ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Committee Supporting Papers	Agenda Item	Paper V
Sponsoring Executive	Kathryn Lavery, Chair		
Report Author	Various		
Meeting	Board of Directors	Date	28 March 2024

Suggested discussion points (two or three issues for the meeting to focus on)
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:

Safe Staffing Annual Declaration 2023/24 Please refer to the Quality Committee Report to Board item 15.

Mortality Quarterly Report (November to December 2023 Data) – the Quality Committee remained assured by the systems and processes in place associated with learning from deaths.

Elimination of Mixed Sex Accommodation (EMSA) Annual Declaration -The Quality committee was assured that there is a robust process in place to report, monitor and achieve compliance with the National definition of EMSA.

Guardian of Safe Working Hours Report (1 October 2023 to 31 January 2024 Data) – 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.

Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)	
Business as usual	x

Previous consideration
The documents have been presented to the People & Operational Development Committee (21 February 2023) and Quality Committee (20 March 2024).

Recommendation
The Board of Directors is asked to:

x	**CONSIDER** and note the appended reports for information

Impact							
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	

Appendix (please list)
Refer to Agenda Pack B

Safe Staffing Annual Declaration	Meeting Date:	20 March 2024
	Agenda Item:	

Report Title:	**Safe Staffing Annual Declaration 23/24 and forward look.**
Author(s):	Kate McCandlish, Deputy Director of Nursing
Accountable Director:	Dr Jude Graham Director Psychological Professionals and Therapies / Acting Chief Nurse

Executive Summary

The annual declaration paper was initially presented in September 2023 paper suggesting that RDaSH NHS FT complies with the requirements of NHS England, the CQC, and the NQB safe staffing guidance. At this meeting addition information was required and this is contained in this paper.

Compliance is achieved through safe staffing reviews and the implementation of safer staffing policy.

From the information available now, it can be concluded that:

Current picture:

- A thorough review of available data analysed shows limited evidence of correlation between staffing levels and patient safety issues.

- Ward leaders however report that quality of care can be impacted upon via cancelled activity such as escorted leave from the ward, therapeutic activities, and active engagement with named nurses.

- The organisation complies with the requirements of NHS England, the CQC, and the NQB Guidance

- Agency nursing spend is showing a downward trend and each care group.

  IQPR shows that staffing is above the 90% target consistently and the actual fill rate data is detailed on page 3.

Future Plan:

- Notwithstanding the current state of compliance, MHoST's acuity tool requires a full re-launch (plan in Appendix 1)

- This will involve deploying our acuity and dependency tools in all inpatient units through 24/25, and doing the same for community nursing and community mental health services not later than September 2024

- RDaSH remains engaged in initiatives building a safe and sustainable workforce through the development of new roles, international recruitment, and a regional approach to employing Health Care Support Workers.

Situation:

The purpose is to demonstrate compliance with national requirements from NHS England, CQC, and NQB guidance around safe staffing. This includes:

- Conducting an evidence-based annual strategic staffing review

- Publicly reporting staffing levels for transparency

The report aims to describe the work undertaken over the past year related to inpatient nurse staffing levels, analyse relevant data, identify any risks or issues, and present possible solutions and next steps.

This report therefore enables the Trust to declare compliance with safe staffing standards through a comprehensive review of approaches, data, and actions to support optimal nurse staffing on inpatient wards.

The report provides both a look-back and a forward plan.

Background:

The previous RDaSH annual safe staffing declaration highlighted ongoing staffing pressures on certain wards driven by hard-to-fill vacancies, but indicated wider Trust initiatives were underway to strengthen recruitment, retention, and governance around safe staffing levels.

 The key points from the September 2023 report were:

- Consideration of wider national context (drivers for change)
- Findings from 360 internal audit and the associated action plan.
- MHOST data- first collection point findings
- National NHSE benchmarking
- Brief consideration of the local, and national context (drivers for change)
- Assessment of the impact of vacancies in the corporate team

The CNO and Deputy Director of Nursing advised the Quality Committee and Chief Executive that staffing was safe.

Assessment

This section provides analysis of the progress against the safer staffing 360 action plan and the associated next steps for acuity and dependency tools in RDaSH as a mixed community and mental health Trust.

We have compliantly implemented the policy for safe staffing. With the relaunch of the MHOST in 24/25 we will conduct an audit in terms of a PDSA cycle after 6 month of use. This audit will have oversight through the 'Harm Free Care' meeting reporting into the Quality and Safety Group with oversight from the Clinical Leadership Executive.

Assessment: Current Picture (see also Appendix 3 page 14)

RDaSH Safe Staffing Data Levels

			Feb-23	Feb-23 Actual Hours Worked / Planned Hours	Mar-23	Mar-23 Actual Hours Worked / Planned Hours	Apr-23	Apr-23 Actual Hours Worked / Planned Hours	May-23	May-23 Actual Hours Worked / Planned Hours	Jun-23	Jun-23 Actual Hours Worked / Planned Hours	Jul-23	Jul-23 Actual Hours Worked / Planned Hours	Aug-23	Aug-23 Actual Hours Worked / Planned Hours	Sep-23	Sep-23 Actual Hours Worked / Planned Hours	Oct-23	Oct-23 Actual Hours Worked / Planned Hours	Nov-23	Nov-23 Actual Hours Worked / Planned Hours	Dec-23	Dec-23 Actual Hours Worked / Planned Hours	Jan-24	Jan-24 Actual Hours Worked / Planned Hours

Doncaster Mental Health and Learning Disabilities

Wards/units listed (rows): Amber Lodge R&R (Day/Night — Registered/Unregistered), Brodsworth (Day/Night — Registered/Unregistered), Cusworth (Day/Night — Registered/Unregistered), Skellbrooke (Day/Night — Registered/Unregistered), Emerald (Day/Night — Registered/Unregistered), New Beginnings (Day/Night — Registered/Unregistered), Windermere (Day/Night — Registered/Unregistered)

Physical Health and Neurodiversity

Wards/units: Hawthorne (Day/Night — Registered/Unregistered), Hazel (Day/Night — Registered/Unregistered), Magnolia (Day/Night — Registered/Unregistered), St Johns (Day/Night — Registered/Unregistered)

Rotherham Mental Health

Wards/units: Kingfisher (Day/Night — Registered/Unregistered), Goldcrest (Day/Night — Registered/Unregistered), Sandpiper (Day/Night — Registered/Unregistered), Osprey (Day/Night — Registered/Unregistered), Brambles (Day/Night — Registered/Unregistered), Glade (Day/Night — Registered/Unregistered)

North Lincolnshire Adult Mental Health

Wards/units: Laurel (Day/Night — Registered/Unregistered), Mulberry (Day/Night — Registered/Unregistered)

Analysis: what is this table (above and in Appendix 3) showing?

Staffing in RDaSH is safe using the fill rate data. There are themes to review to improve the therapeutic offer in the inpatient bed base.

Doncaster Acute Mental health and Learning Disabilities Care Group

- **Amber Lodge** is a low secure unit for adults with learning disabilities providing specialist assessment, treatment and rehabilitation for adult males detained under the Mental Health Act. The data shows this unit only meets established safe staffing levels at night with non-registered staff. All other times are below safe staffing, occasionally dropping as low as 66%.

  Considering that Amber Lodge are a low reporter of incidents, this could suggest that staffing is set too high, or low reporting of incidents is occurring. As an action to explore this an investigation will be conducted with the Care Group in Q1 24/25, as part of the safe staffing forward plan involving the new Matron for the LD Directorate within the new operating structure.

- **Brodsworth ward**, **Cusworth, Skelbrooke** (AMH acute mental health) and Emerald Lodge all show an improved picture.

- **New Beginnings**: drug and alcohol inpatient beds frequently falls below the safe staffing for unregistered staff, but not below 85%.

Rotherham Care Group:

- **Goldcrest** is no longer in operation. Staff were all redeployed when closed. This was taken through a thorough QSIA process.

- **Kingfishe**r: day shifts are over 90% covered with registered nurses. There is a theme that night shifts are supplemented by non-registered staff to cover registered nurse fill rate.

- **Glade Ward (OP MH)** shows an improved picture.

North Lincolnshire and Talking Therapies Care Group

- **Mulberry and Laurel Wards** – are consistently showing safe staffing rates - confirming the reduction in agency nursing and showing that the substantive staff are working a variety of shifts to meet patient need.

Physical and Neurodiversity Care Group

- **Hazel and Hawthorn and Magnolia** (neuro-rehab) frequently operate just below safe staffing, with Hazel showing an improving picture.

Themes:

1. There is a theme occurring that when registered nurses are unavailable, non-registered staff are used to fill the gap. However, there have been no direct patient safety incidents raised related to this staffing model in the period reported.

   There is over 100% on many wards suggesting this may be linked to requirements for acuity and therapeutic observations. Considering the needs of acute mental health patients and older persons dementia care, this warrants further investigation. Patients may be active at night, requiring interventions such as PRN medicines.

   This pattern also occurs in Physical Health, Neuro-Rehab and St John's hospice care. Although, patient sleeping patterns are more likely to make this a safe approach in these areas.

2. Both Kingfisher (Rotherham) and Skelbrooke (Doncaster) are the only units to drop into occasional 50-60% fill rates at times in the year.

   This is specific to night shift registered nursing.

   Both wards have a Psychiatric Intensive Care Units (PICU) units which care for the highest need patients.

   This theme is our Trust greatest concern in terms of safe staffing at the current time. It features upon our risk registers and when considering our safe staffing forward plan will have a 'deep dive' in Q1 24/25. This 'deep dive is an intermediate action which will then result in some longer-term actions aimed at sustainability. The immediate actions are that the Operational DoNs and Nursing and Quality Teams are aware of the risk and manage staffing levels on a shift-by-shift basis considering acuity and incidents are monitored on a daily basis by PSIRF daily incident meetings.

