

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Committee Supporting Papers	Agenda Item	Paper Y
Sponsoring Executive	Kathryn Lavery, Chair		
Report Author	Various		
Meeting	Board of Directors	Date	27 March 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>The following reports, received and discussed by the Quality Committee and People and Operational Development Committee are presented today to be noted by the Board of Directors:</p> <p>Safe Staffing Annual Declaration 2024/25 – the Quality Committee supported the safe staffing annual declaration and forward look. Please refer to the Quality Committee Report to Board item 8.</p> <p>Elimination of Mixed Sex Accommodation (EMSA) Annual Declaration – there remained a robust process in place of reporting and monitoring compliance with the national definition of Eliminating Mixed Sex Accommodation.</p> <p>Mortality Quarterly Report (November to December 2024 Data) – the Quality Committee noted the systems and processes in place associated with learning from deaths, and current position in respect of Regulation 28 notices with trajectory to address the backlog of Structured Judgement Reviews (SJR).</p> <p>Guardian of Safe Working Hours Report (1 December 2024 to 31 January 2025 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.</p>			
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 (19 February 2025) and Quality Committee (19 March 2025).			
Recommendation			
The Board of Directors is asked to:			
x	CONSIDER and note the appended reports for information		
Impact			
Trust Risk Register			
Strategic Delivery Risks	x	SO4	
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: 11th March 2025
Agenda Item:

Report Title:	Safe Staffing Annual Declaration 24/25 and forward look.
Author(s):	Steve Forsyth, Chief Nursing Officer Jim Cooper, Deputy Chief Nursing Officer Rachel Millard, Interim Director of Nursing (Backbone)
Accountable Director:	Steve Forsyth, Chief Nursing Officer

Executive Summary

The Organisation complies with the requirements of NHS England, the Care Quality Commission (CQC), and the National Quality Board (NQB) safe staffing guidance. Compliance has been achieved through the completion of a safe staffing review using an evidence-based tool, the monthly reporting of safer staffing information on the organisation's website, and biannual safer staffing board reports.

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
- Work has been ongoing since the last report to drive down the use of agency staff on our inpatient wards, in recent months, the need to use of agency nursing staff has been eliminated

Future Plan:

- MHoST's acuity tool requires a full re-launch following the updated MHoST tool being launched, the same for the recently updated CNSST. Establishment reviews will be undertaken later in the year to inform future investment bids around clinical area workforce requirements
- Launch of SafeCare in Q1-Q2 2025-26
- 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 National Quality Board (2016) states that providers:

“Must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively. They should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times. They must use an approach that reflects current legislation and guidance where it is available.”

The trust must formally ensure the National Quality Board 2016’s guidance is embedded in the safe staffing governance.

The trust must ensure the following four components in their safe staffing processes:

- Evidence-based tools (where they exist)
- Professional judgement
- Outcomes
- Compare staffing with peers

NHS England assess compliance against this in the yearly assessment in which the trust will be required to confirm the staffing governance processes are safe and sustainable. The annual governance statement is also triangulated, and sense checked against regulatory and performance management processes.

A significant component to this compliance is that the trust must ensure there is an assessment of the nurse staffing numbers, and skill mix set in the annual budget (establishments). This is based on acuity and dependency data and using an evidence-based acuity tool where available. This must be reported to the board by a ward twice a year, in accordance with the NQB guidance and other NHS-E resources. The review must be linked to professional judgement and outcomes.

As outlined by CQC’s well-led framework guidance (2018), NQB guidance and the trust policy, any changes to staffing or service, and introduction or redesign of new roles, must have a full quality impact assessment review.

Background:

The key points from the March 2024 report were:

- MHOST re-launch plan detailed in appendix 1
- CLE oversight re:- agency use.
- Safe staffing policy review and additional tool
- 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

Assessment

In terms of MHOST. We began work in 23/24, however due to staffing and change issues this work has not had the desired effect. Plans were in place to relaunch MHOST in this financial year were paused, in view of national plans to relaunch an updated version of the MHOST tool. With the upcoming release of the update MHOST tool, it is proposed that this is used as soon as available, to enable an updated data run and subsequent establishment review to take place, using the new data tool to provide the evidence base.

From October 2024, we transitioned to NHSP for the provision of our bank workforce. By transitioning to this and with tight controls in relation to agency spends, we have not required agency nurses for circa 5 months. Clear processes are in place to approve agency use, with a fundamental principle of ensuring patient safety if future agency workers were required.

Each care group holds a monthly safer staffing meeting, chaired by the Deputy Chief Nursing officer, to provide oversight, challenge and review of rostering periods. Plans in 2025/26 with the new safer staffing lead in post will also focus on proactive support, to ensure the high-quality use of E-rostering data analysis prior to roster approval.

In 2025/26, we plan to launch the SafeCare module within the rostering platform, allowing real time triangulation of patient acuity and staffing levels, and providing greater oversight for the organisation to its real time position. Once launched, the Rostering and Safer Staffing Policies will be updated accordingly to capture any process changes.

Bi-monthly safer staffing reports data on workforce, incidents, complaints and safer with roster data, providing a triangulated view of safer staffing. There are no anticipated risks that have been identified to date following this process.

Two key actions are required to progress our safe staffing approach: -

- A review of all our ward establishments by July 2025, to encompass the new MHOST tool and fulfil our commitment of bi-annual establishment reviews
- Review ward establishments in October 2025 to inform 2026/27 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.

Recommendations

This paper is presented to the Quality Committee to support the safe staffing declaration.

The Committee are asked to support the future plans:

- MHOST re-launch Q1 2025
- Launch of SafeCare in Q1-Q2 2025/26
- Safe staffing policy review Q2-3
- Joined up work for establishment setting in the Trust wide business planning cycle Q3-4

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.

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 felt they always matter.

Assessment

The Trust have an ‘Eliminating Mixed Sex Accommodation and Maintaining Privacy, Dignity and Respect Policy’ The policy states that where staff believe a breach may have occurred, they must submit a report using the IR1 reporting system.

The Head of Safeguarding 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 2024 until 28 February 2025. During this time frame there has been one incident report submitted highlighting a suspected EMSA breach.

The table below details the incident report:

Care Group	Incident Number	Ward area	Date	Audit result
Rotherham	173602	The Glades	17/1/25	No Breach

Conclusion

At the time of the incident, Bramble and Glade had been combined and no other female beds available across the Trust and it was deemed in patients' best interest to be accommodated on male corridor with a safety plan in place until a female bed was available.

The Trust has an excellent record in eliminating mixed sex accommodation, with most 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

Quality Committee are asked to:

- **TAKE ASSURANCE** on the process of reporting and monitoring compliance with the national definition of Eliminating Mixed Sex Accommodation.

Mortality Report – Quality Committee 19th March 2025 (Data focus November and December 2024)

1. Situation

The Acting Chief Medical Officer for the Trust chairs the bimonthly 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 Chief Medical Officers 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 2024

3 Assessment

3.1 Mortality Reporting and Management

During the months of November and December 2024 , 111 deaths were reported.

Table 1 – Status of Deaths reported during November and December 2024

Status	Number
Reviewed by MOG and were closed as no problem in care was identified	88
Reviewed by MOG but require further information and have been returned to author	8
Reviewed and requires a Structured Judgment Review (SJR)	9
Reviewed and requires a Patient Safety Incident Investigation on STEIS or further patient safety review	5
Awaiting further information from the coroner on cause of death	1
Awaiting review by MOG	0
Total	111

Review of the Trust Data for November 2024 identified that there were 68 deaths reported on the mortality system in total. The following key points can be noted:

- 53 of the deaths required the screening tool only
- 6 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
- 1 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

= 68

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:

- 35 of the deaths required the screening tool only of the deaths
- 3 required a Structured Judgement Review (SJR)
- 2 of the deaths was reported as a Patient Safety Incident Investigation , PSII, plus 2 others required a Swarm huddle
- 3 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

