Attachment Z

Executive Summary

- This paper summarises progress to the year end 31 March 2020 in providing assurance that junior doctors at Great Ormond St Hospital (GOSH) are safely rostered and enabled to work hours that are safe and support training and education opportunity. It describes the exception reporting (ER) experience, rota gaps and vacancies for junior doctors across the Trust and some of the actions taken to address them.

- There is an ongoing need to evolve robust medical workforce data on absence rates, rota gaps and vacancy rates alongside financial tracking of bank spend. Without improved data intelligence the Trust risks being unable to fully understand the dependencies and requirements of the junior medical workforce.

- Compliance with 2016 TCS: Implementation of the New Amendments October 2019 is underway.

    - Critical care rotas breach compliance on weekend frequency and will require an increase in establishment to achieve compliance.

    - Rest facilities have improved in 2019/20 with increased number of rooms available and financial support with enhanced furnishings from Department of Health rest and facilities grant

    - The implementation of the 5th nodal salary point' will result in a significant cost pressure at GOSH due to the seniority of many of our junior doctors.

- Exception reporting (ER) requires more integration and is a risk for monitoring assurance and compliance with 2016 contractual obligations of the Trust as doctor's struggle with many aspects of the reporting process. Integration into medical culture and systems enabling process regulation are currently being addressed by the GOSW and medical HR.

- GOSH vacancy rate has varied between 6.8 and 12.7% over 2019/20 and continue to be below the national average

- No fines have been levied with current ERs to date. Fines would only apply for doctors on the 2016 TCS on formal training programs (35% of GOSH junior medical workforce). All doctors at GOSH can ER.

- Junior Doctor 24/7 (JD24/7) task finish group (Feb to Sept 2019). Interdisciplinary group led by the GoSW reviewed models of out of hours working and rota systems in GOSH with a focus on specialist medicine to improve patient and doctor safety. The report published in July 2019 made several recommendations and implemented whole system rota structure changes across eleven specialities.

- The modernising clinical workforce committee is delivering ongoing improvement recommendations made by the JD24/7 group including developing medical workforce dashboard and an advanced clinical practice and Shape of Training strategy

Attachment Z

GOSH Guardian of Safe Working Annual Trust Board Report April 1st 2019 to March 23rd 2020

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 2020.

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) clearly indicate the importance of appropriate working hours and attendance at training and education for junior doctors. Both issues have a direct effect on the quality and safety of patient care. There is increasing recognition on the 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 and provided a process for:

- reporting safety concerns in the workplace which reach senior management level
- trainees to record if they worked beyond their scheduled hours
- fining departments directly for the most serious breaches of working hours
- providing work schedules to doctors before starting a job and in more detail than previously
- trainees to inform if they are not able to attend education and training opportunities
- the establishment of a junior doctors forum (JDF) to discusses work and training issues

2.3. The contract also requires that every Trust has a Guardian of Safe Working (GoSW), a senior appointment who ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and provides assurance to the Board of the employing organisation that doctors' working hours are safe.

3. Publication of Amendments 2016 TCS September 2019:

The British Medical Association and NHS Employers agreed during negotiations on the 2016 contract to jointly commission (in August 2018) a review of its efficacy, to identify any areas for improvement to the contract terms. In 2019 a new referendum of the BMA Junior Doctor membership accepted the 2016 contract, including new amendments that have been negotiated.

4. Implementation of 2019 New Amendments to 2016 TCS: Headlines

4.1. The contract 'refresh' requirements for the 2016 contract is in progress at GOSH –a staggered timeline is in place for implementation to be completed between October 2019 and August 2020. Every rota has been checked and amended for compliance to new regulations. It is likely that safety and rest limits, and the challenges for taking leave, will impact on the requirements for medical staffing in 2020/21.

4.2. All GOSH rotas have been line checked and updated for compliance with new amendments

4.3. PICU/NICU/CATS rotas are now non-compliant following the 2016 TCS refresh. This is due to the change in weekend frequency allowance (now a maximum of 1:3 PICU/NICU/ CATS are 1:2.5- 1:2.7). GOSW and JDF have approved the rotas on the basis that rota compliance is achieved by September 2020

4.4. Access to rest facilities have been improved however a more permanent solution is required

4.5. The implementation of the '5th nodal salary point' will result in a significant cost pressure at GOSH due to the seniority of many of our junior doctors.

