

## ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

<b>Report Title</b>	Committee Supporting Papers	<b>Agenda Item</b>	Paper R			
<b>Sponsoring Executive</b>	Kathryn Lavery, Chair					
<b>Report Author</b>	Various					
<b>Meeting</b>	Board of Directors	<b>Date</b>	25 January 2024			
<b>Suggested discussion points</b> (two or three issues for the meeting to focus on)						
<p>The following reports, received and discussed by the Quality Committee and People and Operational Development Committee are presented today to be noted by the Board of Directors:</p> <p><b>Mortality Quarterly Report (September and October 2023 Data)</b> – the Quality Committee remained assured by the systems and processes in place associated with learning from deaths.</p> <p><b>Guardian of Safe Working Hours Report (June to September 2023 Data)</b> – the POD Committee was assured that there are appropriate systems and processes in place to ensure safe working hours and compliance to regulatory requirements for our trainee doctors.</p>						
<b>Alignment to strategic objectives</b> (indicate with an 'x' which objectives this paper supports)						
Business as usual			x			
<b>Previous consideration</b>						
The documents have been presented to the People & Operational Development Committee (19 December 2023) and Quality Committee (17 January 2024).						
<b>Recommendation</b>						
The Board of Directors is asked to:						
x	<b>CONSIDER</b> and note the appended reports for information					
<b>Impact</b>						
Trust Risk Register						
Board Assurance Framework	x	SR2 – Culture and Development SR5 – Standards of Care				
System / Place impact						
Equality Impact Assessment	Is this required?	Y	N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	N	x	If 'Y' date completed	
<b>Appendix</b> (please list)						
None						

# MORTALITY REPORT – QUALITY COMMITTEE

(Data Focus September and October 2023/24)

JANUARY 2024

## 1. Situation

The Executive Medical Director chairs the monthly Mortality Surveillance Group (MSG). A report is then provided to the Quality Committee (QC) and forms part of the Executive Medical Director’s Quarterly Report to the Board of Directors (Public).

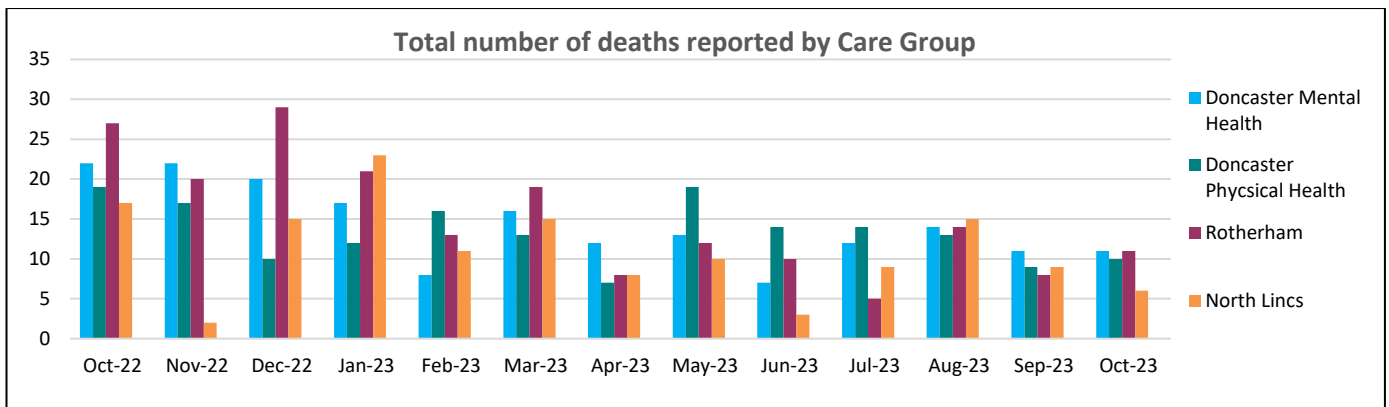
## 2 Background

This report provides the Quality Committee with salient features and issues in relation to mortality surveillance management with a focus on data for September and October 2023.

In terms of quoracy at the Mortality Surveillance Group: The meetings are held bi monthly and the meeting in October was quorate.

## 3 Assessment

### 3.1 Mortality Reporting and Management



Data shows an increase in deaths in North Lincs in December 2022 and January 2023. There was a slight increase in physical health deaths in May 2023 however numbers since that time have been consistent.

### 3.2 Structured Judgment Review Process

All deaths are reported and reviewed by the Mortality Operational Group (MOG) on a weekly basis. If any 'red flags' the death is automatically escalated to a Structured Judgement Review. Any deaths that meet the criteria for a Serious Incident (SI) are escalated for further Investigation.