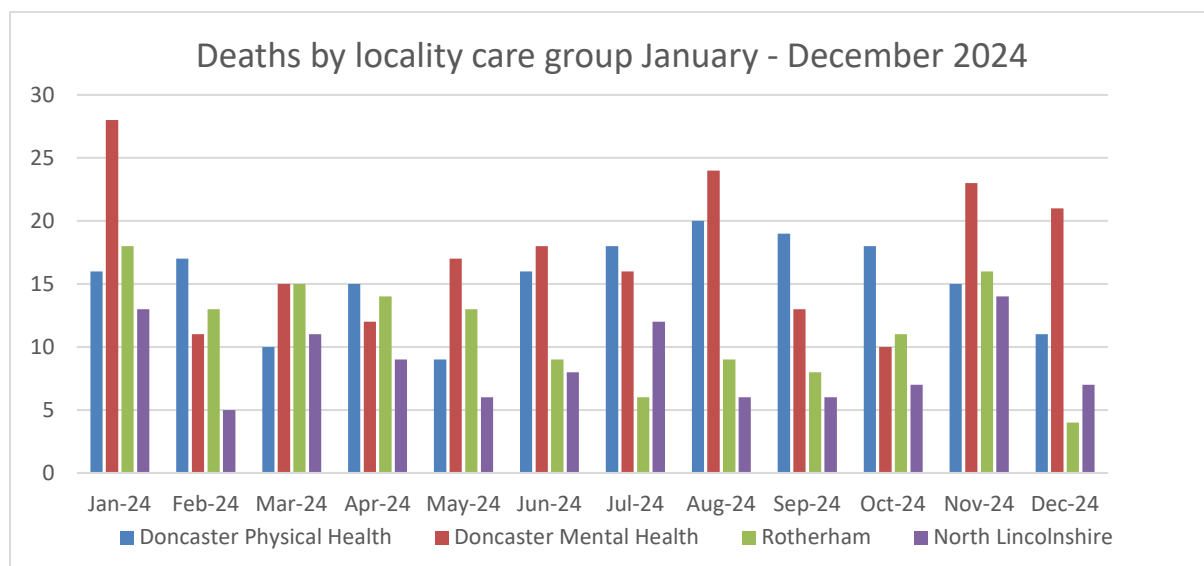
= 43

Longitudinal graphical data:

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

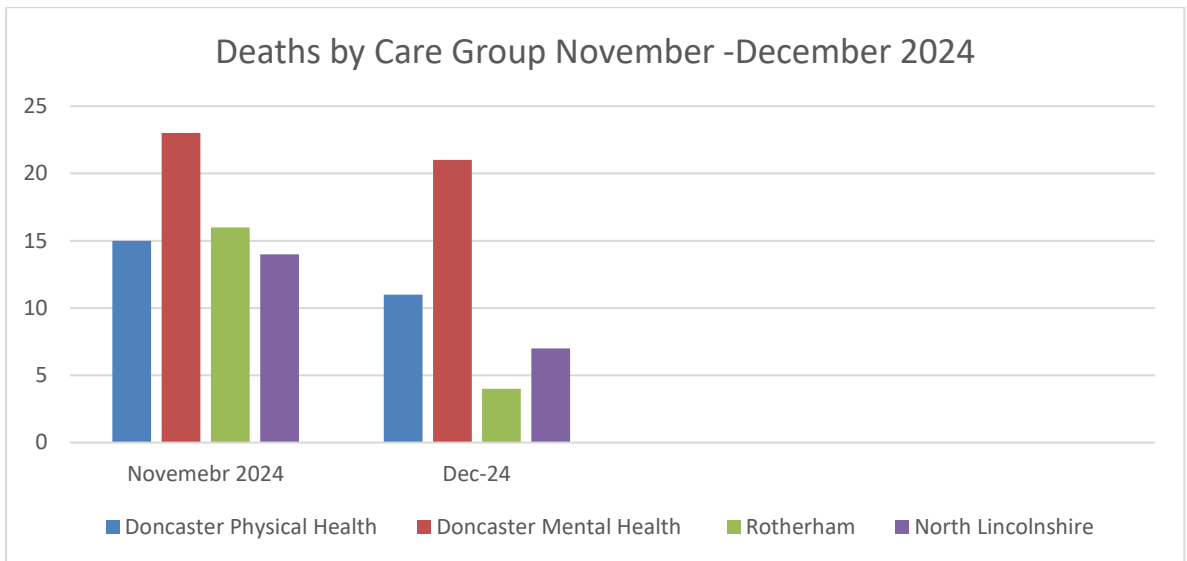
Doncaster Physical Health also includes figures for deaths at St Johns hospice which reflects the higher numbers indicated in Graph 1.

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



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 November and December 2024



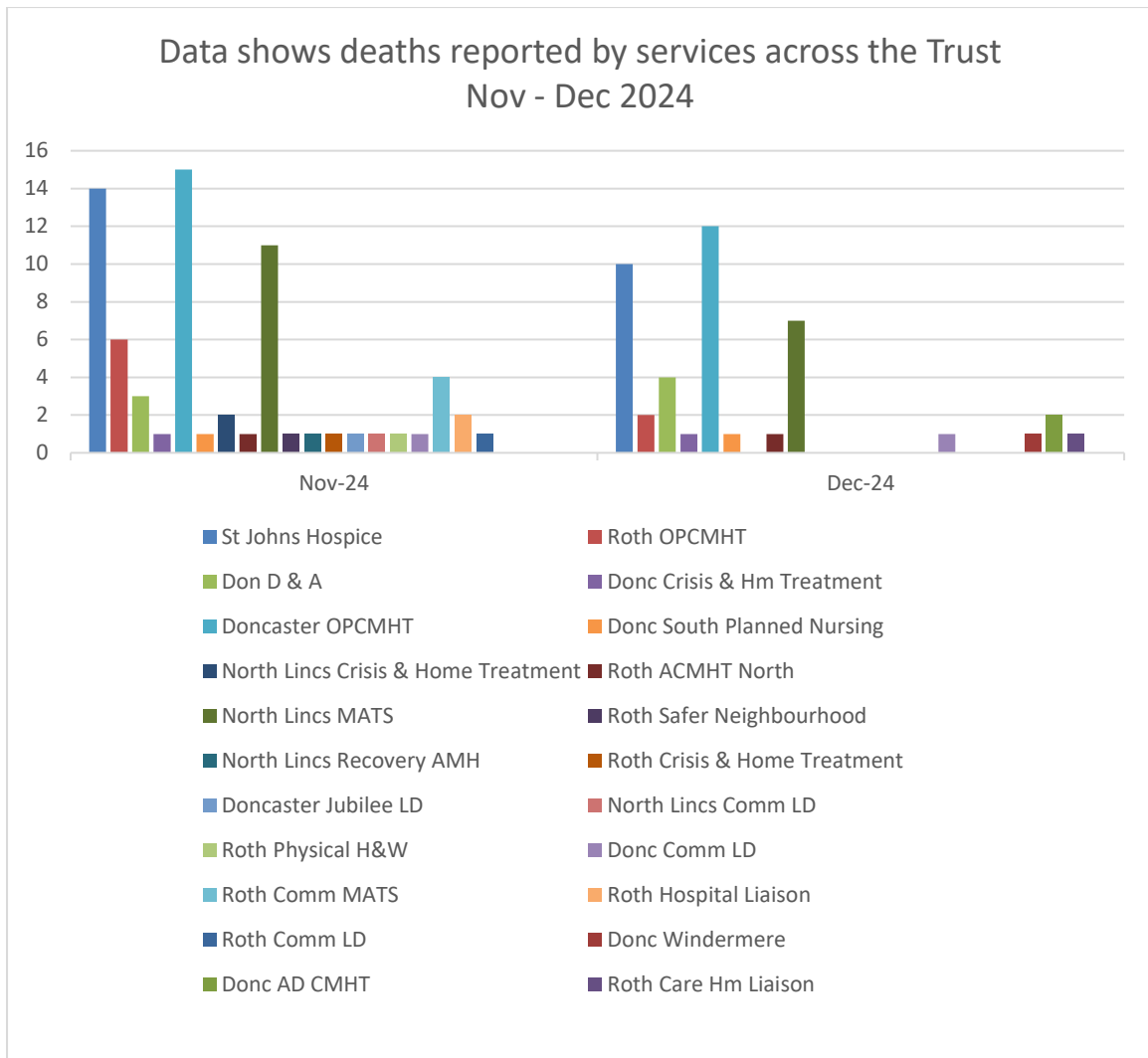
Within the data for Doncaster Physical Health , 93% of the deaths reported in November and 91% of deaths reported in December occurred at St Johns Hospice.

The data displaying Doncaster Mental Health Services, 65% of deaths reported in November and 57% of deaths reported in December related to the Older Adult Mental Health Teams.