4.6. It is likely that changes to safety and rest limits will attract GOSW fines

4.7. GOSW is restructuring the current exception reporting (ER) process with the amendments from 2019 refresh. These will be rolled out by August 2020. Areas for improvement are educational supervisor response time and time to payment.

5. Patient Safety

5.1. During 2019/20 there have been no actual and immediate safety concerns reported directly through the exception reporting ER system (several have been created in error).

5.2. The Junior Doctors 24/7 'round-the-clock' (JD24/7) task and finish group was commissioned by Medical Director in response to issues raised through the Guardian of Safe Working in December 2018. The interdisciplinary group reviewed models of working and rota systems in GOSH with a focus on out of hours work to improve patient and doctor safety. The report published in July 2019 made several recommendations and implemented whole system rota structure changes across eleven specialities.

5.2.1. Positive changes included:

- New medical rotas: increased registrar night cover
- Increased establishment numbers in Haematology/ Oncology rota
- Rotas designed to accommodate junior doctors annual and study leave however flexibility remains limited on some rotas
- New general manager supporting cross organisational rota support
- Definition and implementation of an escalation pathways for known and unknown rota gaps in medicine.

5.2.2. JD24/7 recommendations integrated into a wider Trust project delivered through the modernising medical workforce committee:

- Improving communication platforms (specifically out of hours) and handover systems
- Consideration of centralisation of rota coordinators
- Rota gap escalation processes to be formalised across all specialities.
- Future proofing: accurate and up to date data dashboard within governance and performance pathways to enable the medical workforce to be optimally managed in a responsive and safe way
- Developing an advanced clinical practice and Shape of Training strategy

5.3. It is known that basic administrative and clinical tasks can negatively affect patient safety and quality of experience by detracting from time available for tasks that specifically require doctors. Implementation of an electronic patient record 'Epic' introduced in April 2019 may have improved some of the burden of administrative tasks undertaken by Junior Doctors although the impact of Epic on Junior Doctor working is yet to be fully evaluated.

5.4. **Rest provision** contributes to safe patient care by ensuring staff are making safe effective decisions. The 2016 TCS mandates the provision of adequate rest facilitates or alternative arrangements for safe travel home and includes provision of accommodation for non–resident on call and those 'too tired to drive home'. GOSH has increased bed availability on site from 12 to 21 beds. Rest facilities are currently housed on an unused ward. The facilities have received some upgrading supported by the 2019 Department of Health facilities fund (£60k) to support the BMA/ NHS 'Fatigue and Facilities Charter'.

Current rest facilities provide adequate accommodation although costings and logistics to develop permanent rest facilities for junior doctors are required.

5.5. **Reconfiguration of the JDF** to include junior doctor's representative role in each directorate management team and access to leadership training has improved engagement. Engagement of doctors is directly linked to improved quality and safety outcomes, reducing clinical error and mortality rates.

6. COVID-19 Medical Workforce Preparedness

6.1. GOSH COVID-19 pandemic response included all junior doctor rotas being switched to emergency COVID rotas on March 23rd 2020. GOSH COVID rotas accommodated the requirement for a flexible, sustainable workforce to ensure patient safety during rapid change.

6.2. Rapid on boarding of 27 doctors (academics/ bank doctors) and 17 doctors provided from across NCL (supported through memorandum of understanding) was undertaken. All COVID rotas were compliant with TCS 2016 with 12.5 hour shift patterns; banded 1a.

