Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 3rd April 2019	
Guardian of Safe Working Annual Report 2018 **Submitted by:** Dr Renée McCulloch, Guardian of Safe Working	**Paper No: Attachment 8**
Aims / summary This report is first annual report for the GOSH Guardian of Safe Working Hours	
Action required from the meeting	
Contribution to the delivery of NHS Foundation Trust strategies and plans The Guardian of Safe Working supports and enables a safe and positive working and learning environment for junior doctors. This contributes to the Trusts strategic objective relating to providing safe patient care and an excellent place to work and learn.	
Financial implications Continuing payment for overtime hours documented through the exception reporting practice.	
Who needs to be told about any decision? n/a	
Who is responsible for implementing the proposals / project and anticipated timescales? Dr Renee McCulloch, Guardian of Safe Working Mr Simon Blackman and Dr Jonathan Smith, Acting Deputy Medical Directors for Medical & Dental Education	
Who is accountable for the implementation of the proposal / project? Dr Sanjiv Sharma Acting Medical Director	

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Executive Summary

- GOSH has an active and engaged core group of junior doctors who have contributed significantly to the collection exception reporting and rest facilities surveys, information relating to the wellbeing and concerns of specific groups of junior doctors and the progress made in relation to the inclusion of Trust doctors in the exception reporting system.

- The exception reporting (ER) system has been implemented to allow issues to be addressed in real time however there are significant problems with engagement, implementation and process. The culture of an exception reporting system in medicine, understanding and acceptability of the ER process across junior and senior medical workforce and the accessibility of the reporting system software continue to affect reliability.

- GOSH rotas are theoretically compliant with 2016 TCS however when rota gaps occur they put significant pressure on the system. Tracking real time compliance is an ongoing issue.

- From May 2018 all junior doctors, including Trust Fellows (non-training grades), can exception report at GOSH although with differing compensation. The provision of an equitable reporting system is an essential expectation of the GOSH junior doctor workforce. GOSH was one of the first Trusts in the country to enable an equitable exception reporting system.

- GOSH has been reflective and open regarding its ER experience and has been presented at the national RCPCH annual meeting, Health Education England Medical Education meetings and the BMA, with data shared directly with NHS improvement.

- Access to adequate rest and sleep facilitates is a continued, unresolved issue at GOSH.

- Vacancy rates and rota gaps are less than the reported national average at GOSH however impact of rota gaps on junior doctor working patterns remains significant and close monitoring including anticipatory planning is ongoing.

- The establishment of the Modernising Medical Workforce Group through the Medical Director's Office in November 2018 is in direct response to the issues raised in this report, in addition to other factors impacting the wider medical workforce. The group is designed to assist the Great Ormond Street Hospital Board and Executive in the recruitment, support and retention of doctors focusing on the sustainability of the medical workforce. The goal of the group is to problem solve and think innovatively about the Trust-wide issues and challenges facing the medical workforce.

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Introduction

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. 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
- 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

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.

Patient Safety

- There have been no immediate safety concerns reported directly through the exception reporting ER system (however the box has been ticked inadvertently on several occasions raising a responsive alert system).

- Concern regarding the significant burden of administrative and basic clinical tasks undertaken by doctors at GOSH has been raised indirectly through statements in ERs, qualitative information gathering in surveys, discussion at JDF and directly with the GoSW. These tasks can negatively affect patient safety and quality of experience by detracting from time available for tasks that specifically require doctors.

- In general GOSH has poor rest and sleep facilities for junior doctors. This was confirmed by the GoSW 2018 Rest and Sleep Survey where a doctor from each rota establishment was interviewed. Provision of rest space is challenging for the Trust and is in part due to the central London location and distance that doctors need to travel to be available for on call (non-resident on call can often not be done from home as most staff live considerable distance from site). 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. In 2018 GOSH committed to the BMA Sleep Charter for Junior Doctors. Short term solutions are yet to be activated at GOSH. Some results from 2018 rest and Sleep Survey below:

