

GUY'S AND ST. THOMAS' NHS FOUNDATION TRUST

QUARTERLY REPORT ON SAFE WORKING HOURS - DOCTORS AND DENTISTS IN TRAINING: 1st April – 18th June 2017

Executive summary

This report utilises data from exception reporting, staff locum bank, direct contact made to the Guardian (from departments, supervisors, trainees and the education centre), focus groups with trainees, and the Junior Doctors Forum, as well as GMC survey reports.

As documented in all previous GOS reports, technical issues with the national electronic reporting system (DRS) are a significant hurdle to implementation of the new safe working processes. There have been no improvements in this quarter, and new problems have emerged. The GOS has been asked to represent London Guardians in regional discussions with the manufacturers to help improve the system.

Problems with the system are one factor in the reduced engagement of trainees and supervisors with the system and the consequent reduction in reporting of exceptions and closure of reports which is evident in this report. Inability for trust grade junior doctors to participate has also not helped to embed reporting in the culture of departments.

Fifty seven new exception reports have been received in this quarter. This represents a similar reporting rate to the previous quarter despite a 33% increase in the number of trainees on the new contract. Only 12 of these new reports have been closed. All of the 14 reports carried over from the previous quarter have been closed. However, only 3 were closed by supervisors, the remaining reports being closed by the GOS (due to the trainees having rotated out of departments where exceptions had occurred) (section B).

No reports were closed in less than 7 days and 79% remain open at the end of the period. Lack of familiarity with the process is a possible cause. However, the problem is less apparent with supervisors new to the contract than those who have already managed reports. There is currently no managerial level oversight of exception report engagement by supervisors. If this is implemented, care needs to be taken not provide further downward pressure on exception reporting. For this reason the GOS would advise targets involving report closure, not reporting numbers (Section B).

A monitoring process has demonstrated unsafe working in cardiology ST1-2 doctors. The department has initiated a review of medical staffing and workload as a result. The department have advanced plans to increase their establishment of trainees at this level. This will need to be accompanied by training opportunities and allocation of administrative tasks to other members of the MDT to attract suitable candidates. A plan in this regard is awaited (section Bii).

The working patterns of trainees at FY1-ST2 level in Oncology is a cause for concern. This has come to light through exception reporting and direct communication to the GOS. The GOS requested a repeat diary monitoring process which has now commenced. The GOS is concerned regarding the work intensity of trainees FY1-ST2 in Oncology, and is looking to the department to acknowledge the problem, and develop a comprehensive action plan in response to the recently issued work schedule review. The GMC survey demonstrates ongoing workload issues for the past 2 years in this department. It is likely therefore, that the department will require support and advice and additional resources to address these issues (section Bi).

Two work schedules have been issued in this period; one in Paediatric ENT surgery and one in Paediatric Cardiology. Both have resulted in very positive responses from the departments concerned, and comprehensive action plans. The response of the Paediatric Cardiology department is to be particularly applauded as a model for departments in a similar position in future (section C).

The report documents a 13% increase in locum and agency shifts required compared to the January to April quarter. Only 77% of all shifts requested were filled (64% by the trust locum bank and 13% by agency staff, 23% unfilled). This represents a drop compared to the previous quarter where 84% of required shifts were filled. This was almost exclusively due to a reduction in agency recruitment.

Junior doctor locum and agency spend has increased to around £386,000 (previously £266,000) per month (section D). Doctors in training under new T&CS, undertaking bank work for the trust, are doing so safely, without breaching the working regulations that can be monitored in the system (sections E).

The total vacancy rate for junior doctors across the trust is currently unknown. Analysis of Hospital at Night (H@N) vacancies at the STH site has shown gaps are present on two thirds of the nights on average for at least one member of the team. Recruitment issues (trainee and trust posts) are particularly problematic at SpR level for general medicine, and become more difficult towards the end of the academic year as trainees leave to take up consultant posts or take career breaks. (Section F). The oncology department have been given responsibility for managing the H@N staffing on the Guys site.

No fines have been levied in this quarter (section G)

HESL have breached contract requirements for a large number of trainees, with a resulting delay in work schedules being provided for trainees, who are now encountering difficulties in booking leave (section H and appendix A).

