

Executive Summary

- This paper summarises progress to the year end 31 March 2022 in providing assurance that non-consultant (junior) doctors at Great Ormond St Hospital (GOSH) are safely rostered and enabled to work hours that are safe and compliant, with opportunity to access training and education.
- Rota gap management due to the ongoing COVID pandemic has continued to bring to challenge to safe medical staffing.
- Ongoing robust medical workforce management implemented following the first surge of the COVID pandemic has provided a systematic, responsive and effective approach to rota gap management.
- Improved data intelligence has enabled the Trust to fully understand the dependencies and requirements of the junior medical workforce and deliver financial recommendations and efficiencies
- Compliance with 2016 TCS: Implementation of the New Amendments October 2019
 - All rotas include calculation for safe minimal staffing numbers set by departments.
 - Provision for both study and annual leave allowance is factored into all rotas.
 - Rota coordinators check compliance with all rota changes
- Exception reporting (ER) is available to all non-consultant grade medical staff and continues to monitor compliance with 2016 contractual obligations of the Trust. Doctors struggle with the reporting process and the closing of exception reports by educational supervisors is often slow. The GoSW can facilitate closure of ERs and does so frequently as many breach for time responses.
- GOSH vacancy rates have varied between 7 and 11.9% over 2021/21, in line with Trust averages, and continue to be below the national average
- Only fine has been levied. It is likely that this signifies low reporting rates rather than assuring compliance.
- Bank rates for non-consultant doctors working unsociable hours have been increased from April 1st 2022

GOSH Guardian of Safe Working Annual Trust Board Report

April 1st 2021 to March 31st 2022

1. Purpose

This paper provides assurance to the Board on progress being made to ensure that doctors working hours are safe for the year ending March 2022.

The Board is asked to report information on rota gaps and the plan for improvement in the Trust's Quality Account and publish the details of Guardian fines in the Trust's annual accounts.

2. Introduction

- 2.1. The 2016 Terms and Conditions of Service (TCS) highlight the importance of appropriate working hours and attendance at training and education opportunities for junior doctors. Both issues have a direct effect on the quality and safety of patient care with increasing recognition on the negative effect of rota gaps on junior doctor training and wellbeing.
- 2.2. The 2016 TCS set firm limits to the number of hours trainee doctors can spend on duty. GOSH works within these limits for all doctors despite differing contractual arrangements across the establishment. The 2016 TCS guides safe working hours with principles that must apply to all.
- 2.3. Contractually every Trust has a Guardian of Safe Working (GoSW), a senior appointment who ensures that issues of compliance with safe working hours are addressed and provides assurance to the Board of the employing organisation that doctors' working hours are safe.

3. COVID-19: Continued Response from Medical Workforce in 2021-22

- 3.1. GOSH stepped on to new, fully compliant rotas on June 22nd 2020. As part of the COVID recovery plan five Medical Workforce Leads were appointed to continue to develop and improve out of hours working in November 2020.
- 3.2. The MWLs ensure:
 - Daily situational awareness briefing and anticipatory planning for rota gaps
 - Absence monitoring and oversight
 - Medical workforce deployment management
 - Communication to and from the Out Of Hours (OOH) System
 - Support to OOH safety and risk process
 - Activation of alternative OOH systems during pandemic surge
 - A flexible 'one team' approach to out of hours working
- 3.3. The medical workforce, consultants and junior doctors, escalated a rapid and organised response to COVID related absence for the precipitous Omicron surge In Dec/ Jan 2022
- 3.4. During the holiday period of Christmas and New Year an additional volunteer doctors agreed to be 'shift back up' with a retainer fee of £10/ hr. If activated the shift rate would be escalated to bank rates. 17 additional shifts were activated between 24-12-21 and 03-01-22 across the Trust.
- 3.5. Overall COVID related absence has contributed to approximately 10% of the annual bank spend. Other than the holiday period management (3.4) higher than usual absence rates has been managed effectively through the medical workforce leads on our standard rotas.