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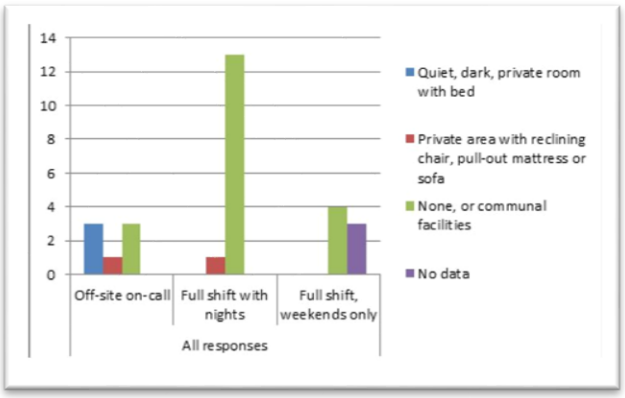

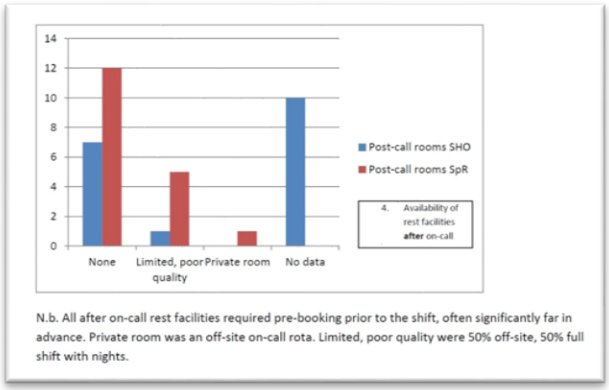

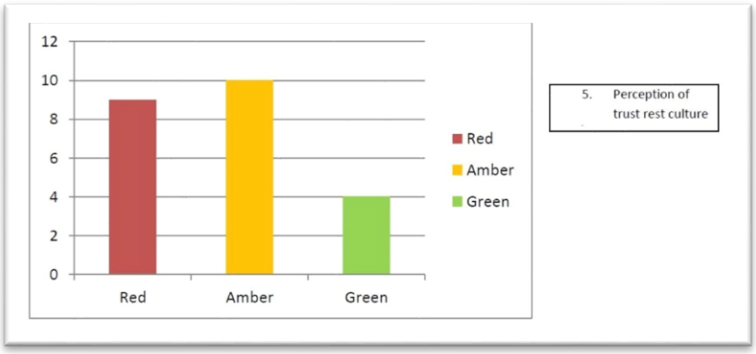

- Engagement of doctors is directly linked to improved quality and safety outcomes, reducing clinical error and mortality rates. Junior doctor morale and engagement is low on a national level. It waxes and wanes at GOSH however we have a core of exceptionally committed trainees and fellows who with the continued support of PGME (post graduate medical education) and senior colleagues are able to activate their peers. GoSW has shown that doctor engagement improves with active listening and responsive action when concerns are raised at departmental level. Often small changes can make significant difference to experience.

- Exception reports in 2018 have highlighted that escalation plans for doctor cover due to both known and unscheduled rota gaps are not formalised. Rota gaps for doctors' present direct risk to patient safety, affecting quality of patient care and the wellbeing of doctors.

Work Schedules

- Receiving advanced information regarding their next job/ training post is known to improve morale and reduce stress in doctors. NHS employers advise that doctors in training should receive information, including their work schedule, 8 weeks before commencement. On call rotas should be finalised and available 6 weeks prior to commencement of the new post. Medical staffing work hard to meet these targets however this has not always been possible due to the late notification of the necessary information from HEE. This has been raised at the London HEE meetings and the explanation is related to issues with their software processing the information.

- The content of work schedules is not standardised and can be highly variable, often not reflecting the reality of the post. Working patterns of doctors in training are also significantly influenced by rota gaps and changes in service requirements which in turn effects access to training and educational opportunities.

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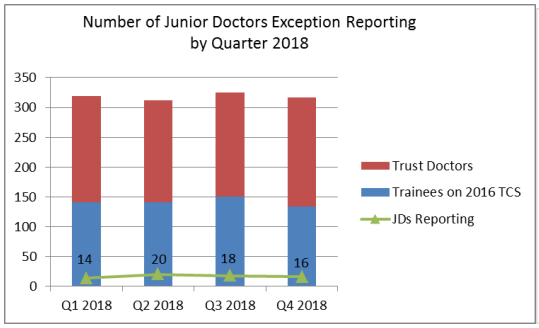
Exception Reporting

