

GUARDIAN OF SAFE WORKING HOURS ANNUAL REPORT 2016/17 ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING

Executive summary

The 2016 junior doctors contract is gradually being introduced at University Hospitals Bristol NHS Trust. The new contract introduces stricter safe working limits and reduces the maximum number of sequential shifts that a junior doctor can work necessitating significant rota redesign in some areas. Whilst there is a national implementation timetable the Trust has chosen to depart from this where divisions have been unable to provide assurance that safe levels of medical cover can be provided under the new terms and conditions.

Our first group - 42 Foundation Year 1 doctors – started on the contract at the beginning of December 2016 a further 23 doctors of more senior grades started on the contract in April 2017. The majority of the remainder of doctors will transition to the new contract between August and October 2017. Work is ongoing to identify the number of additional medical staff that the Trust will require to appoint to deliver the new contract safely with a view to these post being advertised and appointed to in time for the August transition.

Introduction

The 2016 junior doctors contract introduces a new role - the Guardian of Safe Working- who is responsible for monitoring the new junior doctors contract and providing the Trust Board with assurance that departments and divisions are observing the safe working limits. Part of this responsibility includes this report – which is specifically designed to address rota gaps and vacancies within junior doctors working arrangements. As the Trust has chosen to have a local implementation timetable data in this report will only cover information from the 65 doctors currently on the new contract. Future reports will cover posts once they have transitioned onto the new contract.

High level data

Number of doctors / dentists in training (total):	385 (headcount)
Number of doctors / dentists in training on 2016 TCS (total):	65
Annual vacancy rate among this staff group:	None

Annual data summary

The table below shows the rota gaps per specialty for posts on the 2016 Contract. Further information on posts still on the 2002 Contract can be found in appendix 1

Specialty	Grade	No of doctors (WTE)	Quarter 4 2016	Quarter 1 2017
General Medicine	F1	21	0	0
General Surgery	F1	17	1*	1*
Psychiatry	F1	3	0	0
HDU	F2	5	n/a	
General Surgery	F2 / CT1	8	n/a	0**
O&G tier 1	F2 / GPVTS / CT 1&2	10	n/a	0
Total		65	1*	1*

- * Vacancy for F1 doctor identified on this rota but has been addressed by appointment of clinical fellow covering daytime shifts
- ** Rotating gap from the deanery every 6 months on this rota. May affect future quarters reporting.

Issues arising

Introduction of the new contract has revealed several areas of the Trust with gaps in existing rotas which have been compounded by the new terms and conditions. The reason for these gaps is complex and the exact nature and extent of them is not fully understood but most seem to stem from:

- Variations in numbers of trainees sent to the Trust by the deanery
- Difficulty recruiting into Trust grade posts
- Long term structural rota problems not addressed under the old contract
- Reliance on internal locums to cover short and long term gaps

There seems to be a particularly heavy workload for F1 cardiology doctors which has resulted in a large number of exception reports under the new contract. Although this is not due to a “rota gap” in the current workforce it is likely that additional staffing may be required in this area.

There are significant challenges in the Childrens Hospital, especially for the Paediatric Medicine ST4+ rota. Under the 2002 T&C rota rules they have 5 vacancies on this 27 person rota. In March 2017 they had to implement an emergency 24 person rota which increased the frequency of on call work for the trainees. This rota still has 2 rota gaps. This emergency rota has had a significant, negative, impact on the training provided for these doctors and on many occasions the level of staffing falls below that required to provide teaching and training. Moving this rota onto the new contract risks worsening these gaps further.

There is a significant reliance on internal locums to cover both short and long term gaps in junior medical staff rotas across the Trust. This is a major challenge for the Trust as the flexibility to employ juniors in this way is reduced under the new contract and the rates of pay for these shifts is significantly reduced meaning that shifts may be harder to cover.

Month 16/17	Locum spend £ (approx)	No. of claim forms processed
September	70,000	129
October	52,000	127
November	94,000	404
December	104,000	351
January	72,000	319

The no of claim forms processed reflects the number of additional shifts carried out. The length of these shifts ranges from 5 – 12 hours.

