THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Improving Safety Out of Hours

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FORWARD

Over recent years the challenges facing modern healthcare teams have become increasingly apparent; this issue has been brought into sharper focus with the COVID-19 pandemic. The importance of ensuring the wellbeing of all team members is more important than ever. Healthcare workers are clearly at increased risk of developing severe stress; burnout amongst trainees and trainers is an ever-present risk, with the rate at which doctors are leaving the profession at an all-time high.

The Patient Safety Group of the College fully endorse the human factors principles of safety laid out in the Chartered Institute of Ergonomics and Human Factors (CHIEHF) recent white paper on health and social care. Care should be systems focused, design led and work to improve systems performance as well as the well-being of patients and staff. A healthy, happy and supported workforce provides better patient care; it is well recognized that staff well-being is closely linked with patient safety. It is therefore imperative that the well-being of the medical workforce should be a clear priority for all involved in improving the safety of healthcare.

A key area in which we can improve well-being for surgical teams is in out of hours working. This area of practice poses many specific challenges to the surgical trainee in particular. Appropriate support systems underpinning clinical practice and appropriate workplace culture are vital to improve patient safety out of hours.

The Trainees' Committee of the College recognized this area of need and sought the opinion of non-consultant hospital doctors regarding the challenges that they faced when attempting to deliver optimal out of hours care and their aspirations for best practice. I am extremely grateful to all those who took part in the survey. It is particularly encouraging to note that many of those who gave their views highlighted areas of good practice. The findings of this survey formed the basis of this report which lays out recommendations for improvement as well as examples of good practice in five key areas: electronic systems, clinical supervision, training, staffing and facilities.

The Royal College of Surgeons of Edinburgh is committed to ensuring out of hours patient safety and trainee well-being. While is in heartening to see that examples of good practice do exist, it is clear that trainees are still experiencing a number of issues which compromize patient safety and do not adequately protect trainees. The recommendations within this report should be implemented to ensure that these threats are mitigated and should be regarded as the minimum standard for hospitals with training roles.

The College looks forward to collaborating with all interested parties to create an out of hours working environment in which the well-being of the surgical trainee, along with that of the wider surgical team, is prioritized allowing them to deliver the best possible care for their patients.

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IMPROVING SAFETY OUT OF HOURS

The provision of out of hours care is increasingly difficult. Patient expectations are rising. Furthermore, they may present older, with more co-morbidity and polypharmacy, and in greater number than during previous years. To add to this complexity, non-consultant hospital doctors' working patterns changed significantly in the wake of the Calman reforms, the New Deal and the European Working Time Directive (EWTD). These policies led to shift-based work patterns and decreased continuity of care. In addition, the centralisation of services, working within 'hub and spoke' models, often requires surgeons to cover multiple sites out of hours, and to recommend remote management plans for patients in other hospitals. In that context it is vital that the support systems that underpin clinical practice, such as information technology, communication, and electronic imaging and record systems are optimised, to reduce the risk of clinical error and to protect both patient and surgeon.

SURVEY RESULTS

In 2019 RCSEd carried out a survey which evidenced the extent of non-consultant hospital doctors' concerns about different aspects of their ability to deliver out of hours care (OOH). Respondents were also asked to give examples or aspirations of best practice.

This report uses this survey data and examples of best practice to provide a proactive guideline to support trainee surgeons.

The survey found that there were five key areas requiring improvement for non-consultant hospital doctors when working OOH, specifically:

a) electronic systems;
b) supervision;
c) training;
d) staffing;
e) facilities.

This document considers the results of the survey to make recommendations on best practice that will support non-consultant hospital doctors and protect patients out of hours.

ELECTRONIC SYSTEMS

The increasingly centralised 'hub and spoke' models of care, particularly in smaller surgical specialties, has relied upon non-consultant hospital doctors being required to give patient management advice over the phone, without the benefit of bedside clinical assessment. RCSEd survey data shows that surgeons are often unable to view imaging, pathology results and other information that may influence patient care. Commonly, there is no formal documentation system for surgeons to record these conversations, with only the referring clinician able to document the conversation. Two thirds of the survey participants providing remote consultation were dissatisfied with the systems available to them. The clinical and medicolegal consequences may be profound, with patients and clinicians exposed to significant risk.

Some OOH models require trainee surgeons to cover more than one hospital. The data shows that 75% of those with this working practice did not have formal access with ID badge and security access to clinical areas in the hospitals they were visiting given at induction, nor did they have adequate training to use local IT systems that may differ from those in their base hospital. In addition to IT systems, surgeons were also reliant on their own mobile phone to communicate during OOH, but half of survey participants reported adverse clinical incidents related to a lack of signal or absent Wi-Fi coverage. Though commercially available medical communication applications are available, care needs to be taken to ensure NHS data protection guidance is followed.

