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**	30th January 2025

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

The following reports, received and discussed by the Quality Committee (QC) and People & Organisational Development (POD) Committee are presented today to be noted by the Board of Directors.

Mortality Report – The QC received the report and noted the current position in respect of Structured Judgement Reviews (SJR) and the progress with Regulation 28 notices.

Guardian of Safe Working Hours – The POD Committee received the report and noted the systems and processes are in place to ensure safe working hours and compliance with 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 Quality Committee (22 January 2025) and People & Organisational Development Committee (18 December 2024).

Recommendation

The Board of Directors is asked to:

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

Impact

Trust Risk Register	x	MP 16/24, MP 14/24					
Strategic Delivery Risks							
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

Mortality Report – Quality Committee

(Data Focus September and October 2024)

1. Situation

The Acting Executive Medical Director chairs the monthly Prevention of & Learning from Deaths Group, (PLDG) previously the 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 2024.

3 Assessment

3.1 Mortality Reporting and Management

During the months of September and October 2024, 92 deaths were reported.

Table 1 – Status of Deaths reported during September and October 2024

Status	Number
Reviewed by MOG and were closed as no problem in care was identified	76
Reviewed by MOG but require further information and have been returned	8
Reviewed and requires a Structured Judgment Review (SJR)	5
Reviewed and requires a Patient Safety Incident Investigation on STEIS	3
Awaiting further information from the coroner on cause of death	0
Awaiting review by MOG	0
Total	**92**

Review of the Trust data for September 2024 identified there were 46 deaths reported on the mortality system in total.
The following key points can be noted:

- 36 of the deaths required the screening tool only
- 3 of the deaths required a Structured Judgement Review (SJR)
- 3 of the deaths was reported as a Patient Safety Incident Investigation , PSII, plus 1 other required a Swarm huddle

- 4 had been subject to an initial review by the Mortality Operational Group which required further information to be able to reach a decision regarding the next steps.
- 0 are waiting further information from the coroner or require a cause of death
- 0 awaiting review by MOG
  = 46

Review of the Trust Data for October 2024 identified there were 46 deaths reported on the mortality system in total. The following key points can be noted:

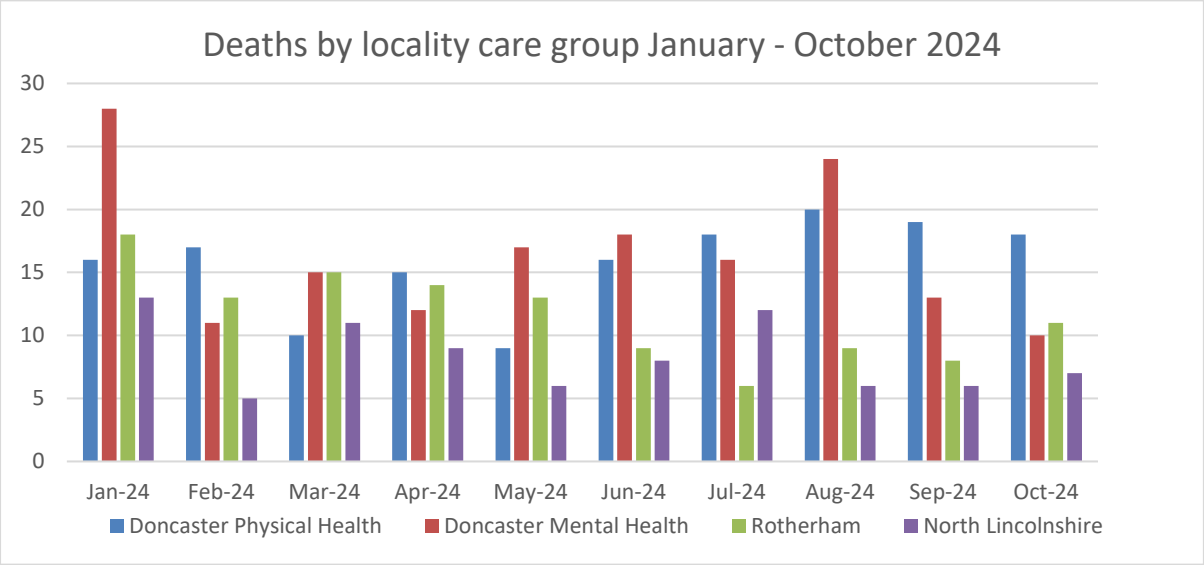
- 40 of the deaths required the screening tool only
- 2 of the deaths required a Structured Judgement Review (SJR)
- 0 of the deaths was reported as a Patient Safety Incident Investigation , PSII, plus 2 others required a Swarm huddle
- 4 had been subject to an initial review by the Mortality Operational Group which required further information to be able to reach a decision regarding the next steps.
- 0 are waiting further information from the coroner or require a cause of death awaiting review by MOG
  = 46

Longitudinal graphical data:

Figures within the graphs in this paper may differ from previously presented data because of delays in obtaining some information, graphs are therefore dynamic and updated each month to ensure that all data is captured.

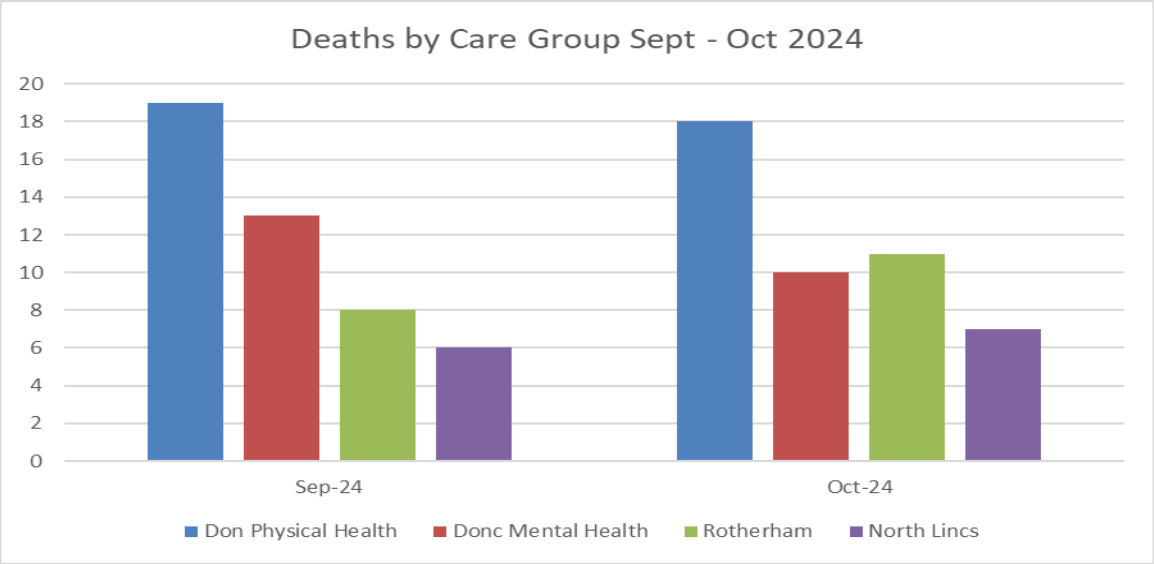
Doncaster Physical Health also includes figures for deaths at St Johns hospice which reflects the higher numbers indicated in Graph 1.