Recommendations;

- 1. Information regarding exception should reporting be added to the KPI dashboard to be discussed at monthly performance review meetings. (section B) This would include;**
 - **Exception reporting closure rates**
 - **Number of reports unmanaged by departments, requiring closure by the GOS**
 - **Number of work schedule reviews without an action plan for remediation**
- 2. An internal administration charge be levied for each valid exception report open for longer than 7 days, and unmanaged when a trainee rotates out of a department (section B)**
- 3. The GOS again advises the trust to provide a robust mechanism for monitoring and ensuring the safe working of their trust grade junior doctors. (section B)**
- 4. The GOS reports unsafe working by ST1-2 doctors in cardiology. The department has initiated some improvements, and plans to expand their junior doctor numbers. The trust should support this department to enable the required additional workforce to be appointed, and re-organisation of duties amongst the MDT (section B)**
- 5. The GOS recommends active management of posts that are regularly left unfilled year on year (both trust and training)**
- 6. Departments should assist trainees, (and take the lead where possible) in finding swaps to enable leave to be taken, when due notice was not possible prior to starting in a post through no fault of the trainee (section H).**

Structure of Report

A template is provided by NHS employers for GOS quarterly reports, which has been followed by the Guardian.

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- B. Hour monitoring information
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- D. Locum bookings – Shift and spend data for Staff Bank and Agency for departments
- E. Locum work – Safety assessment of additional locum work undertaken by individual trainees
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- H. Contract Breaches
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Conclusion

Appendices: Appendix A – Letter from HEE to London Trainees

A. High level data

Number of doctors / dentists in training:	793
Number of doctors / dentists in training 2016 TCS:	236
Job planned time for guardian to do the role:	6 PAs (Commenced Aug 2016)
Admin support provided to the guardian:	0.6 WTE (Commenced Jan 2017)
Job-planned time for educational supervisors:	0.25 PAs per trainee (agreed).
	Monitoring via SARD still pending – data requested.

B. Hour monitoring information

i. Exception reports

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
O&G	2	1	3	0
Acute Medicine	0	0	0	0
Care of Elderly	1	0	1†	0
ENT Surgery	NA	5	1	4
General Medicine	0	0	0	0
Haematology Oncology	7	11	7†	11
Histopathology	0	0	0	0
Paediatrics NICU	0	2	0	2
Paediatrics General	0	0	0	0
Paediatrics Cardiology	0	14‡	3	11
Paediatric surgery	0	5‡	5	0
Psychiatry	0	5	2	3
Specialist medicine	0	8	0	8
Surgery GI	2	1	2	1
Urology	0	1	0	1
Vascular surgery	2	4	2	4
Hosp at Night	0	0	0	0
Total	14	57	26	45

† Reports remained open when doctors rotated to another department – GOS reviewed and payments made.

‡ Work schedule reviews issued by GOS.

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	12	29	14 (11 closed by GOS)	27
F2	0	8	5	3
Core trainees	0	14	3	11
ST3-5	2	6	4	4
ST 6	0	0	0	0
Total	14	57	26 (11 closed by GOS)	45

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	0	0	14	27
F2	0	0	5	3
Core trainees	0	0	3	11
ST3-5	0	0	4	4
ST 6	0	0	0	0
Total	0	0	26	45

	Total exceptions	Closed <7 days	Closed > 7 days	Open at end of quarter
October - December 2016	32	16%	22%	62%
January - March 2017	68	46%	34%	20%
April – 18th June 2017	57	0%	21%	79%

Outcomes of Reports Closed in quarter	TOIL	Payment	NA/None/other
January - March 2017	57%	19%	24%
April – 18th June 2017	39%	42%	19%

Types of Reports submitted in quarter	Late Finish	Early Start	Missed break	Difference in work pattern
April – 18th June 2017	45	6	4	2

DRS reporting system update

No improvements have been made to the electronic reporting system in this quarter, and the situation continues to be entirely unacceptable. To the contrary, a recently implemented change resulted in problems with the submission process, with up to 16 duplicates being created for one report.

Trainees have also reported problems submitting reports from iphones, a problem not acknowledged by the manufacturers of the system.

The GSTT GOS has agreed to represent London guardians in regional talks with the reporting system manufacturers.

Exception report time to closure analysis

The data from this quarter documents a marked deterioration in the time frame for managing exceptions, with no reports being closed within 7 days, and nearly 80% of reports submitted in this period remaining open (up from 20% in last quarter)

Of the 26 reports closed in this quarter, 11 (42%) were open at the time the trainee rotated out of the department where the exception occurred. This was despite numerous reminders from the GOS and support being offered. As per the trust protocol, these reports were reviewed and closed by the GOS. All of these reports pertained to late finishes, and payments were therefore the only appropriate outcome. As a result of this process, all exception reports carried over from the previous report have been closed. However, this will not enable the route cause analysis of exceptions that could be effected by educational supervisors in practice trainees, and is a cause for concern

There is a clear need to improve engagement with the exception reporting process. The GOS is liaising with head of HR and the DME and departments to develop a strategy for this. Engagement could be improved by departments having regular updates on exception report closure rates through the PRM score card, and potentially levying an internal charge on departments where reports are unmanaged (resulting in GOS managing and arranging payments).