4. Patient Safety

- 4.1. During 2021/22 there has been seven immediate safety concerns reported directly through the exception reporting ER system. Two were created in error, four associated with surgical SHO rota and one immunology- all related to unsafe staffing levels and were escalated to operational teams.

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4.2. Rest provision contributes to safe patient care by ensuring staff are making safe effective decisions. GOSH has increased bed availability on site from 12 to 21 beds in 2021. In 2021 17 foldaway beds were purchased and made available in accessible rooms (such as seminar rooms) for 'feet-up rest' for those working on shifts.

5. Work Schedules

5.1. NHS employers mandate that doctors in training should receive schedules of work that are safe for patients and safe for doctors and should be finalised and available 8 weeks prior to commencement of the new post. In 2021/22 all work schedules were available and published within the necessary time frames.

5.2. Delayed international medical graduate recruitment due to COVID has caused rota gaps in haematology and oncology with trainees reporting additional duty hours through the exception reporting system. In response working schedules were reviewed with the depletion in posts.

6. High level Data* as of 31st March 2022

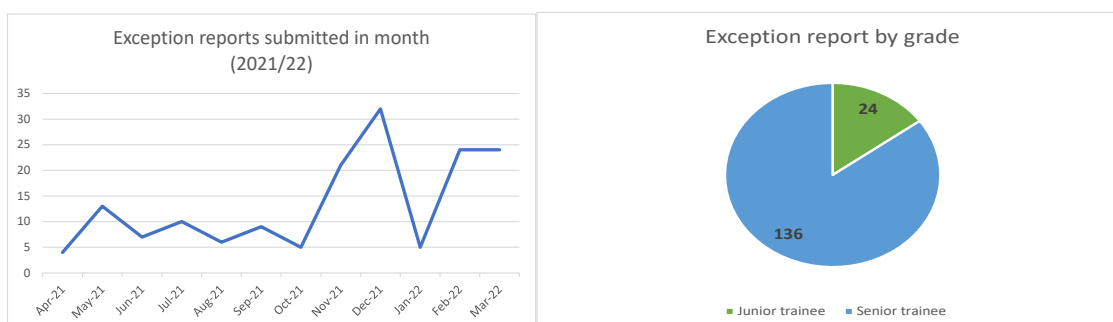
Number of trust doctors	256 (includes Education and Research Fellows)
Number of training doctors	127
Number of vacant unfilled posts	44 out of a total of 369 rota slots (11.9%)

*Numbers indicate full time equivalent posts

7. Exception Reporting

7.1. Exception reporting (ER) is the mechanism by which doctors are able to report safety concerns in the workplace and as such GOSH enables both Health Education England (HEE) trainees and non-training (trust) grade doctors to exception report at GOSH. All GOSH junior doctors can receive either financial compensation or time off in lieu of additional work performed if either preauthorised or when validated by a clinical manager.

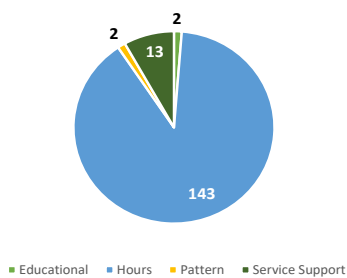
7.2. In 2021/22 GOSH received 160 exception reports (up from 73 in 2020/21) submitted by a total of 36 individual doctors. There was an average of 13 reports each month. While the volume of reports is an increase on the previous year (no ERs submitted during COVID pandemic Q1 2021), it is broadly in line with the 2019/20 numbers (149 reports submitted by 31 doctors).



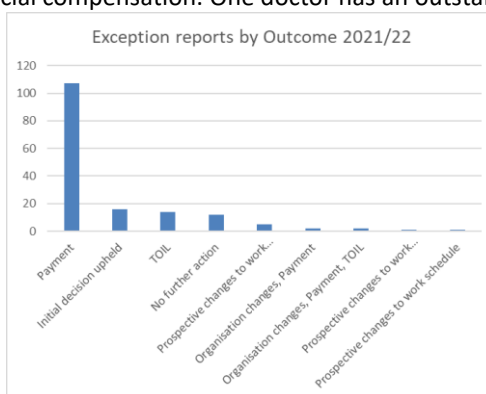
7.3. Presented monthly less than 1% of the junior doctor workforce are submitting ERs. This is a very small proportion of doctors but aligns with the national knowledge and our local ER survey in January 2020.