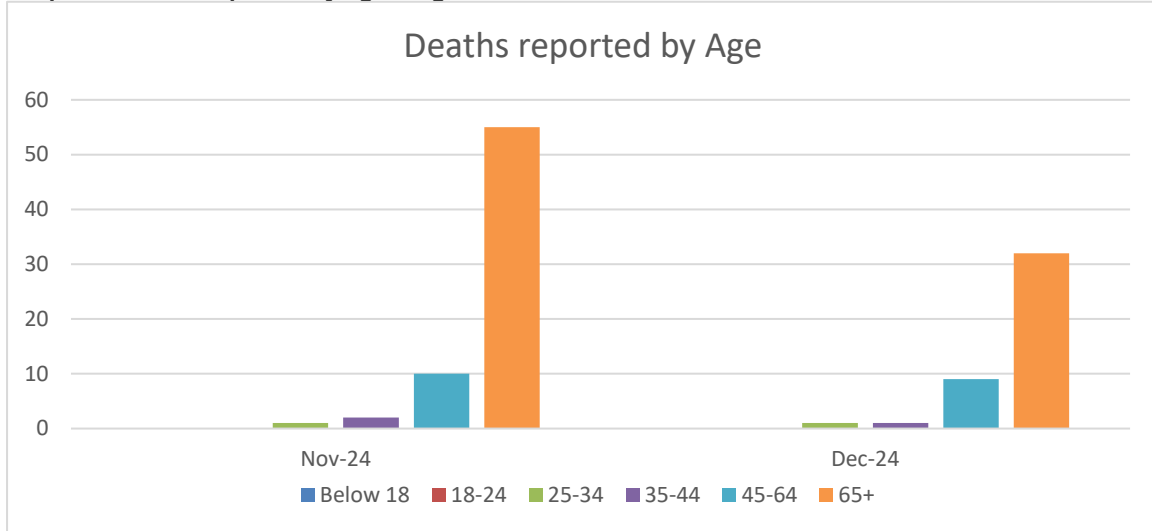
For Rotherham, during November, 62.5% and during December 50% of the deaths reported were known to the Older Adult Mental Health Teams

The data for North Lincolnshire, in November 79% of the deaths reported were known to the Memory Assessment and Therapy Service, MATS, ,and in December 100% of the deaths reported were also known to the MATS .

Graph 3: Identifies the number of deaths reported by specialities across the Trust for November and December 2024.

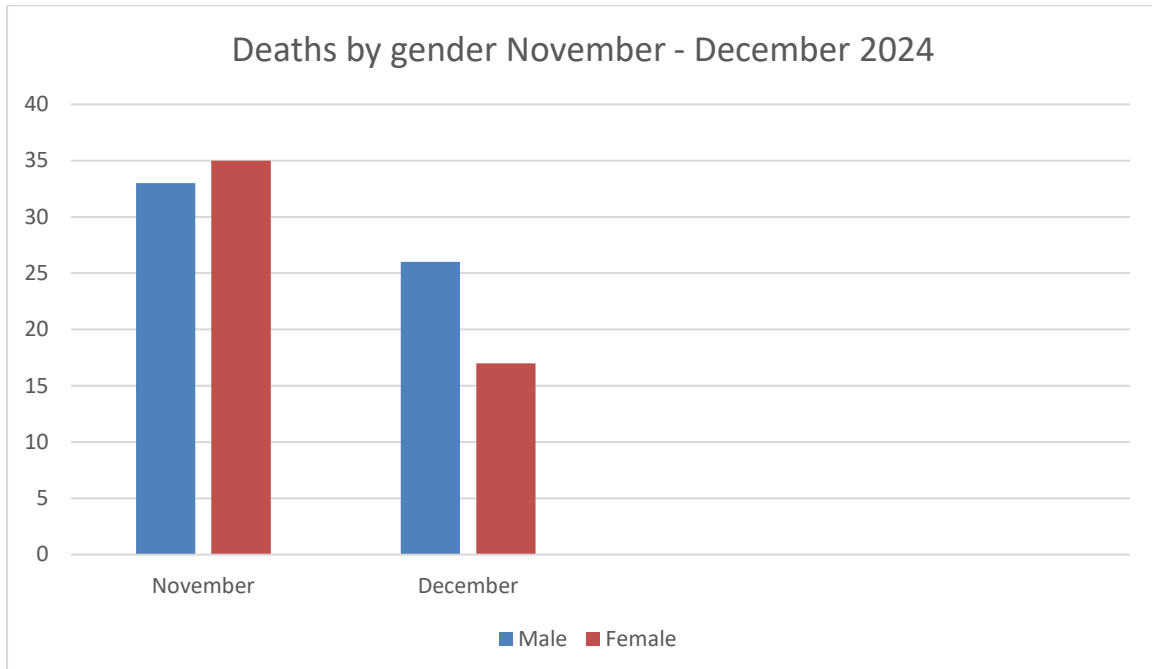


Graph 4 : Deaths reported by age range November - December 2024



Of the number of deaths reported throughout November and December 2024, 78.4% were over the age of 65 years.

Graph 5: Details information by gender November-- December 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 review the decision to close from the teams perspective.

The decision of escalation is progresses under the Patient Safety Incident Response Approach (PSIRA). Decisions are made within the PST as to how the incident is further investigated.

A draft plan of the new PSIRA plan is scheduled for February 2025 . This will then be reviewed and for a decision to be agreed by the Trust.

Table 2 – The table below indicates the monthly review of deaths reported by the IR1 incident mortality form with detail of specific information for November – December 2024.

Month	Nov	Dec
Total number of deaths reported	68	43
Total No of deaths reported by Care Group		
Donc AMH & LD	23	21
Physical Health and Neurodiversity	15	11
Rotherham AMH	16	4
North Lincs & Talking Therapies	14	7
Children’s services	0	0
Cause group		
Expected natural death	38	26
Expected unnatural death	0	0
Not known	17	12
Unexpected natural death	9	3
Unexpected Unnatural death	4	2
Gender		
Male	33	26
Female	35	17
Age Group		
<18	0	0
18- 24	0	0
25-34	1	1
35-44	2	1
45-64	10	9
>65	55	32
MOG data	Nov	Dec
Incident appraisal screening tool only	53	35
Await further information	5	3
SJR Inc for LeDer report	6	3

Escalated to Patient Safety Team	3	2
Await info from coroner re Cause of Death	1	0
Await review by MOG	0	0

1.1 LeDer reports and Structured Judgement Reviews

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

All Learning Disability deaths have a LeDer completed for people with a learning disability and for autistic people. These reviews are completed using a standardised review process. The reviews are not an investigation or part of the complaints process. Neither are they restricted to the last episode of care before the persons death.

Under the new PSIRA plan proposed within the Trust, reviews concerning the deaths of people with Learning Disabilities will be reviewed differently moving away from the SJR process. However, for all deaths reported through the IR1 mortality screening tool which identify the person as having a learning disability they will continue to be reviewed as SJR's until the new PSIRA plan is agreed.

The two current Structured Judgement Reviewers have since June 2024 been supporting the coronial and mortality work for the Trust. This had led to a backlog of reviews being completed. These include SJRs for learning disability services.

Recent meetings between the author of this report and the Matron for the learning disability services have proposed a timescale to review all of the outstanding LD SJRs and to clear these over the forthcoming months.

As part of this process, the Matron from the LD service will join the MOG once a month in support of reviewing the mortality screening of LD deaths and to identify any LeDer actions.

Having the opportunity to access the LeDer reports will support the organisational learning for the LD services within the Trust.

Amber Lodge is a low secure male forensic LD inpatient service within the Trust. Any deaths which occur in this area are automatically referred to His Majesty's Coroner. A LeDer report would be generated and a mortality form completed. There would previously have also been a Serious Investigation carried out using the old framework of SI reporting. However after discussion with the current provider collaborative it has been agreed to also adopt the PSIRA model and should a death occur in this particular setting, would now follow the new framework of investigation.

4 Learning from Deaths

4.1 Inquests for the period in question

The Trust was stepped down from attending inquests at the coroners court on eleven occasions during November and December 2024. This was due to the decisions made by His Majesty's Coroners that they were satisfied with the information provided in the witness statements submitted to court. This allowed for the statements to be presented and read out in court under Rule 23.

The Trust representatives from the Coroners Liaison Team attended three inquest hearings during November and December 2024.

The coroner concluded the following –

Inquest held	Date of Death	Conclusion	Reg 28	Comments
November	17.02.2020	Suicide	No	
November	19.09.2014	Narrative conclusion with added neglect rider	No	Concerns raised by the coroner around diagnostic overshadowing . Presentation seen as mental health concerns which meant physical health not attended to as they should have been. Noted changes made in the LD service. RDaSH commended for their candour and openness regarding the commissioning of the NICHE report attached to this case. Witnesses providing evidence for this inquest from the Trust were also commended by the coroner.
December	11.03.2024	Suicide	No	The Trust received thanks from the family for the care afforded to the deceased and in particular to the care coordinator who had demonstrated care and compassion throughout the years of knowing the deceased.

4.2 Prevention of Future Deaths , Regulation 28.

Regulation 28s summary position:

During the months of November and December 2024, no Regulation 28 concerning the Prevention of Future Deaths were issued to the Trust.

