

ANNUAL REPORT ON ROTA GAPS AND VACANCIES - DOCTORS AND DENTISTS IN TRAINING: 31st October 2016 – 31st March 2017

Executive summary

The implementation of the 2016 junior doctors terms and conditions of service have been a significant undertaking, and continue to be an educational, operational and cultural challenge as the remaining trainees transition over the next 6 months.

Engagement has been generally good, with a few exceptions in some departments. However, attendance at the junior doctors' forum has been low, and will remain a focus for the Guardian going forward.

As a result of meetings with trainees and consultants, the GOS is of the view that the data in this report is likely to represent an under reporting of unsafe working within the trust as highlighted in Quarter 4 report.

Monitoring processes have highlighted problems with workload and vacancy issues in hospital at Night (HAN) on both sites. This is being addressed on a number of fronts; Staffing levels have been reviewed, clearer lines of responsibility are being planned, and budgets delineated to provide adequate cover and administrative support. It is too early to determine the impact of these improvements, and outstanding issues remain, particularly with respect to resilience regarding sickness and vacancies on the Guy's site.

Technical issues with the national electronic reporting system (DRS) remain. The system lacks the capability to comprehensively monitor the exception reporting process, and provide automated data to compile this report. Improvements in the system have been small and delivery timeframes unambitious.

The GOS is very concerned that HEE London KSS is unable to deliver their contractual requirement to provide accurate trainee placement data 12 weeks in advance of placements.

This results in a delay to the operationalisation of generic rota templates, and late provision of rotas for trainees. It impacts on the incorporation of leave requests into published rotas, and will inevitably result in exception reports. There are significant financial costs to the trust as well as consequences for service delivery and trainees' safe working.

Trust grade and trainee doctors work side by side on the same rotas. The inability of trust doctors to report exceptions therefore dilutes the frequency of exception reports. This can lead to a delay, or at worst, an inability to detect patterns of unsafe working. The lack of a system to monitor the safe working of trust grade doctors has been frequently voiced as a concern by trainees during the junior doctors' forum meetings and all focus groups held by the GOS. It was also a key concern of many Guardians at the national GOS event.

Utilising the information from exception reporting and diary carding, the GOS finds that in general junior doctors in training are working safely in terms of their working hours and pattern at present.

However, exception reporting is substantially greater in acute clinical areas, and workload pressures out of hours are especially arduous, particularly in surgical specialties on both sites.

- 1. The GOS requests regular (at least quarterly) reports from the HAN working parties addressing the workload issues on both sites. (Section C)**
- 2. The GOS asks the board to highlight the inadequacies of the exception reporting systems to external bodies who receive this annual report, requesting action to ensure the delivery of the necessary changes. (section D)**
- 3. The GOS asks the board, and external bodies who receive this report, to monitor the performance of HEE London KSS against their contractual requirements, and hold them to account for deficiencies. (section E)**
- 4. The GOS asks the board for a time scale for the review and implementation of a monitoring process for safe working of trust grade doctors. (Section F)**

Structure of the report

- A. High level data
- B. Annual Vacancy Data Summary
- C. Annual Exception Report Summary
- D. Electronic Exception Reporting system
- E. Contract Breeches
- F. Trust Grade Doctor working
- G. Fines

A. High level data

| | |
|---|------|
| Number of doctors / dentists in training (total): | 793 |
| Number of doctors / dentists in training on 2016 TCS (total): | 177 |
| Annual vacancy rate on rotas transitioned to 2016 TCS: | 2.5% |

B Annual data summary:

