

## Medicine and UEC

### Evaluation of Impact – Rightsizing of the Medical Workforce

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This paper aims to evaluate the changes made to Tier 1 and 2 medical staffing rotas since the investment in August 2021, and makes a recommendation for the investment of £1.4 million (FYE) to be made substantive.

#### Summary of approval

In May 2021, approval was received for investment of 956k for 2021/22 against plan for recruitment to additional Tier 1 and Tier 2 doctors, across the Medicine and Urgent and Emergency Care Divisions. This was Option 4 in the business case, which aimed to respond to concerns regarding patient safety out of hours. As well as additional doctors, the case was also approved with supporting elements including consultant supervision and admin, summarised in the below.

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

The implementation of the business case has been managed through an on-going fortnightly Medical Workforce Group, attended by Medicine and UEC managers & medics, Medical HR, Rostering Services, HOOH and Medicine's Chief Registrar.

#### Where we are now

##### *Medical posts and rotas*

There are 69 Tier 1 doctors in post (39 trainees), of which 16 had a period of supernumerary, 8 are still in supernumerary, and 4 are due to start November-December. There is 1 vacancy now and there will be 2 from December rotation.

Of the 8 new IMT3 posts (6 as part of the case as 2 converted), 2 vacancies remain due to late withdrawals.

Rotas have been released in stages as Clinical Fellows have been appointed, to ensure the biggest risk is mitigated while maintaining financial control, with some Tier 1 posts and shifts covered with bank or agency. Bank and agency has been phased out as Clinical Fellows join the rota.

The full rotas will be released in February 2022 once the doctors due to start in December are out of supernumerary, with no reliance on bank or agency except for unplanned vacant shifts.

### *Admin for grip & control*

The Rostering Services team and HR have been covering the admin post approved through the business case through bank, with the new appointment starting in post 26<sup>th</sup> November. With the additional resource as well as reduction in time spent filling vacant shifts, the following has been achieved:

- New weekly 1:1 meetings between rota coordinator and AGM to troubleshoot and forward plan
- Improved management of annual leave and self-directed study and clinic leave to ensure better consistency of ward-based staffing
- Production of new monthly reports to aid AGMs to better plan and manage staffing levels and financial control; reports are as follows:
  - Annual leave taken/outstanding for all medical grades
  - Self-directed study time and clinic leave for trainees
  - Variable pay worked the previous month, and booked for this month and next
  - Hours worked and actual cost vs contracted hours worked and planned cost for all bank and agency registrars and consultants
- Better management of Clinical Fellow sign-off with progress report to ensure supernumerary periods are not extended
- Finding more efficient ways to rota, such as:
  - Bank Holidays no longer filled by bank or agency but built into the rota and as a hybrid between weekday and weekend staffing for better cover at no cost
  - Improved allocation of rota lines preventing movement of doctors between wards for greater consistency

### **Impact summary**

This business case aimed to address safety concerns within the Medicine Division; recruitment to the increased establishment and implementation of new rotas to enable staffing levels to meet RCP recommended levels has mitigated the risk which previously scored a 12, and has been downgraded to a 4 (ID: 2562).

As well as benefits seen in Medicine, the additional senior cover has provided the UEC Division with increased opportunity to avoid admissions, to provide more cover to resus and EAU enhanced care beds, and increased support to the HOOH Practitioners. Feedback from Ben Owens (Clinical Chair) as well as registrar's from a recent forum describes a notable difference in response time and consistency in cover to UEC.