Graph 1: The number of deaths by care group from January 2024 –October 2024

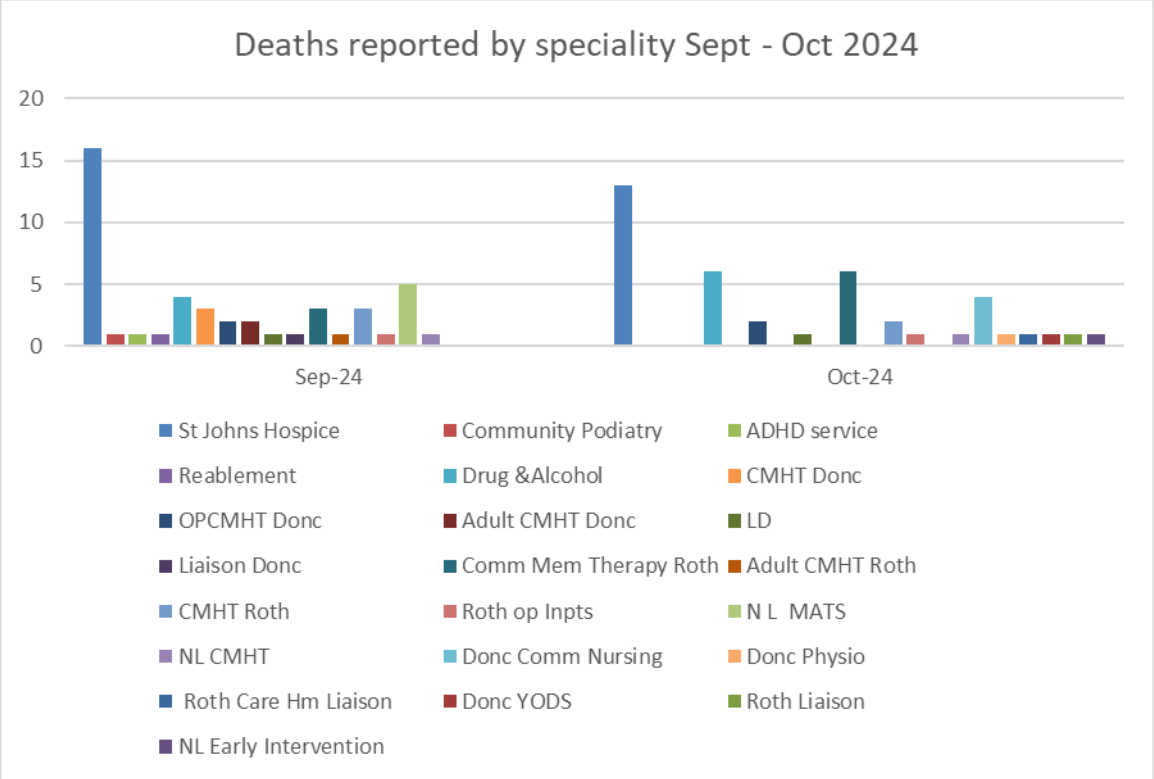


The data shows relative stability. Doncaster physical health data includes deaths which have occurred at St Johns hospice.

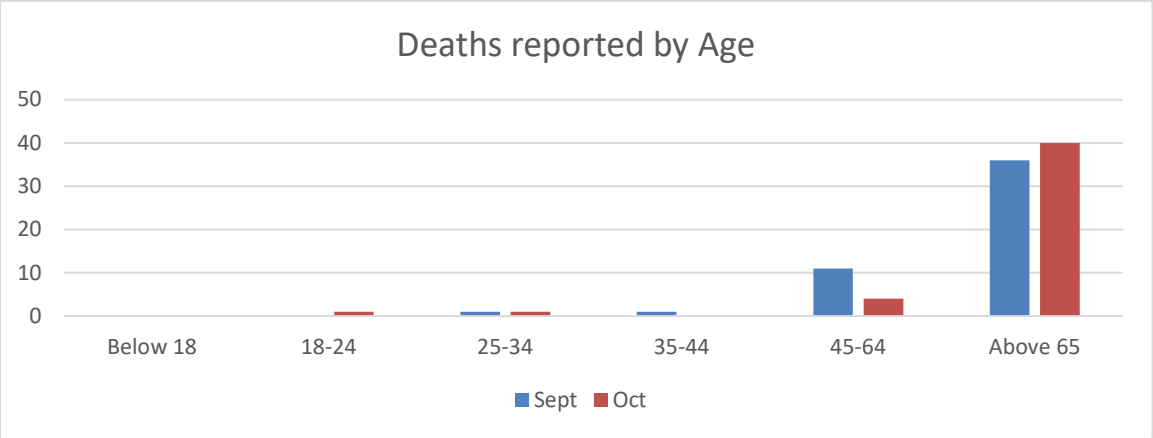
Graph 2: Displays the number of deaths specifically across the Trust for September and October 2024.



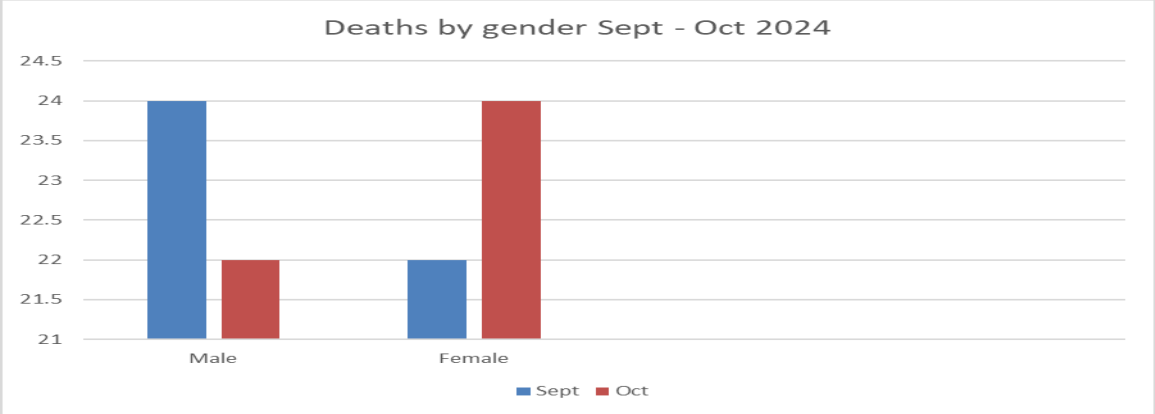
Graph 3: Identifies the number of deaths reported by specialities across the Trust for September – October 2024.



Graph 4: Deaths reported by age range September – October 2024



Graph 5: Details information by gender September – October 2024.



3.2 Structured Judgement Review Process.

All deaths are reviewed by the Mortality Operational Group (MOG). If there are any 'red flags' identified, the incident would be escalated for a Structured Judgement Review.

During this process, any deaths that meet the criteria for further escalation are directed to the Patient Safety Team(PST). The incident at this point is currently held open by MOG until a decision is made by the PST and for MOG to then close from the teams perspective.

The decision of escalation is progressed under the umbrella of the Patient Safety Incident Response Framework (PSIRF). Decisions are made within the PST as to how the incident is further investigated.

The new PSIRF plan is scheduled to be signed off by the Trust in January 2025.