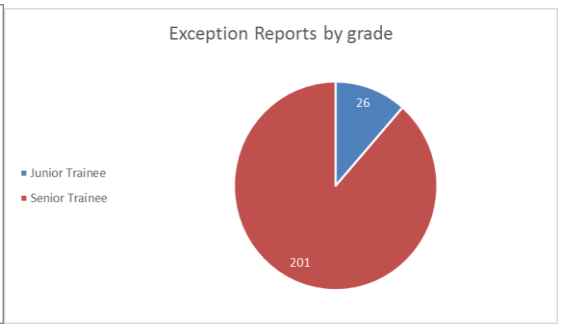
- Exception reporting is the contractually mandated mechanism used by doctors to inform the Trust when their day-to-day work varies significantly and/or regularly from the agreed work schedule of their post. The purpose of exception reports is to ensure prompt resolution and / or remedial action to ensure that safe working hours are maintained.

- Exception reports are submitted electronically by doctors to their educational supervisor. Upon receipt of an exception report, the educational supervisor will discuss with the doctor what action is necessary to address the reported variation or concern. The outcome of an exception report may be compensation, in the form of time off in lieu or payment for additional hours worked, or an adjustment to the work schedule of the post.

- Whilst exception reporting is a mechanism of the 2016 contract for doctors in training, GOSH has elected to extend the use of the system to doctors employed under local (non-training) TCS, in order to encourage safe working practices for all doctors, provide equity and obtain a more comprehensive view of junior doctors working hours across the Trust.

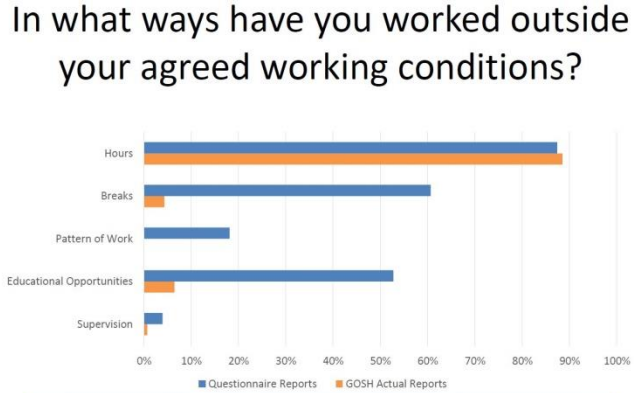
- In 2018 we received 227 exception reports submitted by a total of 46 doctors. Presented quarterly this is 5 to 7% of the junior doctor workforce. This is a small proportion of doctors but aligns with the national knowledge and our local ER survey in January 2018.





- In January 2018 an exception reporting survey of GOSH junior doctors received a total of 131 responses (approx. 48% response rate).

"I would report it if it was just an 'exception', but in our department it is a daily occurrence that we registrars stay on much longer than our contracted hours"



"It is such an **ingrained culture** that we are **expected to stay past our rostered hours** that I am not sure how this will change. It has been especially disappointing over the past 2 rotas that we have been short on the rota and this has **impacted our educational and training opportunities**"

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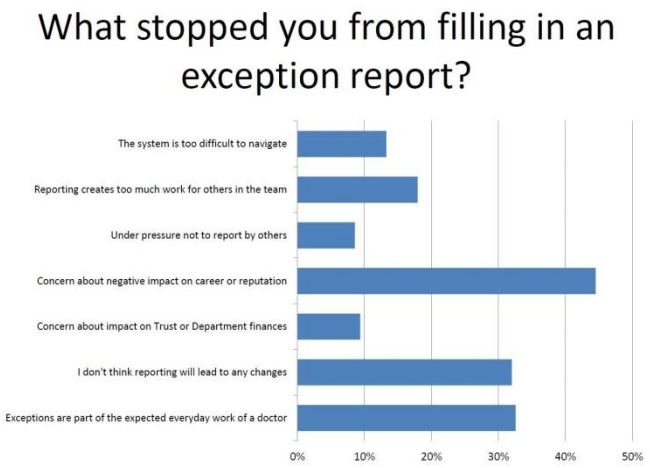

- The results of the GOSH survey were presented at the RCPCH annual meeting; the BMA; HEE London. NHS improvement requested a copy for the review of the ER process. It is widely known that the GOSH results reflect the opinion and views of junior doctors across the country. There is generally less reporting from senior doctors in training, which reflects the majority of the GOSH JD workforce. There is a clear issue related to distinguishing system and patient safety vs. time management and service requirements. Action related to this survey included GoSW meeting every department; attending local faculty meetings; ensuring induction process is clear; liaising with software company (Allocate) to suggest improvements and celebrating success related to ERs across the hospital.