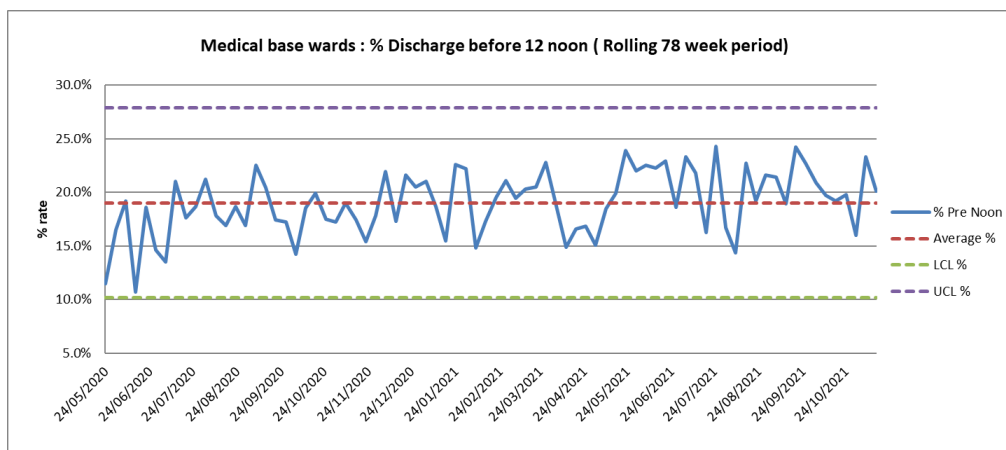
### **Impact on patients**

As a consequence of the business case, the Medicine Division now have rotas which align with the RCP guidance for safe medical staffing. Patient care will no longer be impacted as a result of inadequate staffing, through delays to review or discharge, or by being cared for by doctors who are suffering with tiredness and burnout, or are disengaged through lack of support or development.

In August 2020 there were a number of incidents relating to insufficient medical staffing out of hours to which the Division responded by allocating additional cover through high-cost agency. Since implementing the new rotas, no incidents have occurred as a result of inadequate staffing levels out of hours.

Feedback from HOOH Practitioners and both Tier 1 and Tier 2 doctors confirm out of hours no longer feels unsafe due to insufficient medical staffing, largely as a result of the second registrar.

Although Option 1 was not approved which would have increased ward-based staffing to a minimum of 3, there has been a improvement to ward-based processes following recruitment to the additional posts and better consistency of allocations; wards now work on minimum of 2 less frequently, and 8am starts have been introduced (one shift per ward). Although the pre-noon discharge metric is influenced by a number of factors, an increase is noted following the change in August 2021 (see graph below).



## Impact on medical staff

### Exception reports

For the 8 months August 2020-April 2021, there were 199 exception reports submitted for doctors working on medical rotas, 171 of these related to hours, 12 relating to education, 12 to service support and 5 to pattern.

For the 3 months August-October 2021, there were 24 exception reports, a reduction from an average of 25 a month to 8.

### Survey

A survey was carried out with Tier 1 and Tier 2 doctors prior to the changes in August to capture feedback regarding their experience of working within Medicine; the questions were as follows:

1. Patients receive safe, quality care (in / out of hours)
2. I was able to have meaningful interactions with patients (in / out of hours)
3. I felt well supported in my clinical duties (in / out of hours)
4. I have a manageable workload with realistic time pressures (in / out of hours)
5. I am content with my rota pattern

6. My morale, mental health or wellbeing have not been negatively impacted
7. I would like to work at SFHT in the future

July's survey prior to the change has unfortunately been discounted as many responses were provided in the context of the COVID floor rotas, in which Medicine had an even greater uplift in out of hours staffing, and at the expense of in-hours ward cover.

Feedback on the new rotas is summarised below:

**Tier 1 – trainees and CFs**  
23 responses

	Qns. 1-7	Qns. 1-4	
	Total	In-hours	Out of hours
	252	92	92
Strongly Agree / Agree	67%	84%	55%
Neither agree nor disagree	21%	10%	29%
Disagree / Strongly disagree	11%	7%	15%

Comments include:

- More registrars in-hours required
- Doubling registrar cover overnight is good – feel safe and supported
- More doctors required on nights – both on EAU and wards
- Rota coordinators excellent and responsive
- EAU staffing gets overwhelmed particularly when there are acutely unwell patients, and another Junior or SpR would make a huge difference
- Feel very supported OOH by HOOH coordinator and more senior junior doctors or registrar
- Registrars easily accessible, important knowing at least one contactable at all times OOH
- Because of the support available, not overly worried or stressed OOH as I know I am supported and has meant OOH has been a good learning opportunity

**Tier 2 – Medical Registrar**  
7 responses

	Qns. 1-7	Qns. 1-4	
	Total	In-hours	Out of hours
	88	32	32
Strongly Agree / Agree	72%	97%	56%
Neither agree nor disagree	11%	3%	13%
Disagree / Strongly disagree	17%	0%	31%

Comments include:

- Ward cover is manageable however, EAU can be incredibly busy and doesn't have enough support, especially overnight
- More SDEC cover required OOH
- The night 'take' team would benefit from extra doctor

Feedback from this survey as well as verbal feedback from the recent Registrar Forum and HOOH team are very positive, and indicate that the aim of improving the experience for doctors as well as better supporting them to deliver care to patients in and out of hours has improved following this change. The feedback and comments provided will be addressed in the Medical Workforce Group.