Table 2- The table below indicates the monthly review of deaths reported by IR1 with detail of specific information for September – October 2024

Month	September 20204	October 2024
Total number of deaths reported	46	46
Total No of deaths reported by Care Group		
Donc AMH & LD	13	10
Physical Health and Neurodiversity	19	18
Rotherham AMH	8	11
North Lincs &Talking Therapies	6	7
Children's services	0	0
Expected natural death	25	25
Expected unnatural death	1	2
Not known	9	15
Unexpected natural death	5	3
Unexpected unnatural death	6	1
Gender		
Male	24	22
Female	22	24
Age Group		
<18	0	0
18- 24	0	1
25-34	1	1
35-44	1	0
45-64	11	4

>65	**36**	**40**
Incident appraisal screening tool only	**36**	**40**
Await further information	**4**	**4**
SJR	**3**	**2**
Inc for LeDer report	**1**	**1**
Escalated to Patient Safety Team	**3**	**0**

3.3 LeDer reports and Structured Judgement Reviews

Following current Trust policy all deaths where it is known the deceased had a learning disability is automatically escalated to an SJR.

The LeDer programme is funded by NHS England and NHS Improvement and was established in 2017 to support improvement in healthcare for people with a learning disability and autistic people.

LeDer reviews are completed using a standardised review process and based on the health and social care received by people with a learning disability and autistic people who have died. The reviews are not investigations or part of the complaints process or restricted to the last episode of care before the persons death.

Recent discussions between the Interim Mortality and Coroner Lead and the Matron from the Learning Disabilities and Forensic Directorate have attempted to further understand the benefit of providing both an SJR and a LeDer report. From this initial discussion and to establish further learning opportunities the Matron from LD has been invited to both the South Yorkshire and North Lincolnshire LeDer meetings and therefore will be sighted on any deaths across the system. This will support wider learning within the Trust by offering such through the LD directorate and the Prevention of Future Deaths meetings.

It has been established that both Sheffield and Barnsley services do not carry out SJR's and rely solely upon the LeDer comprehensive review and learning.
As part of the review on the Prevention and Future Learning from Deaths policy the current process will be reviewed.

3.4 Incident forms awaiting a Structured Judgement Review.

Information has been obtained from screening the Ulysses data system from 2019 to present date, there are 109 incident forms which have been initially screened by MOG and waiting to be reviewed under the SJR process.

4 Learning from Deaths

4.1 Inquests for the period in question

Eleven inquests were stepped down for the Trust during September and October as His Majesty's Coroner was satisfied with the information submitted from the witness statements. This therefore allowed for the statements to be presented in court under Rule 23.

The Trust was called to attended 1 inquest in September . The coroner concluded a narrative outcome .

Currently if there is no attendance at court from the Trust, the coroners conclusion to the inquest is not known. The Mortality / Coroner lead is attempting to address this in order for future learning for the Trust.

4.2 Regulation 28

A new chief coroner Her Honour Judge Alexia Durran was appointed as Chief Coroner for England and Wales from the 25 th May 2024. A coroner is allowed to issue a Regulation 28 Report under The Coroners and Justice Act 2009, to an individual, organisations, local authorities or government departments and their agencies.

This is where it is believed that action should be taken to prevent further deaths. The full response of the Regulation 28 Report should be made within 56 days of the date of the report . There are circumstances where extensions can be granted at the discretion of the individual coroner who issued the report.

There are ongoing plans for authorities and organisations who do not respond to the 56-day response times to be named and shamed by the Chief Coroner for England and Wales.

Below is detail of both historical and current Regulation 28 received by the Trust. This will be updated for each report for assurance along with fuller detail in relation to actions completed.

Regulation 28 summary position

Date of regulation 28	Concerns	Agreed actions and progress
5.9.2024 Date of response 31.10.2024	No adequate systems in place for providing crisis support to patients over the age of 65 GPs providing contact information for services that patients may not be able to access	Crisis team protocol will make clear to teams that crisis presentations should be assessed by the Crisis team regardless of age or time of day – letter sent 28 November. New protocol was implemented from 3 December 2024 This will be communicated to RDaSH teams and also local GPs
Date of regulation 28	Concerns	Agreed actions and progress
5.10.2023 Date of response 28.11.2023	No effective follow up in relation to cessation of antipsychotic medication	Review of current disengagement policy with a focus on it becoming an engagement policy

	Failure to work with a drug and alcohol service around checking on patient wellbeing and unavailability	Making use of an electronic tracking system to ensure staff have read relevant policies Introduction of staff app to allow dissemination of information – launched December 2023 Introduction of learning half-days to allow dissemination of information – launched September 2024

Rotherham Doncaster and South Humber NHS Foundation Trust

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

01 October 2024
to
30 November 2024

Dr Babur Yusufi
Guardian of Safe Working Hours

December 2024

RDaSH nurturing the power in our communities

Executive Summary

This report covers a period of two months; from 1 October 2024 to 30 November 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.

The report shows tables of exception reports (ERs) 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.

Since December 2024, there are fifty-nine trainees working in the Trust, with three-vacant posts.

A total of 25 exceptions were reported, over the two-month period: 10 in North Lincs and 9 in Doncaster and 6 in Rotherham. This is 3 less than preceding two months. Most Exception Reports were for working more hours than scheduled during daytime (10), followed by Breech of Contractual Rest Periods (8) and Excess Hours worked during On-call (4). There was one Immediate Safety Concern report relating to breach in 5-hour uninterrupted rest break and this resulted in Time Off in Lieu (TOIL).

Time-off in Lieu (TOIL) was agreed on 11 out of 18 Reports (For working more hours than scheduled during daytime and Contractual Rest Breaches), Payment on 2, while no outcome was documented in 5 instances. There were 5 ERs of working more hours during On-Call than being paid for and this was addressed through a four week-long Work Schedule Review, that is, Out of Hours Workload Monitoring, in October/ November 2024.

There was 1 ER of Missed Educational Opportunity.

There were no major gaps in the Rota.

While overall engagement with ER process remains good, there is one Clinical Supervisor who has not processed most reports of their resident doctors, properly. GoSWH have been pursuing them.

Hybrid Rota design is now fully implemented in Rotherham and North Lincs.

The result of First On-Call monitoring has shown Doncaster Non-resident First On-Call Rota not been safe and fit for purpose. A Hybrid Rota design and interim safety measures to support the resident doctors have been agreed. The new Rota will be start in February 2025. There have also been changes to payments for hours worked during on-call.

Main topics discussed in November's JDF were (1) Actions from the findings of First On-Call Rota monitoring (2) Higher Trainees (ST)' S12(2) Mental Health Act Work during On-Call and Rest Breaches (3) Guardian of Safe Working Hours' Fines (4) Facilitation of Substance Misuse Case Based Discussions (CBDs) (5) Resident Doctors' Pay Rise and Back Pay

Provision of permanent Admin Support for the JDF and GoSWH requires attention.

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.