Vacancies across all junior medical staff within GSTT that have transitioned to 2016 T&CS

| Specialty | Grade | Quarter 3 | Quarter 4 | Total gaps (average WTE) | Shifts per week in Generic work schedule | Number of shifts uncovered (in 6 months)† | Shifts due to vacancies filled by staff bank | Average no. of shifts uncovered (per week) |
|----------------------------|----------------|------------|------------|--------------------------|--|---|--|--|
| Psychiatry | FY1 | 1 | 1 | 1 | 4.5 | 117* | 0 | 4.5* |
| Obstetrics and Gynaecology | ST1-2 | 0 | 0 | 0 | NA | 0 | 0 | 0 |
| Obstetrics and Gynaecology | ST3-5 | 0.3 | 0.5 | 0.4 | 4.5 | 108 | 83 | 1 |
| Obstetrics and Gynaecology | ST6+ | 1.0 | 0 | 0.5 | 4.6 | | | |
| Paediatrics General | F1 -ST8 | NA | 0 | 0 | NA | 0 | 0 | 0 |
| Paediatric Surgery | FY | NA | 0 | 0 | NA | 0 | 0 | 0 |
| Paediatric Surgery | ST1-3 | NA | 1 | 1 | 4.5 | 117 | 0 | 4.5 |
| Paediatric special | ST1-8 | NA | 0 | 0 | NA | 0 | 0 | 0 |
| Histopathology | ST3-5 | NA | 1.3 | 1.3 | 5 | 130 | 0 | 5 |
| Total | | 2.3 | 3.8 | 3.05 | | 472 | 83 | 15 |

➤ See appendix A for month-by month breakdown submitted in quarterly reports

➤ †The number of uncovered shifts over the year is not directly measured by the trust.

Number of shifts uncovered per half year reported therefore is a calculation based on;

Average WTE gaps over monitored period x annual shifts in Generic work schedule

➤ *Supernumary trainee in psychiatry.

➤ **As transition began in October 2016, half year results have been reported. Where specialties transitioned to new contract more recently the figures have been extrapolated to provide half year results assuming pro rata distribution .**

The Guardian is not currently overseeing any trainees outside of the trust

Issues arising

The trust has had one Foundation post vacancy, due to under-recruitment by HEE.

At this level, there is very little opportunity to backfill with trust doctor appointments.

The gap affected a post in psychiatry with no impact on the working of other trainees in hours due to the supernumerary nature of the post, but resulted in unfilled out of hours shifts.

Gaps in the Obstetrics and Gynaecology rota have arisen due to a large number of HEE appointed doctors working LTFT (which is more common in this specialty), as well as long term sickness and maternity leave of these doctors in training. These gaps have been mainly filled through repeated trust grade doctor appointment rounds. The above WTE gaps are where this has not been successful or prolonged leave has been taken unpredictably, and shifts have been filled with bank and agency recruitment. Locum cover has been found for 77% of the shifts unfilled due to vacancies.

No exceptions have been reported by histopathology, whose gaps are due to a combination of LTFT training, short term academic clinical fellowships and provision of external placements for training reasons rather than whole time vacancies. The department have managed workloads and reallocated consultant staff to ensure cover of service requirements of gaps without requirements for additional staff. The Guardian does not have concerns for this department

The single Paediatric vacancy was due to an unfilled trust doctor post, and resulted in internal changes to work patterns on some occasions to utilise staff more efficiently. The GOS estimates that 11% of these shifts were managed within trainee daily manpower (rather than by shift swaps or locums). No exception reports were received on these days.

The trust has not previously had oversight of vacancies on junior doctors' rotas. Data included in this report was collected manually by the GOS from departmental managers and rota coordinators. This is extremely labour intensive and not sustainable for future reports.

The GOS has been working with trust human resources to develop an automated process; however, this has not been possible. In the last quarterly report, the GOS recommended the trust implement a system to provide accurate real-time data on junior doctor vacancies.

Actions taken to resolve issues

The trust has decided to implement an electronic rostering system, which will be rolled out as a pilot across the trust in the next 6-12 months. The GOS welcomes this decision.

This should provide accurate data for future vacancy reporting, as well as giving departments clear information on what recruitment and support is required and enable efficient operationalisation of generic templates into operational rotas without breaching safety regulations. Ideally it would also link with the staff bank as a seamless system to book and fill gaps identified through electronic rostering, and to monitor junior doctors working patterns in real time.