See below document for full scoring and comments:



Doctor feedback  
survey - tally and con

#### *Statement provided by Niels Larsen, Chief Registrar*

A statement has been provided by Medicine's Chief Registrar (see below). To summarise, Niels describes the change as an unequivocal benefit for patients and doctors at King's Mill Hospital; focusing on the doubling up of registrars, there is now an ability to manage patients differently, provide more support to the HOOH practitioner with more timely patient interventions, and increase support to junior doctors.

Nights are no longer overwhelming; they instead feel safer and better controlled, with greater cover for the increased workload and sicker patients across the Medical take and base wards.

This change is a necessity to keep the hospital functioning.



Chief Reg  
summary.docx

#### *FY1 working nights*

FY1s have not historically worked overnight at SFH unlike at other Trusts, largely due to the lack of senior support, but they were rota'd onto nights to support the COVID floor rotas. Following positive feedback from the FY1s in doing this, an agreement was made with the Foundation Training Programme Director that following the introduction of a second registrar overnight, FY1s could be put onto the night rota with a plan to review.

A review was carried out in October, and feedback was generally positive (see full summary below). highlights include:

- 88% feel staffing levels overnight is adequate
- 94% said the medical registrar is easily contactable overnight
- 100% said they would be happy to continue doing nights on this rotation
- 89% said F1s should do nights

The implementation of the second registrar overnight has supported this change; if this were to be retracted, the Foundation TPD would not support F1s remaining on the overnight rotas. The F1s

would subsequently lose the opportunity for development overnight, and the wards would suffer the reduction in junior medical cover.



F1 Medical Survey  
26.10.21.pdf

### **Impact on reputation**

The rotas which have been implemented are now equitable to those at local Trusts NUH and Derby, and work in the favour of SFH as an attractive place to work and develop a career, for both our trainee and trust doctors.

Shape of Training, a Health Education England initiative to reform postgraduate medical education and training was supported at SFH through appointment to 6 new IMT3 posts, in addition to 2 converted from ST3+ posts within Medicine. These posts would otherwise have been declined through lack of available funds. Should this business case not be supported, Medicine and UEC will be required to withdraw from the programme and would miss an opportunity to attract senior doctors of the future.

### **Recruitment**

It is of the recommendation of Medical HR and the Medicine Division, that recruitment to posts for August 2022 commences as soon as possible. Interviews are arranged in December in anticipation that Medicine will lose a minimum of 20 Clinical Fellows in August 2022, and are likely to have vacancies against a number of training posts. To ensure posts are filled with start dates prior to August 2022 and prevent delayed recruitment and on-going vacancies or bank and agency usage as we have this year, this is a request to recruit to all established and new posts linked to the business case.

Statement provided by Rebecca Freeman, Head of Medical Workforce:



HR Clinical Fellow  
summary.docx

### **Finance**

The business case requested 956k for H1 and H2 (start date 1<sup>st</sup> August); the full year effect is 1.4m. Spend August-October was 147k under, driven by the following:

- Vacant posts, not filled with bank or agency
- Releasing rotas in stages aligned with WTE in-post

- 'Golden Hello' for Clinical Fellow not all paid due to delayed start dates
- Consultant PAs not yet allocated to consultant supervision
- Delayed admin recruitment
- Clinical Fellows from overseas require 8 weeks supernumery, for which their salary is reduced as not yet on overnight rota

H2 will spend to the full ask of the business case as we will recruit to all posts including admin, Consultant PAs as well as Golden Hello's not paid in H1.

	2021/22		
	Aug to Oct 21	Nov 21 to March 22	Total
	£'000	£'000	£'000
Business case request	(358)	(597)	(956)
Actual spend	(211)	0	(211)
Forecast spend	0	(597)	(597)
<b>Savings</b>	<b>147</b>	<b>0</b>	<b>147</b>

### Ask

This paper requests the establishment uplift to be made permanent so that recruitment can begin now to all posts for 2022/23, to allow for safe staffing levels to be maintained without risk of vacancies and use of bank and agency.

Following assessment of the impact and finances following recruitment to all posts and rotas in full effect (from February) and potential additional efficiencies, a paper will return with the required full year effect for 2022/23; this will not require any addition to the current 1.4m.

### Next steps

Option 1 in the business case requested a further 7 Tier 1 doctors to increase ward-based staffing to a minimum of 3, and 5 trainee Advanced Clinical Practitioners as a step towards more sustainable staffing. The Medicine Division will be submitting a business case for further investment in 2022/23 following a review of need.