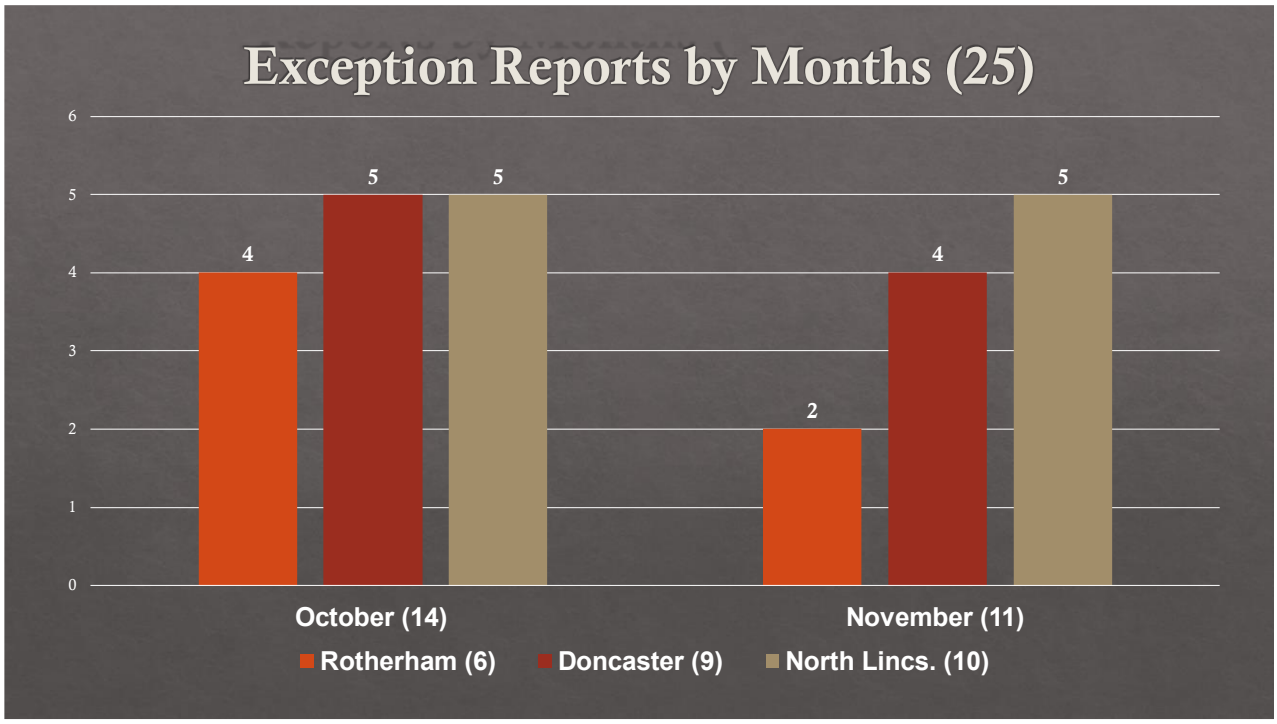
Current RDASH Doctors in Training

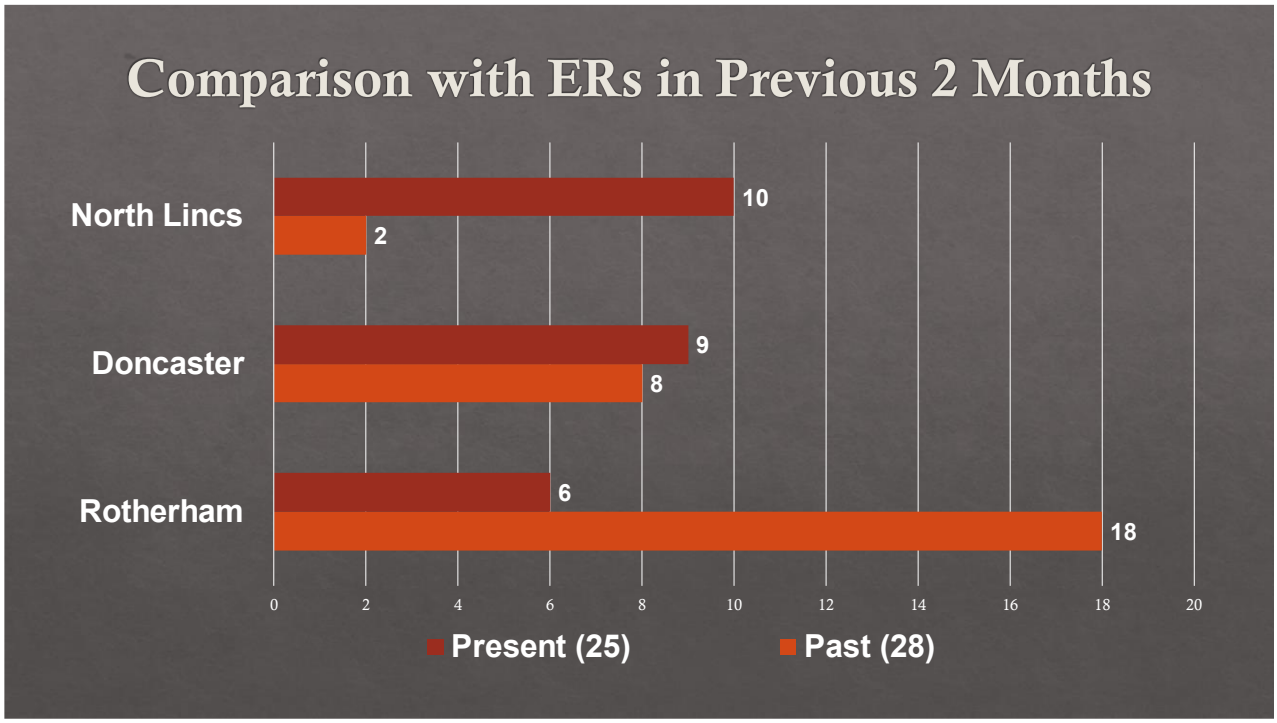
There are **59 trainees** (including the Hospice) working in the trust with **3 vacant posts**, from the start of the new rotation in **December 2024**. A breakdown of their grades is as follows:

	GP	CT	F2	F1	GPST	HT ST	**Total**	Vacant
Doncaster	3	3	3	3	1	6	**19**	0
Rotherham	2	12	3	4	0	8	**29**	0
North Lincolnshire	3	2	1	4	0	1	**11**	3
TOTAL	**8**	**17**	**7**	**11**	**1**	**15**	**59**	**3**