6.3. COVID rotas were devised on the following principles:

- Maintain safety of patients and staff
- Collaborative working across departments
- Wider situational awareness for risk assessment allowing informed and timely decisions
- Prioritisation of patient need
- Prioritisation of 24/7 clinical cover – pan Trust oversight
- Deployment based on clinical capability rather than current role

6.4. The underlying approach to the COVID-19 clinical workforce planning included:

- Planning must accommodate an unknown patient and staff demographic; we must be responsive and adaptable with structures in place to support rapid change
- Staff wellbeing is paramount – all rotas will have contingency staffing factored in to provide 30-50% back up on days and nights should someone call in sick/ be unable to work. Rotas will also have rest days that will be respected.
- All rotas will run 12.5 hour day and night shifts
- Depth and breadth of clinical workforce will need to be activated to ensure sharing of responsibilities
- Education and training will be delivered in parallel with upskilling /refreshing of staff skills and as an ongoing programme.

6.5. All doctors in the Trust were reclassified into:

- *Tier 3: Expert Clinical Decision Makers* Clinicians who have overall responsibility for patient care: consultants as well senior registrars / fellows who can 'act –up'
- *Tier 2: Senior Clinical Decision Makers* Medical & surgical registrars/ CSPs/ ACPs: clinicians capable of making a prompt clinical diagnosis and deciding the need for specific investigations/ treatments
- *Tier 1: Competent Clinical Decision Makers*: Clinicians capable of making an assessment of the patient: includes SHOs (ST1-3); ANPs; CNS; ACPs*; redeployed clinicians

6.6. Support, adaptation and responsiveness from the junior doctors to accommodate rapid rota and role change has been exceptional.

7. Work Schedules

7.1. 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. Med1 and Med2 work schedules were delayed for two weeks for September 2019 medical registrar cohort due to rota improvement work. Formal notification of deferment was sent from GoSW.

7.2. Notification of the essential information regarding rotational posts can be delayed from Health Education England and impact on work schedule deadlines.

7.3. Working patterns of doctors in training are significantly influenced by rota gaps and changes in service requirements which in turn effects access to training and educational opportunities. This has been the case with the impact of delayed international medical graduate recruitment due to issues relating to Medical Training Initiative scheme causing rota gaps in haematology and oncology September 2019-March 2020 with trainees reporting missed educational opportunities.

7.4. Content of work schedules is not standardised and can be highly variable, often not reflecting the reality of the post. GOSW aims to work with PGME to improve work schedules for junior doctors across the Trust. Intention is that work schedules will accurately reflect work flow across departments accounting for clinical administrative time, patient facing clinical work and education and training opportunities.

7.5. Currently work schedule review is requested for rheumatology specialist registrar trainees.

8. High level Data* as of 22nd March 2020 (pre COVID rotas)

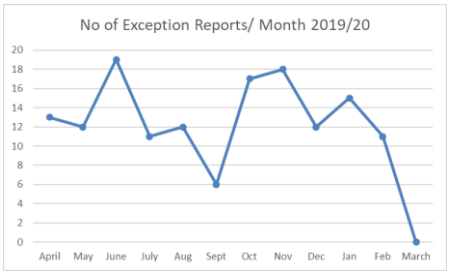
Number of trust doctors	223.6
Number of training doctors	118.3
Number of vacant unfiled posts	18.7 out of a total of 307 rota slots (6%)

*Numbers indicate full time equivalent posts

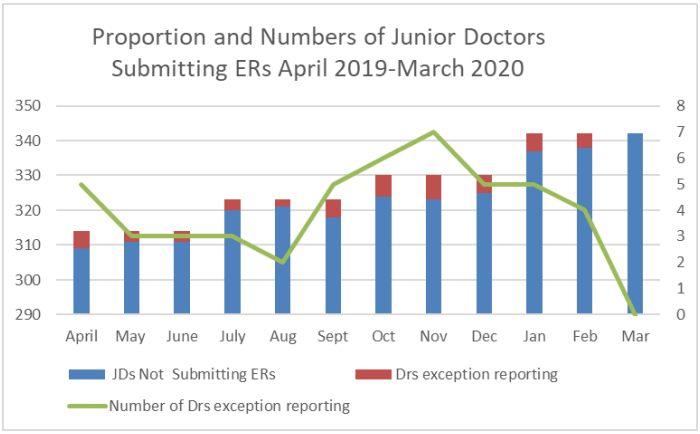
9. Exception Reporting

9.1. 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 for additional work performed if either preauthorised or when validated by a clinical manager.