During this quarter it became apparent that the processing of exception report payments was not robust, and trainees had not been receiving the remuneration that had been agreed. As a result the GOS met with HR and information transfer for manual payments agreed.

Recommendations:

The GOS recommends that departmental exception report closure rates should be added to the KPI dashboard discussed at monthly PRM, as well as the number of reports unmanaged by departments and closed by the GOS.

An internal administration charge be levied for each valid exception report open for longer than 7 days and unmanaged when a trainee rotates out of a department.

Rate of exception reporting over the quarter

The lower rate of exception reporting seen in the previous quarter has been repeated in this 11 week period, despite a significant increase (33%) in the number of doctors now on the new T&CS. This was raised at the recent Junior Doctors Forum, and the GOS explored reasons with the trainees' representatives. Many of the issues highlighted in the previous GOS report were again repeated, including a particular emphasis on the unclear link between reporting and change. This will inevitably be exacerbated by the poor closure rate, and lack of agreed payments being received.

In an effort to improve trainee engagement, the GOS has arranged for interim meetings with the trainees on the first Wednesday of every month at 5pm. No trainees have attended on any of these occasions.

The GOS is creating a new website that will address many of these areas. The website will include; how to report, exception reporting FAQs, specific areas for rota coordinators and supervisors on issues pertaining to their role, and "good news" page to highlight change resulting from exception reporting. If current technical issues can be overcome it should be live in time for the August changeover of juniors.

The exclusion of trust doctors from exception reporting, has not helped in embedding this process in departments, particularly when only a small proportion of junior doctors are trainees.

The GOS considers the data in this report is likely to represent a significant under reporting of unsafe working.

Recommendation:

The GOS again advises the trust to provide a robust mechanism for monitoring and ensuring the safe working of their trust grade junior doctors.

Departmental rates of reporting

Patterns of exception reporting were detected in Paediatric cardiology and Paediatric ENT surgery (see section C: work schedule reviews, for analysis).

Previous reports documented unsafe working in urology, and the positive changes implemented as a result. Urology trainees transitioned to the new contract in April 2017 and only one report has been submitted since. As a result the GOS has no specific concerns at this point.

Prior reports also documented problematic working patterns in General surgery. This has not been repeated in the most recent period.

Haematology/oncology concerns:

This department has been experiencing work load issues and training problems at a number of different training levels for some time.

After a protracted implementation process, the ST3+ trainees have moved onto a resident rota, to provide additional support to both their departmental core trainees and the H@N team. A subsequent monitoring process, conducted this quarter has demonstrated a requirement to increase the banding 1B to 2B during (see below) but the rota is otherwise compliant and safe. Salary changes will be implemented as a result.

The ST1-2 trainees contacted the GOS directly to request a repeat monitoring process, due to the perceived magnitude of their workload. As a result, a monitoring process will commence on 05/07/2017. The previous exercise in February 2017 did not quite reach the required threshold return rate (71% vs 75% required). However, this is likely to have been the result of an inaccurate list of trainees invited to submit returns by HR.

A number of late finish exception reports were submitted in Hematology/oncology at FY1 level, in the latter part of this period (11). Despite requests and support from GOS all remain open.

The GOS met with those trainees who submitted reports (past and present), and can confirm their validity.

It is particularly concerning that the haematology/oncology department has managed and resolved only 4 of the 22 exception reports submitted this year, demonstrating a lack of engagement in the process.

Exception reports submitted Haematology/oncology - 01/01/2017 – 18/06/2017

Total reports	Closed by supervisors	Closed by GOS	Remain Open
22	4	7	11

It is also notable that the GMC survey in 2016 records a red flag outlier for workload in oncology. Similar difficulties with engagement in creation of an action plan were experienced by the DME's team, and the GMC report is again red in clinical oncology in 2017.

Therefore a work schedule review was requested by the GOS on 02/07/2017.