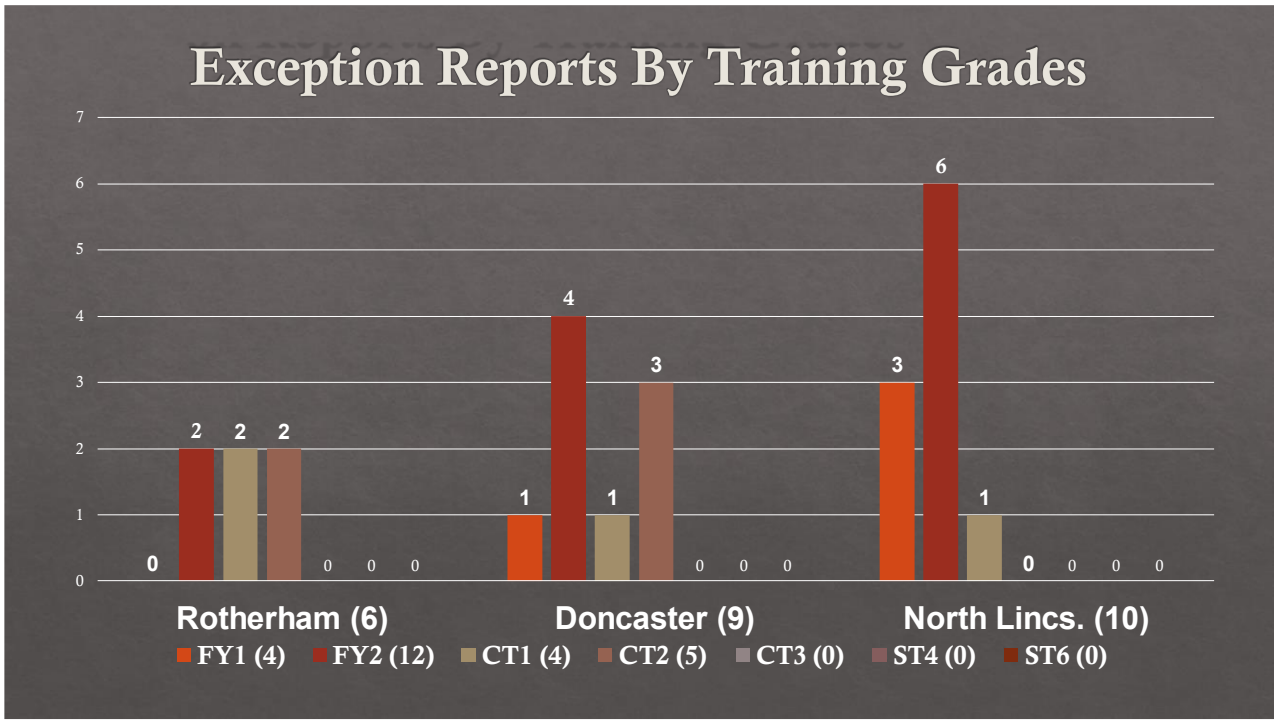
Exception Reports (ERs)

There was a total of 25 Exceptions reported from 1 October 2024 to 30 November 2024.





40% of ERs originated from North Lincs (as against 7% in the two months before), 36% from Doncaster (as against 29% from previous period) and 24% from Rotherham (64% previously). This is a significant increase in ERs from North Lincs; most of them being for working beyond 1700hrs. There is a significant reduction in ERs from Rotherham. This is likely to do with the Hybrid Shift/ Non-resident On-Call System, which does not require application of mandatory Rest Conditions.

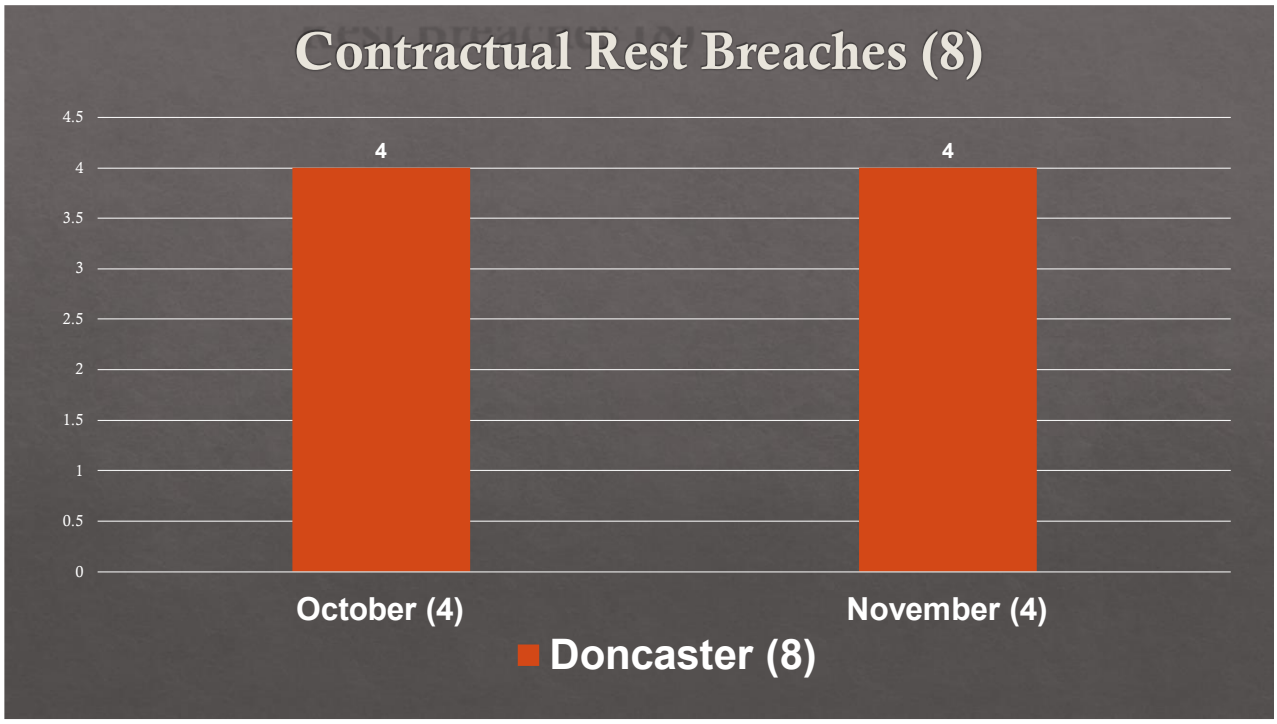


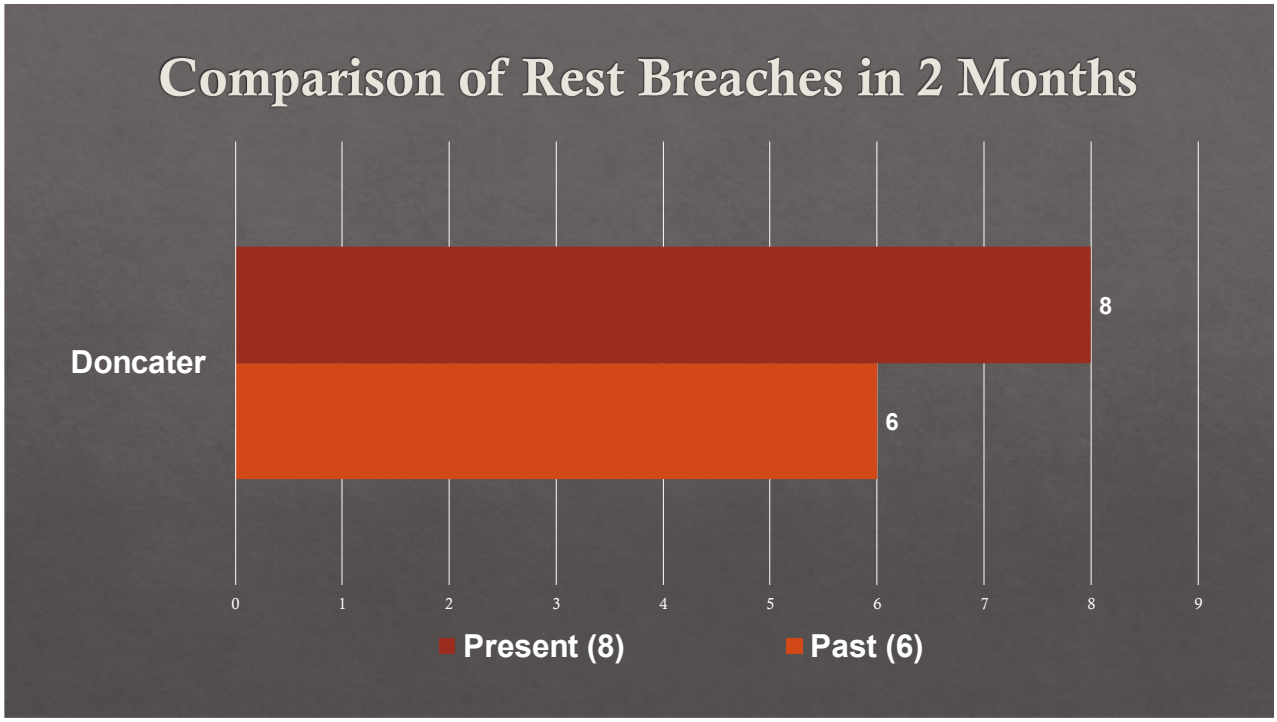
Most ERs were initiated by FY2 (48%), followed by CT2 (20%) and CT1/ FY1 (16% each).