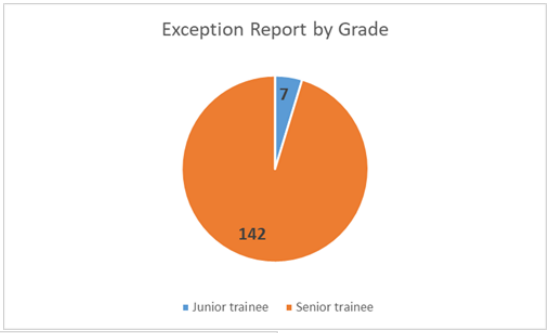
9.2. In 2019/20 GOSH received 149 exception reports submitted by a total of 31 individual doctors. There are no ERs from March 2020, likely due to COVID pandemic disruption, however there is an overall reduction from 227 reports submitted by 46 doctors in 2018/19

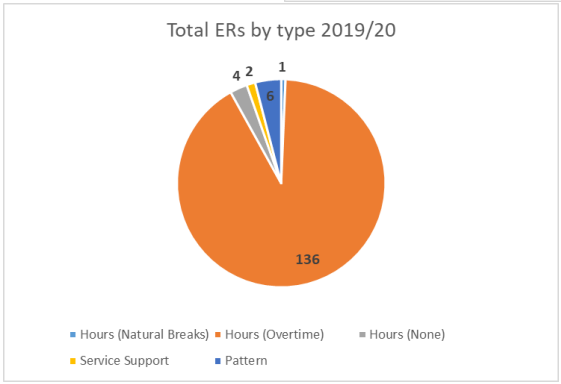


9.3. Presented monthly less than 2% of the junior doctor workforce are submitting ERs. This is a very small proportion of doctors but aligns with the national knowledge and our local ER survey in January 2020.

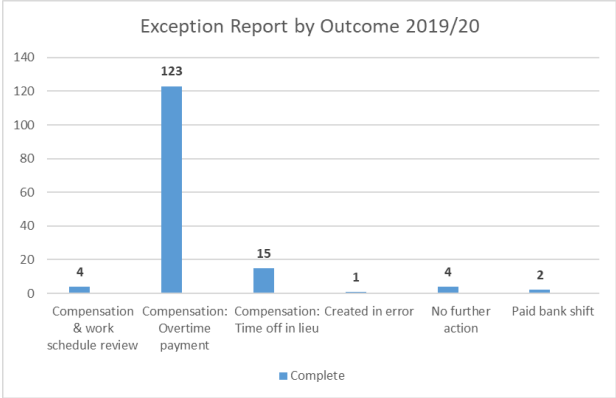


9.4. The majority of ERs are related to additional hours work and submitted by senior Trust grade (non-training) doctors.