Month	No of deaths initially reviewed in MOG	No of SI's indicated from deaths in the month	No of SJR's indicated from deaths in the month	Number of SJR's escalated to SI process following review
September 2023	37	1	6	0
October 2023	38	1	3	0

*No SJR's reviewed have identified that the death was due to a problem in care.*

### 3.3 Mortality Reporting

At the end of October 2023 there were 19 mortality reports awaiting further information. Rotherham 8 outstanding. North Lincs 4 outstanding. Doncaster MH 7 outstanding. All open screens were escalated to the Care Groups and are discussed in the MSG monthly.

## 4 Learning from Deaths

### 4.1 Learning from Reviews and Inquests

#### What did we learn from our own inquest?

We attended the inquest of a gentleman who had a long history of substance misuse which included cannabis and amphetamines. He was offered support from services and a pattern emerged where he was wanting help, this was being provided however he would ultimately not engage with services. He was being encouraged by his partner who was taking him and services were trying to maintain engagement but he would not engage with Drug and Alcohol services and continued to use substances which had an ongoing impact on his mental wellbeing.

The Coroner in his summing up stated that nothing more services could have done to help him and that services made every effort to try and help him to engage with them.

## **4.2 What did we learn from others?**

A patient was admitted to a general hospital ward however a Malnutrition Universal Screening tool (MUST) was not completed for 5 days which the Coroner felt had increased her risks of developing pressure ulcers.

The Trust has a working group which is focused on nutrition and hydration with a key emphasis on the importance of screens such as the MUST. MUST compliance is monitored in the Trust through Tenable and has a monthly audit.

## **4.3 Learning from National Prevention of Future deaths - Regulation 28 reports**

A paper was presented to the Mortality Surveillance group in December 2023 which reviewed the reports submitted on the topic of Venous thromboembolism. This was shared with Care group representatives for circulating to their services.

### **5 Prevention of Future Deaths notice.**

On 4 October 2023 the Trust were issued with a Prevention of Future Deaths notice by HM Coroner. The coroner did not believe the areas of concern would have made a difference to the outcome and were not causal to the patient's death.

The Chief Executive wrote back to the HM Coroner within the statutory timeframe of 56 days and provided an overview of the immediate learning and actions as well as the work currently being undertaken in the Trust.

**Dr Graeme Tosh Executive Medical Director**

**Sharon Greensill, Deputy Director for Organisational Learning, Patient Safety and Inquests**

**November 2023**



Rotherham Doncaster  
and South Humber  
NHS Foundation Trust

# Guardian of Safe Working Hours (GoSWH)'s Report on Doctors in Training

1 June 2023  
to  
30 September 2023

**Dr Babur Yusufi**  
Guardian of Safe Working Hours

November 2023

## **Executive Summary**

This report only covers a period of four months; from 1 June 2023 to 30 September 2023

In this report, Guardian of Safe Working Hours (GoSWH) provides details of trainees currently subject to TCS 2016/2019, information on Exception Reporting, On-Call related provisions in work schedule and the levying of fines, concerns raised by the trainees around safety and work environment and action taken and further recommendations resulting from the above. He shows tables of Exception Reports and comments on any relevant trends. In addition, the GoSWH provides a summary of key issues discussed at recent Junior Doctors' Forum and related meetings.

At present, there are 53 trainees working in the Trust, with 7 vacant posts.

There was a total of 80 exceptions reported, over a four-month period: 52 in Rotherham (less than the previous report) 13 in Doncaster (less than the last report) and 15 in North Lincs (higher than last report). Most Exception Reports were for Breach of Rest Periods and Excess Hours worked during On-Call, with highest numbers from Rotherham (44) followed by North Lincolnshire (10) and Doncaster (6). There were only 2 Immediate Safety Concern reports in this period, and both were from Rotherham. This was managed efficiently and effectively.

Time-off in Lieu (TOIL) was taken for all breaches of rest periods during On-Call (36). TOIL / Payments were agreed on 10 occasions for working beyond contracted hours, while outcome of 7 reports were not provided.

There has been a deterioration in clinical supervisors'/ trainees' engagement with the ER process as 16 out of 80 ERs (20%) were not properly actioned.

The areas identified for development are:

- 1) Trust's engagement and communication
- 2) Exception Reporting Process
- 3) JDF Organisation
- 4) Proactive On-Call Monitoring by the Trust
- 5) Junior Doctors' Rota Contractual Rest Breaches
- 6) Guardian of Safe Working Hours' Fines
- 7) Need for Verbal Handover for On-Call Work

An Extraordinary JDF has been organized to review the progress with the above, on Thursday 14 December 2023.

There were no gaps in the rota reported.

GoSWH have started issuing fines from February 2023.

## **Introduction**

The 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training England (TCS 2016) were introduced nationally on 5 October 2016. Since August 2017 the Trust has had higher trainees, core trainees, foundation trainees and GPVT trainees taking up TCS 2016. Most trainees are now subject to TCS 2016.