The GOS therefore cannot at this point determine if trainees in Haematology/oncology at FY1-ST2 level are working safely. There are significant concerns, particularly in view of the engagement by the department. This will be a focus of the next quarter report.

ii. Diary carding monitoring for doctors on 2002 TCS undertaken April – 18th June 2017

Specialty	Grade	Rota Hours	Return	Rota Band	Diary Hours	Diary Card Banding	WTR Compliant	Transition 2016 TCS
Allergy	ST3+		25%		Not calculated	Not calculated		Aug-17
Cardiology	ST2	47.43	82%	1A	49	3	42% breaks missed	Aug-17
Care of Elderly	ST1/ST2/ST3+		1%		Not calculated	Not calculated		Oct-17
Clinical Genetics	ST3+		48%		Not calculated	Not calculated		Aug-17
Dermatology	ST3+		34%		Not calculated	Not calculated		Aug-17
Diabetes & Endocrinology	ST3+		0%		Not calculated	Not calculated		Oct-17
Emergency Medicine	FY2	47.36	82%	1A	44	1A	1 breach in 91 shifts; 1 missed long break in fortnight caused by swap	Aug-17
Emergency Medicine	ST1/ST2		6%		Not calculated	Not calculated		Aug-17
Emergency Medicine	ST3		0%		Not calculated	Not calculated		Aug-17
Emergency Medicine	ST4+		10%		Not calculated	Not calculated		Aug-17
Gen Medicine	ST3+		16%		Not calculated	Not calculated		Oct-17
Gen Medicine	FY2/ST1/ST2		13%		Not calculated	Not calculated		Aug-17
General Practice	FY2		0		Not calculated	Not calculated		Aug-17
GU Medicine	ST3+		0%		Not calculated	Not calculated		Aug-17
Interventional Radiology	ST3+		12%		Not calculated	Not calculated		Sep-17
Medical Specialties	FY2/ST1/ST2		0%		Not calculated	Not calculated		Aug-17
Neurology	ST3+		9%		Not calculated	Not calculated		Aug-17
Occupational Med	ST3+		43%		Not calculated	Not calculated		Aug-17
Oncology	ST3+	46.22	82%	1B	49	2B	3% shifts >14 hours	Sep-17
Ophthalmology	ST1/ST2/ST3+		16%		Not calculated	Not calculated		Aug-17
Paediatric Dentistry	FY2/ST1/ST2		0%		Not calculated	Not calculated		Aug-17
Palliative Medicine	ST3+		24%		Not calculated	Not calculated		Oct-17
Radiology	ST3+		19%		Not calculated	Not calculated		Sep-17
Radiology	ST1		0%		Not calculated	Not calculated		Sep-17
Renal Medicine	ST3+		0%		Not calculated	Not calculated		Sep-17
Renal Medicine	ST1/ST2	47.32	67%	1A	Not calculated	Not calculated	Missed breaks. knowledge of break entitlement poor	Aug-17
Restorative Dentistry	FY2/ST1/ST2		0%		Not calculated	Not calculated		Aug-17
Rheumatology	ST3+		43%		Not calculated	Not calculated		Sep-17

Diary Carding results

Only three diary carding exercises have had returns in excess of the required 75% this quarter. The FY2 doctors in emergency medicine monitoring exercise documents safe working within the previous banding of the post, with a low rate of inadequate rest periods.

The monitoring exercise of ST3+ trainees in oncology has been discussed in section A above and demonstrated underpayment but safe working patterns.

Cardiology

A monitoring process of ST1-2 trainees in cardiology documented a working week in excess of 48 hours, and a regular inability to take breaks. As such this rota is non compliant (Band 3) and is unsafe. Further detailed analysis of working of these doctors demonstrated a large volume of administrative tasks, and a deficit in learning opportunities.

The GOS and DME met with the cardiology department on 15/05/2017 to discuss issues, and provide support. Subsequently the department reviewed their workforce and has requested additional funds to recruit a 12th junior doctor to this rota to assist from August 2017 onwards.

In addition they are exploring utilising nursing practitioners undertaking some of the routing clinical tasks currently performed by these trainees.

The GOS requested an update from the department for this report, this has not been forthcoming.

The GOS reports unsafe working by ST1-2 doctors in cardiology. The department has initiated some improvements, and plans to expand their junior doctor numbers, but there is a need for a comprehensive plan for resolution.

C. Work schedule reviews

There has been two work schedule reviews in this quarter

Paediatric ENT surgery

5 reports were submitted in one week, all documenting early starts.

As a result the GOS requested a work schedule review on 04/05/2017 and discussed the matter with the department and the relevant supervisors.

The GOS can report full engagement by the department. The cause of the early starts was identified and remedial action taken swiftly. A plan to prevent recurrence was identified and implemented within 7 days. This included; increased awareness of trainee start times in clinical team, reallocation of duties from day to out of hours teams, and cross cover arranged for teaching episodes.

The GOS advised that these new processes should be included in induction information provided for new trainees.

The GOS is satisfied that the cause of these exceptions has been effectively mitigated and the working pattern of trainees in this department is safe

Paediatric Cardiology

14 Exception reports were submitted by ST2/3 trainees in paediatric cardiology over a short period, documenting 19 hours of additional work. Only three of the exception reports had been closed, the remainder (11) had not been managed by educational supervisors and remained open with no recompense agreed by the end of the quarter.