Regulation 28s with outstanding actions:

Date of regulation 28	Concerns	Agreed actions and progress
5.9.2024	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 - completed
Date of response 31.10.2024		
Date of regulation 28	Concerns	Agreed actions and progress
5.10.2023	No effective follow up in relation to cessation of antipsychotic medication Failure to work with a drug and alcohol service around checking on patient wellbeing and unavailability	Review of current disengagement policy with a focus on it becoming an engagement policy – task and finish group has commenced. Target completion end of April 2025. 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
Date of response 28.11.2023		

Summary of Regulation 28s by theme:

Date	Brief Summary	Theme
Jan-15	Communication with carers and families	Communication
Jan-15	Knowledge of new pathway	Service design/barriers
Mar-16	Effectiveness of Electronic clinical record	Clinical systems
Mar-16	Concern about risk assessment tool sensitivity to change	Risk assessment
Mar-16	Concern staff lack knowledge of suicide risk factors	Clinical knowledge
Dec-16	Lack of updated risk assessment	Risk assessment
Dec-16	Failure to recognise deterioration and to escalate	Clinical knowledge
Dec-16	Managing patients whose lead professional is not available	Service design/barriers
Dec-16	Lack of effective communication with staff, patients and families	Communication

Dec-16	Lack of access to Home Treatment	Service design/barriers
Jun-19	Sharing information with other agencies	Communication
Oct-19	Poor record keeping	Record keeping
Oct-19	No attempt to contact carers and family	Communication
Oct-19	No onward referrals to appropriate services from inpatient	Service design/barriers
Oct-19	Lack of updated risk assessment	Risk assessment
Oct-19	Practical difficulties leading to barriers to adequate assessment	Service design/barriers
Oct-19	Failure to act on concerns of friends and family	Follow up
Feb-21	Concern with communication with mental health teams and also physical health teams	Communication
May-21	Failure to consider relationship factors in suicide risk	Risk assessment
May-21	Lack of follow up to monitor care plan	Follow up
May-21	No alternatives offered when care plan not implemented	Follow up
May-21	Lack of adequate documentation	Record keeping
May-21	Lack of effective communication with Care Home staff	Communication
May-21	No attempt to contact family	Communication
Oct-23	Lack of follow up for medication change	Follow up
Oct-23	Failure to work with drug and alcohol service	Communication
Sep-24	Lack of access to Crisis Team	Service design/barriers
Sep-24	GP awareness of service criteria	Service design/barriers

In terms of high-level Regulation 28 themes:

Theme	Number
Communication	9
Service design/barriers	7
Follow up	4
Risk assessment	4
Clinical knowledge	2
Record keeping	2
Clinical systems	1

Appendix A - offers information in regard to historical Regulation 28's Prevention of Future Deaths issued to the Trust and responses provided to the coroner. (see attached) appendix A)

4.3 Coroner support team in the Trust

The two Structured Judgement Reviewers have since December 2024 been working two days a week with a solicitor who has been on secondment from Browne Jacobson Law Firm . The secondment completed the first week in February.

This has been in support of the coronial work and to help build up knowledge and understanding of the inquest process for the SJR reviewers now supporting coroners and mortality work.

It is hoped that the work completed during this secondment and with the reviewers currently supporting the coroner and mortality work will be adopted by the Trust .

As part of the Trusts mandatory training half days, two sessions were provided on the 24th January, for all staff to have the opportunity to attend a presentation on focusing on “Coroners Court and Inquests”. This was delivered by the solicitor recently seconded to the Trust and the Structured Judgement Reviewers.

Each of the two sessions offered detailed information relating to the process of a coroners court and what to expect at an inquest. Detail was provided in how to prepare for inquest , including statement and report writing along with the formality of providing evidence to the coroner as a witness. Within the presentation information was shared around the importance of PSII reports , action plans and organisational learning . This being key to how learning is shared across the Trust in the prevention of future deaths.

Appendix B – Structured Judgement Review (SJR) Recovery Plan

Introduction

This paper is designed to summarise the current situation with regards to the SJR backlog including how the backlog arose, what SJRs were used for, briefly what their future role will be within the Trust and the trajectory to recover the SJR backlog.

Situation

There is currently a backlog of 104 deaths awaiting a Structured Judgement Review or SJR. This backlog has arisen due to the Trust SJR reviewers being redeployed into Mortality and Coronial work due to the departure of a member of staff that undertook this portfolio.

The new Patient Safety Incident Response Framework (PSIRF) approach will not routinely require SJRs to be completed for future deaths but will retain the option to complete one if it was felt that this would facilitate learning.

The PSIRFA will not however address the existing backlog of 104 cases that currently remain outstanding to be completed.

Background

The Trust under the current Learning from Deaths policy utilises a mortality screening tool to determine if a SJR is required. If red flags are identified then an SJR will be required or it will be escalated to the Patient Safety team for a PSIRF response.

The current red flags are:

- if the family or carers have expressed a concern about the circumstances of the patient's death
- if staff members have concerns about the circumstances of the patient's death
- death of a mental health inpatient
- discharge from mental health inpatient services in last 1 month
- under the care of the crisis resolution and home treatment service in the 6 months prior to their death
- patient had a diagnosis of Psychosis during the last episode of care (within 6 months)
- eating disorder
- learning disability or autism
- death of a patient under 18

The trust has adapted the Royal College of Psychiatrists Structured Judgement Review (SJR) Tool (2018) which is in itself based on the structured judgement review process developed by the Royal College of Physicians, a process embedded within most acute hospitals in England. It will identify both positive and suboptimal practice.

People require specific training in order to be able to undertake SJRs.

The Chief Executive of the Trust has already indicated that he considers completing the SJR backlog a priority for the Trust and has agreed funding for the resolution of this backlog.

Assessment

It has not been possible to identify staff that are SJR trained that have the capacity to undertake SJR work within their normal rostered hours. This is why the SJR backlog has developed. It has been identified that there are trained staff to complete them who would be willing to complete them during overtime.

The predicted amount of overtime available per week is 20 hours per week. This information has been used to calculate the recovery trajectory set out below:

	Week					
	1	2	3	4	5	6
	03/03/2025	10/03/2025	17/03/2025	24/03/2025	31/03/2025	07/04/2025
Number of SJRs outstanding	104	94	84	74	64	54
Amount of hours available (rostered)	0	0	0	0	0	0
Amount of hours available (overtime)	20	20	20	20	20	20
Predicted to be completed	10	10	10	10	10	10
Predicted to be outstanding	94	84	74	64	54	44
	6	7	8	9	10	11
	07/04/2025	14/04/2025	21/04/2025	28/04/2025	05/05/2025	12/05/2025
Number of SJRs outstanding	54	44	34	24	14	4
Amount of hours available (rostered)	0	0	0	0	0	0
Amount of hours available (overtime)	20	20	20	20	20	10
Predicted to be completed	10	10	10	10	10	5
Predicted to be outstanding	44	34	24	14	4	-1

There are limitations with this methodology. It does not take into account any annual leave that may alter the amount of overtime available and there may also be variation between the amount of time that each SJR takes to complete

Accepting these limitations the trajectory indicates that it should be possible to clear the existing backlog of SJRs awaiting review by mid May 2025.

Recommendations

That the completion of the SJRs be monitored on a weekly basis against the predicted trajectory to determine actual performance against predicted performance

That the Quality Committee take assurance that there is a recovery plan in place for SJRs and that this will be monitored and updates provided to the Quality committee about progress



**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

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

**01 December 2024
to
31 January 2025**

Dr Babur Yusufi
Guardian of Safe Working Hours

February 2025

RDaSH nurturing the
power in our
communities

Executive Summary

This report covers a period of two months from 1 December 2024 to 31 January 2025.

In this report, Guardian of Safe Working Hours (GoSWH) provide details of trainees currently subject to TCS 2016/2019 and information on; exception reporting and current trends, GoSWH's fines and account balance, a summary of key issues discussed at recent Junior Doctors' Forum and areas of concern.

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

A total of 16 exceptions over a period of two months were reported: 13 in Doncaster, 3 in North Lincs and none in Rotherham. This is 9 less than preceding two months. Most Exception Reports were for Contractual Rest Breaches (n=10; all from Doncaster), followed by Working beyond Contracted Hours i.e.1700hrs (n=2; all from North Lincs) and Issues with Support Available during Service Commitments (n=2, all from Doncaster), while 1 each was for Missing Natural Breaks (from North Lincs) and Educational Opportunities (from Doncaster). Among above, were 3 Immediate Safety Concern reports in Doncaster, all relating to breach in 5-hour uninterrupted rest break.

Time-off in Lieu (TOIL) was agreed for all Contractual Rest Breaches while outcome was not mentioned for the two relating to Hours worked beyond 1700hrs. The report for Missing Natural Breaks did not cross the threshold for an action, while those for Missing Educational Opportunities and Issues with Support Available during Service Commitments have resulted in remedial actions in Doncaster.

