

Ref: FOI/GS/ID 4624

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
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Maidstone
Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

09 April 2018

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to safe working hours.

You asked:

1. Please confirm whether you have a permanent guardian of safe working hours in place at the trust. Please confirm their length of service in the guardian role.
2. Please detail the total number of exception reports submitted during 2016/17 and 2017/18.
3. Please detail the number of exception reports submitted during the time frame which focus on staff shortages/rota gaps.
4. Please provide anonymised text for all of the reports fulfilling the above criteria.
5. Please provide the total number of clinical vacancies currently at the trust, separated however trust figures are usually detailed.

Trust response:

1. Permanent Guardian of Safe Working. Appointed 25/07/2016
2. 2016/17 = 44 / 2017/18 = 329
3. 2016/17 = 16 / 2017/18 = 163
4. Please see the following tables:

2016-2017

Description
Hours worked: 0900 - 2030 (11hr 30min). Rest obtained during above mentioned period: 30 minutes (1610-1640) 1) Lack of senior assistance. 2) Medically unwell patients. One patient in particular was requiring SpR and my attention past 1900.
Night SHO did not attend for shift so myself and SpR were unable to leave. I had to stay 2 hours late as my shift was meant to finish at 8pm.

Staffing level: 1x consultant; 1xregistrar (who was on call); 2xfy1 (including self); 1xct2. 2xconsultants; 2xSHO and 1xregistrar absent. Finished clinical work at 20:30 when I should have finished at 17:00.
Medical staffing levels: 3x consultants; 2xfy1 (including self); 1xct2 and 1xregistrar. 2xSHO and 1xregistrar were absent. Ended up leaving ward at 20:30; without having completed all jobs.
Stayed an hour and a half late in order to finish ward jobs; update list and order bloods.
Unable to complete all necessary tasks during normal working hours due to levels of staffing on the ward on this day.
Routine jobs covered across whole ward with 3 doctors working. Left 2.75 hours late after one patient became unwell and required prolonged input.
Too many ward jobs and unwell patients to finish on time or receive adequate breaks. Started at 8am and left at 7pm (3 hours late).
Unable to complete routine jobs within working hours due to high volume of patients being cared for by each team member.
I had to stay until 7pm to sort out urgent jobs that could not wait. It was a particularly busy day jobs that could not be handed over that I stayed to complete after 4.30pm
staff illness left ward understaffed.
Medical rota had 3 members of the gastro team on call/nights at one time. Senior support provided by registrars and consultants.
Finished at 20:30. We are currently one consultant down so the ward is split into two instead of three. I did not particularly feel unsupported - as I have a consultant who is very approachable and contactable and I also have SHO that are very happy to help. We all finished at the same time. My lunch consisted of purchasing my sausage roll and eating half of it during the walk from the cafe to the ward.
Stayed late to finish jobs; Short staffed on ward.
Short notice cover for sickness. Covered night shift on 19/03/2017 instead of doing long day 20/03/2017
Hours worked: 0900-1830. Rest breaks: NIL. No lunch break taken. Ward round completed at ~1530.

2017-2018

Description
Unable to achieve breaks and finish jobs on time due to low staffing levels on ward;
Stayed late to finish jobs as no SHO on team
Stayed late to finish jobs as only junior on team
Came in early to do EDNs outstanding from previous day; had to stay late to finish jobs.
Ward round finished at 4 pm; had to stay late to finish jobs.
Some staff off sick so understaffed.
Finished two hours late and could not take lunch break;
Finished half hour late and could not take 1 hour break;
Finished half hour late and could not take 1 hour break;