Looking at the reports there was a clear pattern of workload that exceeded the junior trainee manpower, resulting in late finishes and missed breaks.

The GOS met with the relevant trainees, and determined that these exceptions represented significant under reporting, and identified some key contributing factors. The GOS therefore formally requested a work schedule review to be undertaken on 21/06/2017.

The department acknowledged problems, and there was immediate and effective engagement.

A detailed plan for short and longer term resolution was identified;

Immediate effect:

Stopping the secondment of cardiology ST2-3s to other specialities

Rescheduling teaching times

Regular meeting with trainees to enable a channel for communication and suggestions for change

Longer term:

Identifying minimum staffing levels for rotas going forward: 1 month

Working with trainees, devise minimum dataset requirement for commonly undertaken tasks: 6 weeks.

Discussion with ward nursing leaders to identify ways of working to improve trainee workflow: 8 weeks

Utilisation of scheduled expansion of the middle grade workforce to allow for a dedicated ward registrar:
tbc

The positive attitude of paediatric cardiology and their comprehensive and effective plan for improvement is a model for other departments going forward.

The GOS had significant concerns for the safe working of these trainees. The exception reporting process has enabled these to be brought to the attention of the department and to be appropriately managed.

D. Locum bookings

Locum and Agency Spend by Department			
Directorate	Agency	Bank	Grand Total
Acute Medicine	£83,047.07	£234,940.44	£317,987.51
Cardiovascular Services	£15,193.21	£78,115.57	£93,308.78
Clinical Imaging & Med Physics		£486.12	£486.12
Dental Services		£63,187.26	£63,187.26
Evelina Community Services		£847.42	£847.42
Evelina Medicine & Neonatology		£45,385.63	£45,385.63
Evelina Surgery & PICU		£43,439.87	£43,439.87
Gastrointestinal Medicine & Surgery	£12,906.62	£31,418.31	£44,324.93
Medical Director		£3,319.37	£3,319.37
Medical Specialties		£22,151.32	£22,151.32
Oncology & Haematology	£17,323.12	£54,643.83	£71,966.95
PCCP		£45,375.06	£45,375.06
R&D : NIHR		£2,685.80	£2,685.80
Specialist Ambulatory Services		£13,636.82	£13,636.82
Surgery		£83,003.73	£83,003.73
Transplant, Renal and Urology	£16,665.97	£20,794.62	£37,460.59
Womens Services	£11,387.02	£80,407.91	£91,794.93
Grand Total	£156,523.01	£823,839.06	£980,362.07

Locum Bookings Bank and Agency by Department							
Directorate	Agency Filled Shifts	Bank Filled Shifts	Total Filled Shifts	Unfilled Shifts	Total shifts	% Bank vs Agency	Shifts filled
Acute Medicine	166	432	598	175	773	72.24	77%
Cardiovascular Services	28	169	197	112	309	85.79	64%
Clinical Imaging & Med Physics	0	3	3	0	3	100.00	100%
Dental Services	0	170	170	22	192	100.00	89%
Evelina Community Services	0	2	2	0	2	100.00	100%
Evelina Medicine & Neonatology	0	95	95	19	114	100.00	83%
Evelina Surgery & PICU	0	70	70	5	75	100.00	93%
Gastrointestinal Medicine & Surgery	32	54	86	36	122	62.79	70%
Medical Director	0	6	6	0	6	100.00	100%
Medical Specialties	0	65	65	0	65	100.00	100%
Oncology & Haematology	46	123	169	37	206	72.78	82%
PCCP	0	93	93	57	150	100.00	62%
R&D : NIHR	0	10	10	0	10	100.00	100%
Specialist Ambulatory Services	0	39	39	19	58	100.00	67%
Surgery	0	162	162	29	191	100.00	85%
Transplant, Renal & Urology	47	54	101	47	148	53.47	68%
Womens Services	15	159	174	51	225	91.38	77%
Grand Total	334	1706	2040	609	2649	83.63	77%

Locum and Bank Bookings by Grade						
Grade	Agency Filled Shifts	Bank Filled Shifts	Total Filled Shifts	Total Unfilled Shifts	Total	% Shifts Filled
FY1	0	23	23	15	38	61%
FY2	143	95	238	84	322	74%
ST 1 / 2	0	362	362	130	492	74%
ST 3 / 4	191	1019	1210	284	1494	81%
ST4 Spec / RTT	0	207	207	96	303	68%
Grand Total	334	1706	2040	609	2649	77%