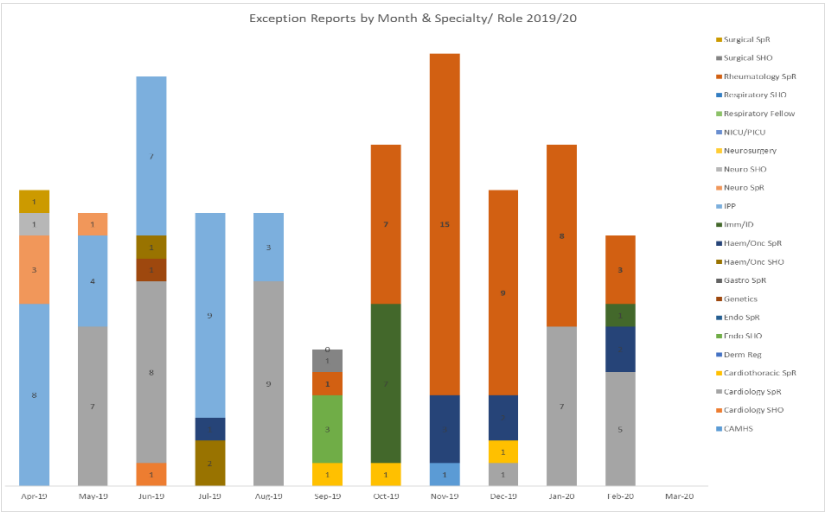


9.5. Most ERs resulted in financial compensation. One doctor has an outstanding work schedule review



9.6. No fines have been levied with current ERs to date. Fines would only apply for the doctors on the 2016 TCS.

9.7. ERs have been presented by multiple specialties. Variation in reporting patterns are seen through the year. Incidence of reporting can be seen in some specialities that have experienced vacancies (IPP and cardiology/ pulmonary hypertension) with subsequent high volume work flow resulting in additional hours. Rheumatology experience high work volume and after consultation with GoSW agreed to submit exception reports to formally record additional working hours and understand work flow. Rota gaps do not necessarily correlate with reporting – for example a 30-40% reduction in baseline establishment in haematology/oncology is not reflected in ER.



9.8. In **January 2020 an exception reporting survey** of GOSH junior doctors received a total of 64 responses

- 64/ 330 (19.4%) Junior doctors responded to the survey which was open for 3 weeks.
- 50% of responders are employed on the 2016 contract
- 11 doctors had completed an ER at GOSH, 8 in other hospitals; the majority of ERs had been about hours worked.

- 48/64 (75%) knew they could report when hours worked vary from agreed rota
- 39/64 (61%) reported working extra hours on a daily or weekly basis
- 6/64 (56%) reported having missed breaks
- 31/64 (48%) reported missing educational opportunities

Things that prevented reported included:

- 31/64 (48%) concern re negative impact on career or reputation
- 25/64 (39%) think ER will not lead to any change
- 18/64 (28%) ER creates too much work for others

9.9. The themes of these results mirror the JD survey in 2018 (with 131 respondents; 48% JD response rate) although the number of respondents is significantly reduced.

9.10. In line with the 2018 survey, the recent January 2020 survey and GOSH ER data strongly suggests that overworking is common and is an element of reporting that only a few doctors are comfortable with. The survey and data also indicates that junior doctors are missing breaks and education and training opportunities and do not report these issues through the ER system.

9.11. GOSH 2018 and 2010 survey results reflect described patterns of ER across the country. There is generally less recording from senior doctors in training. The majority of the GOSH JD workforce is senior (>ST6) and has proportionally less training doctors than most hospitals (currently 35% training grade doctors).

9.12. GOSH experience and 2018 and 2020 survey results strongly indicate that the ER system is not being used for reporting lack of rest and natural breaks and poor access to education and training opportunities.

9.13. As doctors who have trained under the new contract move through the system, higher levels of exception reporting are anticipated with improved engagement in the process

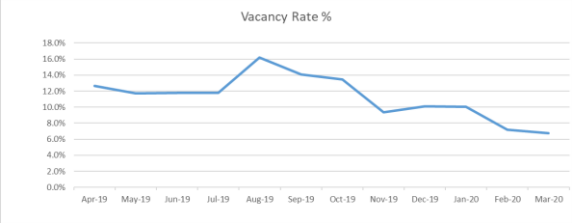
9.14. Tracking ER process and outcomes has been challenging but is now mandated within strict timeframes within the 2019 contract refresh. A structured and responsive system, including rapid escalation for those doctors on rotas with known gaps and monitoring of TOIL, is being implemented by GoSW for August 2020.

9.15. Welcome software updates include the ability to edit and close the ER by the GoSW were introduced from January 2020.

9.16. GoSW or deputy attends induction of junior doctors to discuss ER process. Ongoing education of educational supervisors and junior doctors is required to embed ER in medical culture.

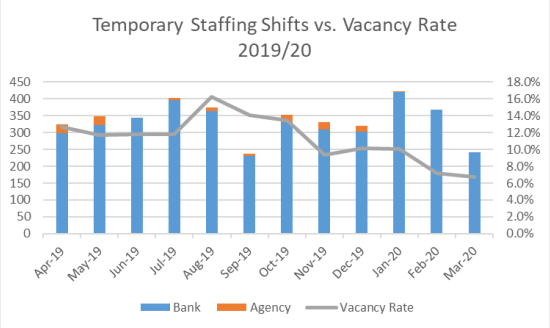
10. Rota Gaps and Vacancy Rates

10.1. GOSH vacancy rate has varied between 6.8 and 12.7% over 2019/20 (slightly increased from 2018/19; range 5.3-11.4%) but continues to sit below the national average. According to the Royal College of Paediatrics and Child Health national vacancy rates are 14.6% on senior (registrar) rotas and 11.1% at junior (SHO) level [Workforce census overview 2017 (published 2019)] https://www.rcpch.ac.uk/resources/workforce-census-uk-overview-report-2019#introduction