Assessment (including new operating model and MHOST)

In the past year we have had a new operating structure and launched a Clinical and Operation Strategy which changes our approach to workforce and staffing. Due to this, two key actions are required to progress our safe staffing approach: -

- An review of all our ward establishments by July 2024 and consider within the Clinical Leadership Executive Group the route to ensuring bed numbers fit available staffing.

- We will then consider ward establishments in October 2024 to inform 2025/26 budget setting in November 2025. This will provide the Trust Board with assurance related to our workforce quality and safety ensuring we are compliant with the NQB safe staffing standards.

In terms of MHOST. We acknowledge that we began work in 23/24, however due to staffing and change issues this work has not had the desired effect. Therefore, we have reflected upon our progress and worked with NHSE partners to renegotiate our implementation timeline, to support our new operating model.

The MHOST is under the SRO of the CNO. To support this we have allocated a new workforce lead for this work who will support the CNO progress the relaunch in Q1 24/25. A plan is detailed on the attached presentation along with timescales and risk issues to be considered as part of the implementation plan.

We will also update the policy for safe staffing considering the new Trust operating model and strategy, so it is relevant, accurate and in line with NQB standards and safeguards.

Assessment use of acuity and dependency tools in whole TRUST

Plan timeline	Tool	Comment
By end Q1	MHOST Second data collection and analysis	Include "how to apply clinical judgement" adapted for local use- see appendix 2.
By end Q1	Assess Community CMHT tools in UK	
Q2	Agree and first data collection TOOL of inpatient rehab wards	"Acute care tool" may not transfer June 2024- *new version NHSE MHOST tool expected to be published*
Q3	Community Nursing SS Tool	Agree timeline and resource required to support care group
Q4	Deliver Community CMHT tool	Agree timeline and resource required to support care group

Assessment: is the RDaSH Safe Staffing policy working?

The policy has been benchmarked against the National Quality Board and national standards shared by regional colleagues who have completed the Chief Nursing Officers safe Staffing Fellowship.

The policy includes the standardised approach to roster management and how to escalate staffing concerns, however, new additions to the policy require "sense checking" across all care groups.

1. **Is it being followed?**

   Over the last year safe staffing meetings are happening across the Trust. There have been gaps in attendance due to vacancies and organisational change, but the policy is being followed.

2. **Is it meaningful and comprehensive?**

   The current policy is comprehensive and has oversight by the CNO supported by the Quality and Safety Team.

In order to make the policy more meaningful our next steps in 24/25 are:-

- Updating the policy to reflect the internal Trust changes regarding there Operating Model and Strategy changes that are underway.

- The policy will include a "guide to clinical judgement" showing how to use data from an acuity tool but overlayed with the clinical judgement of the nurses in charge. This has been suggested through benchmarking with local South Yorks Trust colleagues. (see **Appendix 2**)

- The 360-audit provided fresh eyes that showed where improvements to be made in the policy and these have been implemented. The final ongoing solutions is embedded in the MHoST plan in **appendix 1.**

Assessment: data from People group

This data has been provided via the People and Teams group and then reported via the People and OD Committee. Data flow for all people issues is being revisited and in future staffing information will be available routinely to both the Q&S and P&T CLE committees, and to CLE and the Board and its committees.
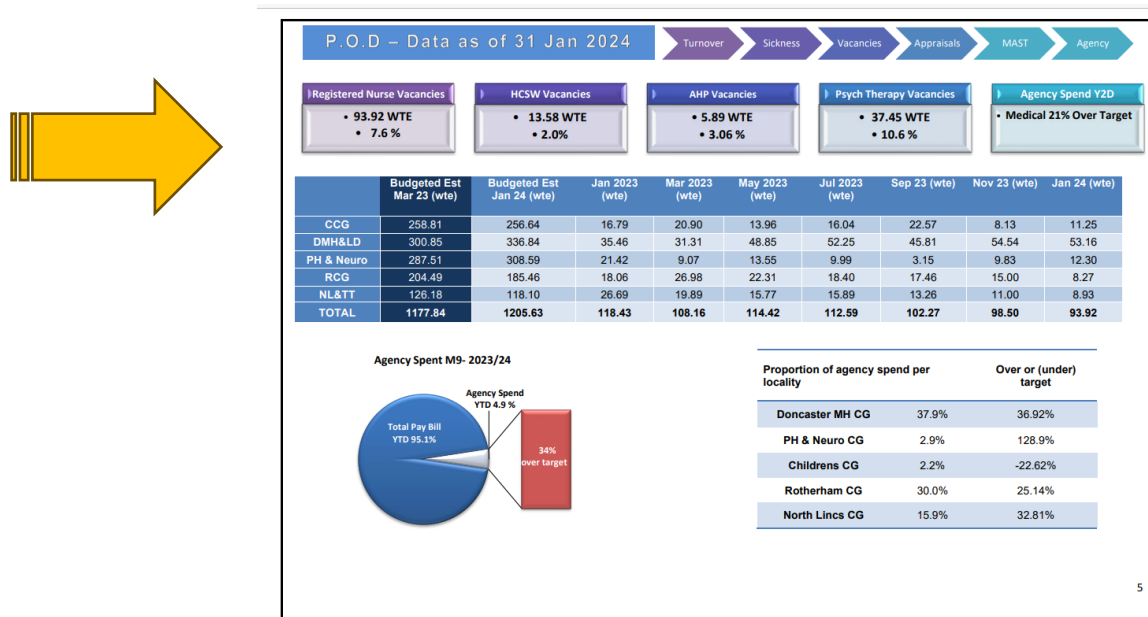
1. The slide above January 2024 shows the current Registered Nurse vacancy rate at **7.6%.**

2. This is a reduction from previously reported RDaSH rate 9.44% in July 2023 and below the average benchmarked in June 2023 by NHS Digital at **9.9%.**

3. Compared to NHS National benchmarking MH Trusts findings October 2023= **16**

Staff vacancy rate

Staff vacancy rate % - Adult Acute

Mean	16%
Median	16%
UQ	22%
LQ	9%
N	65
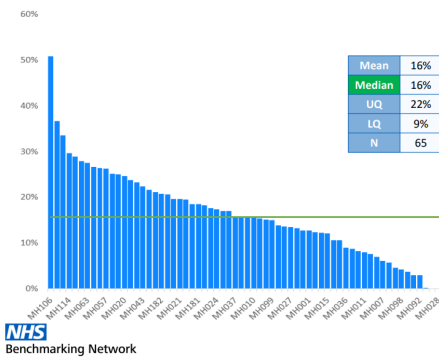
- Adult acute staff median vacancy rate 16% - back to pre-pandemic levels
- Turnover 16%

Staff vacancy	
2021/22	18%
2020/21	13%
2019/20	15%

NHS Benchmarking Network

Assessment Reducing reliance on bank/agency staff:

- RDaSH continues to review agency nursing usage and spending and identify opportunities to convert agency staff to bank or permanent roles.
- There is no automated tool in the Nursing Quality Safety Directorate, but this is measured in a qualitative way through the safe staffing meetings, oversight and assurance monthly between the DoNs in the Care group and the Deputy Director of Nursing.
- Current agency spend is monitored in the Trust wide savings programme.
  Data from Sept 2023 to Feb 2024 (below) shows a reduction in agency nursing spend per care group.

- Both Rotherham and Doncaster Care Groups have a reducing trend in the agency nursing spend.
- North Lincolnshire has an anomaly of spend linked to an individualised care package. The regular safe staffing data reported to Quality Committee shows that with this spend removed, the agency spend for North Lincolnshire is on a comparable downward trend.
- At CLE in February 2024 the new rules for agency use were discussed in the operating guidance section, these will be factored into the 24/25 plan.

	A	B	C	D	E	F	G	H
3								
4	**Trust**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	
5	Nursing Agency spend	169,775	343,685	250,831	203,873	155,585	242,771	
6	Nursing budget	5,858,194	3,425,194	5,416,032	5,529,395	5,679,876	5,692,881	
7	Agency as a %	2.90%	10.03%	4.63%	3.69%	2.74%	4.26%	
8								

	A	B	C	D	E	F	G	H
29	**Care Group / Corporate**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	
30	Doncaster Mental Health & Learning Disabilities	4.87%	4.39%	2.92%	2.87%	2.34%	3.87%	
31	Rotherham Mental Health	6.37%	7.24%	5.64%	4.98%	4.44%	3.67%	
32	North Lincolnshire Adult Mental Health	5.68%	40.02%	34.84%	23.75%	14.20%	28.96%	
33	Physical Health & Neurodiversity	-0.20%	0.02%	0.00%	-0.34%	-0.03%	0.04%	
34	Reserves & Central	0.00%	0.00%	0.00%	0.00%	0.70%	1.79%	
35	Childrens Care Group	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
36	Corporate Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
37								
38								
39								
40	**Notes:**							
41	- Reserves & Central costs relate to attendance of mandatory training for agency nurses							
42	- NLCG costs include agency costs in relation to LD patient requiring 24/7 care							
43	- Where costs are negative, this relates to the release of accruals over 6 months old							