Reason for Request	Agency Filled Shifts	Bank Filled Shifts	Total Filled Shifts	Total Unfilled Shifts	Grand Total	% Shifts
Activity	27	492	519	145	664	25%
Vacancy	89	343	432	128	560	21%
Research / Projects	183	620	803	209	1012	38%
Leave	32	149	181	83	264	10%
Sickness		47	47	15	62	2%
Unknown		8	8	19	27	1%
Mat / Pat	3	47	50	10	60	2%
Grand Total	334	1706	2040	609	2649	

Variation from previous quarter

Agency and Staff Bank spends are generally significantly increased compared to the previous quarter, (particularly given that this data represents 11 rather than 13 weeks of data). Directorates with particularly marked increases were; Cardiovascular services, Evelina surgery & PICU, Gastro-intestinal medicine and surgery, Surgery and women's services.

This data cannot properly be analysed until paired with robust gap/vacancy data that is not yet available.

The data documents 77% of requested shifts were successfully filled, (64% by the staff locum bank and 13% via agencies, 23% unfilled). This demonstrates a continuation of the downward trend seen in the last quarter, where 84% of shifts were filled (65% by the staff bank and 18% via agencies).

Bank fill rates remain stable. The new contract prevents trainees undertaking locum work for the trust via agencies, and the reduction in agency fill is notable in this period. The combination of an increase in shifts requested and the reduced agency fill rate has resulted in a significant increase in unfilled shifts.

In the previous quarter 373 shifts were unfilled (29 per week on average) across the trust. This has increased to 609 (55 shifts per week on average) in this period. This is equivalent to 8 staff absent per day, which creates a significant burden for remaining staff on duty.

The trust currently has no information on how the service is managed given these workforce issues.

The GOS has included data collected by staff locum bank on the reason for shifts being booked. However, the GOS, staff bank and human resources do not consider this data currently to accurately reflect the real underlying reason for the shift request. This is an ongoing area of work for these parties and departmental managers.

The GOS plans to triangulate trainee vacancy data with locum shift requests once transition is complete and reliable data is available.

E. Locum work carried out by trainees on 2016 TCS

Department	Grade	Total Bank hours	ER hours (paid)	Total	Rota Cycle	ATC hrs/week (Ave)	Work schedule hrs	Total hrs/week (Ave)	Opted out WTR
Acute Internal Medicine	FY1	48	0	48	6	8.00	46.50	54.50	Y
General Psychiatry	FY1	33	0	33	14	2.36	47.50	49.86	Y
Geriatric Medicine	FY1	28.75	1	29.75	18	1.65	47.50	49.15	Y
Neonatology	ST2	10	0	10	20	0.50	47.25	47.75	Y
Neonatology	ST3	34	0	34	20	1.70	47.25	48.95	Y
O&G	ST1	4	0	4	12	0.33	47.00	47.33	Y
O&G	ST1	12	0	12	12	1.00	47.00	48.00	Y
O&G	ST1	16	0	16	12	1.33	47.00	48.33	Y
O&G	ST2	8	0	8	12	0.67	47.00	47.67	Y
O&G	ST3	2	0	2	12	0.17	47.75	47.92	Y
O&G	ST3	12	0	12	12	1.00	47.75	48.75	Y
O&G	ST3	34	0	34	12	2.83	47.75	50.58	Y
Paed ENT	FY2	13.5	0	13.5	5	2.70	46.50	49.20	Y
Paed Renal	ST2	33.25	0	33.25	13	2.56	47.00	49.56	Y
Perioperative Medicine	FY1	5	0	5	6	0.83	47.00	47.83	Y

The GOS received confirmation that the two trainees who worked in excess of 48 hours in the previous quarter had opted out of the WTR

Fifteen trainees on the 2016 TCS have undertaken additional work through the trust locum bank in this period. The GOS has determined that all have done so within the safe working rules and where necessary have opted out of the WTR.

The GOS has also reviewed the pattern of working and has found no cause for concern.

As documented in the previous report, the trust has no mechanism for monitoring or assessing the safety of locum work carried out by GSTT doctors in training for other NHS organisations (e.g. other trust staff banks). The GOS does not envisage that this is technically possible outside of a national database held and managed by HEE, for which there are currently no plans.