There are four Resident Doctor / Clinical Supervisor Pairs, who have not processed the ER, with one missing out on three occasions.

Doncaster Rota has been changed to Hybrid Shift / NROC from February 2025.

There were no major gaps in the Rota.

Main topics of discussion in January's JDF and Areas of Concern are (1) Service Changes ;especially Ward Closures and their Impact on Resident Doctors' Work Schedules and Training (2) Issues with Consultant and other Medical Cover in Doncaster; resulting in issues with Quality of Care, increased Workload and Resident Doctors missing on Training activities (3) Challenges for Medical Staffing which interfere with their function and (4) Admin Support for GoSWH.

There are discussions underway, among the stakeholders, to find solutions to the above.

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.

This report covers a period of two months; from 1 December 2024 to 31 January 2025.

In this report, Guardian of Safe Working Hours (GoSWH) provides details of trainees currently subject to TCS 2016/2019 and information on; exception reporting and current trends, GoSWH's fines and account balance, a summary of key issues discussed at recent Junior Doctors' Forum and areas of concern.

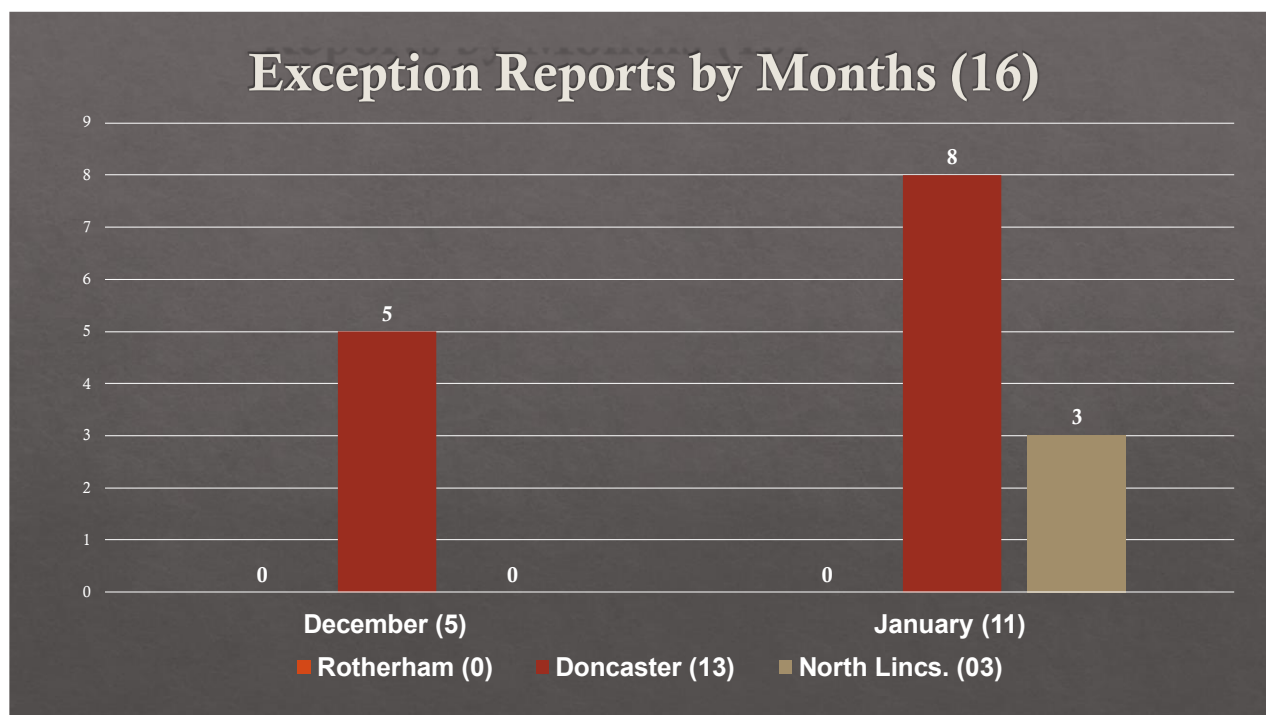
Current RDASH Doctors in Training

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:

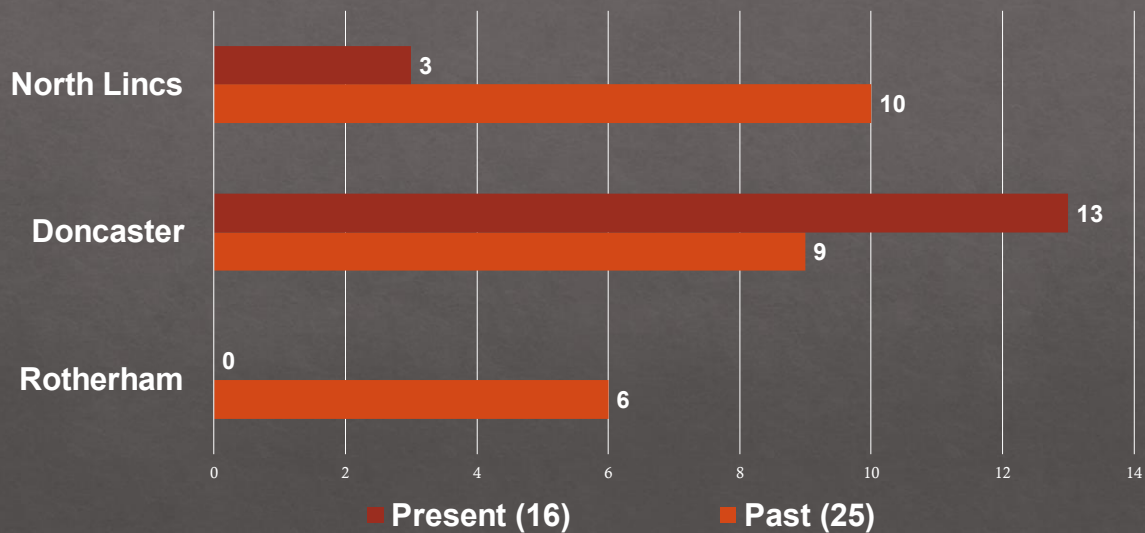
	GP	CT	F2	F1	GPST	HT ST	Total	Vacant
Doncaster	3	3	3	3	1	6	19	0
Rotherham	2	12	3	4	0	8	29	0
North Lincolnshire	3	2	1	4	0	1	11	3
TOTAL	8	17	7	11	1	15	59	3

Exception Reports (ERs)

There was a total of 16 Exceptions reported from 1 December 2024 to 31 January 2025.

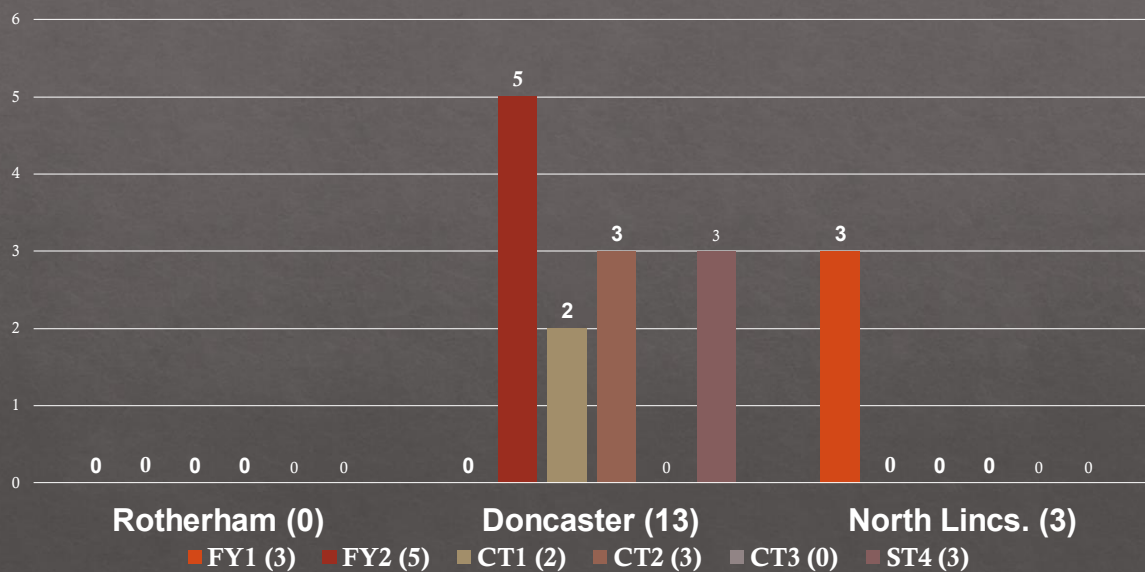


Comparison with ERs in Previous 2 Months



81% of ERs originated from Doncaster (as against 36% in preceding two months) , 19% from North Lincs (as against 40% previously) and none from Rotherham (as against 24% from the two months before), There is an increase in ERs from Doncaster, with a significant reduction in those from North Lincs and Doncaster. Most of the ERs from Doncaster were about the breach in 5 hours rest between 2200hrs and 0700hrs; and with the change to a Hybrid Shift/ Non-resident On-Call System in February, these will not be recorded any more.