In this report, Guardian of Safe Working Hours (GoSWH) provides details of trainees currently subject to TCS 2016/2019, information on Exception Reporting, On-Call related provisions in work schedule and the levying of fines, concerns raised by the trainees around

safety and work environment and action taken and further recommendations resulting from the above. It shows tables of Exception Reports and comments on any relevant trends. In addition, the GoSWH provides a summary of key issues discussed at recent Junior Doctors' Forum and other related meetings.

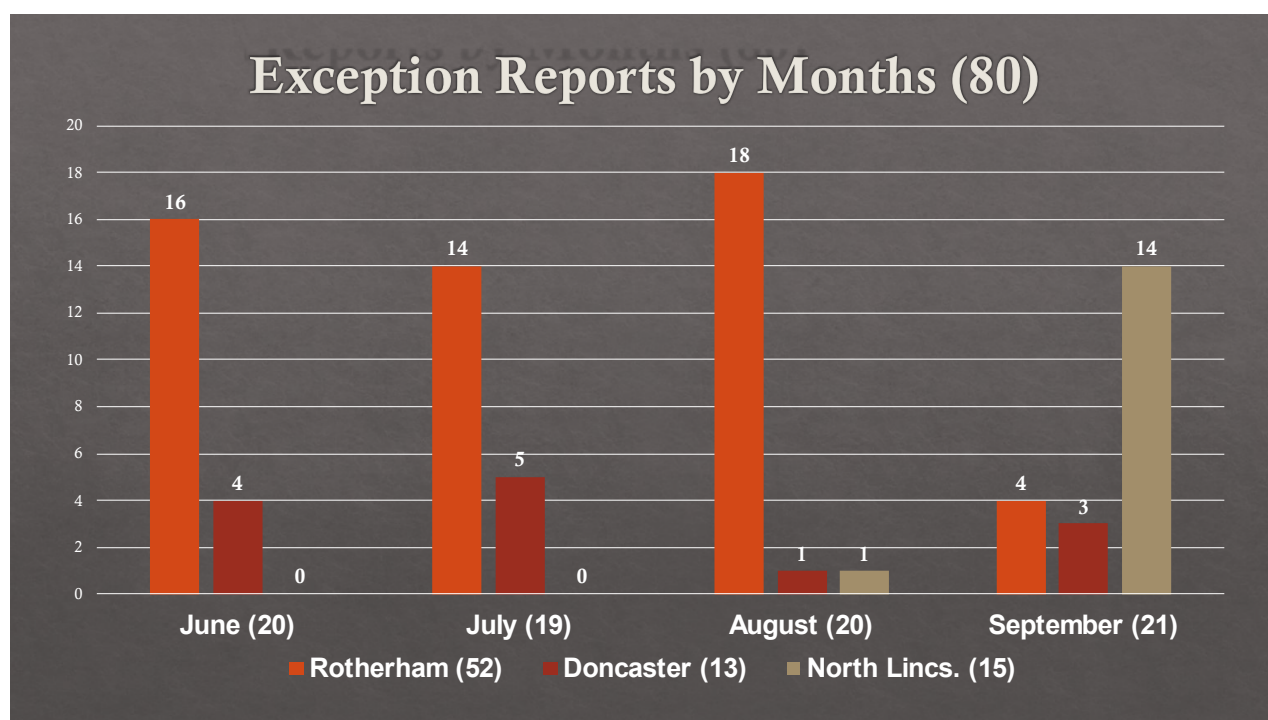
## Current RDASH Doctors in Training

There are 53 trainees working in the Trust with 7 vacant posts, from the start of the new rotation in August 2023. A breakdown of their grades is as follows:

	GP	CT	F2	F1	HT ST	Total	Vacant
<b>Doncaster</b>	4	3	2	3	5	<b>17</b>	3
<b>Rotherham</b>	2	10	3	4	5	<b>24</b>	3
<b>North Lincolnshire</b>	3	1	1	4	3	<b>12</b>	1
<b>TOTAL</b>	<b>9</b>	<b>14</b>	<b>6</b>	<b>11</b>	<b>13</b>	<b>53</b>	<b>7</b>

## Exception Reports (ERs)

There was a total of 80 Exceptions reported from 1 June to 30 September 2023. This is 7 fewer than that reported in previous four months.