Immediate Safety Concern (01)

	Rotherham	Doncaster	North Lincs.
October	0	1 (CT1) 5-Hour Rest Period Breached Outcome: TOIL	0
November	0	0	0

There was one Immediate Safety Concern report, from Doncaster. This was an ER for breach of 5-hour rest. The doctor received Time Off in Lieu (TOIL).

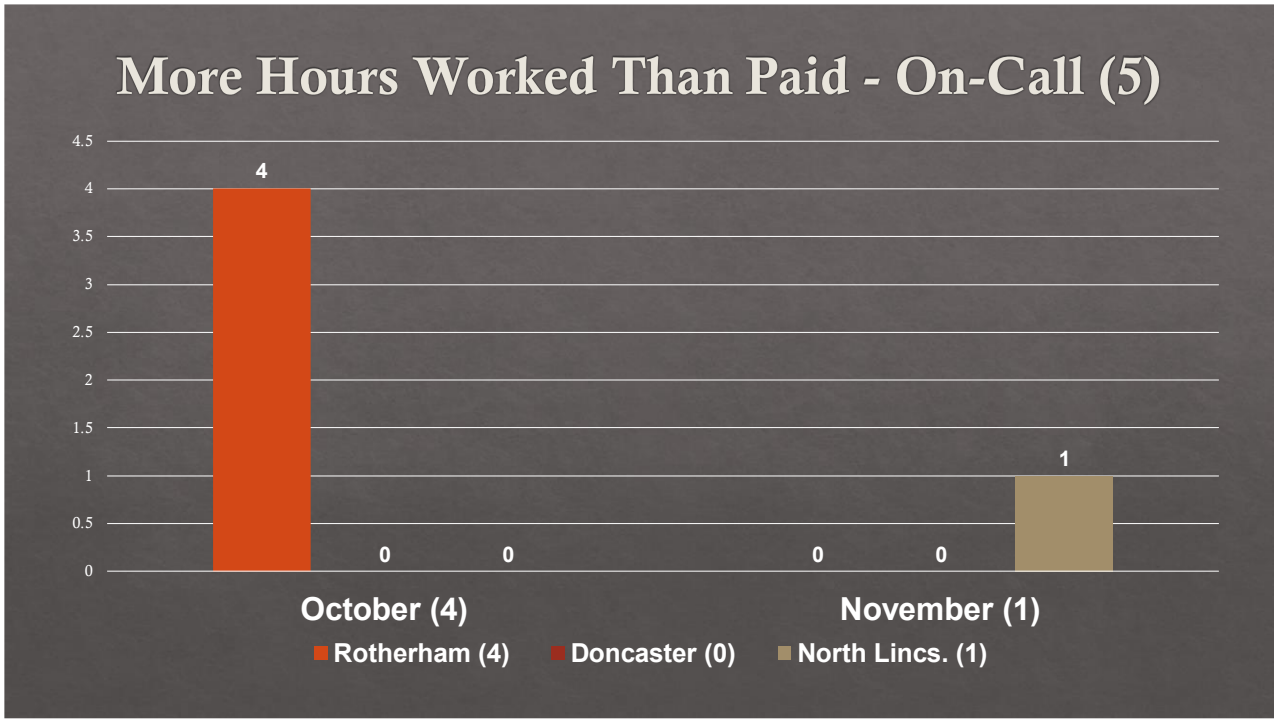




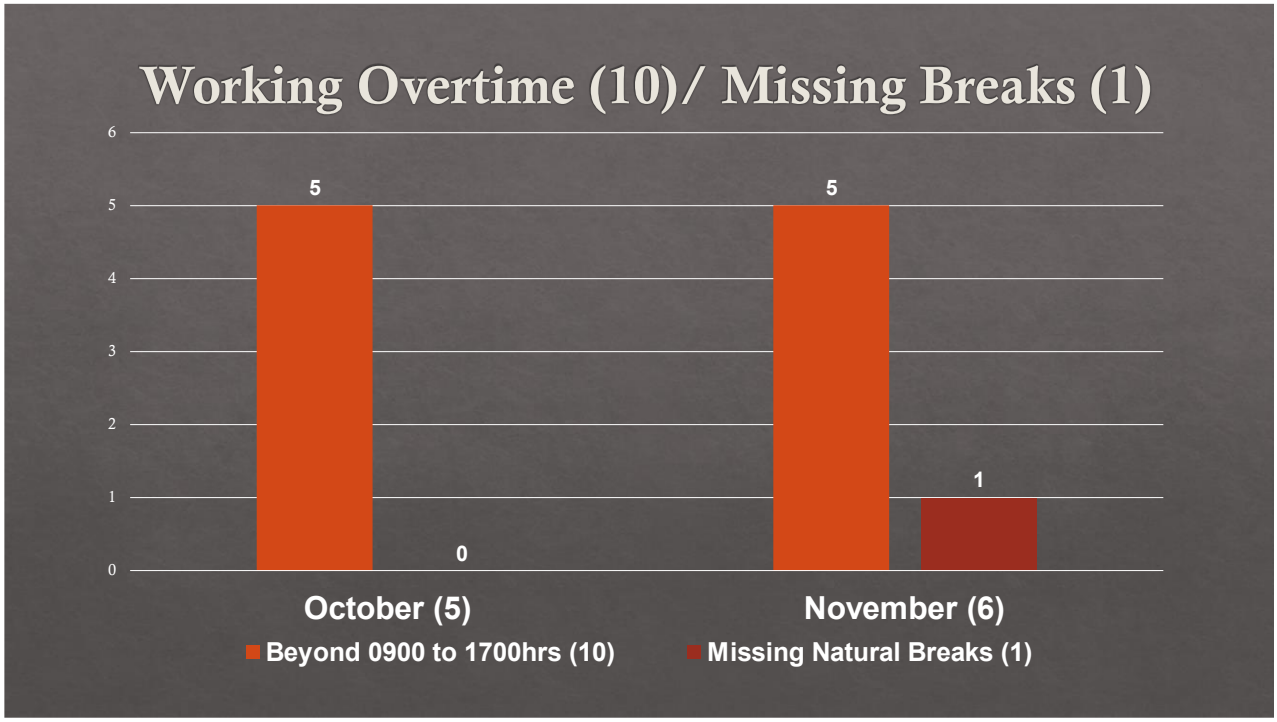
For the August placement, **Rotherham and North Lincs.** have implemented a **Hybrid First On-Call Rota,** which is not subject to Contractual Rest Requirements or GoSWH's Fines**.** Details about this have already been provided in the last GoSWH's Report. The **Second (ST) On-Call Rota,** however, remains **Non-Resident** and subject to Contractual Rest Rules and GoSWH's fines.