Exception Reports By Training Grades



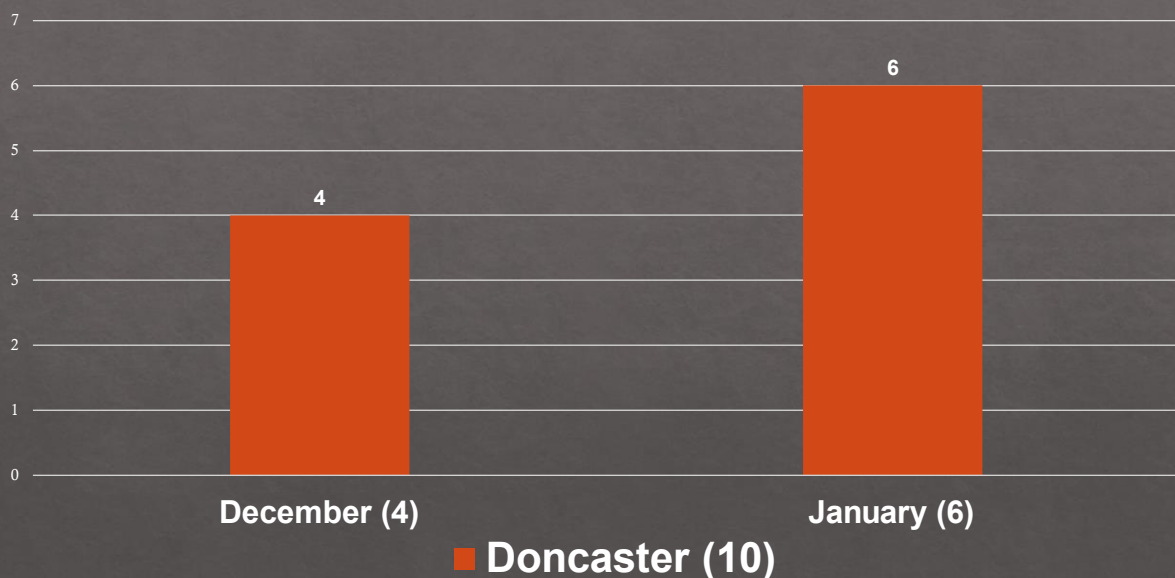
Most ERs were initiated by FY2 (31%), followed by FY1/ CT2/ ST4/ CT (19% each) and CT1 (12%).

Immediate Safety Concern (03)

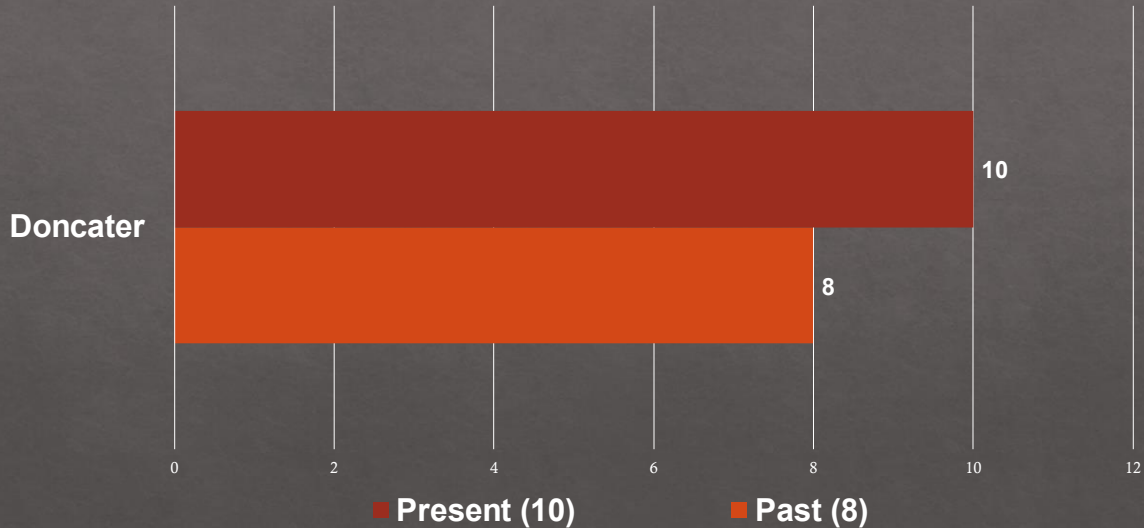
	Rotherham	Doncaster	North Lincs.
December	0	1 - (CT1) 5-Hour Rest Period Breached Outcome: TOIL	0
January	0	2 - (FY2) 5-Hour Rest Period Breached Outcome: TOIL	0

There were three Immediate Safety Concern reports, all from Doncaster. All of these were about breach of 5-hour rest. The doctors involved received Time Off in Lieu (TOIL) on all occasions.

Contractual Rest Breaches (10)



Comparison of Rest Breaches in 2 Months

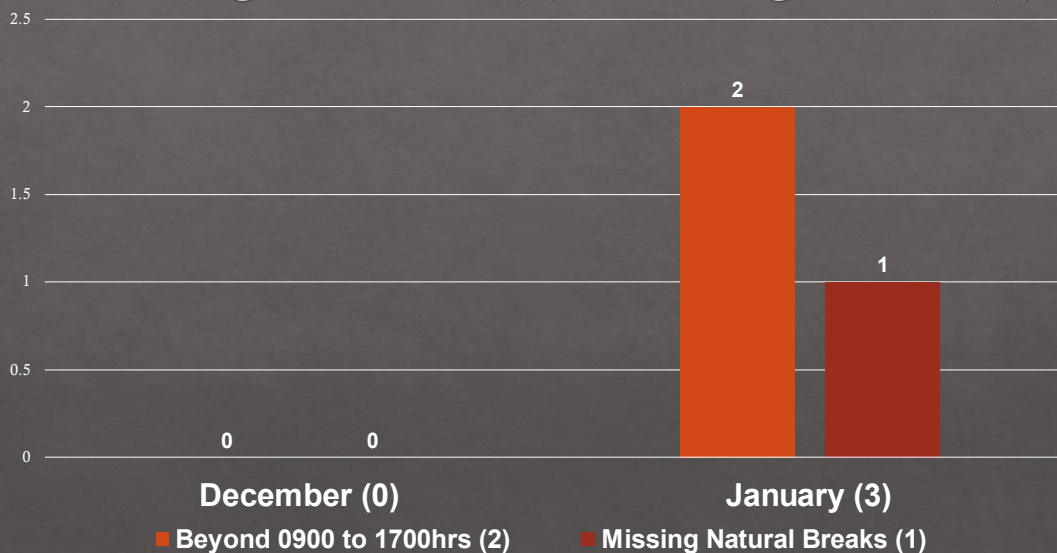


From **August 2024**, **Rotherham and North Lincs.** have implemented a **Hybrid First On-Call Rota**, which is not subject to Contractual Rest Requirements or GoSWH's Fines. The **Second (ST) On-Call Rota**, however, remains **Non-Resident** and subject to Contractual Rest Rules and GoSWH's fines.

Doncaster has continued to operate a **Non-resident First On-Call Rota** till the start of the new CT Rotation in **February 2025**. This has been 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 preceding two months (n = 10 vs n = 8).

Working Overtime (2)/ Missing Breaks (1)



There were 2 reports of a FY1 in Norh Lincs working beyond their contracted working hours i.e. after 1700 hours, by 40 and 30 minutes, respectively. These incidents related to exceptional work arising near 1700hrs and need for continuity of care. .

There was one report of missing a natural break from a FY1 from North Lincs as well.

Exception Reports Outcomes

	ROTHERHAM				DONCASTER				NORTH LINCS.			
	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR
Breach of Rest (10)	X	X	X	X	10	X	X	X	X	X	X	X
Overtime (Regular Working Hours) (2)	X	X	X	X	X	X	X	X	X	X	X	2
Missing Natural Breaks (1)	X	X	X	X	X	X	X	X	X	X	1	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 the documented outcome for all ERs. No outcome was recorded for ERs about working beyond daytime work hours. GoSWH have advised the reporting doctor to discuss them with the Clinical Supervisor and agree on Time Off in Lieu (TOIL) or Payment.

No Action was required for missing one Natural Break, as 25% or more must be missed for the GoSWH to act. Only one report did not cross the threshold for this.