F. Vacancies

Vacancies by month in STH Medicine						
Medicine	Grade	April	May	June 1-18	Total gaps (average)	Reason
Foundation	FY1	1	1	1	1	Unfilled training post Resignation
	FY2	0	1	1	0.6	
Core Trainees	ST1-2	0	0	0	0	N/A
GIM	ST 3+	2.4	2.4	2.4	2.4	Resignation Failure to recruit LTFT
GIM SpR 2nd on call	ST3-5	1	1	1	1	Unfilled Dermatology post

H@N Rota Gaps				
	April	May	June	Total
SpR 1	5	10	2	17
SpR 2	2	2	5	9
SHO GIM	0	1	5	6
SHO H@N	0	1	1	2
F1 H@N	4	6	4	14
Total	11	20	17	48

Daytime - Rota Gaps Totals				
	April	May	June	Total
SpR 1	8	11	6	25
SpR 2	0	0	0	0
SHO GIM	0	2	3	5
SHO H@N	0	1	1	2
F1 H@N	3	0	0	3
Total	11	14	10	35

As outlined in the previous GOS report, the trust currently has no mechanism for reporting vacancies on junior doctors' rotas. With the expansion of the 2016 contract to Paediatrics and all surgical specialties, it has not been possible for the GOS to collate comprehensive data trust wide manually.

Given the previous concerns with workload in acute areas of the trust, the GOS has focused on general medical cover for this period. The GOS obtained data for acute medicine and hospital at night staff on the STH site. Central data is not currently available for the group of trainees (from multiple departments) that form the H@N team on the Guys site. However, this role has now been formally taken over by oncology and data may be available for future reports once this is fully implemented.

As can be seen, the majority of these STH medicine vacancies are due to failure to recruit to trust grade or training posts at registrar level and resignations (largely of trust grade staff) at that level. There is an additional seasonal effect as trust grade doctors commonly leave posts at this time of year, to take time out prior to commencing training posts from August. Senior trainees are appointed to consultant posts and then leave their training posts. Backfilling gaps are consequently more difficult at these times. These gaps result in locums being required for around two thirds of the nights over this period at one level or another, which has implications for team working and potentially patient care.

It is notable that some training posts have been unfilled repeatedly, in some cases for years. The late notice provided by HESL of vacancies compounds backfilling recruitment problems.

Active management of these vacancies and conversion to trust appointed posts, or reorganisation of working duties amongst the multi-disciplinary team, needs to be undertaken to reduce shift gaps and locum use and provide a more reliable working team.

Trust wide accurate and contemporary gap data will bring to light seasonal resignation patterns, which could then be planned for.

Recommendations:

The GOS recommends active management of posts that are regularly left unfilled year on year (both trust and training) .

G. Fines

Fines by department		
Department	Number of fines levied	Value of fines levied
General Surgery	1	£75.81
Total	1	£75.81

Fines (cumulative) - – Cost code 648040			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£52.32	£0.00	£0.00	£52.32

At the last Junior doctor's forum, it was agreed to spend these modest funds on a social event for trainees, to create an open environment to discuss working problems in departments.

No fines were levied in this quarter

The GOS has analysed all late finish and early start exception reports manually. Only one of the reports could potentially have resulted in a reduction in rest period below 8 hours. The GOS has requested additional information from the trainee concerned, regarding the timing of shifts immediately prior to and subsequent to the report but this is outstanding at the time of writing and will be included in next quarters report.

Payment has been agreed in resolution of 12 exception reports, 11 of these closed by the GOS. A review of these demonstrates none have resulted in breaches of the 48 hour maximum average working. This has been calculated according to the formula;
(Average hours in generic work schedule + additional hours reported) / weeks in rota cycle.

It is not possible to calculate if any exception report has resulted in a breach of the 72 hours maximum work in 7 calendar days as this would require detailed knowledge of the operational rota, rather than the generic work schedule. This would require an automated system. No trainees tagged their exceptions reporting this breach of the contract

3 missed break exception reports have been submitted in this quarter. They have not reached the 25% threshold for fines for any trainee.