Doncaster continued to operate a **Non-resident First On-Cal Rota** which is subject to Contractual Rest Requirements, i.e. the On-Call doctor 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.

The overall number of rest breaches in Doncaster is slightly more than the last two months (n = 8 vs n = 6).



There were 4 reports of more hours worked being paid for in Rotherham, while one in North Lincs. 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.



There were 10 episodes of doctors working beyond their contracted hours i.e. working beyond 1700hrs. These incidents related to exceptional work arising near 1700hrs and need for continuity of care.

There was one report of missing natural breaks. This does not cross the threshold for the GoSWH to take an action.

Exception Reports Outcomes

	ROTHERHAM				DONCASTER				NORTH LINCS.			
	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR
Breach of Rest (8)	X	X	X	X	7	X	X	1	X	X	X	X
Overtime (Regular Working Hours) (10)	X	2	X	X	1	X	X	X	3	X	X	4
Missing Natural Breaks (1)	X	X	X	X	X	X	X	X	X	X	X	1
More Hours Worked (During On-Call) (5)	X	X	4	X	X	X	X	X	X	X	X	1

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 the documented outcome on all but one ER (where ER was not processed).

Out of 10 episodes of working beyond daytime work hours, 4 attracted TOIL and 2 Payment. Outcome of 4 was not documented.

For working more hours during on-call than those given in Work Schedule, no immediate action was required.

Natural Breaks have to missed 25% times or more for the GoSWH to act. Only one report did not cross the threshold for this.

Other Exception Reports (1)

Exception Type	No	Locality	Grade	Circumstances/ Outcome
Missed Educational Opportunity	1	Rotherham	FY2	Study Day missed due to Mandatory Training

There was 1 ER of Missed Educational Opportunity which was raised with the CS to ensure protected time for Education and Training.

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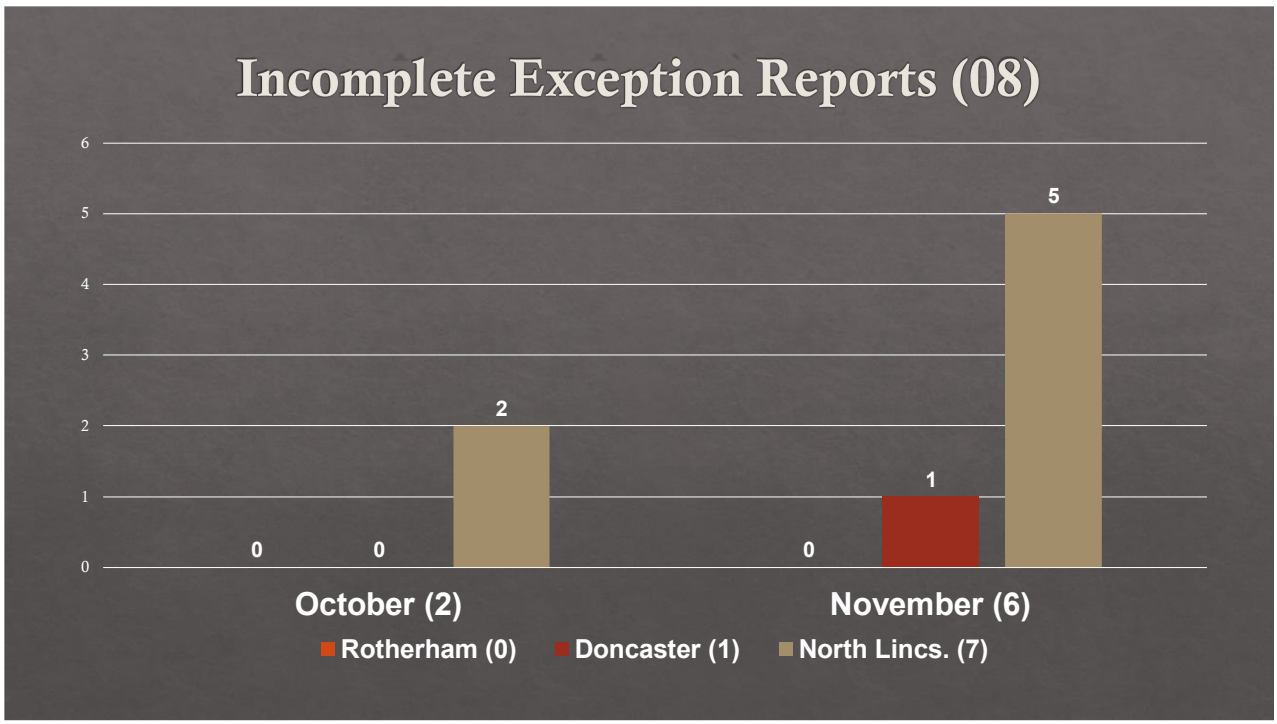

There were 8 ERs which were not duly processed by the Clinical Supervisors and Trainees. This is significantly higher than the last time (32% vs 11%)

ERs not Completed (Clinical Supervisors = CS)

	CS "A"	CS "B"
Rotherham	XXX	XXX
Doncaster	1	XXX
North Lincs.	XXX	7
Total Number of Un-processed ERs = 8 (Out of 25) (32%)		

There are only 2 Clinical Supervisors, who did not complete Exception Reports. There is one CS from North Lincs who has not completed 7 ERs. GoSWH have reminded them of the requirement to process the reports with their trainees, in a timely manner.

Trends in Exception Reporting

Following trends have been observed:

1. There was only one Immediate Safety Concerns reported, which was more to do with the mandatory rest breach and TOIL was availed by the resident doctor.

2. Hybrid Rota in Rotherham and North Lincs have no association with the NROC Contractual Rest Breaches and GoSWH's fines.

3. Contractual Rest Breaches have occurred in 1 in approximately 7 On-Calls in Doncaster, raising safety concerns and making Non-resident On-Call Rota untenable. A pattern of rest breaches of frequency of 1 in 10 or less is considered unacceptable.

4. All Exceptions requiring action (n=21) (while 4 ERs did not require any action) were resolved satisfactorily through Time Off in Lieu (TOIL) or payment (n=13, 62%), barring 8 (38%), where the outcome is not clear. All of these unactioned ERs, barring one, relate to one Clinical Supervisor.

5. There was one report for Missed Educational Opportunity.

There were no rota gaps identified.

Results of First On-Call Monitoring

First On-Call Monitoring was conducted for four weeks in October to November 2024, the results of which are as follows:

Breach of Rest Requirements – Doncaster First On-Call Non-Resident On-Call Rota

Resident Doctors on First On-Call should be able to rest for 8 hours over a 24-hour period, out of which, 5 hours should be continuous and uninterrupted, between 2200hrs and 0700hrs.

There were reports of 5-hour rest breaches in Doncaster, details of which are as follows:

	Frequency (In Days)	Percentage	Nature of Calls
Weekdays	2.5 in 7	35%	Appropriate = 94% Inappropriate = 6%
Saturday/ Sunday	1 in 7	14.3%	

There is a significant increase in the frequency of the Contractual Rest Breaches, impacting safe working and making the Non-resident On-Call Rota unviable.

There is also a recognition that majority of call, i.e. 94% were appropriate, which show a genuine increase in workload.