◄ ► ... | RUNNING TOTAL DATA TABLE | UNREGISTERED AGENCY TREND | QUALIFIED AGENCY TREND | % OF BUDGET (TRUS
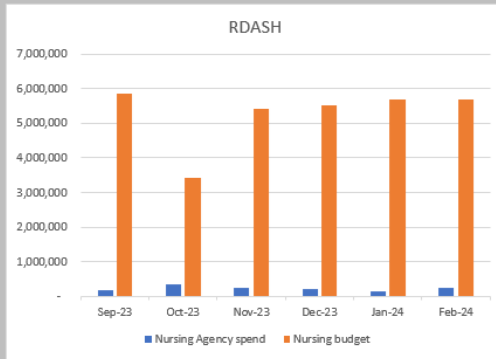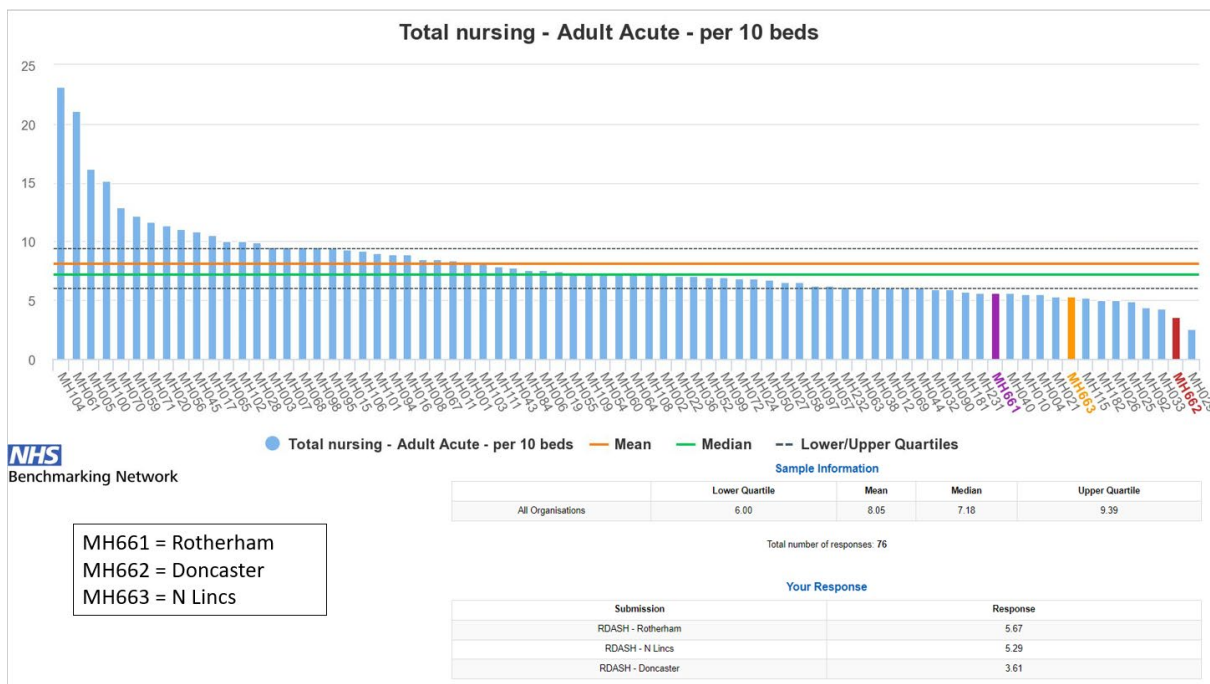
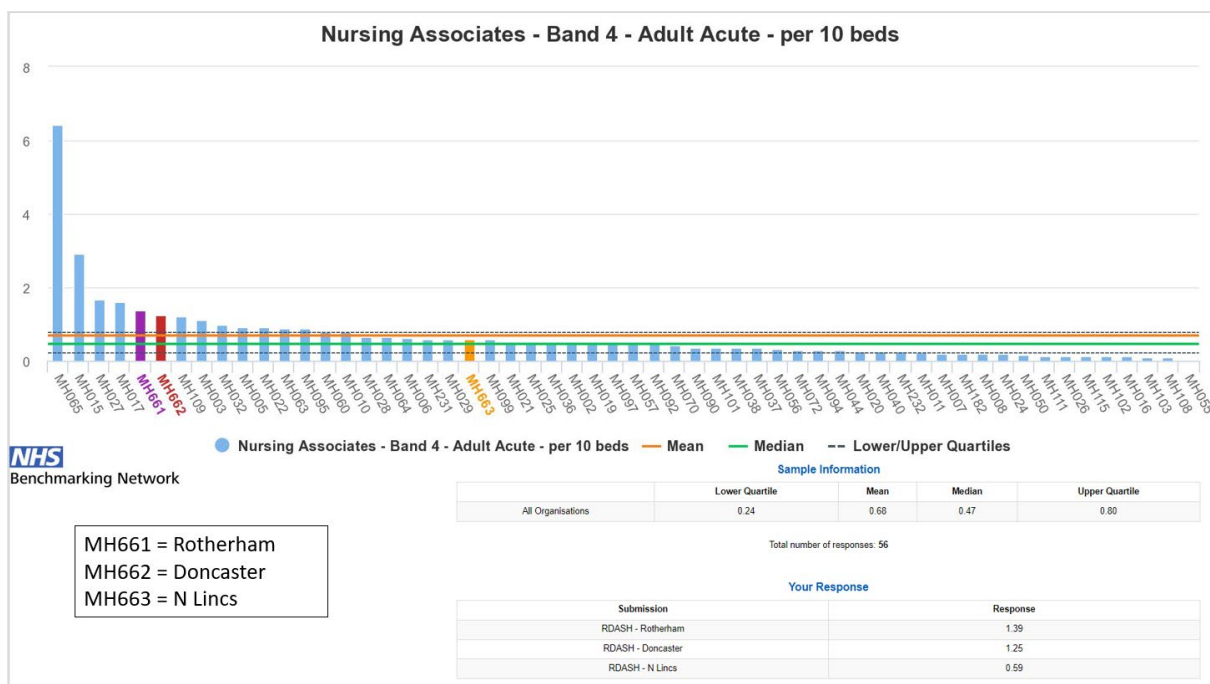## Assessment: understanding how we benchmark in safe staffing

Benchmarking data is only one way to assess the staffing in RDaSH.

This is presented for review with a caveat that there is no mandated safe staffing in England.

In the paper in September 2023, data showed that RDaSH benchmarks lower than the national average for Registered Nurses per 10 beds.

Total nursing - Adult Acute - per 10 beds

Sample Information	Lower Quartile	Mean	Median	Upper Quartile
All Organisations	6.00	8.05	7.18	9.39

Total number of responses: 76

Your Response

Submission	Response
RDASH - Rotherham	5.67
RDASH - N Lincs	5.29
RDASH - Doncaster	3.61

MH661 = Rotherham
MH662 = Doncaster
MH663 = N Lincs

However, RDaSH benchmarks higher than the national average for Nursing associates (registered) per 10 beds.

Nursing Associates - Band 4 - Adult Acute - per 10 beds

Sample Information	Lower Quartile	Mean	Median	Upper Quartile
All Organisations	0.24	0.68	0.47	0.80

Total number of responses: 56

Your Response

Submission	Response
RDASH - Rotherham	1.39
RDASH - Doncaster	1.25
RDASH - N Lincs	0.59

MH661 = Rotherham
MH662 = Doncaster
MH663 = N Lincs

Analysis: This could therefore be argued that Nurse Associates are being used to support the registered nursing workforce. This data shows it is variable across the Trusts per 10 beds. The data varies again when assessing the older persons inpatient beds.

It provides data at one point in time only.

Once you add the **total nursing RNs** and the **Nurse Associates** together RDaSH falls into a median position for benchmarked staffing.

Issues with benchmarking data:

RDaSH participated in the annual Mental Health Benchmarking for 2022/23, bespoke reports were shared with Care Group leaders in December 2023. However, RDaSH shares data with the national team broken down into Care Group.

Our unique codes are:

- **MH661 – Rotherham**
- **MH662 – Doncaster**
- **MH663 – North Lincs**

The use of **care group specific data** benchmarking against **whole Trusts** could be misinterpreted at a national level.

For example, in the NHSE data presentation on 12 October by NHS benchmarking only the code for North Lincolnshire appeared in the findings.

Rotherham and Doncaster are not on the presentation at all- this warrants further investigation.

RDaSH is unable to understand the current benchmarked safe staffing position within the context of similar Mental Health and Community Trusts.

To remedy this, it is suggested that a full data analysis (deep dive) a presentation to Quality and Safety group prior to Clinical Leadership Executive is delivered by the performance/ data team.

For example, raw data (that which is sent by RDaSH to NHSE) requires analysis to compare registered nurses per 10 beds, nurse associates per 10 beds and non-registered staff per 10 beds.

Summary of Findings

RDaSH fill rate data on page 3 has been able to demonstrate sufficient staff for delivering safe, high-quality care on all wards, thereby meeting our fundamental legal and ethical duties of care. However, dashboards containing weekly data are not currently available. Therefore, the assurance provided is upon managerially reported information only, this poses an issue in terms of assurance. Weekly reporting will be the focus of the 24/25 work under the new CNO portfolio.

The Trust acknowledges the challenges and pressures faced by all patient services in terms of recruitment of staff, as well as acuity and dependency of patients.

This is evidenced through the triangulation of data in this report.

The nursing workforce planning process and the subsequent staffing policy at this organisation follows National Quality Board guidance which requires undertaking evidence-based, triangulated annual strategic staffing reviews. However, a review of the meaningfulness of the policy is planned to clarify this.

This report has found continued evidence that staffing is regularly discussed dynamically in care groups, at twice daily patient flow meetings, at team, ward, and

unit level, and through the new operating model in RDASH, up to board via Quality Committee. This reflects appropriate ward/floor to board governance oversight.

Acuity tools like MHOST will provide objective data on patient needs but only when fully implanted and understood. There is more work to do to ensure the right staff are trained in this and can use their clinical judgement in addition to the tools.

Ongoing use of tools across the Trust will embed acuity and dependency data into the heart of RDaSH's approach to safe staffing and a full plan has been articulated for all parts of the Trust.