7.4. The majority of ERs are related to additional hours work and submitted by senior Trust grade (non-training) doctors.

Exception report by type



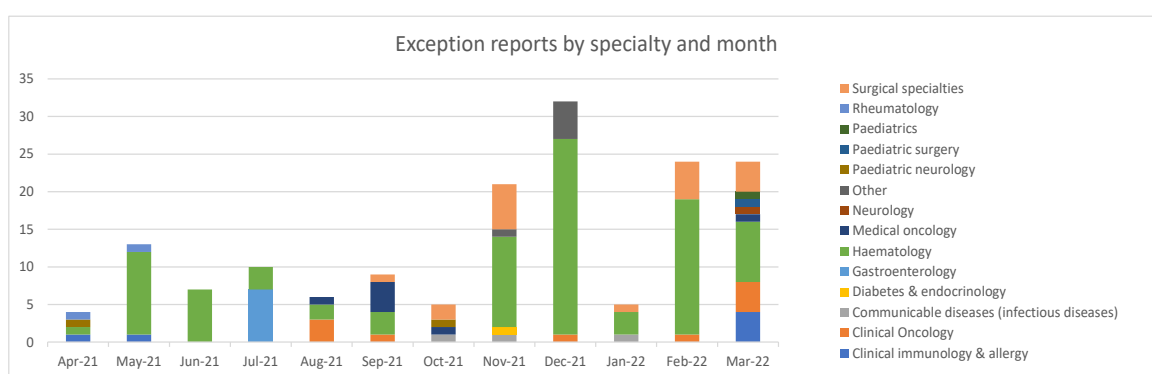
7.5. Most ERs resulted in financial compensation. One doctor has an outstanding work schedule review



7.6. ERs have been presented by multiple specialties. Variation in reporting pattern is seen through the year. Incidence of reporting can be seen in some specialties that have experienced vacancies with subsequent high-volume workflow resulting in additional hours:

7.6.1. 30-40% reduction in baseline establishment in haematology/oncology in Autumn 2021 due to delays in onboarding International Medical Graduates which is reflected in ER numbers.

7.6.2. Immunology and Infectious Disease (ID) (also can be reported through a 'haematology' label as some doctors rotate) also had considerable work volume issues. The Immunology/ ID establishment was increased by 2WTE in March 2022.



8. Fines

8.1. One fine has been levied with current ERs to date. This was associated with unintended additional bank duties for a surgical SHO. Fines only apply for the doctors on the 2016 TCS.

8.2. Current ER system does not automatically identify breaches as the system is dependent on the doctors to report breaches which they are often reluctant to do.

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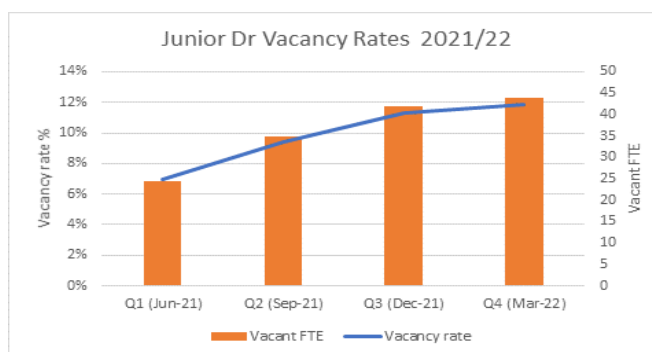


9. Rota Gaps and Vacancy Rates

9.1. Rota gaps have been highlighted as an organisational pressure. Measures are being taken to mitigate the situation at GOSH include:

- appointing Medical Workforce Leads to closely support rota management
- implementation of a standard operation procedure for rota gaps
- establishing minimal numbers of doctors required to safely staff speciality areas
- devising rotas that factor in minimum numbers and allowance for annual and study leave
- allocating managerial oversight providing cross organisation rota coordination and support
- supporting increase bank rate for JD unsocial hours from April 2022

9.2. GOSH vacancy rate has varied between 7% and 11.9% over 2021/22 (broadly similar to the previous year; range 6.8-12.1%) while it continues to sit below the national average, it saw an increase each quarter.