Other Exception Reports (3)

Exception Type	No	Locality	Grade	Circumstances/ Outcome
Missed Educational Opportunity	1	Doncaster	ST4	<p>> 6 Weeks without Clinical Supervision due Annual Leave/ Clinical Workload as no dedicated Cover for the activity.</p> <p><i>To arrange Clinical Supervisions in advance for period of Annual Leave with Covering Consultant/ Consultants and make it a Protected Time Activity</i></p>

There was one ER of Missed Educational Opportunity, where an ST4 could not have Clinical Supervision for more than 6 Weeks due to Consultant's / Resident Doctor's Annual Leaves and Excessive Workload.

Other Exception Reports (3)

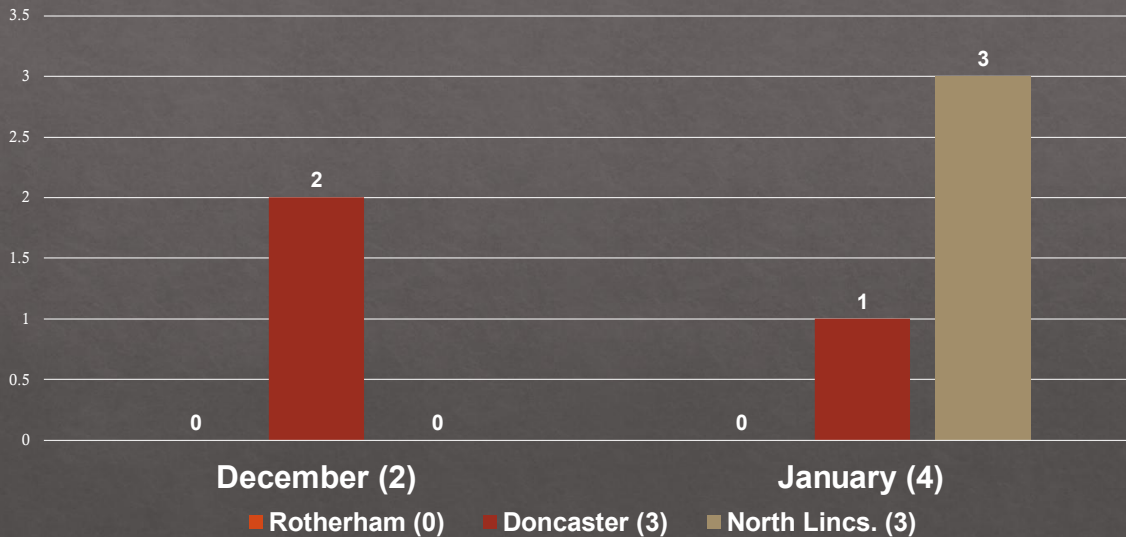
Exception Type	No	Locality	Grade	Circumstances/ Outcome
Issues with Support Available during Service Commitments	2	Doncaster	ST4	<ol style="list-style-type: none"> 1. Lack of regular Consultant cover in PICU X 3 Weeks and Higher Trainee led Care for some Patients - <i>Seek Support for all patients from Covering Consultant/ Consultants.</i> 2. Clinical Workload/ Lack of Resident or Trust Grade Doctors on PICU → unable to attend Special Interest on Thursday – <i>Considering moving having Special Interest Session to Wednesday and mark this as a Protected Time in Work Schedule.</i>

There were two ERs about Issues with Support Available during Service Commitments.

The first one was about the lack of regular Consultant cover (during planned Annual leave) to review all patients on the PICU, for 3 Weeks, which led the Higher Trainee to take charge of the care of some Patients. The Higher Trainee also conducted weekly Ward Rounds for three weeks.

The second one was about the Higher Trainee missing weekly Special Interest Sessions due to excessive Workload and lack of other Medical Support i.e. from other Resident/ Trust Grade Doctors.

Incomplete Exception Reports (06)



There were six ERs which were not properly processed and closed by the Clinical Supervisors and Trainees. This is higher than the last time (37.5% vs 32%).

ERs not Completed (Clinical Supervisors = CS)

	CS "A"	CS "B"	CS "C"	CS "D"
Rotherham	XXX	XXX	XXX	XXX
Doncaster	1	1	1	XXX
North Lincs.	XXX	XXX	XXX	3
Total Number of Un-processed ERs = 6 (Out of 16) (37%)				

There are four Clinical Supervisors, who did not complete Exception Reports, with their Trainees. There is one CS from North Lincs who has not completed three ERs. GoSWH continues to remind Clinical Supervisors 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 were three Immediate Safety Concerns reported, all to do with the mandatory rest breaches. On all occasion, TOIL was availed by the resident doctors.
2. Hybrid Rotas 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 6 On-Calls in Doncaster.
4. Time Off in Lieu (TOIL) was agreed for all Rest Breaches,
5. With change to Hybrid Shift/ Non-Resident On-Call Rota in Doncaster in February 2025, Mandatory Rest Breaches and GoSWH's Fines will no longer be relevant.
6. The Resident Doctor/ Clinical Supervisor have been advised to process two ERs for working beyond 1700hrs, agreeing on TOIL or Payment.
7. There are significant concerns around consultant cover during planned leave, clinical supervision, presence of adequate number of doctors to share workload, Resident Doctors' inability to attend planned training sessions, higher trainee being landed to take charge of care of some patients and overall quality and experience of training in AMHU in Doncaster. Since this has been raised and acknowledged, resolution is awaited.

There were no rota gaps identified.

GoSWH's Fines and Account Balance

WTE Budget	WTE Cont	WTE Cont Variance	WTE Worked	Subjective Code	Subjective Description	Current Month Budget	Current Month Actual	Current Month Variance	Year to date Budget	Year to date Actual	Year to date Variance
0.00	0.00	0.00	0.00	489-9000	OTHER MISCELLANEOUS INCOME	0	0	0	0	-15,904	-15,904
0.00	0.00	0.00	0.00	SUBTOTAL: OTHER OPERATING INCOME		0	0	0	0	-15,904	-15,904
0.00	0.00	0.00	0.00	728-0000	PROVISIONS	0	15,672	15,672	0	15,904	15,904
0.00	0.00	0.00	0.00	SUBTOTAL: OP EXP EXC EMPLOYEE EXPENSES		0	15,672	15,672	0	15,904	15,904
0.00	0.00	0.00	0.00			0	15,672	15,672	0	-0	-0

GoSWH's fine has been applied upon all breaches of Mandatory Rest in Doncaster, for the First On-Call. However, this will change from February 2025, as Doncaster adopt Hybrid Shift/ Non-Resident On-Call Rota, where Mandatory Rest Breaches will not be relevant anymore.

The Second On-Call Rota for Higher Trainees still works as Non-resident On-Call so Mandatory Rest Breaches will continue to attract GoSWH's fines.

While there are £15672 in the account, the avenues to spend it are under discussion in the JDF. Unfortunately, this could not be discussed in the last JDF due to lack of time, it is on agenda for the next one in March.

Junior Doctors Forum (JDF) on Thursday 23 January 2025

1. Locality Feedback

1. North Lincs:

Care Group Director provided a brief on Capital Investment and Refurbishment Works commencing at Great Oaks. Details were provided of consolidating Community Services in a new building in Scunthorpe Town Centre, offering better access and facilities. North Lincs Care Group's bids for the Trust's Investment Fund were highlighted.

During phases three and four work, an on-call doctor's room will be built into Great Oaks. This will improve proximity and access to the inpatient services and will be equipped with better facilities.

It was suggested for the Resident Doctors to be involved in the On-Call Room's design work as it progresses to more detailed stages.

There is a possibility of improving the medical students' room as part of the ongoing developments. This will be considered in the planning stages.

It was highlighted that reconfigurations, particularly the introduction of the Crisis Assessment Centre, will not affect the number of junior doctor posts. The new pathways developed by consultants in and out-of-hospital pathways will involve resident doctor colleagues, but there will be no fundamental change to the way things currently work.

2. Rotherham:

The Care Group Director informed the group that Brambles Ward (Organic) was temporarily closed since the beginning of the year due to the inability to appoint a full-time consultant. This closure is expected to last until April, with ongoing discussions at the Trust and director level to determine the future configuration of Older People's beds across the Trust.

It was mentioned that trainee doctors had been initially moved to Glade Ward (Functional), but the long-term plan for Brambles Ward is still under consideration

Concerns were raised by the Group members, about the impact of Brambles Ward closure on achieving training competencies related to inpatient placements in an Organic/ Dementia Ward. This has affected seven trainees, requiring compensatory arrangements to meet their training needs. Efforts are being made to address these issues, including DPGME's meeting with the Associate Dean for Quality, Workforce, Training and Education, Yorkshire and Humber, to discuss formal concerns about training at RDaSH. Contractual obligations with the Training Scheme and the Financial consequences of failing to meet training requirements, were also discussed, with consideration of the risk of losing Training Posts if the issues are not addressed. The importance of high-quality training to avoid long-term reputational damage, was also stressed upon.