- The majority of ERs are related to additional hours work, suggesting that overworking is common and is an element of reporting that doctors are more comfortable with. It is likely that the ER system is not appropriate for reporting lack of rest and natural breaks and poor access to education and training opportunities. Positively, ERs have been presented by multiple specialties. The frequency of reporting in ‘hot spot’ areas (often due to rota gaps) is related to the GoSW meeting with various doctors on various rota groups encouraging ER.

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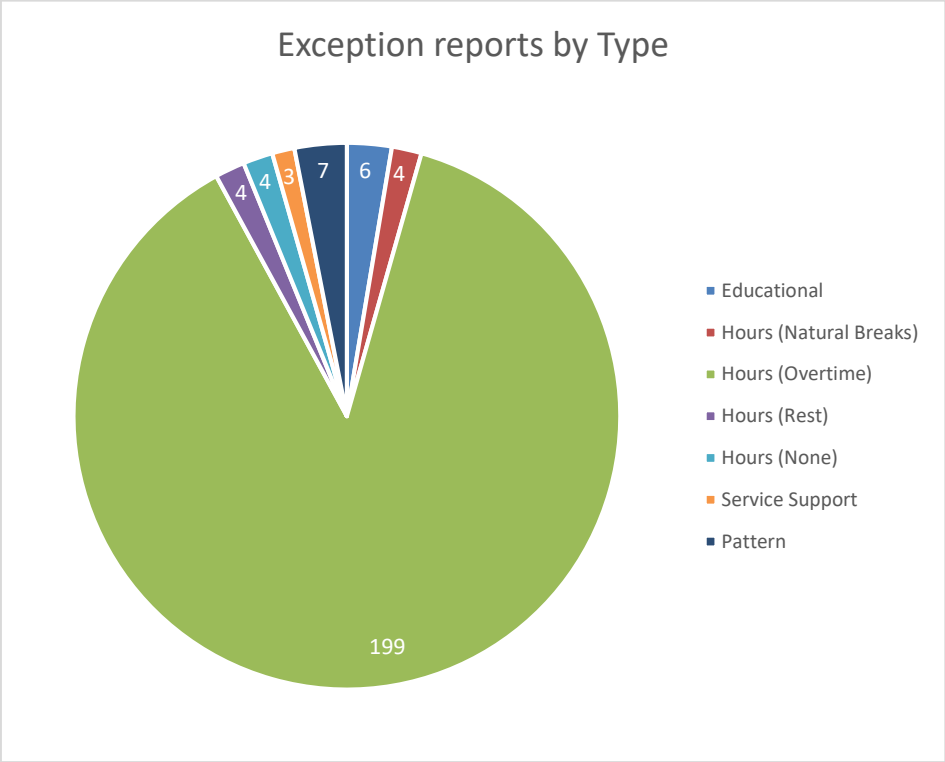
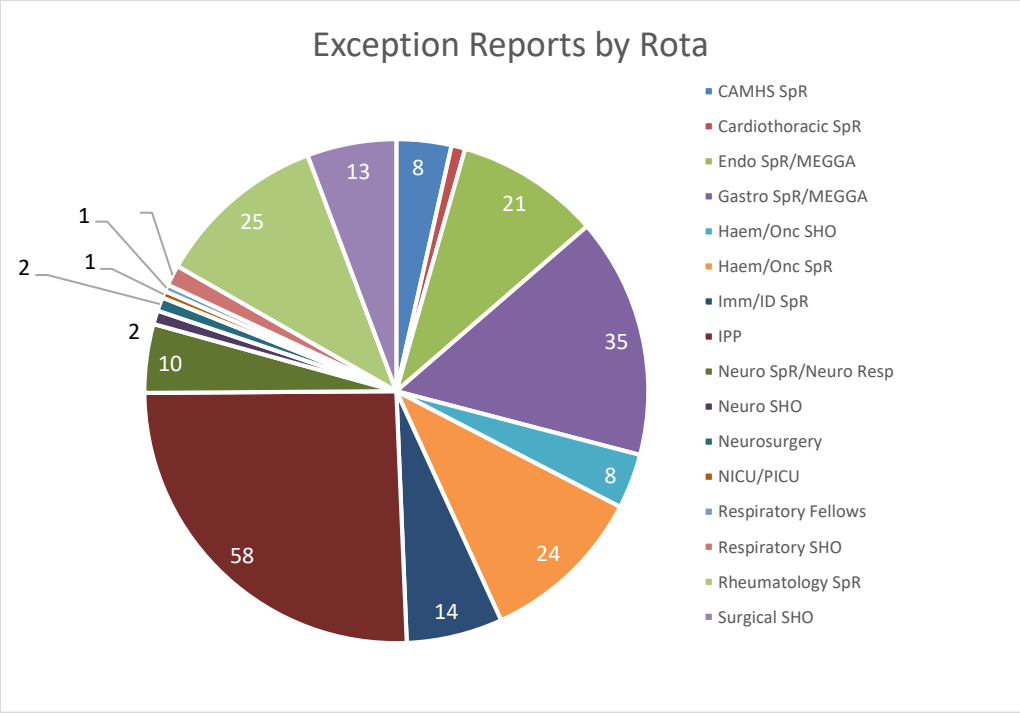
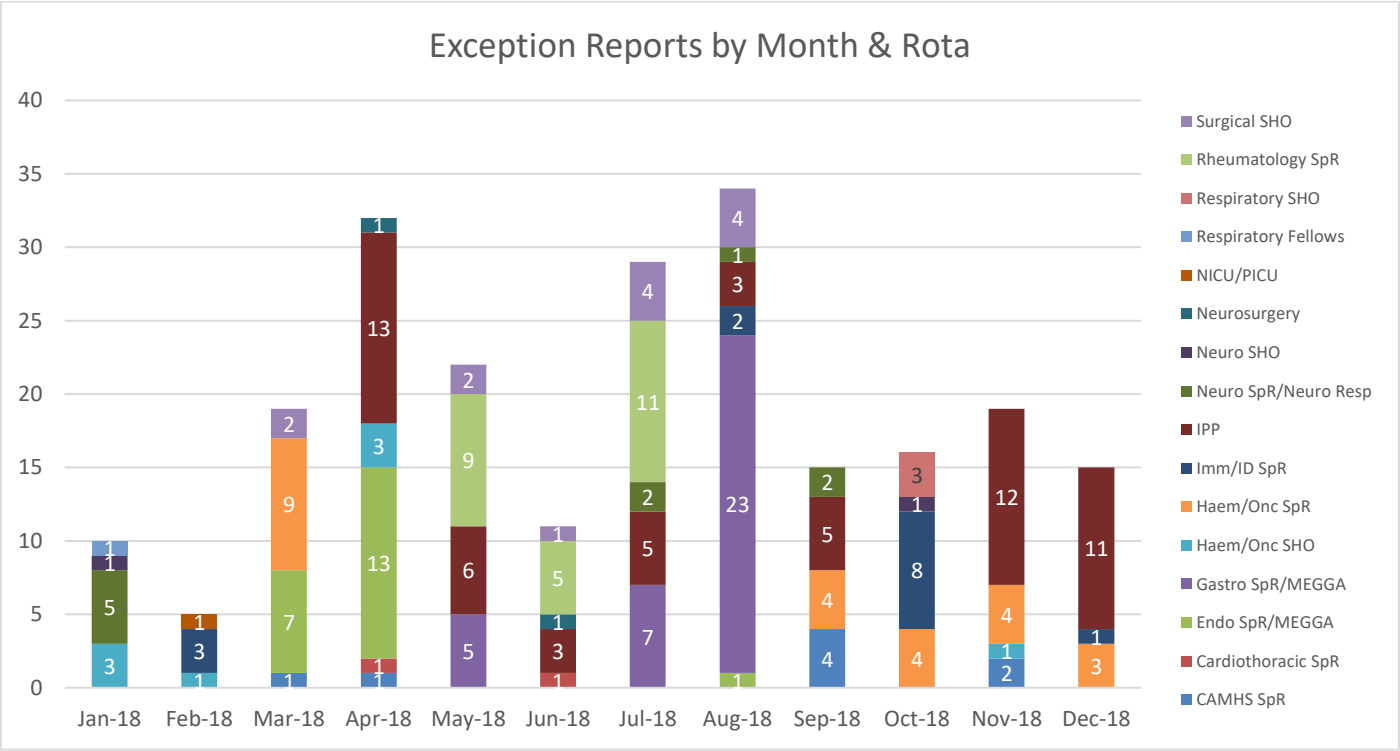