C. Annual Exception report summary

| Annual Record of exception reports by department | | | |
|--|-----------|------------------|-------|
| Department | Quarter 3 | Quarter 4 | Total |
| Acute Medicine | 3 | 12 (4 non valid) | 15 |
| Care of Elderly | 9 | 7 | 16 |
| General Medicine | 0 | 8 | 8 |
| Haemoncology | 2 | 9 | 11 |
| Histopathology | 0 | 0 | 0 |
| O&G | 8 | 5 | 13 |
| Paediatrics | 0 | 1 | 1 |
| Specialist medicine | 1 | 0 | 1 |
| Surgery | 4 | 12 | 16 |
| Vascular surgery | 2 | 10 | 12 |
| Hosp at Night | 3 | 4 | 7 |
| Total | 32 | 68 | 100 |

Whilst vacancy data will demonstrate gaps in the junior doctor workforce. It is important to note exception reporting data will reflect deficiencies even when at full establishment, if that is inadequate to meet service demands. For this reason it has also been included in this report.

Outcomes of exceptions

TOIL is the outcome in over half and payment is agreed in around 20% and the remaining reports have a variety of outcomes (not applicable, no action required, change in operational rotas or working patterns).

Exceptions not closed, or where TOIL has not been provided at the end of a rotation will be resolved through payments in future.

The trust now needs to develop robust processes to monitor if agreed payments have been made or TOIL taken. Ideally this would be delivered by an effective exception reporting system (see Appendix B) but is not currently possible within DRS.

The proposed process for automating agreed payments arising from exception reports has not been successfully implemented. As a result payments are authorised manually by human resources currently. This will need automating as the contract is implemented trust wide.

GOS is working with HR to develop an interim solution to monitor payments for exception reports.

Actions taken to resolve issues

During this year the GOS has highlighted concerns with unsafe working of doctors in a number of areas. Significant work has subsequently been undertaken by these departments in collaboration with their trainees. Safer working has been delivered through a number of strategies including; utilisation of other members of the MDT, restructuring of working patterns, and processes for cross cover to permit breaks to be taken.

Areas of particular concern have been the out of hours working of both the Guys and St Thomas' sites. The GOS was concerned the junior medical staff establishment was insufficient for these acute clinical areas overnight. This work also frequently lacked inter-departmental senior managerial oversight. This was brought to the attention of the trust in GOS reports, as well as through other routes.

Staffing levels have been reviewed, with increased staffing implemented or planned for H@N on both sites in the next 3 months. Clearer lines of responsibility are being planned and budgets delineated to provide adequate cover and administrative support.

It is too early to determine the impact of these improvements, and outstanding issues remain including, safe processes for managing short term vacancies. There is currently a lack of resilience in the overnight staffing particularly at Guys that needs addressing. However, the senior managerial oversight and working parties that have been arranged should help significantly in finding solutions.

The GOS requests regular (at least quarterly) reports from the HAN working parties addressing workload issues on both sites.

Exception reporting rate

As a result of meetings with trainees and consultants, the GOS is of the view that the data in this report is likely to represent an under reporting of unsafe working within the trust as highlighted in Q4 report.

D. DRS exception reporting system

During this year, the GOS has outlined significant deficiencies in the DRS reporting system, in particular; the lack of a functioning GOS dashboard, and the inability to reallocate the handling of a submitted report to another supervisor. Small improvements have been made: there is now a very basic GOS dashboard and a facility to export some data. However, there is still no ability to amend the handling of a report and the system still falls far short of what is required to adequately document and manage the safe working of junior doctors, in a trust as large as GSTT.

The GOS is obliged to process data manually to produce this report, which is not sustainable going forward.

The inadequacies of both DRS and Allocate systems have been the subject of local and national GOS meetings. The GSTT GOS facilitated a workshop, at a recent national GOS event, where the requirements of a fully functioning system were clearly outlined by the group. This data was then available to the BMA and NHS employers, who informed the GOS they will meet with the providers of the two systems to prioritise delivery of improvements. (see Appendix B for requirements list) The GOS is not aware of any developments or improvements.