10.2. 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 on boarding international medical graduates
- long term structural rota problems and complex interdependencies
- variations in numbers of trainees sent to the Trust by the deanery
- national reduction in the medical paediatric workforce.



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

- disbanding a rota that had significant gaps as it was difficult to recruit to and retain doctors on
- applying equitable out of hours working principles to the medical workforce, increasing the number of doctors who are able to provide out of hours support
- establishing minimal numbers of doctors required to safely staff speciality areas
- devising new rotas that factor in minimum doctor numbers and hours for annual and study leave
- definition and implementation of an escalation pathways for known and unknown rota gaps in medical specialities
- allocating managerial oversight providing cross organisation rota coordination and support
- monthly organisational monitoring of recruitment time frames and anticipation of/ planning for rota gaps

11. Fines

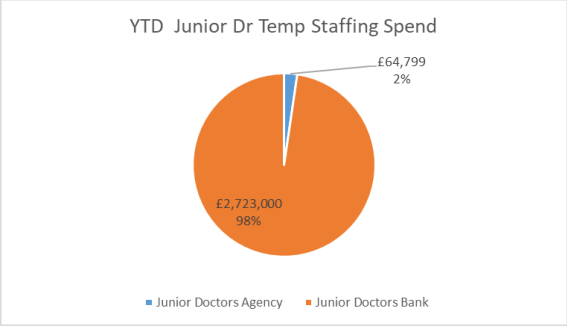
11.1. To date the GoSW has not levied any fines. Fines only apply to training grade doctors. ERs in 2019/20 have been mostly submitted by Trust doctors.

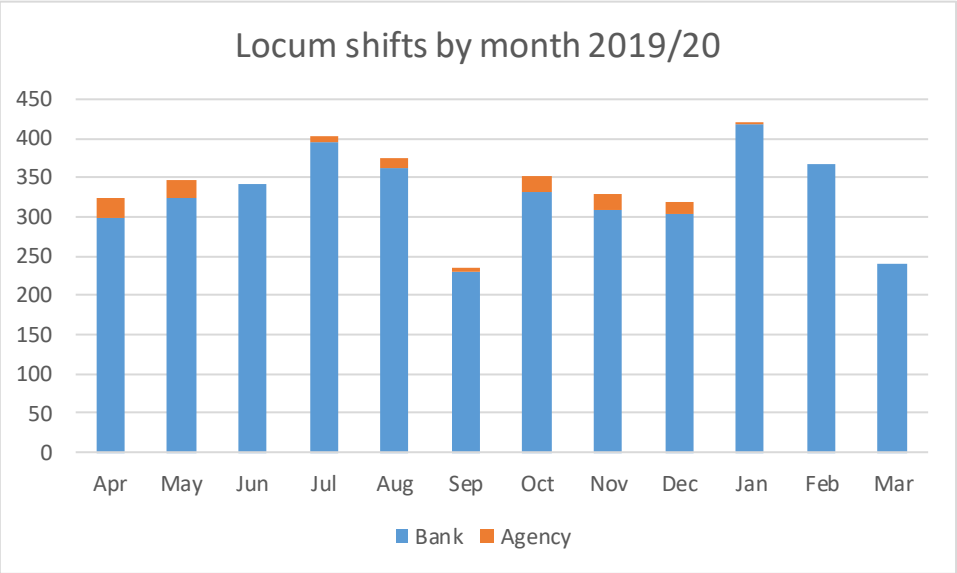
11.2. Current ER system does not automatically identify breaches as the system is dependent on the doctors to report breaches which, as seen from the survey and the ER data, they are often reluctant to do.