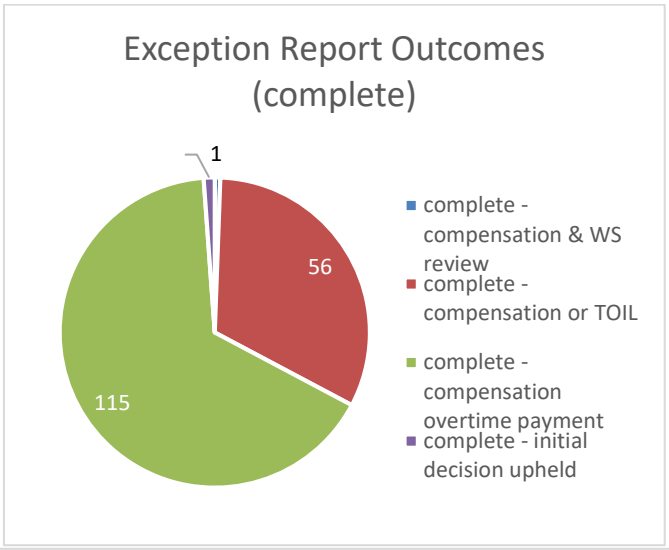


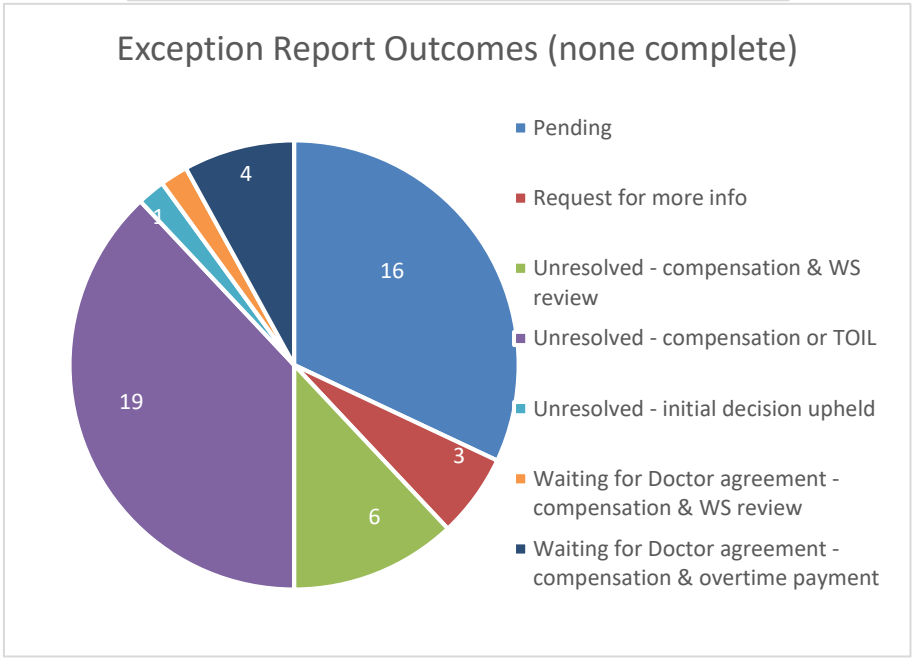
- There is variation in reporting patterns through the year. Incidence of reporting can be seen in specialities that have experienced rota gaps and high volume work flow. Successful interventions in rheumatology and gastroenterology reduced ER numbers. There is currently an increase in reports

from BMT and International Private Patients. The latter remains understaffed and a change in working pattern is being considered.



