure safe working practices. At the time of this report however there is no mechanism in place to capture data on how many shifts, hours or trainees were working as locums, either internally or externally. Therefore no comment can be made about whether individual Drs are exceeding the absolute limit on safe working hours.

c) Vacancies

There are currently 65 medical vacancies within the training grades across the Trust. Some of these are short term vacancies due to rotational gaps which the specialties try to fill using short term locums or covering on call shifts only. This is problematic as there is a consequent impact on the remaining Drs in the rota. It is difficult to successfully recruit to short 3-4 month locums successfully and relatively more expensive to secure a successful candidate. Areas that tend to be more successful in covering a gap are where the length of vacancy is 6 months or more or where different specialties come together with their rolling vacancies to create a year-long rotation through 3 departments. The data above mainly reflects vacancies rather than short term illness or other unexpected leave and it is apparent that of the number of hours requested, neither the bank shifts, nor agency bookings are able to meet the demand.

With Departments now reporting on a monthly basis as part of their performance data, we will be able to monitor these vacancies and see the impact in areas such as no bank and agency shifts requested and filled, and also cost to the Trust. There may be the opportunities for Departments to consider extending the role of other health practitioners to deal with the work required of these unfilled vacancies if they are a continued pressure on the Department or to look at newer roles to complement those of the junior Drs so that the remainder of Drs on the rota can still undertake the tasks required of them but removing e.g. some of the administrative burden. This may also lead to improved training opportunities and improve their morale and perceptions of working at the Trust.

d) Fines

To date one fine has been levied for a breach of the absolute limit of 72 hours maximum weekly working hours for an F1 doctor in General surgery

Fines by department		
Department	Number of fines levied	Value of fines levied
General Surgery	1	£34.67
TOTAL	1	£34.67

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
0	0	0	0

Issues arising

It is apparent from this data that 65 vacancies represent approximately 18% of the total number of doctors in training at the Trust. The impact of carrying such a high vacancy rate is reflected in the costs incurred in securing either bank shifts or agency locums, but harder to gauge is the ability to provide safe and high quality care to the patients, particularly as there is a significant gap between demand and supply through either route. In addition, there is a misconception amongst the junior drs that it is the Trust's stand to not try and fill these gaps as a cost saving measure. This, combined with the consequent increase in workload for those doctors, contributes to the low levels of confidence amongst them of the Trust being a good employer.

The option of 'taking time off in lieu' rather than payment for extra hours worked is also virtually non-existent as pre-existing shortages will only be exacerbated by this means of dealing with exception reporting due to extra hours worked. This adds to the Trust's cost pressures.

Actions taken to resolve issues

The Guardian has met with the Heads of Service and Business Managers of the specialties generating the highest numbers of exception reports - Cardiology, General Medicine, Trauma and Orthopaedics and General Surgery. In each case, they have been asked to provide a summary of the actions they have taken to mitigate the high levels of exception reports.

In Cardiology which seems to be furthest ahead in terms of generating solutions, plans to appoint a clinical fellow to support the workload and fill the rota gaps are being worked up and junior doctors are invited to the weekly business meeting. Consultant job plans have been altered, using the exception reporting as a lever, so that tasks generated after a morning, rather than a previously afternoon scheduled Consultant ward round, can be completed in a timely fashion. Work schedule reviews for individual drs have taken place and alterations to shift start and finish times have been incorporated into individual dr's timetables.

In T&O, an internal Guardian was created as a single point of contact for the junior drs to approach with issues. Greater clarity about the responsibility of the non-training grade non-consultant drs towards supporting the junior in training has been provided and changes to Orthogeriatrician Consultant job plans are being considered to improve finish times.

General Medicine was unsuccessful in a bid to pilot the new Physician's Associate role. Work schedule reviews have taken place to improve the turbulence associated with moving juniors to different wards frequently to cover gaps. Discussions are ongoing regarding converting long term gaps into extended role posts for other professionals allied to medicine.

In General Surgery, there is an interest in taking forward the Doctor's Administrator role to reassign some of the administrative tasks to improve efficiency of e.g. EDD completion, requesting and chasing of results.

The Guardian continues to maintain a visible presence at junior doctors' fora across both sites, covering induction sessions, providing regular support sessions for supervisors. There is an open e-door policy and attendance at the national conference for Guardians and East Midlands Guardians network allow sharing of intelligence and support.

Summary

In the first year of implementation of the new junior drs' contract, the evidence is that there is a significant problem with workforce shortage amongst the junior drs that is hampering their ability to work safely and provide high quality and safe care for their patients. This has ramifications in terms

of the workload for other more senior doctors having to 'chip in' or step down or the Trust consistently not meeting targets in areas such as EDD completion. Morale of the junior doctors is low and regionally, we are not regarded as a particularly attractive place to work, hampering our recruitment efforts (personal communications between the Guardian and junior drs). This must be taken as a barometer of the effects on patient safety and quality of care that ULHT is able to provide. The financial implications of this situation are considerable. The Guardian is actively working with departments to take ownership of this issue and create solutions which are sustainable and cost effective but for the time period covered in this report is unable to provide an assurance to the board that its junior doctors are working safely.

Miss Aarti Varma
Guardian of Safe Working, Grantham and Lincoln Hospitals

25th May 2018