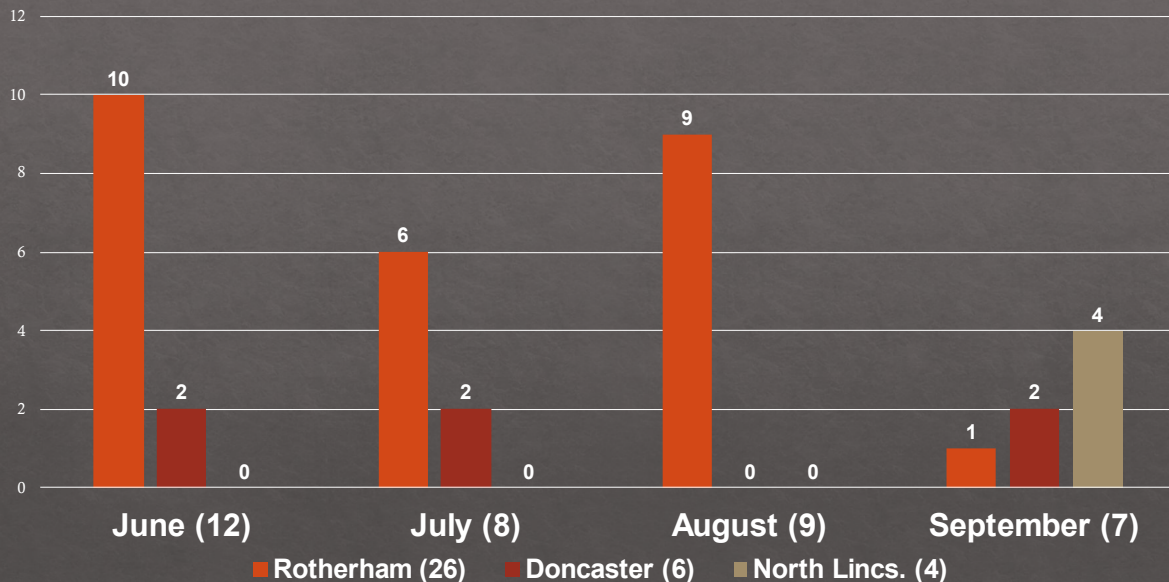
65% of ERs originated from Rotherham with 16% from Doncaster and 19% from North Lincs. This is the continuation of trend from the last report. Rotherham continues to dominate, month after month, except in September 2023.

## Immediate Safety Concern

	Rotherham	Doncaster	North Lincs.
June	1 (CTI)	0	0
July	0	0	0
August	1 (CTI)	0	0
September	0	0	0

There were only two reports of Immediate Safety Concerns. Upon investigation it became clear the reports were generated to report breaches in contractual rest conditions and there were no risks to the doctors' or patients' safety.

## Contractual Rest Breaches (36)

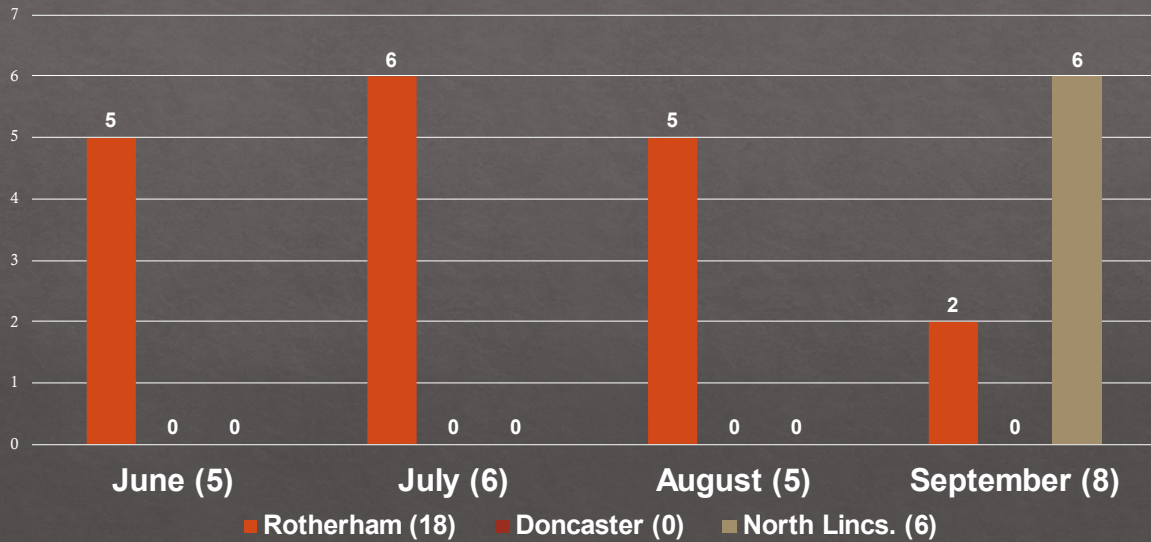


It is a contractual requirement for doctors on non-resident On-Call to avail 8 hours of rest in 24 hours, 5 hours of which should be continuous between 2200 and 0700hrs. Breach in these conditions results in Time Off in Lieu (within 24 hours of On-Call) or Payment in exceptional circumstances. This breach also attracts GoSWH's fine.

Once again, most of these breaches occurred in Rotherham (72%), followed by Doncaster (17%) and North Lincs (11%). In Rotherham, on average, the rest breach occurred every 2 On-Calls out of 7, that is around 8 in 28 days. This is a significant number and requires immediate monitoring and remedial actions.