- Tracking the outcomes of ERs continues to be challenging. Many clinical and education educational supervisors complete their responses to the ERs swiftly. However some struggle with the electronic system data entry, and say they manage the report locally, offering time off in lieu but do not record these actions. Variability of data input is also a problem. 'Unresolved' ERs may include some that are not 'approved' by the junior doctor and not closed the report. Unfortunately, in addition, there is no way of tracking whether TOIL is actually taken. Some ERs 'pending' on the system have also been actioned by the GoSW but as there is no edit function to close the ER on the system, data cannot be updated.





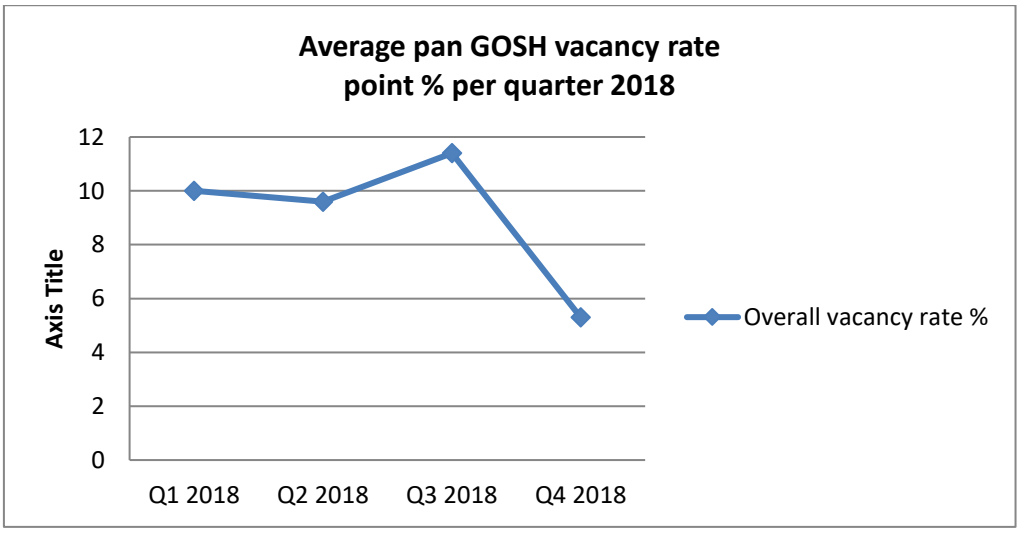
- Software updates enabling improvement in data capture are due in Allocate imminently including the ability to edit the ER by the GoSW. Ongoing education regarding ER data input is offered to supervisors and junior doctors on an ongoing basis, in addition GoSW and medical HR are accessible and continually contact supervisors with support and information.

Rota Gaps

- Vacancy rates and rota gaps are a constant area of change within the organisation. They reflect the end point of multiple workforce issues, including short term unplanned absence, delays in recruitment process and rotational pathways, alongside a national reduction in the medical paediatric workforce. Rota gaps have been highlighted as an organisational pressure and measures are being taken to mitigate the situation at GOSH.

- The modernising medical workforce group has been established through the Medical Director's Office in direct response to the issues impacting the medical workforce at local and national level. The group is designed to assist in the recruitment, support and retention of doctors focusing on the sustainability of the medical workforce. Rota gap pressures for junior doctors and the Trust response is a particular focus.

- We have become aware of the requirement for 'real time' continuous data collection regarding vacancy rates and rota gaps which is currently not routinely centralised or disseminated. Therefore we are currently developing a mechanism to capture this data to ensure that there is consideration to both the immediate and medium term impact of rota gaps across the organisation. In parallel to this we are creating a clear plan for the escalation process to support doctors on rotas that have short and medium term vacancies. Below are 2018 vacancy rates, as average point data per quarter across the organisation. The average national vacancy rate in paediatrics is 18%. Of note a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps is, from 2019, to be included in the Trust's Annual Quality Report.