Examples of Good Practice

- Formal online documentation systems are widely used throughout the UK for remote consultation.
- PACS is integrated nationally throughout Scotland so clinicians can see any patient imaging across the country.
- Communication applications are used in multiple hospitals with the ability to create teams out of hours and send patient information securely.
- Centralised employment information is used in Yorkshire hospitals to enable easier rotation between hospitals and more efficient induction access to systems.
- Standardised systems throughout regions with multi-site working enables patient information to be shared.

Recommendations for Improvement

- All centres receiving outside referrals should have a formal documentation system integrated to the patient record.
- Imaging should be immediately available to all clinicians working within referral pathways.
- Communication systems should be efficient, available throughout the site and designed to both prioritise patient safety and preserve confidentiality.
- Non-consultant hospital doctors must have access to all systems and sites necessary to undertake safe out of hours work at the start of their placement.

CLINICAL SUPERVISION

By its nature, OOH clinical supervision can be more difficult to define than 'in hours' supervision. The required level of supervision should be assessed by the trainer, as they establish the experience and ability of their junior colleagues. Importantly, all members of the OOH team should be able to identify their team members at all times, to avoid confusion. This demands adequate rota distribution, including to locum team members. Trainees must also have clear pathways to raise concerns if their supervision is not adequate.

Examples of Good Practice

- The Cappuccini audit tool has been developed in anaesthetic practice to assess access to supervisors and their understanding of the trainee's abilities.
- Rotations limited to minimum of one year as recommended in the Shape of Training report to ensure familiarity between teams.

Recommendations for improvement

- Rota distribution is electronic, details all team members with accurate contact information, and is accessible outside the hospital.
- Supervisors must be immediately contactable at all times.
- Supervisors must be familiar with the competence of their trainee team members.

TRAINING

Training for out of hours working occurs both in and out of hours. Cross covering specialties is common, particularly during the early years of training. To preserve patient safety and to protect trainees it is vital that they are given adequate training in the management of common cross-specialty conditions at their placement induction. Any induction should also include instruction on how to use local IT and other support systems. Skills gained during out of hours training are essential for progression to consultancy and ensuring patient safety.

Examples of Good Practice

- A multiple day induction for core surgical training covering all cross covered specialities.
- Feedback on rotations collected is every six months.

Recommendations for Improvement

- Induction covers all mandatory training, particularly the use of local IT systems.
- Departmental induction should be undertaken in all specialties cross covered prior to out of hours working.
- Supervisors and trainees should be clear on their training requirements out of hours.

STAFFING

RCSEd survey data shows that understaffing is widely perceived to compromise OOH care and place more demands on existing staff. Specialist nurses, physician associates, other allied health professionals and hospital at night programmes may be deployed to spread the work load. Exception reporting is integral to identify issues with intensity and extended working hours.

Examples of Good Practice

- The Guardian of Safe Working attends induction to encourage exception reporting.
- Advanced nurse practitioners overnight to assist with jobs.
- Systems overnight that allow sharing of jobs with the ability to divert jobs when on a break.

Recommendations for Improvement

- Fully staffed rotas to allow staff to take required breaks with an acceptable intensity of work.
- Allied health professionals utilised to support rotas out of hours.
- All junior doctors should be provided with the contact details of their Guardian of Safe Working (or equivalent responsible officer for safe working hours) at induction.

FACILITIES

Lack of rest and sustenance during demanding out of hours shifts not only affects clinician wellbeing but also patient safety. Decision making is impaired during lack of rest. Promisingly, multiple groups are working on improving facilities. Significantly, questions on food and rest facilities out of hours were included in the GMC survey for the first-time in 2019. After many years of a reduction in the number of hospital messes, more recently the idea of the mess has been brought back into fashion, with the government pledging at least £30,000 for each hospital to install rest areas in March 2018. Regarding shifts ending outside of daylight hours, doctors must feel safe accessing the car park. Those who are non-resident on call must be able to safely park at unsociable hours and get into the hospital as quickly as possible.

Examples of Good Practice

- Use of BMA money to make an easily accessible mess with private rooms and access to hot food.
- Parking spaces specifically opened for late shift employees from 5pm.
- Parking spaces for on call doctors available close to hospital entrances.

Recommendations for Improvement

- All hospitals must provide easily accessible hot food taking into account dietary requirements 24 hours a day 7 days a week.
- All hospitals must provide private, quiet, rest facilities for all grades of doctor working out of hours which must be easily accessible and close to bathroom and kitchen facilities.
- All hospitals must provide easily accessible, well lit, safe, car parking for all doctors working out of hours including non-resident on call.

SUMMARY

The Royal College of Surgeons of Edinburgh is committed to ensuring out of hours patient safety and junior doctor wellbeing. Examples of good practice exist but doctors are still experiencing a number of issues OOH which compromise patient safety and do not adequately protect trainees. The recommendations within this report are necessary to ensure these threats are mitigated and should be considered the minimum standard for hospitals with training roles.

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