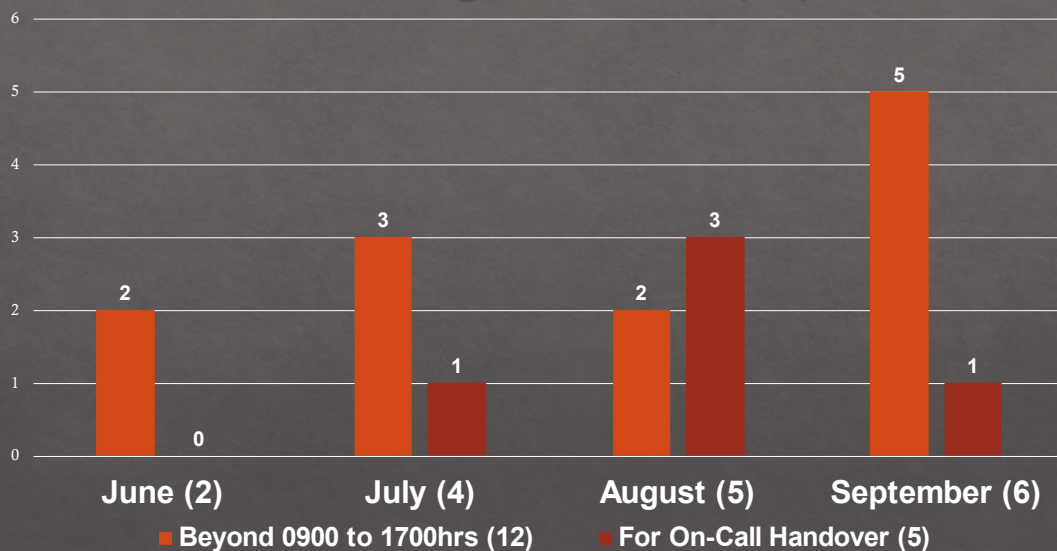


## More Hours Worked Than Paid - On-Call (24)



24 Exception Reports were about doctors working more hours during On-Call than that paid for, as per the Work Schedule. It is however to be noted, the figures given in work schedules are based on an average of number of hours worked across all On-Call duties over the period of rotation and while individual variations can occur, the expectation is the average would remain the same. 75% reports were from Rotherham, while 25% from North Lincs.

## Working Overtime (17)



There were 17 episodes of doctors working beyond their contracted hours; 12 (71%) for work after 1700hrs and 5 (29%) for staying after the completion of On-Call to provide verbal handover to the inpatient teams.

## Exception Reports Outcomes

	ROTHERHAM				DONCASTER				NORTH LINCS.			
	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR
<b>Breach of Rest</b>	21	0	X	5	6	0	X	0	3	0	X	1
<b>Overtime (Regular Working Hours)</b>	X	X	X	X	2	5	X	0	3	0	X	2
<b>Overtime (On-call Handover)</b>	X	X	X	5	X	X	X	X	0	0	X	0
<b>More Hours Worked (On-Call)</b>	X	X	18	X	X	X	X	X	X	X	6	X

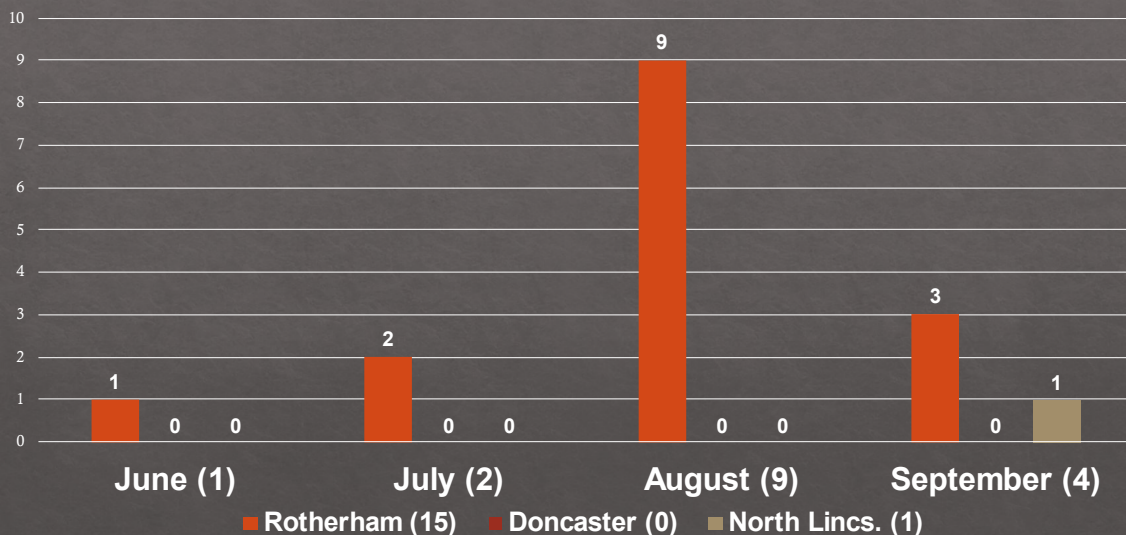
**LEGEND:**  
**TOIL** = (Time Off in Lieu)  
**Pay.** = Payment  
**NA** = Not Applicable – No Outcome required but for Information Only  
**NR** = Outcome Not Recorded

For Contractual Rest Breaches, Time off Lieu (TOIL) was documented on 30 (83%) occasions. While the outcome was not documented in 6 (17%) cases, the trainees had alluded to taking Time off in Lieu (TOIL) in the reporting process.