It would appear both from local initial acuity data, anecdotal narrative, and national narrative that the acuity and dependency of inpatient services users is increasing.

RDaSH continues to review agency nursing usage and identify opportunities to convert agency staff to bank or permanent roles. This is monitored closely in the Trust wide savings programme (via the finance team) but there is no additional automated or central way to manage this, outside of the safe staffing meetings.

Tools are available nationally to support Care Group leaders to tightly manage the agency usage in nursing, depending on the appetite for corporate oversight and assurance required.

National benchmarking data does not yet provide a suitable comparator for staffing, due to the way data is gathered and presented. This requires further detailed analysis and understanding via the data business support teams.

Recommendations

This paper is presented to the Quality Committee to provide assurance to support the safe staffing declaration, with additional data to assess and plan for optimal safe staffing in the future.

This report shows RDaSH has a reducing picture of agency nursing spend. Within the new Trust Operating Model, implemented over the past 6 months, the focus upon agency spend is a collective one managed via the Clinical Leadership Executive.

The Committee are asked to support the future plans:

- MHOST re-launch plan detailed in appendix 1
- CLE oversight re:- agency use.
- Safe staffing policy review and additional tool see appendix 2
- Joined up work for establishment setting in the Trust wide business planning cycle
- Workforce data presented in People and Organisation Development Committee is key for triangulation across the Trust, so further close working with and across Committees is recommended
- Weekly staffing data to be produced

Appendix 1 MHOST plan

Key: 🔴 Has failed to deliver by target date / off track and now unlikely to deliver by target date. 🟡 Off track but recovery action planned to bring back on line to deliver by target date. 🟢 Completed / on track to deliver by target date. 🔵 Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence.

Summary [MHOST Implementation Plan] Reporting period March 2024

Workstream Objectives/Aims

To provide the board with assurance related to workforce quality and safety by implementing the MHOST tool overlayed with clinical judgement and agreed quality indicators to inform the bi -annual safe staffing reports for our MH and LD inpatient wards by June 2024 with final modelling complete and submitted to board by September 2024 .

KEY DELIVERABLES/MILESTONES

Report Author: Assistant Director of Nursing	SRO: Executive Director of Nursing	Programme Workstream Lead: Assistant Director of Nursing	A	Reporting Period: March 2024

Key Milestones	Update	
Implement training plan March 2024 including 5 train the trainers from cohort 1 training.	Meeting planned with trainers 14 03 2024. NHSE to confirm training dates for April 2024.	G
Identity workforce analyst to support training roll out and analysis of data collection	Confirmed performance team to support, planning session in place for end of March 2024.	G
Comms plan and engagement plan to be cascaded to clinical wards	To be completed w/c 11/3/2024	G
Plan quality indicators to be captured during the data collective period and a clinical judgement template to ensure consistency across all clinical wards	To be completed March 2024	G
Plan for data collection period	To be completed April 2024	G
Plan and book in safe staffing reviews	To be completed June 2024	G
Prepare report for quality committee and board	July 2024	G
Repeat the data collection	August 2024	G
Prepare report for quality committee and board inclusive of a proposal for a business as usual process	September 2024	

RDaSH nurturing the power in our communities

Project risk issues

New Significant Issue	Mitigating Action	Status
There is a risk of lack of poor implementation due to lack of engagement of clinical wards due to acuity and competing demands.	Robust communication and engagement plan, setting out purpose and rationale. PMO support provided by N and Q team to alleviate pressure on clinical teams.	
There is a risk the implementation is not aligned or embedded into the safe staffing governance, control and reporting processes.	Continuous evaluation ensuring the process is aligned and updates the current policy, governance and assurance processes.	
There is a risk the data sets are not accurately evaluated alongside appropriate quality indicators, and clinical judgement..	Support from a performance analyst, directors of nursing, and a clinical fellow outside of the organisation (identified fellow to be confirmed) to support validity and accurate data collection and analysis. .	

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Appendix 2 – addition to safe staffing policy

DRAFT **clinical judgement tool** (borrowed with permission from Sheffield Health and Social Care NHS Trust -based on the national Quality Board Tool).

Item	Evidence Review	Notes	Action Required
Initial sense-checks: things that might make you look particularly closely at the suggested staffing levels…			
1.1	Can what's being suggested be right? does it seem to be in the right "ball-park"?		
1.2	Is a new recommended staffing level different from the current staffing establishment or the establishment of similar wards?		
1.3	Is the ward operating with a lot of vacancies, high staff turnover, sickness absence and/or using a high level of temporary staff?		
1.4	Have there been changes in the ward since the last establishment review?		
1.5	Is the current staff being rostered properly?		
Accuracy of the measurements			
2.1	Who assessed patients' acuity / dependency levels – have they received training, and do they have experience?		
2.2	How many days of MHOST acuity/dependency ratings were you able to collect? Was it enough?		
2.3	Is the headroom (for annual leave, study leave etc.) appropriate for this ward?		
Particularities of nursing work on this ward			
3.1	Does this ward have high patient turnover/throughput?		

3.2	Does the layout of this ward add to workload e.g. because of distance or difficulty observing patients?		
3.3	Does the number of beds on the ward increase the (relative) staffing requirement?		
3.4	Does the amount of work on this ward vary between times of day and day of week?		
3.5	What is 'usual' care for this ward?		
3.6	Is there a lot of enhanced care / 1:1 care?		
3.7	Any other factors that might make this ward unusual in some way?		
Local staffing context and daily demand			
4.1	Are there particular skills required? Does the establishment allow for this?		
4.2	Does the skill mix meet the needs of the patient mix on this ward?		
4.3	What is the level of skill and experience for the team as a whole?		
4.4	What shift patterns are used?		

Appendix 3: embedded fill rate table Safe Staffing

Copy of Safe Staffing
Data Levels Actuals Fc

MORTALITY REPORT – QUALITY COMMITTEE

(Data Focus November and December 2023/24)

March 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 November and December 2023.

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

3 Assessment

3.1 Mortality Reporting and Management
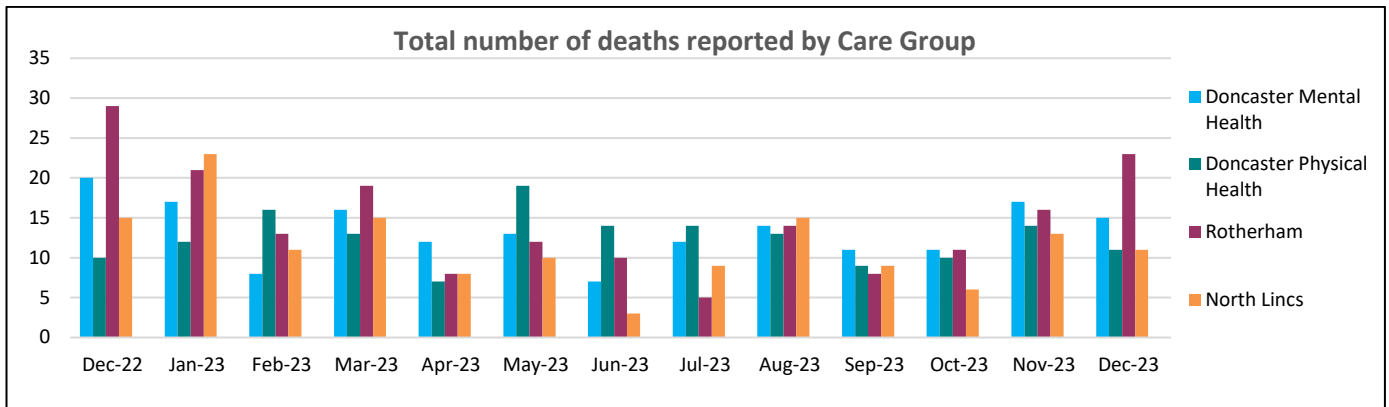
Data shows an increase in deaths in North Lincs in December 2022 and January 2023. There was a slight increase in physical health deaths in May 2023 however numbers since that time have been consistent. Data shows an increase in deaths in North Lincs in December 2022 and January 2023. There was a slight increase in physical health deaths in May 2023 however numbers since that time have been consistent. There was a peak in deaths in Rotherham in December 2022 and December 2023. No specific trend has been identified.

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
November 2023	60	1	7	0
December 2023	60	4	7	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 December 2023 there were 22 mortality reports awaiting further information. Rotherham 11 outstanding. North Lincs 3 outstanding. Doncaster MH 8 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 inquests?

Between November 2023 and February 2024, the Trust.
- Attended 15 Inquests
- Were stepped down for 26 Inquests.

Of the 15 Inquests attended conclusions were.

Conclusion	Number
Suicide	7
Drug Related Death	3
Accidental Death	1
Natural Causes	1
Narrative	3

There were no criticisms of RDASH care in any of the deaths. Of the 7 suspected suicides the Coroner commented the following

1	The Coroner stated that she found there was appropriate input and support from the CMHT, the patient was fully supported by the MH team and her husband.
2	As it was in the SI framework timeframes of 6 months the Trust did an SI. Learning was presented at the inquest and the Coroner was satisfied that the Trust had considered the learning and there was no requirement for a Regulation 28 report.
3	Trust did an SI. Learning was presented at the inquest and the Coroner was satisfied that the Trust had considered the learning and there was no requirement for a Regulation 28 report. The Coroner stated that there was nothing to indicate the intent of his actions that day and that it was impulsive and spontaneous
4	Trust did an SI. there was no requirement for a Regulation 28 report. The Coroner stated that the Nurse was well versed in mental health services and Personality Disorder. She was very insightful of the patient. Risk assessment was a continuing process. Incident was impulsive
5	Trust did an SI and there was no requirement for a Regulation 28 report. Incident was impulsive
6	Trust did an SI. There was no requirement for a Regulation 28 report. The Coroner commented on there being good collaborative work between agencies.
7	There was no requirement for a Regulation 28 report. The Coroner commented that his death could not be predicted by his family or professionals previously involved and as could not be predicted could not be prevented.