Large workload. Finished really late.
Heavy workload. Finished late.
Busy Friday. Heavy ward workload. Finished late
2 juniors on ward. Both had to stay till 7.30pm to finish all jobs;
2 juniors on the ward. Had to stay behind to do EDNs for patients going the next morning
A lot of sick/septic patients to deal with.
The team had a large number of patients - between 35 and 40 each day - and some of these patients were sick; or had complex needs that required additional time. There was an SHO or registrar on the team with me; In order to finish the jobs on time and ensure that everything was done safely; with proper handover; I did not have breaks most days and stayed late each day - on 2 days this was nearly 3 hours past my finish time.
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F1 rota gap and SHO induction day meant I was responsible for completing the jobs after the ward round; which went on until about 1pm. Being my first day meant I was unfamiliar with many of the logistics. All of this lead me to stay until 8:30pm; and not even managing to take a lunch-break.
The ward round did not finish until around 1pm. The new SHO had induction during the morning and came around 12.
I was meant to be working until 4:30pm but ended up staying until 9:30pm doing jobs which should have been completed during the day if we had adequate help.
Worked between 8am-8pm. Through no fault of any of the senior clinicians we have had a job list involving over elderly patients and are now average in the range of 5-10 discharges per day. With some patients only being here for a few days there is always an immediate need for jobs to be finished prior to discharge. EDNs for these patients are understandably time consuming giving the long and complex history of these elderly patients.
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I was on the rota to do the twilight SHO shift 12:00-22:00. The take was extremely busy as was the ward cover; so I was having to try and clerk as well as see sick patients on the wards and do ward jobs that had been handed over.
Worked between 8am-7:40pm. Through no fault of any of the senior clinicians we have had a job list involving over 30 elderly patients and are now averaging 4-10 discharges per day. With some patients only being here for a few days there is always an immediate need for jobs to be finished prior to discharge; as well as chasing up GPs with pending blood results. EDNs for these patients are understandably time consuming giving the long and complex history of these elderly patients.
Worked between 8am-8pm. Ward has been experiencing a very high throughput of patients this week. Through no fault of any of the senior clinicians we have had a job list involving over elderly patients and are now discharges more patients per day than previously. With some patients only being here for a few days there is always an immediate need for jobs to be finished prior to discharge. EDNs for these patients are understandably time consuming giving the long and complex history of these elderly patients. Additionally on this day; the other FY1 had to leave my 6pm; our FY2 stayed with me till 7:30.
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<p>Busy day with lots of discharges. Ward has been experiencing a high turnover throughout the week. This means a job list of >30 patients with ongoing new patient issues as the day progresses as well as providing supervision to the FY1s. This meant extra hours post 5pm to 8pm</p>
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<p>This week I have been expected to cover four teams. This is ordinarily in the rota for 3 FY1s. Attempting to attend 3 ward rounds and see any patients if there are any (which there have been this week) in the morning before the registrars go to clinic/ theatre is not feasible. I have also been bleeped to assist in theatre 3 times this week - something that I have had to turn down as this clearly isn't possible to leave the ward. I have also not had chance to stop for a break at all this week in order to get through the jobs.</p>
<p>On starting this week it was brought to my attention that my week may consider more than 72 working hours. Below is a breakdown of my week: Monday 21st: 08:00 - 20:30 (on call shift). 12.5hrs Tuesday 22nd: 08:00 - 16:30. 8.5hrs Wednesday 23rd: 08:00 - 20:30 (on call shift). 12.5hrs Thursday 24th: 08:00 - 16:30. 8.5hrs Friday 25th: 20:00 - 08:30 (night shift). 12.5hrs Saturday 26th: 20:00 - 08:30 (night shift). 12.5hrs Sunday 27th: 20:00 - 08:30 (night shift). 12.5hrs The hours ultimately totals to 79.5 hours in 7 consecutive days and 54.5 hours in an average working week.</p>
<p>Ended up staying for 2 hours beyond my contracted hours.</p>
<p>I remained to clerk in new patients after 5 o'clock</p>
<p>I was rostered to be the 2nd on call doctor. I ended up having to take up the role of the 1st on call when I should have been on my ward between 0900 and 1700.</p>
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<p>Today I was rostered to work 08:00-16:30. I ended up staying at the hospital until 19:45 to ensure that at least some of the jobs were completed and the acute surgical list updated accordingly.</p>
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<p>Stayed 2hrs late on a 8-8:30 day as there were many ward jobs still to be done.</p>
<p>I was the FY1 on Twilight for (13:00 to 23:00). I stayed on till 1:00 AM</p>
<p>Due to rota gaps and the absence of 3 FY1s who have not joined the programme; I was covering 4 teams today and will continue to do so for the rest of this week as no attempts appear to have been made to fill the rota gaps. I have not had to spend extra hours at the hospital (yet). However this is all work that 4 FY1s are clearly allocated and rostered to do later on and there appears to be an expectation that I carry the bleeps and the responsibilities of 4 FY1s due to the rota gaps around me.</p>
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<p>Ward round finished at 12 and had teaching from 12:30 -14:00. I was timetabled to leave at 16:30 but the ward jobs were only completed at 19:30.</p>
<p>Worked until 9pm. Through no fault of any of the senior clinicians we have had a job list involving over elderly patients and are now average in the range of up to 7 discharges per day. With some patients only being here for a few days there is always an immediate need for jobs to be finished prior to discharge. EDNs for these patients are understandably time consuming giving the long and complex history of these elderly patients.</p>
<p>Worked until 7pm. Through no fault of any of the senior clinicians we have had a job list involving over elderly patients and are now average in the range of up to 7 discharges per day. With some patients only being here for a few days there is always an immediate need for jobs to be finished prior to discharge. EDNs for these patients are understandably time consuming giving the long and complex history of these elderly patients.</p>
<p>I was supposed to finish at 4:30pm however due to the overload of jobs; I ended up finishing at 8pm despite not having lunch or breaks.</p>
<p>Finished at 7:30pm instead of 4:00pm.</p>
<p>There were multiple urgent tasks; which lead to the nursing staff bleeping non-stop about less urgent tasks such as EDNs to be done.</p>
<p>Despite the recruitment of other juniors to do tasks such as EDNs this issue had been compounded by one of the SHOs being ill over the two days.</p>
<p>Late finish when on ward cover;</p>
<p>Finished at 7pm instead of 4pm.</p>
<p>I was the only F1 on team. SHO not very helpful with jobs.</p>
<p>We were short staffed</p>
<p>We were short as 2 of my colleagues called in sick same day which meant that I had to finish late</p>
<p>Rota gaps.</p>
<p>Worked 1.5 hours late</p>
<p>Rota gaps.</p>
<p>I worked solidly without a break from 8-18.45; when I am supposed to finish at 1630.</p>
<p>Had to stay late to update the list.</p>
<p>One F1 when there are supposed to be 2 on the team. The acute team registrar was extremely busy.</p>
<p>Rota gaps;</p>
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<p>Rota gap;</p>
<p>There is an FY1 rota gap on the team; I could not finish the jobs as the workload is not possible to complete in the allocated time.</p>