Working beyond daytime work hours attracted TOIL and Payments on 5 occasions each (42% each), while the outcome was not clear on 2 (16%) occasions. No outcomes were reported for working after the On-Call hours for handover, with this period being up to 30 minutes.

For working more hours than being paid for, no immediate action was required, except for identifying GoSWH’s fines for contractual rest breaches and gauging workload for further actions.

## Incomplete Exception Reports (16)

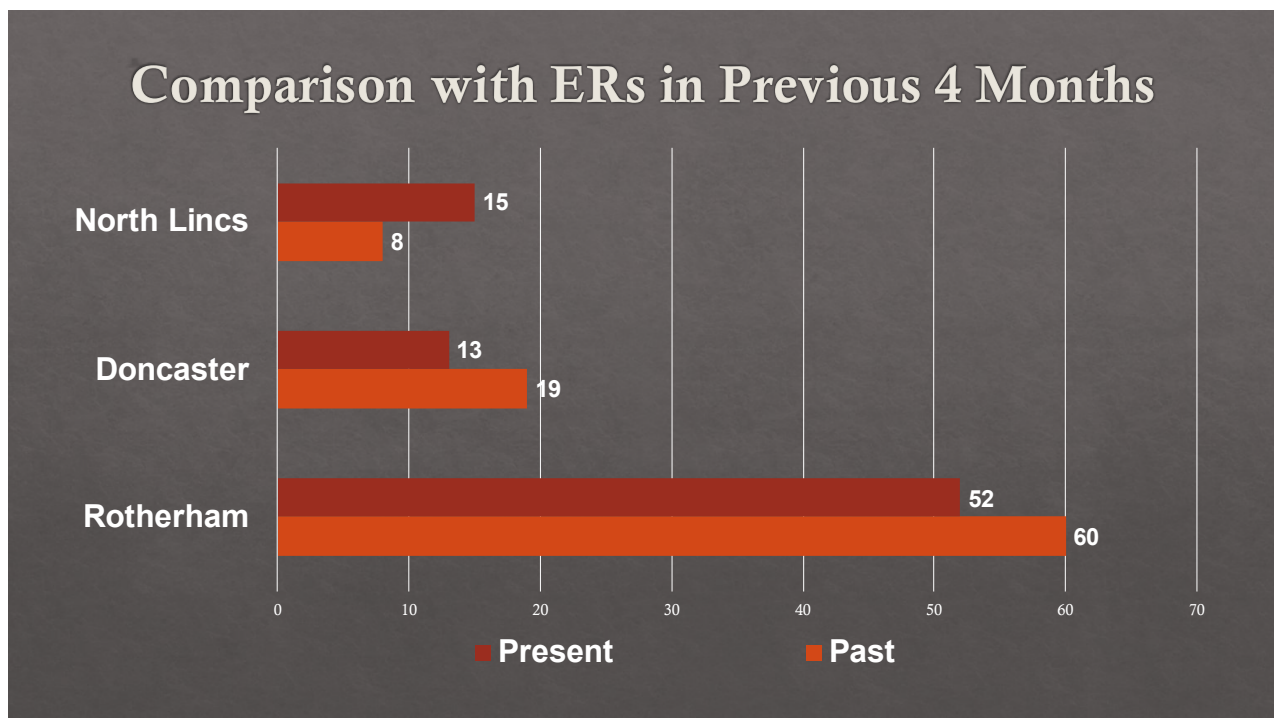


16 out of 80 (20%) of Exception Reports were not properly completed by the Junior Doctor and their Clinical/ Educational Supervisor.

### Trends in Exception Reporting:

There was a total of 80 Exceptions reported in the Trust over the four-month period from 1 June 2023 to 30 September 2023, which is 7 less than those reported over the previous 4-month period 1 February 23 to 31 May 2023 - Total Number = 87.

There are slight reductions in Rotherham (52 vs 60) and Doncaster (13 vs 19), whereas the Exception Reporting has almost doubled in North Lincs, (15 vs 8). This shows a consistently high workload in Rotherham, while moderate in Doncaster and North Lincs.