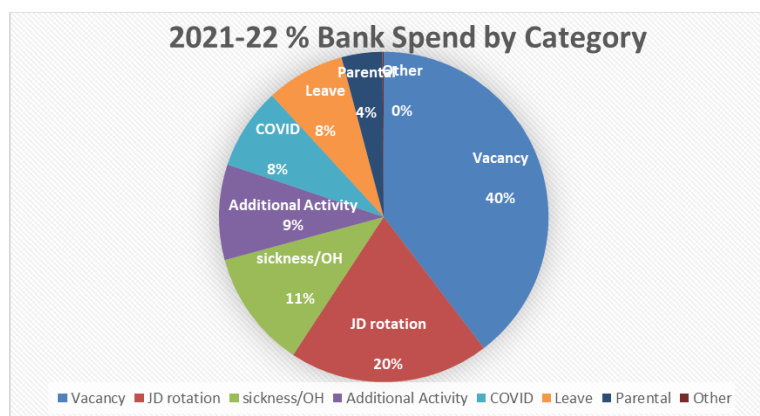
9.3. Vacancy rates and rota gaps reflect the end point of multiple workforce issues including:

- short term unplanned absence
- delays in recruitment process, particularly timeframes for onboarding international medical graduates
- variations in numbers of trainees sent to the Trust by the deanery
- national reduction in the medical paediatric workforce.

9.4. Categorisation of Banks Spend Linked to Rota Gap management

9.4.1. Data cleansing has improved categorisation of bank spend on Health Roster. This has informed our understanding of the reasons for rota gaps and what can be targeted for improvement.

9.4.2. Vacancy was given as the most common reason (40%) for bookings followed by JD rotation (induction/ delays in onboarding/ less than full time working) followed by non-COVID staff sickness (11%).

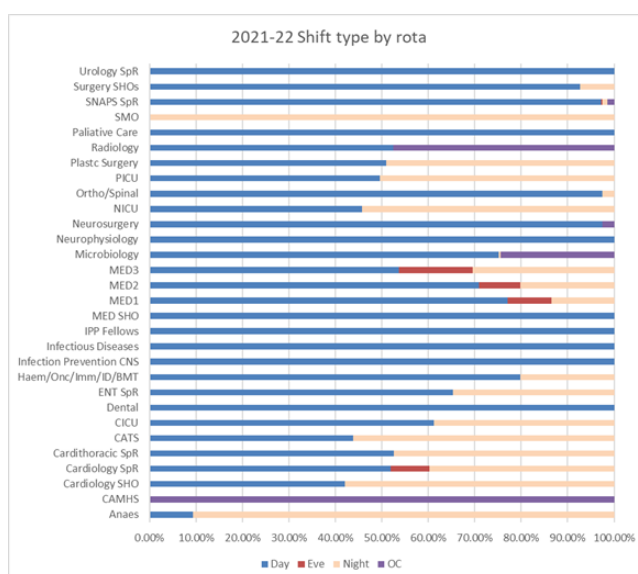


10. Bank Hours

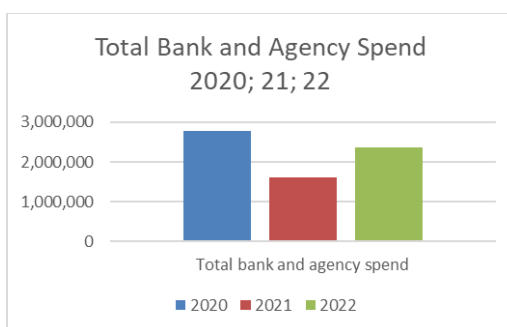
10.1. Bank shifts are primarily filled ‘in house’ as opposed to locum agencies. There is significant reliance on internal ‘bank’ locums to cover both short- and long-term gaps in junior medical staff rotas across the Trust.