12. Bank Hours

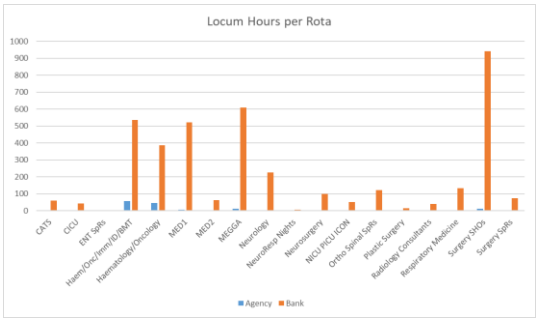
12.1. Bank shifts are filled 'in house' as opposed to locum agencies. There is significant reliance on internal 'bank' locums to cover both short and long term gaps in junior medical staff rotas across the Trust.

12.2. Year to Date spend is £2.79 million (of which Agency spend was £64,799 (2%)



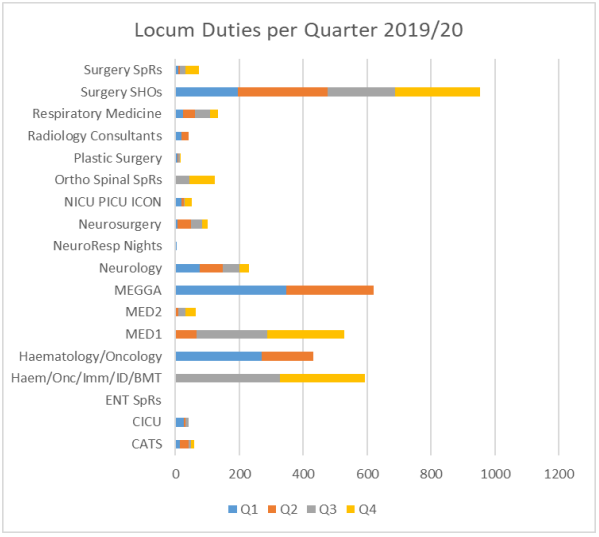


12.3. NHS employers are offering ongoing work to enable greater clarity within the 2016 terms and conditions of service to reflect process for undertaking locum work. If trainees wish to do work additional to their work schedule they must be aware of breaching safe working hours. Doctors themselves have 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. However, more robust systems and guidance are required.



12.4. 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 (25.6% of the total) followed by Haem/Onc/Imm/ID/BMT at (25.5%). Vacancy was given as the most common reason (80%) of bookings followed by Study Leave (7%), however validation of the accuracy of booking reasons is required and will be addressed in 2020.

12.5. Further analysis of speciality areas requiring locum shifts is required. Consideration for innovative ways to provide clinical support is being considered.



13. Junior Doctors Forum (JDF)

13.1. The JDF was first established in spring 2017. Theoretically there is a requirement for every speciality rota to be represented at each meeting. In 2018 a new monthly JDF was created, merging the DocsReps Committee and the statutory JDF to improve attendance. The meeting is currently split into two sections: the first being related to junior doctor events and discussions, the second attended by senior colleagues including the Director of Medical Education, Post Graduate Training Centre representatives; Local Negotiating Representatives and co-chaired by the GoSW and the JDF President.

13.2. Junior medical staff are now represented as 'JDF Reps' in each directorate attending management meetings and having access to extended leadership training.

13.3. Junior medical staff also played a key role in the EPIC launch, April 2019 with many shaping clinical functionality and acting as 'EPIC super-users' supporting and training others.

13.4. General engagement with the junior doctors across the organisation is good. Improvement in new messaging platforms, such as the new Office 365 teams is likely to reach more junior medical staff and enable better communication.

14. Matters for the Board:

14.1. Significant achievements to date with respect to collaborative working between the junior doctor workforce and the GoSW/ PGME team.

14.2. Ongoing consideration of financial risk associated with junior medical workforce costings including 5th nodal point and likely requirement to increase clinical workforce to ensure rota compliance.

14.3. Understanding of risk related to poor compliance assurance offered by the exception reporting system

14.4. Awareness of requirement for better data intelligence to support clinical workforce planning

14.5. Consideration of a Junior Doctor representation at Executive and Board level.