Lack of timely consultation with the Director Postgraduate Medical Education, well in advance of closures of Brambles, Goldcrest, and Emerald wards, was highlighted a significant impediment to Postgraduate Training.

The need for better change management practices, incorporating doctors' input in planning and decision-making, was emphasized. There is a call for more effective communication and involvement of junior doctors and consultants in changes affecting their Work Schedules and Training.

Care Group Director took this on board and acknowledged the need of proper consultation with the stakeholders before any service-related changes affecting Resident Doctors' Work Schedules, Training and Experience.

GoSWH wondered if an Impact Assessment and Risk RAG rating should have been conducted when these changes were first considered and this discussed with the Stake Holders.

Care Group Director further advised Rotherham had submitted an investment bid to enhance resources for Crisis and Home Treatment teams, aiming to support more older people at home.

Dr Das will step down as the Care Group Medical Director from the 1st of April and Dr Hendry will take on the role on an interim basis until a permanent appointment is made. However, since the meeting, it has come to fore that Dr Hendry will not be stepping in, anymore.

GoSWH further asked to check whether the Training element was listed as a separate Risk on the Trust Risk Register.

All attendees agreed that the most important goal is to secure engagement from the Senior Leadership Team. Importance of involving Community Teams in change related discussions was also stressed upon, as the impact on Training is also felt in the Community and not only on Ward based doctors.

The actions agreed were.

- Resident Doctors to submit Exception Reports for Missed Educational Opportunities and Issues with Support Available during Service Commitments. The ERs to be discussed with Clinical Supervisors for corrective measures. If a pattern emerges from recurrent reporting, GoSWH to intervene, by raising it with the Senior Management Team and Trust Board.
- For the Senior Management Team to include Community Teams and Consultants, in discussion around the Impact on Training due to Service Changes.
- DPGME to continue monitoring the situation and link up with Resident Doctors, Consultants, Care Group Directors, Senior Management Team and Workforce, Training and Education Yorkshire and Humber to find solutions. Impact on Resident Doctors' Work Schedules/ Contracts to be evaluated and managed.

3. Doncaster:

The ST4 Higher Trainees' Rep from Doncaster brought up Resident Doctors' concerns about Clinical Cover, Clinical Supervision, and Support.

Increase in concerns has been noticed recently; mostly during absence of permanent Consultants, due to Annual Leave etc and lack of adequate Cross Cover for their routine work, i.e. designated cover has only been available for new admissions, emergencies, and Mental Health Act work and not regular reviews of all patients.

Details are as follows.

Trainees reported periods where Acute Wards were covered by FY1 or FY2 Doctors, with consultants only providing input upon request. This led to situations where new admissions were not seen by a consultant for up to three weeks, but other patients went without a consultant review for around a month. This raised concerns about extended patient stays due to a lack of regular senior input. Lack of regular reviews had resulted in a backlog of patients needing reviews.

It was noted that Christmas period was particularly challenging due to consultant leave, resulting in extended periods where wards were led by CT doctors with SAS input.

Following actions were agreed.

- DPGME highlighted the need to address the deficit in consultant time through Job Planning and ensuring that consultants provide regular reviews.
- GoSWH advised the Resident Doctors to raise ERs for Missed Educational Opportunities and Issues with Support Available during Service; including inadequate consultant cover.
- Resident Doctors to email Care Group Directors about any anticipated issues that may impact their Quality of Care, Patient Safety, Clinical Work and Training due to lack of Consultant or Cross Cover, with copies to DPGME and GoSWH

2. Medical Staffing Feedback

Jeanette Marvin informed the Group of her role as Head of Human Resources (Medical Staffing, Employee Relations and E-Roster), which comes out of a combination to HR and Medical Staffing Teams.

She provided an update on taking over Duncan Marr's role. She was in the induction phase, working to understand outstanding tasks and what needed to be addressed and would provide further updates as progress is made.

Medical Staffing Team highlighted that they were aiming to finalise Doncaster Hybrid Shift/ Non-Resident On-Call Rota by the time Rota Changes in February.

Areas of Concerns:

1. Service Changes and Impact on Resident Doctors' Work Schedules and Training

Services changes such as Closure of Wards and Service Reconfiguration have a significant impact on the Resident Doctors' Contract, Work Schedules and Training and such changes without prior consultation and planning have led to significant concerns and risks mentioned above.

There remain risks, around retention of training posts and the reputation of the Trust as a training institution, if the impact of any change is not carefully thought through and untoward consequences mitigated.

Therefore, there is a need for thorough consultation with relevant stake holders and impact assessment during the change management process.

2. Consultant and other Medical Cover in Doncaster

Lack of substantial Consultant Cross Cover (and not only an emergency one), during an inpatient Consultants' absence, in Doncaster, has not only been raised as a major concern, affecting Resident Doctors' Workloads, Clinical Practice and Training, but also the Quality Care provided to the patients. The covering Consultants have made themselves available to review of the new patients, and those requiring urgent attention or Mental Health Act reviews, however other patients have not been reviewed by the Responsible Clinician over prolonged periods. These patients were solely reviewed by the Resident / SAS Doctors.

Vacant posts in the fresh rotation and a doctor not choosing to perform certain duties like seclusion review due to health-related reasons, are likely to increase workloads for the other Resident Doctors in the service. Cross-cover arrangements for the Resident Doctors' absence have to be watertight so no doctor is landed with excessive workload.

Latest Update from Care Group Medical Director:

Care Group Medical Director has provided assurance to GoSWH by implementing the following.

- a. When the substantive consultant in AMHU in Doncaster leaves the post, Care Group Medical Director will move to Doncaster to take up their post, in April. They, along with two Locum Consultants will provide effective leadership and clinical input to the service.
- b. A new full Working Time Equivalent (WTE) i.e. 10PA SAS doctor job has been created for AMHU and advertised and one of the doctors has shown a keen interest in it. It is hoped this the new postholder will start in April.
- c. There will be three full WTE SAS/ Trust Grade Doctor on the three wards, with 2 X FY1 and 1 X GPVTS Trainees in the Service, along with 2 X full WTE NMP/ Advance Clinical Nurse Practitioner and 2 X 0.5WTE Nurse Consultants. The service will be managed by 2.6 WTE Consultant Psychiatrists.

Therefore, adequate and appropriately skilled workforce will be available to support the trainees.

- d. It will be ensured that Consultants Cross Covering for their absent colleagues, will ensure that all patients on the ward are reviewed by them through a pre-agreed schedule, and they are available to offer if the Resident Doctors need one.
- e. All measures will be take to ensure that all Resident Doctors have weekly supervision.

The Care Group Medical Director has also highlighted they have set up a process through which the Resident Doctors can escalate any concerns to the managers, as soon as they occur.

GoSWH feel that the above measures are vey likely to address Resident Doctors' concerns and will keep an eye on the situation.

3. Reconfiguration of Medical Staffing - Challenges

Medical Staffing have had a major reconfiguration over months, with abolishment of Medical Directorate and Medical Education Manager role and creation of Head of Human Resources (Medical Staffing, Employee Relations and E-Roster) post; with the new postholder taking up the functions and responsibilities of the previous one.

Jeanette Marvin has recently been appointed to the new position.

While Medical Staffing have handled GoSWH fines very well, some challenges and difficulties, mostly to do with Contracts, Rotas and Pay have emerged over a period of months. Examples are

1. Agreements for Local Hybrid Shift/ NROC On-Call Rota in Rotherham and North Lincs, which should have been signed off before the implementation, in August 2024, were not completed. They are still waiting to be signed off.
2. Similarly, Local Hybrid Shift/ NROC On-Call Rota agreement for Doncaster, which should have been completed before start in February 2025, has not been signed off as yet. This led to a confusion if the Twilight On-Call Shift in Doncaster is to be worked as Resident or Non-Resident
3. It has taken longer than expected for the First On-Call Doctors to receive backpay, and reminders were sent over time to get the resolution.
4. There has also been some lack of clarity about the payment for Twilight Shifts.

Medical Staffing should also take full responsibility in On-Call monitoring, which in the past was heavily reliant on the Junior Doctors' Reps.

Dr Simon Mullins, JLNC Chair, has very kindly offered to support and steer the process of completion and signing off the Local Agreements, for the three localities.

However, expectation is for the new post holder to take up all HR related functions to do with the Resident Doctors' Contract, Work Schedules, Rotas and Rostering (including On-Call Monitoring) and Payments and Salaries, to provide efficient and effective outcomes.

4. Admin Support for 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 February 2025