Hours Worked and Paid For – Existing and Post Monitoring

Resident Doctors are paid for the number of hours worked during On-Call, calculated as an average over the entire Rota Cycle. These hours are divided into; Regular – between 0700 to 2100hrs and Enhanced (paid at 37% more) from 2100hrs to 0700hrs.

Following is the average of hours worked during On-Call over the monitoring period, for each site.

The table provides a breakdown of hours in Regular and Enhanced, with current rates of payment per shift, as stipulated in the existing Work Schedule, versus that provided by the monitoring exercise. Figures are based on £50k per annum (close to CT1) £24 per hour standard rate and £33 per hour enhanced rate.

Rotherham (Hybrid Shift / Non-resident On-Call System)

	Average Hours Worked	Current Payment/ Per Shift	New Payment / Per Shift	Variance / Per Shift
Weekday Twilight (Work Hrs = 4.30)	1.10	Resident On-Call Rate for 4.30 Hours		
Weekday Night (Work Hrs = 12.30)	2.53 (Regular=0.17) (Enhanced= 2.36)	£82	£102	+ £20
Weekend Day (Work Hrs = 12.30)	4.54 (Regular=4.48)	£60	£128	+ £68

	(Enhanced= 0.06)			
Weekend Night (Work Hrs = 12.30)	2.09 (Regular=0.07) (Enhanced= 2.02)	£69	£80	+ £11

There is an increase in the average number of hours worked than given in current Work Schedule, hence an increase in On-Call Payment.

North Lincs. (Hybrid Shift / Non-resident On-Call System)

	Average Hours Worked	**Current Payment/ Per Shift**	**New Payment / Per Shift**	**Variance / Per Shift**
Weekday Twilight (Work Hrs = 4.30)	1.50	Resident On-Call Rate for 4.30 Hours		
Weekday Night (Work Hrs = 12.30)	2.47 (Regular=0.09) (Enhanced= 2.38)	£78	£97	+£19
Weekend Day (Work Hrs = 12.30)	5.22 (Regular=5.14) (Enhanced= 0.08)	£36	£134	+£98
Weekend Night (Work Hrs = 12.30)	2.07 (Regular=0.12) (Enhanced= 1.55)	£62	£72	+£10

There is also an increase in the average number of hours worked than given in current Work Schedule, hence an increase in On-Call Payment.

Doncaster (Non-resident On-Call System)

	Average Hours Worked	**Current Payment / Per Shift**	**New Payment/ Per Shift**	**Variance Per Shift**
Weekday Night (Work Hrs = 16)	4.10 (Regular=3.24) (Enhanced=0.46)	£153	£117	- £36
Weekend (Work Hrs = 24)	3.50 (Regular=1.48) (Enhanced= 2.02)	£135	£122	- £17

There is an overall reduction in the numbers of hours worked during On-Call, hence in a decrease in On-Call Supplement.

Junior Doctors Forum (JDF) on Thursday 21 November

1. **Actions from First On-Call Monitoring**
   Following was agreed between the Executive Medical Director and Medical Staffing and Resident Doctors, supported by BMA's Industrial Relations Officer, in concert with the GoSWH and DPGME (Director Postgraduate Medical Education)

a. Rotherham and North Lincs: Increase in payment for hours worked during On-Call Shifts. Payments to be backdated to the start of current rotation and changes to be made in the Work Schedules of Resident Doctors starting in the new rotation.

b. Doncaster:
   i. Non-resident On-Call Rota to be remodelled to a Hybrid Shift/ Non-Resident On-Call Rota, to match that in place in Rotherham and North Lincs, through a Local Agreement between the Resident Doctors and Trust's Management.
   ii. The new Hybrid Rota to start from February 2025 rotation.
   iii. Following interim safety measures to be put in place from Monday 25 November.
      - Resident Doctor On-Call to have half a day off for rest before the start of On-Call, either on the day of On-Call or on last working day before On-Call or weekends/ bank holidays.
      - Existing arrangements of starting work at 1300hrs on the day and in case of Breach of Rest conditions, full day off as TOIL (Time Off in Lieu), following On-Call, will continue. For the later Exception Reporting will be required.
   iv. Hours worked and paid for in the new Rota Design will be based on the calculations from the current monitoring.
   v. Doctors in the current rotation, by virtue of pay protection, will be paid at the same rate despite a reduction in the number of hours of work. The same will be applicable to FY2s starting in December, as their work schedules have already been provided

Next Work Schedule Review, i.e. First On-Call monitoring will take place in the last week of April or first week of May 2025.

2. **Higher Trainees (ST)' S12(2) Mental Health Act Work during On-Call and Rest Breaches**

DPGME (Director Postgraduate Medical Education) clarified while it is not mandatory for the Higher Trainees to do Mental Health Act Work during On-Call and they should not be forced to do so, there is a clear expectation for the higher trainees to achieve competencies related to this work.

A document is being produced with the idea that Higher Trainees could be involved in Mental Health Act assessments until midnight, so they do not breach 5 hours uninterrupted rest at night and are ready for work the next day. Permanent or Temporary exemptions from this work could be requested for a pressing reason, e.g. pregnancy, breastfeeding, adverse weather, distance to travel etc.

Higher Trainees will have to have their own indemnity for this work as private contractors.

Payment for the assessment will be made by the Council; same as to other independent doctors. The hours consumed in this work and related administrative task (such are pre-reading and making note etc) will not be counted in On-Call Hours monitoring and payments.

Consultant on-call would be available to advise the Higher Trainee, if required. Higher trainees can also ask for it to be a two-doctor assessment, but the second doctor cannot be the on-call consultant.

This document will be discussed at the Higher Trainees' meeting and with the Trust management.

GoSWH advised for this document to be discussed with AMHPs' lead as they are the ones who commission Mental Health Act Assessments.

3. **Guardian of Safe Working Hours' Fines**
   Current amount in GoSWH's account, following a spend of £231 (for providing lunch during induction) in this quarter, is £14,567.

   Different options about how to use these funds were discussed.

   It was agreed that one lunch during induction of new batches of doctor will be funded through this account.

   One of the ideas was to use this money is to support resident doctors' health and wellbeing through purchase of exercise equipment or massage machines. However regular maintenance of these machines and repair in case of a breakdown needed to be considered.

   Another proposal was to buy some textbooks or pay for journal subscriptions.

   GoSWH have advised the group to come up with sustainable ideas which could continue to benefit the resident doctors, now and in future.

4. **Facilitation of Substance Misuse Case Based Discussions (CBDs)**
   Resident Doctors have to do two substance misuse CBDs, but it must be with a Substance Misuse Consultant or someone with a Substance Misuse endorsement. RDaSH is the only Trust in South Yorkshire running substance misuse service, at present. These CBDs are putting immense pressures on one or two colleagues in the Trust.

   DPGME will be exploring extra funding for to this activity, in the Training Committee Meeting and will advise accordingly.

5. **Resident Doctors' Pay Rise and Back Pay**
   The Pay Rise and Back Pay should appear in November's Pay Slip. Medical Staffing will confirm this in the next meeting and that the doctors in previous rotations have received pay rise and back pay.

Administrative Support for JDF and GoSWH:

While a temporary arrangement has been made through Corporate Admin Support Team (CAST), a permanent solution must be implemented.

Dr Babur Yusufi

Guardian of Safe Working Hours (GoSWH) for RDaSH

14 December 2024