Following trends have been observed:

- 1) Significantly high number of Exceptions reported from Rotherham, followed by a recent increase in North Lincs.
- 2) The outcome of 16 out of 80 Exceptions reported was not clearly documented, which is around 20%. This is a significant increase over the figures from last time as in the previous four months only 4 out of 87 ERs (3.5%) were not properly actioned. There are a variety of avoidable and unavoidable reasons behind it. GoSWH have continued to remind colleagues to action the ERs, properly.
- 3) There is some overall reduction in Exception Reports for Breach of Rest Periods; Rotherham (26 at present as against 29 in the past), Doncaster (6 at present as against 12 in the past) and North Lincs. (4 at present as against 3 in the past). However, these remain a concern. While Time Off in Lieu (TOIL) seems to have been availed on all occasions, work is underway to implement GoSWH's fine for these breaches.
- 4) Some Exceptions reported are about the time spent after On-Call for verbal handover to the ward staff. Discussions are underway in JDF about the need of verbal handover while electronic handover is already in place.
- 5) There were no reports for Missed Educational Opportunity.
- 6) There were no Rota Gaps identified.

# Outcomes from Junior Doctors' On-Call Monitoring from April to May 2023

## 1<sup>st</sup> On-Call Monitoring – April to May 2023

### OUTCOMES

#### ACHIEVED

1. All Junior Doctors on 1<sup>st</sup> On-Call Rota from Feb to Aug 2023 have been back paid for the extra hours worked
2. Work Schedules have modified to reflect On-Call Working Hours, as provided by the Monitoring






#### OUTSTANDING

1. Feedback on Trust's Actions to reduce On-Call Workload
2. Repeat of 1<sup>st</sup> On-Call Monitoring
3. Review of Alternative Rota Options.

### GoSWH's Fines:

Fines are applicable under the following conditions:

### GoSWH's Fines

	Breach of 48-hour Average Working Week over the Reference Period i.e. rotation length or rota cycle
	Having scheduled breaks on fewer than 75% of occasions over a four-week reference period.
	A breach of maximum of 72 hours worked across any consecutive 168-hour period i.e., 7 days
	Failure to achieve 5 hours consecutive rest between 22:00 and 07:00 hrs
	Failure to achieve a total of 8 hours of rest in a 24 -hour period

GoSWH had decided to implement fines for the Breach of Contractual Rest Periods from February 2023.

However, a fine collection, holding, disbursement and accounting system was not in place. This system requires.

## Arrangements for GoSWH's Fines

A dedicated account for holding of fines and a mechanism for disbursement and accounting

A Mechanism to Calculate the Total Number of Hours, by which the Mandatory Rest Period/s were breached. Exceptions are reported on Allocate while detailed Hours Data is provided in oncall log forms. These forms are managed by medical staffing.

Following were the actions and their outcomes to implement these fines:

### GoSWH's Fines – Time Line

Feb

- GoSWH advise Deputy Director HR (DDHR) to set up Fine related Account – DDHR promises completion within weeks

Jun

- Following delays, DDHR advises GoSWH of the System to be in place for issuing Fines

Jun

- GoSWH issue first set of Fines – No Implementation.
- GoSWH asked for further information about fines

Aug

- GoSWH provide further information about the fines – Still no implementation.

## GoSWH's Fines – Time Line

Oct

- GoSWH convey significant concerns about lack of progress to Executive Medical Director and Executive Director of People and Organisational Development

Nov

- Urgent Meeting: GoSWH, Executive Director (POD), Deputy Director HR, Medical Directorate and Medical Education Manager and Deputy Director Finance

Nov

- Agreement: (1) GoSWH's Account to be set up and in place by 18 November (possibly) (2) Medical Directorate and Medical Education Manager to advise on identifying Breach Hours through On-Call Log Forms

- The GoSWH Fine Account is still in process of being set up.
- Dedicated Admin Support has now been provided to extract information about hours breached from On-call Log Forms and work is in progress in this regards

### Allocate Administration and GoSWH/ JDF Admin Support

With vacancies in Medical Staffing and competing demands/ work pressures on colleagues' times, there has been little support in the above areas.

Allocate is an IT based Rota Rostering and Exceptional Reporting system used by the Trust. While Rota Rostering part has worked smoothly, the same cannot be said but Exception Reporting Part. A dedicated Allocate Administrator would:

- 1) Support the doctors in accessing and using the Software.
- 2) Communicate with Allocate Support Team in case of any issues.
- 3) Managing the Rota Rostering System.
- 4) Assist GoSWH in monitoring and actioning Exceptions, especially those related to Immediate Safety Concerns and Contractual Breaches and ERs not being processed by the doctors in a timely fashion, etc.

GoSWH have not had any administration cover for their work, for quite some time. There has also been no dedicated and consistent administration support for Junior Doctors' Forum (JDF) for many months and this task was assigned to Corporate Admin Support Team (CAST), who dipped in and out to do specific pieces of work. This did not help with organization and consistency of the process, resulting in many issues and complaints.

GoSWH have approached the Executive Medical Director, Executive Director of People and Organisational Development, Deputy Director HR and Medical Directorate and Medical Education Manager through email correspondence, phone calls and MS Team meetings about this.

Dedicated support to cover these areas has recently been provided. This includes.

- 1) Administration support for Exception Reporting part of Allocated and GoSWH
- 2) Administration support for JDF

Both colleagues are still fresh and are requiring training, supervision, and support to carry out the tasks.