Actions taken to resolve issues

This matter was escalated to the trust board in the quarter 4 report, where the Director of workforce agreed to take this issue forward with Realtime Rostering.

The GOS asks the board to highlight the inadequacies of the exception reporting systems to external bodies who receive this annual report, and request action to ensure the delivery of the necessary changes

E. Contract Breaches

The contract stipulates HEE should inform the trust which doctors they will be training 12 weeks in advance of the placement, and trainees should receive generic work schedules from the trust 8 weeks prior to commencing a post.

The trust has achieved this deadline for trainees who are currently working in the new contract.

The GOS requested data from HR to determine if HEE had fulfilled their 12 week notice period to the trust (as per their contractual requirements). HR confirmed that there were instances of late notification. The trust has not previously had a process to formally document this, but will be doing so in future.

The GOS is very concerned that HEE London KSS is unable to deliver their contractual requirement to provide accurate trainee placement data 12 weeks in advance of placements.

This results in a delay to the operationalisation of generic rota templates, and late provision of rotas for trainees.

Late notification of vacancies in training posts result in gaps. This adds considerably to workload issues for trainees, and will inevitably result in exception reports. There are significant financial costs to the trust as well as consequences for service delivery and trainees' work- life balance and safe working.

The GOS asks the board and external bodies who receive this report, monitor the performance of HEE London KSS against their contractual requirements, and hold them to account for deficiencies.

F. Trust doctors working alongside Trainees

The 2016 contract is not applicable to trust grade doctors. At present, they do not have access to exception reporting. With removal of diary carding, the working conditions of trust grade junior medical staff are now unmonitored. These doctors rely on reporting concerns through line management, as per other NHS staff. However, there is no culture or custom of junior doctors reporting in this way (unlike nursing staff and other members of the MDT). The GOS has been unable to find any data or incidences of trust grade doctors reporting through this route in the trust.

There is therefore, a significant risk that the workload of this group has increased due to the more efficient hours monitoring of doctors in training in the new T&CS. This has implications for patient care, safe working, and recruitment going forward, and will impact on doctors in training through vacancies.

Trust grade and trainee doctors work side by side on the same rotas. The inability of trust doctors to report exceptions therefore dilutes the frequency of exception reports. This can lead to a delay, or at worst, an inability to detect patterns of unsafe working.

This has been frequently voiced as a concern by trainees during the junior doctors' forum meetings and all focus groups held by the GOS. It was also a key concern of many Guardians at the national GOS event.

In the Q4 report the GOS advised the trust to provide a robust mechanism for monitoring and ensuring the safe working of their trust grade junior doctors. The GOS informed the board she would be willing to provide oversight of this mechanism, if the trust were to expand the exception reporting system to this group of doctors.

Actions taken to resolve issues

The clinical work force is changing rapidly with the recent introduction of physicians' assistants and other members of the MDT. The trust Director of Workforce agreed to review the monitoring of trust grade doctors in this context, but has not committed to expansion of the exception reporting process. GOS acknowledges this lies outside of the direct remit of the GOS in the 2016 T&CS, it does however have a significant impact on the safe working of trainees in the contract.

The GOS requests a time scale for the review and implementation of a monitoring process for safe working of trust grade doctors.

G. Fines

| Fines by department – Cost code 648040 | | |
|--|------------------------|-----------------------|
| Department | Number of fines levied | Value of fines levied |
| General Surgery | 1 | £75.81 |
| Total | 1 | £75.81 |

| Fines (cumulative) | | | |
|--------------------|--------------|----------------------------|-----------------------------|
| Starting balance | Fines levied | Disbursements this quarter | Balance at end of this year |
| £0.00 | £75.81 | £0.00 | £52.32 |

Following advice to the GOS from the Junior Doctors Forum, it has been agreed that fines levied in the preceding 12 months will be disbursed by the end of July.