Stayed late to complete jobs
On an 8-4:30 acute 4 shift but left at 7:30. The ward round did not finish until 1pm.
Unable to finish all necessary jobs within the allocated time.
I had to stay late to update the list and put out blood requests for the next morning.
Had to stay an hour late to complete jobs.
I was meant to finish at 16:30; and ended up leaving at 21:00.
I had to stay 3 hours late to finish off jobs and update the list so that the weekend team would understand what had been done and what needed to be done for each patient. Because of this I would like to be paid for my 3 hours extra work.
Finished work at 18-30
Finished work at 6pm
Workload not manageable in working hours due to rota gaps
Unable to finish necessary tasks in working time due to rota gaps
Locum consultant on call completed his ward round at 4pm; after which time I had to complete the jobs.
I have had to stay back this week for an hour a time and today for 1 hour and 30 minutes to ensure all tasks were completed.
I was not able to leave until 2100 to ensure that patients weekend management was in order.
Started the day at 8:05. I was still completing ward jobs at 7pm and didn't get all the weekend bloods and handover done until 8:30pm.
On both the 4th and 5th of November 2017; I stayed till 8pm completing jobs despite being unable to take a sufficient break during this time.
Scheduled hours on our timetable are 9-5 but we start at 8 and frequently finish at 6 or later over the weekend.
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In addition to the normal ward work it is impossible to complete all the jobs to ensure patients are safe and provided with the best care in normal working hours.
Had to stay past 1700 to complete the ward round and then all essential jobs to ensure safe and effective care of our patients.
Normal working hours are 8am-4pm; however ward round finished at 3pm on both Saturday and Sunday and as the only F1 to do post-take jobs; I ended up leaving at 7.
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Short staffed; many new patients; urgent jobs required completion;
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Stayed 2 hours beyond finish time
SHO to hold bleep called in sick. My SHO was called to 3 calls in succession.
AM clinic finished 2.15pm. 5 minutes to eat followed by afternoon clinic. Finished just after 5.30pm.
I was responding to A&E/GP/Inpatient referrals and clerking new admissions in A&E.
I had to stay late to update the list and put out bloods for the next day.
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I had to stay late every day to update the list and put out bloods for the next day. And the Friday; Saturday and Sunday I was on-call.
Unable to take break due to amount of work and jobs.
Working opposite a rota gap which remained unfilled. A significant number of important investigations were not ordered the day before which added to the work load.