10.1.1. If doctors wish to do work additional shifts, they must be aware of breaching safe working hours. Doctors themselves have a responsibility and duty of care for regulating their own hours of working, in addition to the organisation. Some organisational oversight is achieved through the rota coordinators who check additional bank shifts for compliance.

10.1.2. It is important to note, that in most cases a large proportion of the hours filled by bank are ‘daytime’ hours and not out of hours. This suggests that there may not be the numbers required within specialty to maintain safe staffing levels during the day



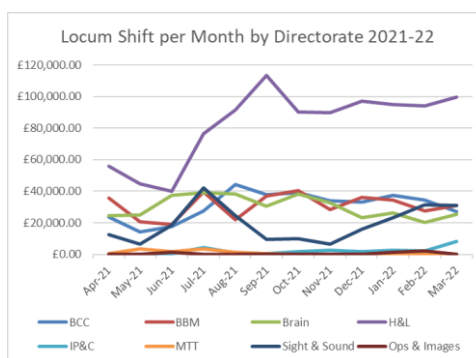
10.2. Year to Date bank and agency spend is £2.34 million (of which Agency spend was £96,030 (4%).



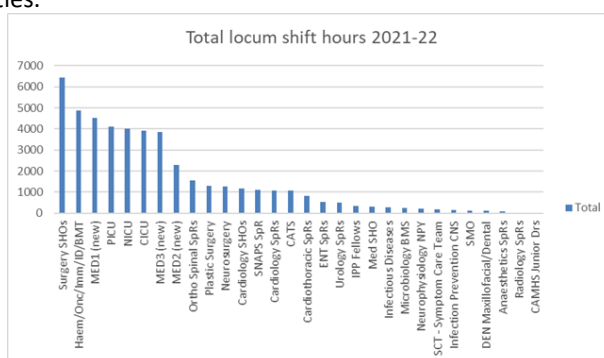
10.2.1. Spend related to COVID-19 (8% compared to 2020-21 spend of 3.9%) and additional ‘accelerator’ activity may indicate why bank costs are higher compared to 2020/21 data. It is important to note that bank spend during COVID first surge (Q1 2020) was exceptionally low due to COVID rota management.

10.2.2. Bank costs must be triangulated with salary savings related to vacant posts. This data has not been offset by salary savings for vacant posts

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10.3. Whilst Finance data reports spend against cost centres rather than rotas, when looking at shifts booked across the rotas, the Surgery SHO rota accounted for the largest number (19.6% of the total) followed by Haem/Onc/Imm/ID/BMT at (18.3%). MED 1,2,3 include combination of different medical specialities.



11. Junior Doctors Forum (JDF)

11.1. The JDF continue to run monthly with good attendance. Junior medical staff are represented as 'JDF Reps' in each directorate attending management meetings. Access to extended leadership training has been offered to JDF reps.

11.2. The JDF successfully negotiated an increase in bank rates for unsocial working hours – effective from April 2022. It is anticipated that increasing bank/ locum rates will improve rota gaps fill rates, offer more competitive remuneration and assurance for continued patient safety out of hours

11.3. General engagement with the junior doctors across the organisation is good. Improvement in new messaging platforms, such as the new intranet is likely to reach more junior medical staff.

12. Matters for the Board:

12.1. Development of the Medical Workforce Lead role has provided safety infrastructure and improvement to OOH working.

12.1.1. Note achievement managing a safe and effective medical workforce during COVID pandemic.

12.2. Clinical input to rota management and improved data capture of junior medical workforce bank costings has resulted in opportunity to deliver a Better Value culture.

12.3. Unfortunately, risk related to poor compliance assurance offered by the exception reporting system should continue to be acknowledged. Most assurance is determined by good clinical leadership, open communication and infrastructure management by the MWLs and rota coordinators.