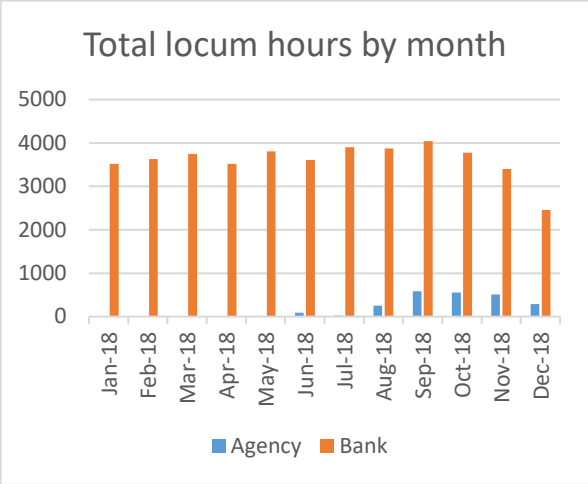
Fines

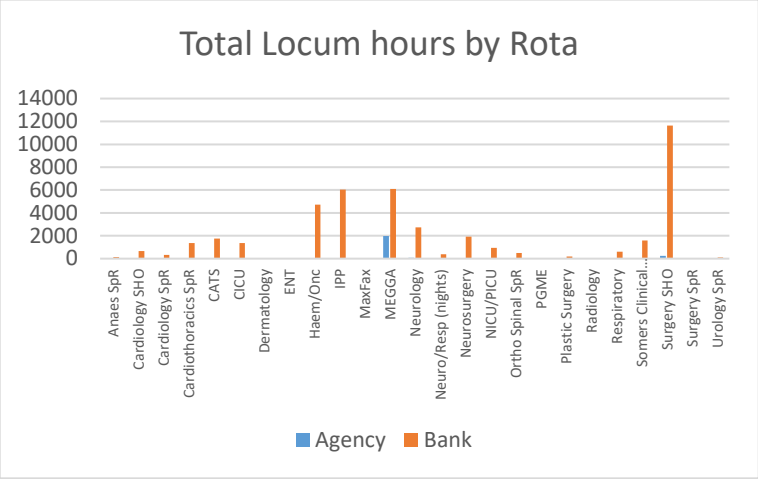
- To date the GoSW has not levied any fines. This reflects the work of the medical staffing team and the rota coordinators who have created compliant rotas and enable junior doctors to avoid shifts that will breach safe working limits. However it also reflects that there is no robust system for identifying breaches as the system is dependent on the doctors to report breaches in their TCS which, as seen from the survey and the ER data, they are often reluctant to do.

- Some rotas are close to the maximum permitted hours and it makes it difficult to swap on call shifts and annual leave which can affect morale.

Bank Hours

- Numbers of locum hours remain consistent throughout 2018. Bank shifts are filled 'in house' as opposed to locum agencies.





- Better tracking of doctors hours is required when doing bank shifts as it is likely that locum hours will cause breaches in working time if done in addition to normal working hours. Doctors themselves have a responsibility and duty of care for regulating their own hours of working, in addition to the organisation.

- Further analysis of speciality areas that are requiring high volume locum hours is required and consideration for more innovative ways of working should be considered. Stretching the existing workforce to plug rota gaps has detrimental effects on both staff wellbeing and patient safety.

Junior Doctors Forum (JDF)

- The JDF was first established in spring 2017. Theoretically there is a requirement for every speciality to be represented at each meeting. In reality this does not occur. In 2018 a new 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.

- The JDF is attempting to engage more doctors through rotating through a different department every month with the offer of lunch.

- In general the junior doctors are engaged on multiple levels through social events and educational opportunities. The GoSW also does ‘walk-abouts’ which encourages direct discussion and information sharing with the junior doctors. Junior doctors have a strong influence on Trust performance however they are often unaware of existing systems and processes and issues occurring within the wider organisation.

The Joy and activation at Work Initiative (JAWs)

- The GoSW led on the development of this initiative in recognition of the need to identify issues relating to the consultant body that despite being ‘up the chain’ from the junior doctors, have a direct impact on

the experience of the trainees at GOSH. There is international acknowledgment of the stress and pressures faced by consultants, with focus on increasing clinician burnout. The aim of the JAWs is to develop a working group, supporting the GOSH consultant body to own the challenge of their demanding work patterns and stresses; looking creatively within and outside healthcare for innovative ideas to create a more positive environment that energises and motivates the workforce.

- The JAWs group has been supported by the executive team to run workshops with the consultant body offering identifying stressors, offering constructive reflection and suggestions for improvement. Increasing social cohesion and activating the consultant body is an important element of the improving the experience of junior doctors.

Matters for the Board:

- Ongoing consideration of how the organisation facilitates two way communications with the clinical workforce is required including recommendations for improving the engagement of junior and senior colleagues.

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