4.2 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 nationally to other organisations.

- Venous thromboembolism.
  This was shared with Care group representatives for circulating to their services.

- In 3 deaths - Regulation 28 notices were issued to NHS England/ Secretary of State for the Department of Health and Social Care

  Section 12 Doctors
  The Independent Section 12 Consultant Psychiatrist did not make and did not have the facilities to make any notes in relation to the assessment. There was no documented agreement as to the outcome of the assessment between all professionals.

  There is a facility for this to take place in RDASH

  Two Inquests referred to bed availability.

  o There was a national shortage of acute psychiatric beds to treat patients in the community suffering with mental disorder of a nature or degree which necessitated immediate assessment treatment and care as an inpatient.

- o No availability of beds and the patient after a Mental health Act assessment and the patient was subject to the goodwill of the A&E staff (who are not trained in mental health)

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.

Actions taken and work ongoing.

RDaSH employees have access to a free App which should significantly increase the reach of digital communication in our Trust, on top of office based shared computer access	In place
June 2024 new policies will be disseminated with an electronic tracking mechanism to assess whether they have been opened and read by named employees.	In progress
September, mandatory all employee cross Trust Learning Half Days will start, creating the time and space for learning	In progress North Lincs piloting from April 2024
Review of Disengagement Policy	Out for consultation with added review against recent national incidents
Clinical learning brief engagement, and partnership working	Sent out February 2024

Dr Graeme Tosh Executive Medical Director
Sharon Greensill, Deputy Director for Organisational Learning, Patient Safety and Inquests

March 2024

Elimination of Mixed Sex Accommodation (EMSA) Annual Declaration

Situation

The NHS Constitution introduced a pledge in March 2012 that if patients were admitted to hospital, they would not have to share sleeping accommodation with members of the opposite sex, unless it was in their best interests. Following this, in March 2013, mixed-sex accommodation breaches were monitored, and monthly reporting was included in the NHS Standard Contract as an Operational Standard. The Trust are also required to submit an annual declaration.

Background

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Responsibility for these rights does not lie one individual or group, but with all staff at all levels.

The NHS Operating Framework issued in 2011/12 required all providers of NHS funded care to confirm whether they are compliant with the national definition "to eliminate mixed sex accommodation except where it is in the overall best interests of the patient or reflects their patient choice". This reporting requirement remains in place.

In November 2006 the Department of Health launched a "Dignity in Care" campaign with an aim to put dignity and respect at the heart of care services extended into Mental Health Services in 2007 and is now applicable in all health and social care settings.

Being with other patients of the same gender is an important component of privacy and dignity. It is a requirement that the Trust provides wards/services in single gender bays and has segregated washing and toilet facilities to allow patients' dignity.

The NHS Constitution states that service user experience is the most important measure of success. Positive service user/patient experience is important to and that patients report that they feel that their right to privacy, dignity and respect is upheld and actively promoted by staff and that they fell they always matter.

Assessment

The Trust have an 'Eliminating Mixed Sec Accommodation and Maintaining Privacy, Dignity and Respect Policy' which is currently under review.

The policy states that where staff believe a breach may have occurred, they must submit a report using the IR1 reporting system.

The Safeguarding Nurse Consultant has responsibility to monitor potential breaches of EMSA. Every IR1 relating to a suspected EMSA breach is reviewed and risk assessed using the EMSA Audit Tool.

Guidance

What is a mixed-sex accommodation breach?

This description of a mixed-sex accommodation breach refers to all patients in sleeping accommodation who have been admitted to hospital.

- A breach occurs at the point a patient is admitted to mixed sex accommodation outside the guidance.
- Patients should not normally have to share sleeping accommodation with members of the opposite sex.
- Patients should not have to share toilet or bathroom facilities with members of the opposite sex.
- Patients should not have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms; this excludes corridors.
- Women-only day rooms should be provided in mental health inpatient units.

RDaSH Context

This report covers the period 01 April 2023 until 28 February 2024. During this time frame there have been two incident reports submitted which have highlighted a suspected EMSA breach.
The table below details each incident report:

Care Group	Incident Number	Ward area	Date	Audit result
Doncaster Mental Health	155666	Emerald Lodge	27.07.23	No breach
Doncaster Mental Health	155771	Emerald Lodge	31.07.23	No breach

Conclusion

The Trust has an excellent record in eliminating mixed sec accommodation with the majority of inpatient care being provided on wards that have single ensuite bedrooms. For those wards that do not have ensuite facilities clear guidance is provided for the care of patients to ensure that no breach occurs and to maintain all patient's privacy

and dignity. All mental health and learning disability wards also have ladies only lounges.

Recommendations

The Committee is asked to note and accept this report.

Name of Author: **Louise Bertman**
Title: **Safeguarding Nurse Consultant**
Date of Paper: **28.02.24**

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

01 October 2023
to
31 January 2024

Dr Babur Yusufi
Guardian of Safe Working Hours

February 2024

Executive Summary

This report only covers a period of four months; from 1 October 2023 to 31 January 2024.

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.

In December 2023, there were fifty-three trainees working in the Trust, with eight vacant posts.

There was a total of fifty-one exceptions reported, over a four-month period: thirty-two in Rotherham, seven in Doncaster and twelve in North Lincs. There is reduction in numbers of ERs from the last report. Most Exception Reports were for Breech of Rest Periods and Excess Hours worked during On-call, with highest numbers from Rotherham (25) followed by North Lincolnshire (11) and Doncaster (6). There was only one Immediate Safety Concern report in this period, which was managed efficiently and effectively.

Time-off in Lieu (TOIL) was taken for all breaches of rest periods during On-call (24), barring 1, as it was an Internal Locum Duty. TOIL / Payments were agreed on five occasions for working beyond contracted hours, while outcome of 4 reports were not provided.

There has been a deterioration in clinical supervisors'/ trainees' engagement with the ER process as 15 out of 51 ERs (30%) were not properly actioned.

ER trends show higher on-call workload in Rotherham, while other localities seem to be stable.

Three JDF meetings were held during the period in this report. Mrain discussion themes were (1) Renumeration for Excess Hours Worked and Work Schedule Change (2) Tenability of Non-Resident On-Call Rota and Out of Hours' Re-monitoring (3) Implementation of GoSWH's Fines (4) GoSWH's Guidance on Exception Reporting Process (5) Timely Processing and Completion of ERs (6) Having Two Junior Doctors' Reps from each Locality (7) Review of Terms of Reference for JDF (8) Need for On-Call Log Forms? (9) Verbal Handover for On-Call along with Electronic Handover? (10) Out of Hours Junior Doctors' Cover for Community Patients

There were no ERs of missed educational opportunities or major gaps in the Rota.

Introduction

The 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training England (TCS 2016) were introduced nationally on 05 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. 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 other related meetings.

Current RDASH Doctors in Training

There were 53 trainees working in the trust with 8 vacant posts, from the start of the new rotation in December 2023. A breakdown of their grades is as follows:

	GP	CT	F2	F1	HT ST	Total	Vacant
Doncaster	4	3	2	3	5	**17**	3
Rotherham	2	10	2	4	5	**24**	4
North Lincolnshire	3	1	1	4	3	**12**	1
TOTAL	9	15	5	11	13	53	8

Exception Reports (ERs)

There was a total of 51 Exceptions reported from 1 October 2023 to 31 January 2024. This is 29 fewer than that reported in previous 4 months.
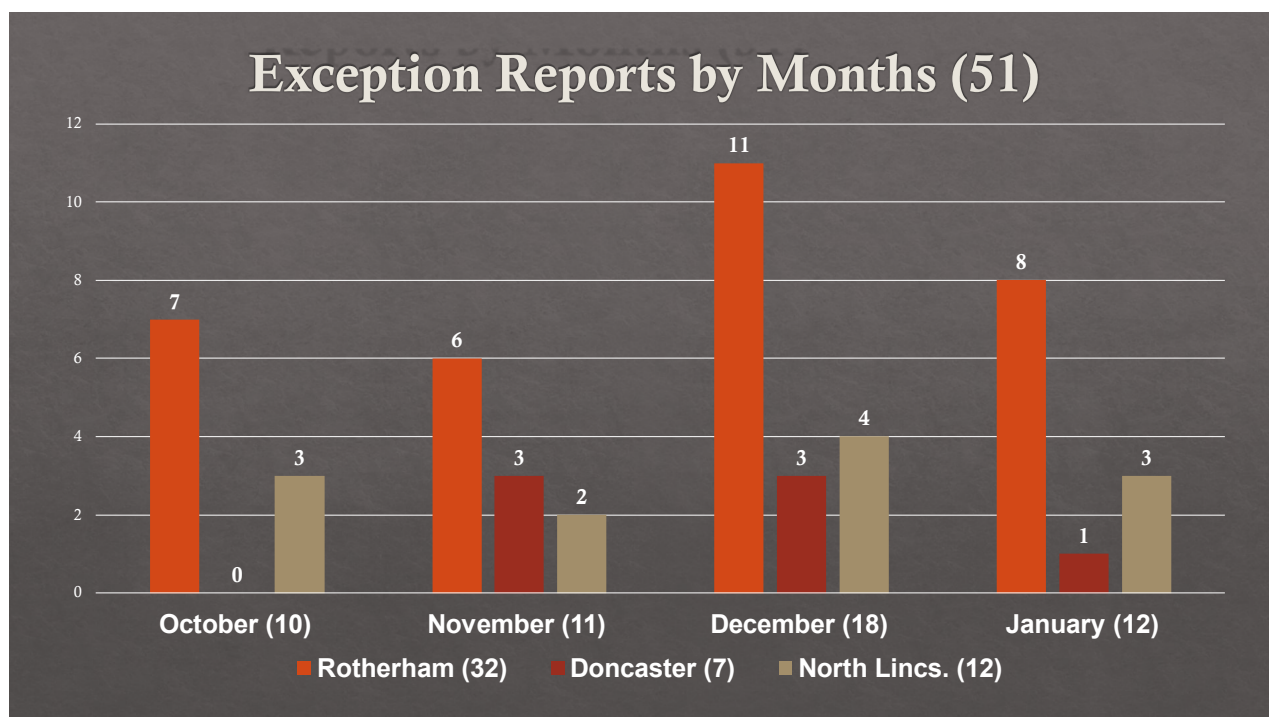
63% of ERs originated from Rotherham (as against 65% in last fourth months), with 14% from Doncaster (as against 16% from previous period) 23% from North Lincs (19% previously).   This is reduction in ERs from the previous months, except in North Lincs.