Actions taken to resolve issues

Significant work is being undertaken across the Trust with high levels of engagement in identifying problematic rotas and developing action plans to address the issues prior to implementation of the contract. Appendix 1 shows the state of readiness for each of the rotas (as at May 2017) yet to be transitioned onto the new contract – this should be read with some caution as much of the data is provisional.

The Trust has approved recruitment into several new Trust Grade posts from August 2017 to address some of the problems revealed by the new contract. This is a very positive step but success will rely on being able to recruit to these posts quickly to ensure doctors are in post by August 2017.

Division	No of posts approved
Specialised Services (SpS)	4
Surgery, Head and Neck (SH&N)	6
Medicine (Med)	4
Womens and Childrens (W&C)	7

The Trust has provided details of the various attempts made within cardiology to improve the workforce problems over the past few years. The new contract has again brought these long standing issues into sharp focus and a plan to recruit to new educational fellow and trust doctor posts has been developed. It is hoped that this will help ease the workload for junior doctors in this area.

Work to address the use of locum staff and the arrangements for employing internal locums is being carried out by the Medical HR department but it seems inevitable that a centralised staff locum bank and investment in electronic rota software will be required to meet the terms of the new contract.

There are fortnightly meetings of the Junior Doctors Contract Implementation Group which are well attended by divisional clinical and HR representatives, Medical HR and the Medical Directors team. This group has been instrumental in understanding the challenges posed by the new contract and in developing action plans to allow implementation in a way which ensures safe staffing levels.

Summary

It is clear that the new contract is challenging for the Trust and is highlighting several rotas where additional support / staffing may be required. Future reports – both this annual report and quarterly reports to the Trust Board - will provide updates on the progress being made.

Questions for consideration

The Board is asked to note the significant challenges posed by the introduction of the 2016 Junior Doctors contract and the work being undertaken across the organisation to ensure safe levels of medical staffing.

Appendix 1 Readiness of other rotas for transition to 2016 Terms and Conditions as at May 2017

Division	Rota	Date of transfer	Compliance with 2016	Risk	Comments	No. of Trust posts needed for compliance
Med	General Medicine F1	07/12/2016	Compliant	Low	Rota is live	0
Med	Emergency Medicine ST3+	02/08/2017	Non compliant	Low	One shift needs reallocating to achieve compliance	0
Med	Emergency Medicine ST1-2	02/08/2017	Non compliant	High	Rota will need additional Doctors to maintain current staffing levels	3
Med	Dermatology ST3+	02/08/2017	Compliant	Low	Rota agreed, ready to go live	0
Med	General Medicine ST1-2	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
Med	General Medicine ST3+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
Med	Academic F2	02/08/2017	Compliance achievable	Medium	Rota analysis with Division, F2s support AMU but are an additional resource to the rota	0
SH&N	F2 HDU	05/04/2017	Compliant	Low	Rota is live	0
SH&N	General Surgery F1	07/12/2016	Compliant	Low	Rota is live	0
SH&N	General Surgery CT1-2 & F2	05/04/2017	Compliant	Low	Rota is live	0
SH&N	General Surgery ST3+	04/10/2017	Non compliant	High	Rota analysis with department for consideration, exceeds average hours and maximum weekly hours	To be confirmed
SH&N	General Anaesthesia 1st on-call	02/08/2017	Compliance achievable	Medium	Compliant options produced, more complex than other rotas due to module system	0
SH&N	General Anaesthesia 2nd on-call	02/08/2017	Compliance achievable	Medium	Compliant options produced, more complex than other rotas due to module system	0
SH&N	Obstetric Anaesthesia ST3+	02/08/2017	Compliance achievable	Medium	Compliant options produced, more complex than other rotas due to module system	0