## GoSWH's Board Report

GoSWH is required to provide a Quarterly Report for the Trust Board's two-monthly meeting. Given the three-monthly report got out of sync for the two-monthly meeting. It was agreed by Executive Medical Director, Trust Board and GoSWH to provide the report for alternate Trust Board Meetings, i.e., every four months.

However, given the number of matters concerning Junior Doctors in the Trust, GoSWH are of the view that the Trust board should be provided feedback, more frequently.

Therefore, GoSWH propose two kinds of reports for submission to the Board.

- 1) A comprehensive report, like this, submitted every four months.
- 2) A brief interim report, which is submitted two months after the comprehensive report.

GoSWH will be approaching Executive Medical Director and related Board Member to discuss this, shortly.

### Junior Doctors' Forum (JDF) and Other related Meetings:

JDF meetings were held on 17 August and 13 November 2023.

There were other meetings, such as those to review JDF's TOR, which took place on 12 October 25 October and 2 November 2023.

Further details are being provided under the next section.

### Challenges and Solutions *(in grey highlights)*

#### 1) Trust's Engagement and Communication

##### a) Areas of Good Practice

Fatigue and Facilities Charter (F&F) is a standing item on JDF Agenda and while there may be some delays, Trust shows good commitment in updating and improving Junior Doctors' facilities.

##### b) Areas Requiring Improvement.

The principal concern over the last few months has been around Trust's engagement with processes involving Junior Doctors, particularly due to absence of Medical Directorate and Medical Education Manager (and no one to cover the role), vacancies in Medical Staff to take up related tasks, lack of administration support for Allocate/ GoSWH/ JDF and limited understanding of Junior Doctors' Contract and related Working Practices among HR management.

The situation has been aggravated further by lack of time responses and communication from the Trust's side.

Lack of timely response and resolution has affected the morale of Junior Doctors working in the Trust.

With the return of Medical Directorate and Medical Education Manager and augmentation of medical workforce, the situation has started to improve.

However, moving forward, the Trust must ensure.

- *There is capability and capacity in the Medical Staffing Team to provide continuity in managing Junior Doctor's work in keeping with the Terms and Conditions of Service.*
- *There is adequate administration support for Allocate, JDF and GoSWH.*
- *Decisions made in JDF/ JLNC are implemented without delays and the outcomes disseminated to the stake holders, in a timely fashion.*

## **2) Improving Exception Reporting Process:**

With a dedicated Allocate Administrator, there will be improvements in this area.

A member of Medical Staffing has been assigned to this role. However, they require further training and supervision.

*The Trust must ensure there is always a member of staff, trained and skilful, to do this role.*

## **3) Organisation of JDF:**

GoSWH have produced a fresh draft of Terms of Reference document for JDF and circulated it to the Stake Holders for their comments. The document will be reviewed and revised considering the comments.

With dedicated administration support, the organisation and management of JDF is likely to improve.

*The Trust must ensure there is always a member of staff, trained and skilful, to do this administration role.*

## **4) Proactive On-Call Monitoring by the Trust**

Sections 3 and 35 of Schedule 3 of Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, require the Trust to prospectively estimate/ calculate average amount of time for anticipated work during On-Call and provide it in the Work Schedules. Prospective hours should be communicated to doctors in advance of starting work, through Work Schedules.

To inform the calculation of the prospective estimate of the average amount of work, in hours, performed during an On-Call shift, employers should use all relevant available data. This includes a combination of, but is not limited to, actual data such as: activity data, calls through switchboard, bleeps, admissions, feedback from colleagues in the department, feedback from staff previously and currently rostered for On-Call duties on the relevant rota, previous Exception Reporting data for the relevant rota, and recent diary activities or monitoring data.

*GoSWH therefore require the Trust to confirm the mechanisms they are/ will be using to prospectively calculate the average amount of time for anticipated work during On-Call.*



## **5) Junior Doctors' Rota Contractual Rest Breaches**

These are reported through the Exception Reporting process and GoSWH will advise the Trust/Care Group to undertake a Work Schedule Review i.e. On-Call Monitoring once a pattern of breaches emerges.

*GoSWH are recommending a Work Schedule Review in January 2024, which will be discussed in Extraordinary JDF on 14 December 2023.*

## **6) Guardian of Safe Working Hours' Fines**

Work is underway to have a dedicated account for GoSWH and calculated the hours breached. This has taken time longer than expected but the hope is it for it resolved quickly.

*The Trust must ensure there is always a member of staff, trained and skilful, to support GoSWH with this.*

## **7) Need for Verbal Handover for On-Call Work**

There are reports of doctors staying longer after their On-Call for Verbal Handover, when an Electronic Handover is in place.

*This will be discussed further in forthcoming JDF meetings.*

**Dr Babur Yusufi**  
**Guardian of Safe Working Hours (GoSWH) for RDaSH**