Rotherham, however, continues to produce most ERs.

Exception Reports By Training Grades

Legend: FY1 (03), FY2 (10), CT1 (23), CT2 (06), CT3 (9), ST (0)

Grade	Rotherham	Doncaster	North Lincs.
FY1 (03)	0	2	1
FY2 (10)	8	2	0
CT1 (23)	13	3	7
CT2 (06)	2	0	4
CT3 (9)	9	0	0
ST (0)	0	0	0
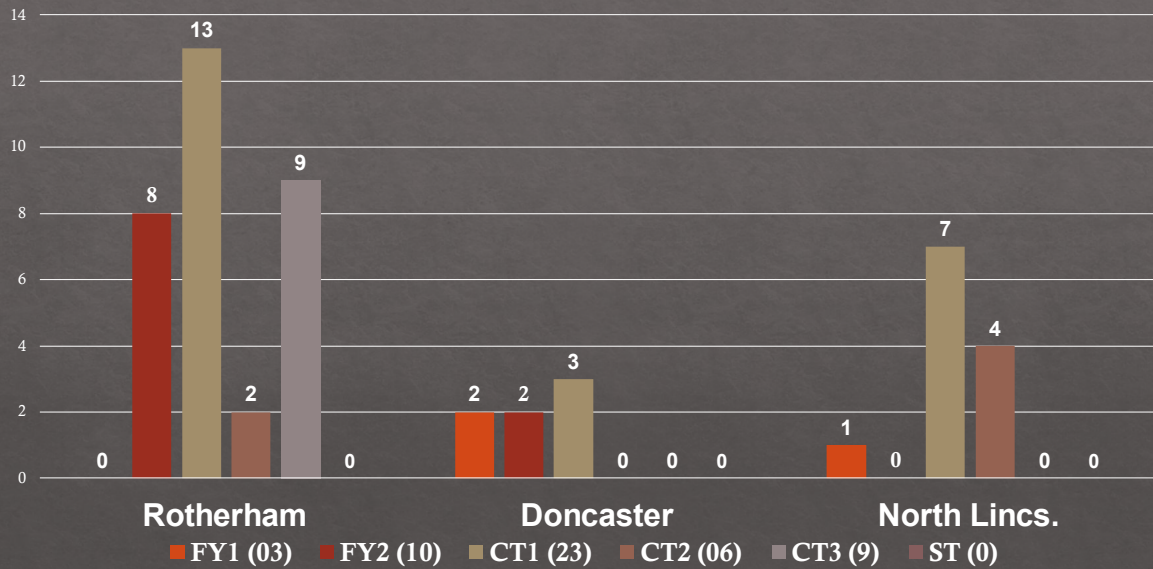
Most ERs were initiated by CT1 (45%), followed by FY2 (20%) and CT3 (18%). There were no reports submitted by the higher trainees i.e. ST.

Immediate Safety Concern

	Rotherham	Doncaster	North Lincs.
October	0	0	0
November	0	0	0
December	1 (CT3)	0	0
January	0	0	0

There was only 1 report of Immediate Safety Concerns. This report was about the doctor getting tired and getting Time Off in Lieu (TOIL).

Contractual Rest Breaches (25)
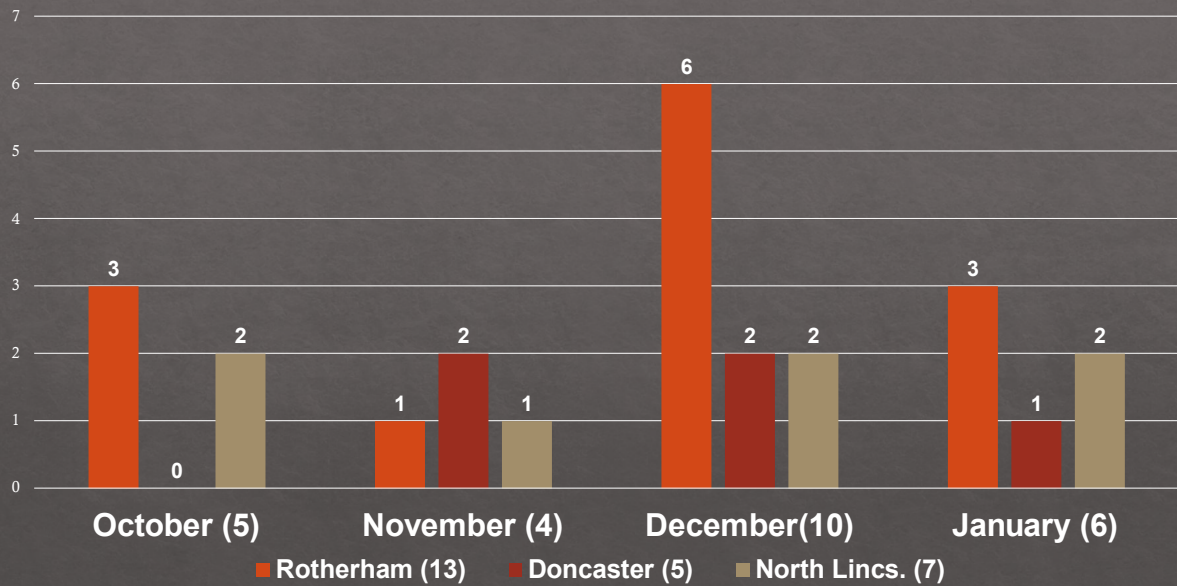
It is a contractual requirement for doctors on non-resident On-Call to avail 8 hours of rest in 24 hours, 5 hours of which should be continuous between 2200hrs and 0700hrs. Breach in these conditions results in Time Off in Lieu (within 24 hours of On-Call) or Payment in exceptional circumstances. This breach also attracts GoSWH's fine.

There were 11 fewer Rest Breach reports over this period as compared to the four months in the last report, i.e. 25 vs 36. Among them, most were in Rotherham (52%) followed by North Lincs (28%) and Doncaster (20%).

More Hours Worked Than Paid - On-Call (17)
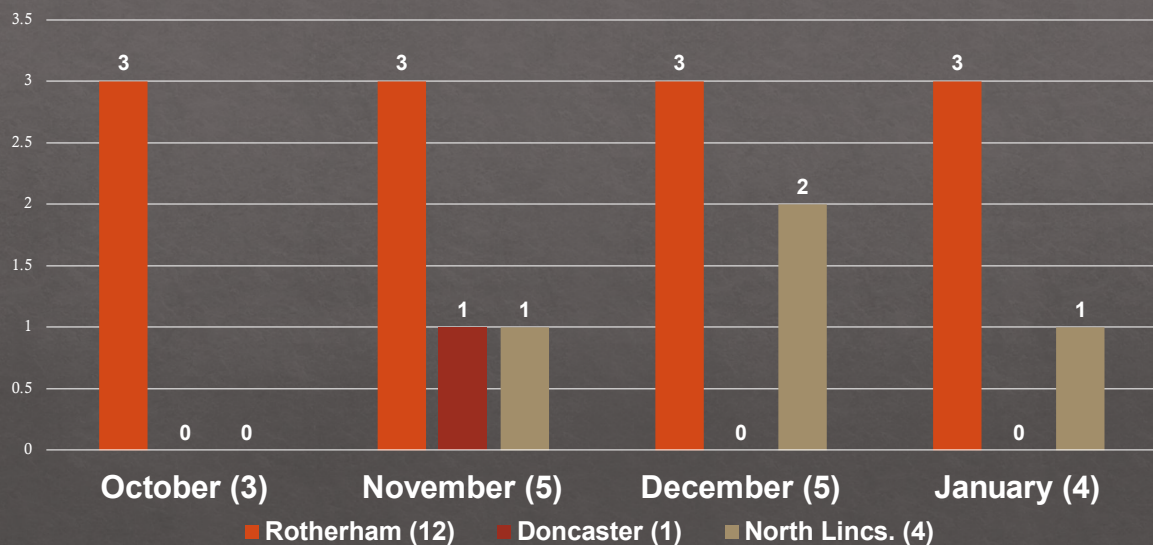
There were also 7 fewer Exceptions reported for doctors working more hours during on-call than that paid for, as per the Work Schedule, than in the last report i.e. 17 vs 24. It is however to be noted, the figures given in work schedules are based on an average of number of hours worked across all on-call duties over the period of rotation and while individual variations can occur, the expectation is the average would remain the same. 71% reports were from Rotherham and 24% and 5% from North Lincs and Doncaster, respectively. This is in line with the trend observed in the last report.