This is to ensure trainees whose working patterns accrued fines benefit.

The GOS is working with Finance department to ensure that funds can be carried over from one financial year to the next.

Summary

Utilising the information from exception reporting and diary carding, the GOS finds that in general junior doctors in training are working safely in terms of their working hours and pattern at present.

However, exception reporting is substantially greater in acute specialties. Triangulation of data from other sources confirms workload pressures out of hours are especially arduous, particularly in surgical specialties.

Actions for consideration

- 1. The GOS requests regular (at least quarterly) reports from the HAN working parties addressing the workload issues on both sites. (Section C)**
- 2. The GOS asks the board to highlight the inadequacies of the exception reporting systems to external bodies who receive this annual report, requesting action to ensure the delivery of the necessary changes. (section D)**
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Distribution of GOS report

The Board is responsible for providing a copy of this annual report to external bodies as defined in these terms and conditions, including: the local offices of Health Education England, the Care Quality Commission, the General Medical Council and the General Dental Council.

Appendix A

Month-by-month vacancies

| Vacancies by month Quarter 3 | | | | | |
|------------------------------|-------|--------------|---------------|---------------|----------------------|
| Specialty | Grade | October 2016 | November 2016 | December 2016 | Total gaps (average) |
| Psychiatry | FY1 | NA | NA | 1 | 1 |
| Obstetrics and Gynaecology | ST1-2 | 0 | 0 | 0 | 0 |
| Obstetrics and Gynaecology | ST3-5 | 1 | 0 | 0 | 0.3 |
| Obstetrics and Gynaecology | ST6+ | 1 | 1 | 1 | 1.0 |

| Vacancies by month Quarter 4 | | | | | |
|------------------------------|-------------|---------------|----------|------------------------|----------------------|
| Specialty | Grade | January | February | March | Total gaps (average) |
| Foundation | FY1 | 1 | 1 | 1 | 1 |
| Histopathology | ST3-5 | NA | 1.3 | 1.3 | 1.3 |
| Obstetrics and Gynaecology | ST1-2 | Not available | 0 | 0 | 0 |
| Obstetrics and Gynaecology | ST3-5 | Not available | 0 | 1 | 0.5 |
| Obstetrics and Gynaecology | ST6+ | Not available | 0.5 | 0.6 over establishment | 0 |
| Paediatrics General | F1 -ST8 | NA | NA | 0 | 0 |
| Paediatric Surgery | FY ST1-3 | NA NA | NA NA | 0 1 | 0 1 |
| Paediatric special | ST1-8 | NA | NA | 0 | 0 |

Appendix B

Requirements of an exception reporting system as discussed at National GOS Workshop 14/03/2017

- Ability to reopen an exception report if closed in error
- Ability to document and monitor work schedule reviews at all 3 levels
- Ability for trainee to agree and accept actions prior to exception being closed
- Ability for a trainee to report if an exception has resulted in a fine criterion being breached
 - rest period <11 hours or <8 hours in a late finish/early start report
 - >72 hours work in 7 calendar days
- Exception reporting App (vs website)
- DME dashboard for training exception reports
- Smart GOS Dashboard – (e.g. ability to see all open or overdue reports on the dashboard)
- Guardian’s action button to send messages to trainee/ES/CS
- GOS notes section for each report
- Ability to copy an exception report to an educational/clinical supervisor
- Ability to link an exception report to a work schedule and an operational rota
- Integration of exception reporting and locum working data to track trainees total work
- Ability to link Multiple exceptions to a single action
- Ability to Group exceptions per; type, site, department, rota
- Delivering reminders to ES/CS/trainee when report becomes overdue
- Ability to tag exceptions as linked to fines or work schedule reviews
- Ability to track if report has resulted in any breach of working rules (e.g. max average working week over a rota cycle, or rest periods)
- Ability to provide a departmental exception report (trainee anonymised)
- Ability to track if agreed TOIL or payments have been provided
- Ability to document personalization of work schedules