H. Contract Breaches

Rota	Number	Grade	Delayed	Reason for delay	Date WS sent
Acute Medicine	3	FY1	N		
Allergy	4	ST3+	N		
Anaesthetics	1	FY1	N		
Anaesthetics	72	CT1/2 and ST3+	N		
Cardiology	11	FY2/ST1/2	N		
Clinical pharmacology	1	FY2	N		
Clinical Radiology	2	ST3+	N		
Sexual Health	1	FY2	Y	H@N Changes	Incomplete
Dermatology	15	ST3+	N		
Elderly	4	FY2	Y	H@N Changes	05/07/2017
Elderly Care	3	FY1			
Elderly Care	4	ST1/2	N		
Emergency Medicine	19	FY2	N		
Emergency Medicine	15	CT1/2, ST3/ST4+	N		
Endocrinology /Diabetes	1	CT1	N		
Gastroenterology	1	FY2	N		
General Medicine	7	FY2/ST1/ST2	N		
General Practice	11	FY2	Y	H@N Changes	05/07/2017
General Practice	20	ST1+	N		
Child/Adol Psychiatry	1	FY1	N		
General Psychiatry	8	FY2	Y	H@N Changes	Incomplete
General Surgery	10	FY1	N		
Genito Urinary Med	2	FY2	Y	H@N Changes	05/07/2017
Genito Urinary Med	7	ST3+	N		
GPVTS	6	ST1/2	N		
Histopathology	10	ST1	N		
Haem/Oncology	6	FY2/CT1/2	N		
HIV	1	FY2	Y	H@N Changes	Incomplete
ICU ST1/ST2	14	ST1/2/3+	N		
Infection	1	ST3+	N		
Neurology	6	ST3+	N		
Neurosurgery	1	ST3+	N		
Nuclear Medicine	2	ST3+	N		
Ophthalmology	9	FY2	Y	H@N Changes	Incomplete
Ophthalmology	12	ST1/ST2ST3+	N		
Palliative Medicine	1	FY2	Y	H@N Changes	Incomplete
Renal	7	CT2	N		
Rheumatology	1	FY2	Y	H@N Changes	Incomplete
Respiratory Medicine	2	CT2	N		
Urology	3	FY2	Y	H@N Changes	Incomplete

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.

Specialties are due to transition to the new contract in August and should have received work schedules by 06/06/2017.

There were trust wide problems with missing and inaccurate data provided by HES by the required deadline. This delayed the issuing of work schedules to a large number of trainees across the trust. Departments have also had very little notice of vacancies they will need to manage, and insufficient time to undertake appointment to backfill. An increase in gaps in rotas is the likely result and an increased locum spend.

Trainees were likewise unaware of their placements, and consequently unable to submit leave requests to the correct departments prior to the creation of operational rotas. The GOS has asked departments to help support trainees in this situation, and help to facilitate subsequent swaps.

HESL wrote a letter to trainees apologising for this delay (see appendix A) and acknowledging responsibility. It is notable that this appears to be a regional issue rather than a national one.

Improvements in the H@N rota has resulted in a delay in sending work schedules to some trainees

Recommendation:

Departments should assist trainees, and take the lead in finding swaps to enable leave to be taken, when due notice was not possible prior to starting in a post through no fault of the trainee.

I. Junior Doctors Forum and Qualitative information

The GOS chaired the second Junior Doctors Forum on 2th June 2016. The representation from trainees who have transitioned to the new TCS was disappointingly small. The GOS has created a junior doctors forum representative whats-app group. It is hoped this will improve attendance at the forum in future

Concerns raised directly by trainees in the forum were then explored personally by the GOS, by undertaking departmental visits and discussions with relevant clinical leads and managers and focus groups of trainees and have been included elsewhere in this report.

One positive note voiced at the forum, was the view that the ER process has created better links between FY1s and their named clinical supervisors in some areas. Foundation trainees reported this improved relationship has enabled problems to be addressed directly, outside the reporting process.

Conclusion

The TCS has now been extended to trainees in surgical specialties at GSTT.

There is clear evidence of under reporting across the trust, which is reflected regionally and nationally.

The exception reporting and monitoring process is unnecessarily complicated in the current electronic formats available, and this is one factor that is discouraging engagement.

There is a lack of transparency to trainees on the consequences of exception report submission, which is a deterrent to reporting. The GOS is working with trainee groups, the chief registrar and the education centre staff, to promote reporting and advertise instances of positive change that has resulted from reports.

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.

ST1-2 doctors in cardiology are working an unsafely and this requires immediate attention.

The GOS has significant concerns with the working pattern of ST1-2 doctors in oncology and awaits an effective plan in response to the recent work schedule review

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**HEE London & South East
Healthcare Education Team Bulletin
Junior Doctor and Dentist – Trainee Communications
June 2017**

Notification of rotation information delay

I am writing to notify you that we have experienced significant technical challenges resulting in delays confirming the new starters and rotation information to Trusts. Therefore, there may be a delay in receiving your offer letter from your employing Trust.

We have completed a full investigation into the reason for the delay and we have identified that the main cause was predominantly new software systems which automates the allocation of trainees to training programmes. This issue is now resolved; however, the delay has had a knock on effect for employing organisations.

We have been working closely with Trusts and Training Programme Directors to verify and confirm the data is now accurate, therefore we anticipate that you should receive your offer letters and work schedules within the next few weeks.

Once you receive your offer letters from Trusts please can you ensure that you complete their joining paperwork as soon as possible, as this will hasten your induction process on 2nd August.

We sincerely apologise for any inconvenience caused.

Best wishes,

PG Deans for LaSE & HET Senior Management Team