Working Overtime (09)
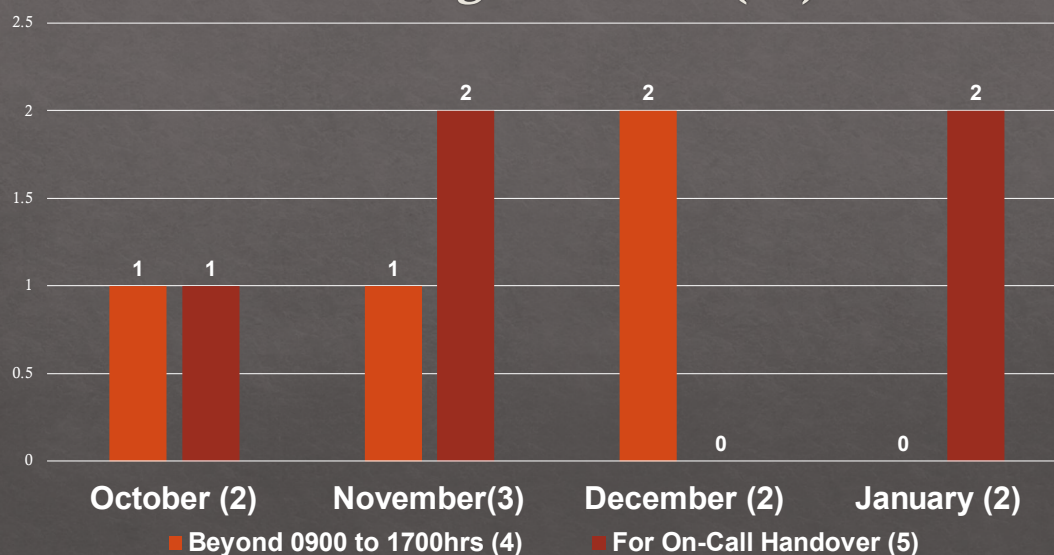
There were 9 episodes of doctors working beyond their contracted hours (as against 17 in the previous report); 4 (44%) for work after 1700hrs and 5 (56%) for staying after the completion of on-call to provide verbal handover to the inpatient teams.
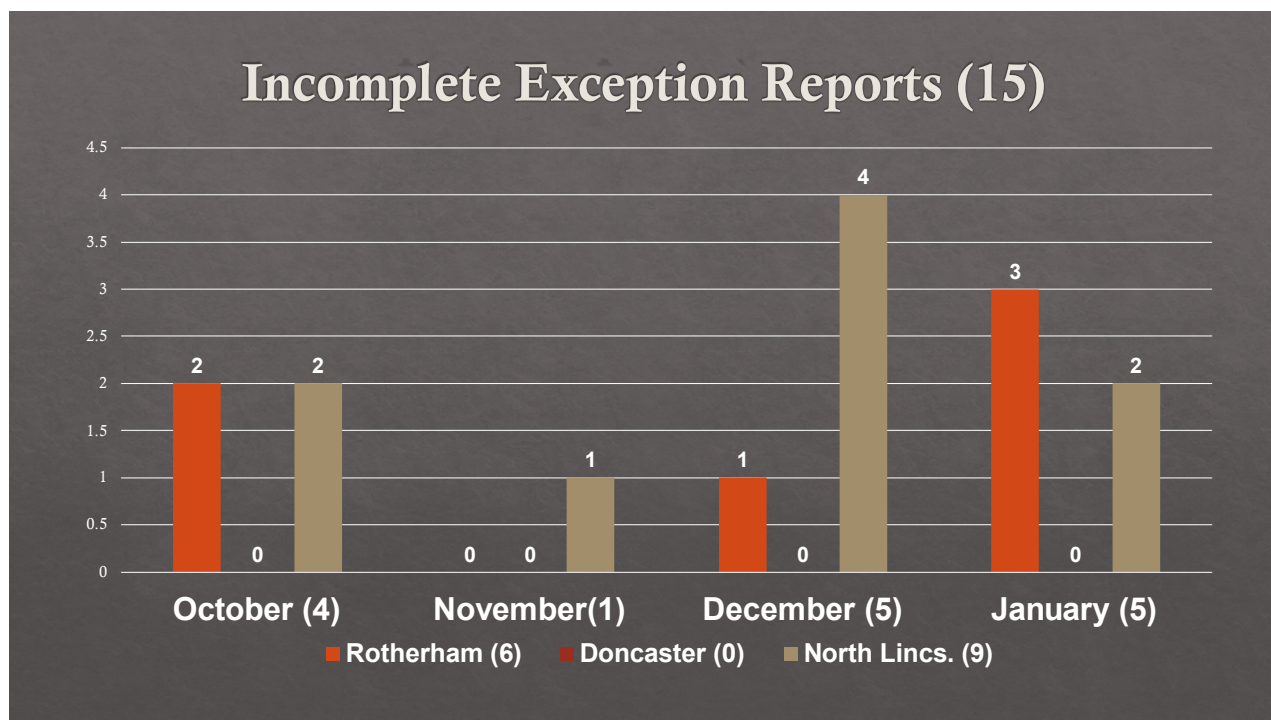
Exception Reports Outcomes

	ROTHERHAM				DONCASTER				NORTH LINCS.			
	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR
Breach of Rest	12	0	1	0	5	0	X	0	4	0	X	3
Overtime (Regular Working Hours)	0	0	X	1	2	0	X	0	0	0	X	1
Overtime (On-call Handover)	3	0	X	2	X	X	X	X	0	0	X	0
More Hours Worked (On-Call)	X	X	12	X	X	X	1	X	X	X	4	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 21 (84%) occasions. While the outcome was not documented in 3 (12%) cases, the trainees had alluded to taking Time off in Lieu (TOIL) in the reporting process. One breach was related to Locum On-call where TOIL was not taken (4%).

Working beyond daytime work hours attracted TOIL on 2 occasions each (50%), while the outcome was not clear in the other 2 (50%). Working after the on-call hours for up to 30 minutes for handover resulted in TOIL on 3 (60%) occasions while no outcome was recorded on 2 (40%).

For working more hours during on-call than those given in Work Schedule, no immediate action was required, except for identifying GoSWH's fines for contractual rest breaches and gauging workload for further actions.

Incomplete Exception Reports (15)

Rotherham (6) Doncaster (0) North Lincs. (9)

15 out of 51 (30%) of Exception Reports were not properly completed by the junior doctor and their Clinical/ Educational Supervisor.
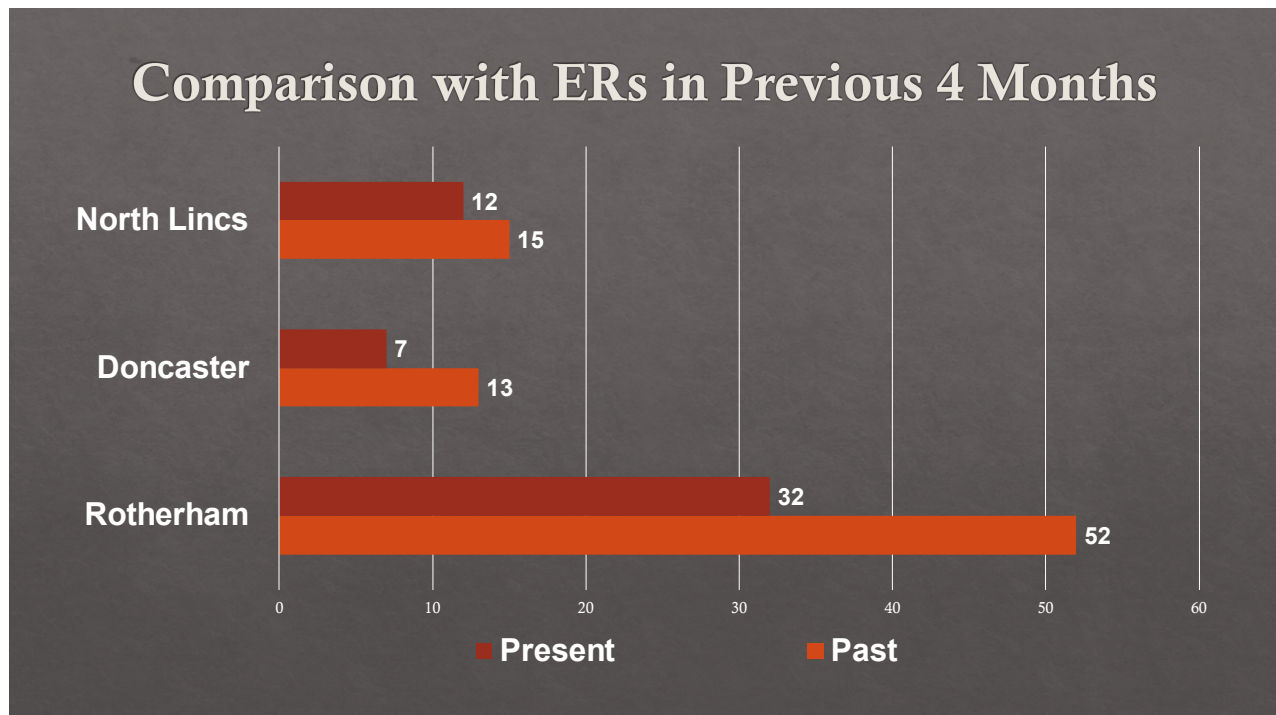
ERs not Completed (Clinical Supervisors = CS)

	CS "A"	CS "B"	CS "C"	CS "D"	CS "E"	CS "F"
Rotherham	3	1	2	XXX	XXX	XXX
Doncaster	XXX	XXX	XXX	XXX	XXX	XXX
North Lincs.	XXX	XXX	XXX	7	1	1
Total ERs Not Completed = 15 (30%)						

47% of unprocessed ERs were from a Clinical Supervisor in North Lincs, followed by one in Rotherham i.e. 20%. GoSWH have reached out to both for any additional support required for them to manage the exception reporting of their trainees, effectively.