Division	Rota	Date of transfer	Compliance with 2016	Risk	Comments	No. of Trust posts needed for compliance
SH&N	Cardiac Anaesthesia ST3+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
SH&N	Paediatric Anaesthesia ST3+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
SH&N	ITU ST3+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
SH&N	Ophthalmology 1st on-call	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
SH&N	Ophthalmology 2nd on-call	02/08/2017	Compliance achievable	Medium	Compliant options produced, work is continuing to finalise the rota	0
SH&N	Trauma & Orthopaedics ST1-2	02/08/2017	Non compliant	High	Needs additional resource to achieve compliance	2
SH&N	Trauma & Orthopaedics ST3+ (incl. Paeds T&O)	02/08/2017	Compliance achievable	Medium	Compliant options produced, service impact being assessed	0
SH&N	ENT ST1-2	02/08/2017	Compliance achievable	Medium	Compliant options produced, service impact being assessed and may require additional resource	To be confirmed
SH&N	ENT ST3+	02/08/2017	Compliance achievable	Medium	Compliant options produced, service impact being assessed and may require additional resource	To be confirmed
SH&N	Oral Max Fax ST1-2 & Dental Core Trainees	02/08/2017	Compliance achievable	Medium	Compliant options produced, service impact being assessed and may require additional resource	To be confirmed
SH&N	Oral Max Fax ST3+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0

SpS	Oncology ST3+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
SpS	Haematology ST3+	02/08/2017	Non compliant	High	Needs additional resource to achieve compliance	2
SpS	Oncology & Haematology CT1-2 / F2	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
SpS	Cardiology ST3+	02/08/2017	Non compliant	High	Needs additional resource to achieve compliance	3
SpS	Cardiothoracic ST1+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
SpS	Palliative Care ST3+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
SpS	Clinical Genetics ST3+	02/08/2017	Compliant rota option(s) produced	Low	Shift pattern is normal working day, no action needed	0
W&C	O&G ST1-2/ F2	05/04/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
W&C	O&G ST3-5 1st on-call	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
W&C	O&G ST6+ 2nd on-call	02/08/2017	Compliance achievable	Medium	Compliant rota options produced, the risk is that not all posts will be recruited to which will exacerbate existing difficulties for training	0
W&C	Paediatric Surgery ST1-2	02/08/2017	Non compliant	High	Needs additional resource to achieve compliance	2
W&C	Paediatric Surgery ST4+	02/08/2017	Non compliant	High	Needs additional resource to achieve compliance	2
W&C	Paediatric Medicine F2 & GPVTS	02/08/2017	Non compliant	High	Needs additional resource to achieve compliance	2

W&C	Paediatric Medicine ST1-3	06/09/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
W&C	Paediatric Medicine ST4+	06/09/2017	Compliance achievable	Medium	Compliant options produced, work is continuing to finalise the rota	0
W&C	PICU	02/08/2017	Compliance achievable	Medium	Compliant options produced, service impact being assessed and may require additional resource	To be confirmed
W&C	NICU ST1-3	06/09/2017	Compliance achievable	Medium	Compliant options produced, work is continuing to finalise the rota	0
W&C	NICU ST4+	06/09/2017	Non compliant	High	Needs additional resource to achieve compliance	1
W&C	Paediatric Emergency Department	02/08/2017	Compliant	Low	No change to rota needed, existing pattern compliant	0
W&C	Paediatric Cardiology	06/09/2017	Compliant rota option(s) produced	Medium	Compliant options produced, work is continuing to finalise the rota	0
W&C	Paediatric Oncology / BMT	06/09/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
W&C	Paediatric Cardiac Surgery	06/09/2017	Non compliant	High	Needs additional resource to achieve compliance	1
W&C	Paediatric Neurosurgery	02/08/2017	Non compliant	High	Needs additional resource to achieve compliance	1
W&C	Plastics & Burns ST3+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0

D&T	Radiology ST1+	02/08/2017	Compliant	Low	Changes needed to facilitate compliance are able to be accommodated, rota to be finalised	0
D&T	Microbiology	02/08/2017	Non compliant	High	Rota covers various Trusts, meeting with Lead Consultant is arranged	To be confirmed
D&T	Chemical Pathology ST3+	2/8/147	Compliant rota option(s) produced	Medium	Due to low work intensity on-call the rota may be able to retain current working pattern with Divisional approval, awaiting further information	0
Trust	Occupational Health	02/08/2017	Compliant	Low	Shift pattern is normal working day, no action needed	0

Low	Rota is compliant and low risk in terms of safety and training
Medium	Compliant options have been produced but work is ongoing to assess the impact of implementation and the extent to which safety and training is impacted. There is a medium risk that additional resource is needed or there will be difficulty recruiting to existing posts
High	Rota is high risk and implementation is not possible without adversely impacting safety and training, highly likely that additional resource is needed to achieve compliance