Working opposite a rota gap. There was still a knock on effect from having a locum work two days previously.
I had to stay an extra 2 hours to do these jobs.
The patient load was unusually high for this particular department on this occasion. I stayed past my shift end time to ensure patients were safe and jobs were completed and therefore minimising the number of jobs for the night team.
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SHO rota gap; numerous newly admitted and sick patients.
SHO rota gap; other SHO on study leave.
SHO rota gap;
SHO rota gap; other SHO on protected theatre time;
Rota' d to attend clinic (observe) in AM session; That morning I find out that management expected me to cover one of the staff grades clinics (who they had let have the morning off) without prior notice.
Unrealistic to complete all clerking and updating the list in the time allocated
Very busy weekend over bank holiday period.
Very busy weekend over bank holiday period.
Very busy weekend over bank holiday period.
Exception reporting for Weekend on call. I was scheduled to work over the 2 day weekend from 8am to 8pm. This involves looking after approximately 50-60 surgical patients across 2-3 wards. I was not able to finish on time. Both days my shift began from 8am and ended at 11pm purely because of the overload of jobs and preparation for the upcoming weekday.
Performing duties of 3 people single headedly. Inadequate support. Pt. safety concerns.
No Red-Blue on call was rostered meaning that I had to stay behind to fulfil that role.
Due to the nature of the remaining jobs (such as updating the patient list with investigation results and management plans); it was not appropriate to hand over some of these remaining tasks to the ward-cover FY1.
Shift: (Rota hours: 08:00-16:30). We had a verbal review of the patients at 17:30 in order to address any outstanding jobs; I was asked to stay after this in order to continue the management plan of one of the patients. I did this with the twilight FY1 in order to allow continuity of care and a safe hand-over of the patient. Due to the high workload; neither myself nor the other acute ward FY1 were able to leave on time.
(on-call weekend) scheduled hours: 08:00-16:30. I was unable to finish on time due to the high workload. After completing the time-critical tasks; I handed over the remaining tasks to the twilight FY1.
(on-call weekend) scheduled hours: 08:00-16:30. I was unable to finish on time due to the high workload. After completing the time-critical tasks; I handed over the remaining tasks to the twilight FY1.
Ward round started two hours late. Jobs were started at 1430 and finished at 1830. Had we not lost two hours in the morning it would have been a normal finish time.
Busy on-call weekend - both myself and the FY2 stayed 2 hours late to finish. Neither of us had a second 30-minute break and my first 30-minute break was cut short to approximately 10 minutes
Scheduled hours: 08:00-16:30. Due to the nature of the remaining jobs (such as updating the patient list with investigation results and management plans); it was not appropriate to hand over some of these remaining tasks to the ward-cover FY1.
(on-call weekend) Consultant scheduled hours: 08:00-16:30. I was unable to finish on time due to the high workload. After completing the time-critical tasks; I handed over the remaining tasks to the twilight FY1.
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Scheduled hours: 08:00-16:30. There was a rota gap from Monday 22nd - Friday 26th and no cover arranged.
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Additional 5 hours worked
We had 80 patients on the Acute list and only 1 locum to assist.
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One 1 FY1 on the team during this Friday and weekend. With a large number of patients with a locum night team.
One 1 FY1 on the team during this Friday and weekend. With a large number of patients with a locum night team.
Had to stay until 7pm to complete clinical tasks; also unable to take breaks due to clinical work load.
Since Monday; I have worked an extra 9 hours. I have been unable to take a lunch break and have missed one teaching session.
Busy working Friday; due to staff shortages had to stay late
High level of unwell patients. Low staffing levels meant day staff staying on for several hours to provide safe care for patients.
No Registrar attended to shift for weekend. Cover being provided by another Consultant on the first day. Reduced staffing in the interim of arranging new cover.
Work load was heavy. This resulted in myself and the registrar staying 2 hours overtime and leaving at 22:30.
Both doctors unable to take lunch break and resulted in staying until 6.30pm to complete urgent care needs; many non-essential tasks delayed.
Ongoing inability to attend scheduled teaching sessions often missing teaching due to workload and to ensure patient safety.
I had to stay late until 8 pm to finish all the ward job; without any lunch breaks of any sort of breaks.
Huge number of jobs left from bank holiday weekend. Unable to finish jobs safely before 8:30pm
Short an FY1; no reg; locum SHO who had never worked at the trust before and didn't have logins; unable to request; view results; write EDNs etc; we were therefore slow to finish jobs and delayed in updating the list.
Having to stay late to ensure all urgent jobs had been completed for the patients and tests ordered for the next day. Due to high work load and having to attend theatre; I was unable to attend the scheduled teaching session and achieve a lunch time break.
Having to stay late to ensure all urgent jobs had been completed for the patients and tests ordered for the next day. Due to high work load and multiple urgent jobs; in combination with a sick patient my SHO and I were unable to take a lunch break. Registrar informed of work load; list revisited; urgent jobs completed with help of registrar.
Ward round finished at 18:00. Unable to leave before 19:30
1 Fy1; 2 fy2; locum Spr to cover all of ward (2 medical teams) and the acute frailty unit. 1 fy2 to cover frailty unit for day; other fy2 to cover one of the medical teams and fy1/Spr to cover other medical team.
On Rota on call as 2nd on call for day shift. Doctor on call as 1st on call unable to work shift. No cover arranged I have instead worked as 1st on call today without a 2nd on call cover to assist; leading to late finish completing outstanding administration which could not be handed over to night team.

5. This is a snapshot of vacancies for February 2018.

Staff Group	Posts	Contracted Staff	Vacancies	Year	Period
A&C/Sen Man Staff	961.3	1059.76	-98.46	1718	11
Medical Staff	645.14	738.42	-93.28	1718	11
Nursing	1926	2297.77	-371.77	1718	11
Scientific Therap & Tech Staff	933.82	1018.23	-84.41	1718	11
Support Staff	477.91	563.49	-85.58	1718	11