Trends in Exception Reporting:

There was a total of **51** Exceptions reported in the Trust over the four-month period from **1 October 2023 to 31 January 2024**, which is **21** less than those reported over the previous four-month period (**1 June 23 to 31 September 2023 - Total Number = 80**).

There is an overall reduction in ERs in all three localities, with the highest number still been submitted from Rotherham. This reflects higher On-Call workload in Rotherham as compared to the other sites.

Comparison with ERs in Previous 4 Months

Locality	Present	Past
North Lincs	12	15
Doncaster	7	13
Rotherham	32	52

Following trends have been observed:

1. There is a downward trend in Exceptions reported for Breach of Rest provisions.

2. Rotherham continues to dominate with almost 1 Breach of Rest ER per week, followed by North Lincs with 1 ER almost every 17 days and Doncaster 1 Report every month.

3. There are fewer reports of working longer hours than those in Work Schedule for on-call work.

4. The above shows an overall reduction in On-Call Workload.

5. It may be difficult to ascertain the reason behind this trend but it could possibly due to Trust's measures to reduce On-Call Workload and/or a seasonal variation.

6. There is a significant reduction in reports in doctors having to work longer hours than those in Work Schedule for daytime work, i.e. 4 as against 12 (3 times less). This seems to be due to better management of doctors' 9 to 5 work.

7. There were only 5 ERs for doctors working after their on-call for handover. While infrequent, discussions are underway if a verbal handover is also required over and above an electronic one.

8. There were no reports for Missed Educational Opportunity

9. Doctors are having Time Off in Lieu (TOIL) for all Rest Breaches, with majority of times for staying longer after on-call for verbal handover and around 50% times for working longer than 9 to 5. The later two could very be due to inadequate processing of ERs and requires improvement.

10. There was no documentation of the meetings (between the clinical supervisor and trainee) and outcomes in 30% of ERs on Allocate. These ERs are considered unactioned, with no clear outcomes about the satisfactory resolution of ERs. It is the contractual responsibility of the trainee and trainer to complete the ERs within a stipulated time frame and if a satisfactory outcome is not achieved, to escalate the process.
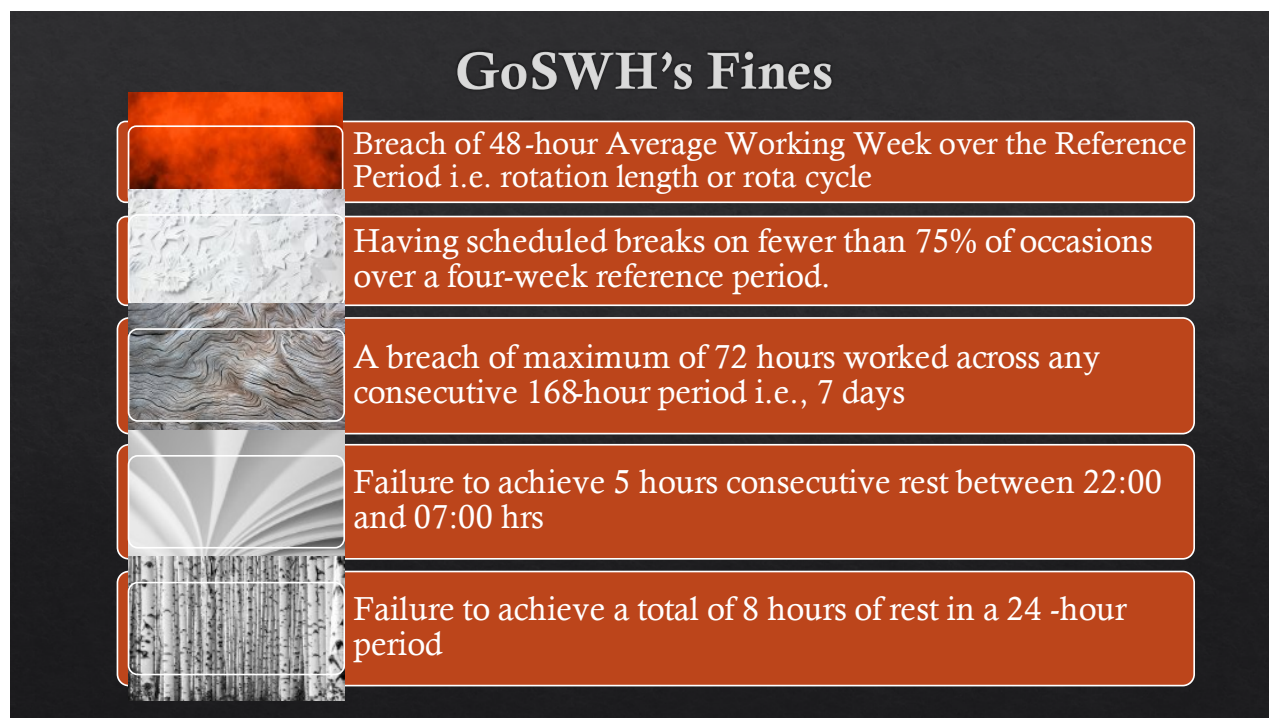
In the past, some trainees have raised concerns about the lack of action on their ERs.

Therefore, GoSWH have been reminding the junior doctors and the clinical supervisors, of the need to complete the ERs within the time frame. Recently, a system has been put in place, where the medical staffing send an email to the Junior Doctors/ Clinical Supervisors to complete the unactioned ERs. While there is acknowledgement that there may be exceptions around completing an ER within the timeframe due to unavailability one or both doctors, only 6 out of 33 clinical supervisors in the Trust have not completed the Exceptions reported by their trainees. GoSWH have contacted two colleagues, with the highest number of unactioned ERs, to enquire if additional support is required to fulfil this contractual obligation.

There were no rota gaps identified.

GoSWH's Fines:

The following breaches results in GoSWH's Fines.

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's Fines Account has now been set up and a member of Medical Staffing Team has created a spread sheet of actual hours breached from the On-Call Log Forms.

While this is being reviewed due to the difficulties in matching up the On-Call Log Forms with Exception Reports, issuance of **67 Fines** for confirmed **Mandatory Rest Breaches**, from **9 February 2023** to **31 December 2023** have been authorized by the GoSWH.

Details will be provided later.

Allocate Administration and GoSWH/ JDF Admin Support

This issue has now been resolved.

Junior Doctors' Forum (JDF)

During this period there were three JDF Meetings; regular JDF on 13 November 2023 and 18 January 2024, and extra-ordinary JDF on 14 December 2023.

The key themes and related discussions are as follows.

Renumeration for Excess Hours Worked and Work Schedule Change:
Following the Out of Hours Monitoring from April to May 2023, the junior doctors in the rotation were back paid for extra hours worked. The Work Schedules for the doctors joining in new rotation were modified to reflect the new average hours of work per on-call.

Tenability of Non-Resident On-Call Rota (NROC) and Out of Hours' Re-monitoring:
Given the high workload and frequent rest period breaches, tenability of NROC was discussed. It was acknowledged given the current number of doctors in each locality, running a Resident On-Call Shift System might be a challenge.

The Trust, therefore, agreed to put in place the measures to reduce on-call workload and conduct an Out of Hours re- monitoring, in due course, to re-assess the situation.

Hybrid on-call models, which may allow to manage the On-Call Workload better without moving to full Resident On-Call Shift system, have also been considered. The results of the Out of Hours Re-monitoring will inform further decision making.

Out of Hours' Re-monitoring started on 15 January and the results are awaited.

Implementation of GoSWH's Fines:
The system has been implemented and fines authorized. Details have already been provided above.

GoSWH's Guidance on Exception Reporting Process:
GoSWH have prepared detailed guidance on this and is currently being consulted upon with stake holders. Once ready, it will be circulated to all junior doctors and clinical supervisors.

Timely Processing and Completion of ERs:
Details about this have been provided above.

Having Two Junior Doctors' Reps from each Locality:
Junior Doctor Reps routinely partake in important work streams of concerning junior doctors. However, by the end of the six months rotation, many Core Trainees move to placements outside RDaSH. This interrupts the continuity of their input.

CT and FY rotate at different times during the year so to ensure the continuity, it has been decided to have two junior doctor reps from each locality: a CT and FY.

Not only this will help the continuity of work in case one of the reps moves on but will also provide cross cover, if one of the reps is absent.

Review of Terms of Reference (TOR) for JDF:
The old TOR for the Junior Doctors' Forum is being reviewed. GoSWH have produced a draft and circulated it among the stake holders for their comments.

<u>Need for On-Call Log Forms:</u>
The Trust requires for the junior doctors to complete a log form for the work done during on-call. The junior doctors have found it cumbersome, as in case of excess work or breach of rest periods during on-call they also must submit an Exception Report. The colleagues in Medical Staffing also find it difficult to analyze them.

Therefore, a recommendation has been made to discontinue their use. This will be discussed in the next JDF.

<u>Verbal Handover for On-Call along with Electronic Handover (e-Handover)?</u>
The e-Handover SOP requires the junior doctors to not only provide an electronic handover at the end of their on-call, but also a verbal one. They should stay after their on-call has finished to do this piece of work. JDF feels this is unnecessary and only e-Handover is sufficed; given it's a gold standard in many other Trusts.

Senior Medical Management in the Trust are being consulted on this.

<u>Out of Hours Junior Doctors' Cover for Community Patients</u>

It has recently been highlighted that on-call doctors are being approached by the out of hours community teams to offer advice and issue prescriptions for patients in the community. Several junior doctors have expressed their concerns about this as they do not know these patients and don't feel comfortable offering prescriptions. These requests are further likely to increase on-call workload.

JDF have decided for the junior doctors to refer these requests to the Consultant On-Call, while the Trust provides a position statement on this.

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