OUT OF HOURS

Room for improvement

Beth Lineham summarises the RCSEd's report on safety out of hours, highlighting existing good practice and what could be better

In 2019 RCSEd carried out a member survey exploring experiences of working out of hours (OOH). The results of the survey were reported in *The Surgeon* and outlined in an article in *Surgeons' News* (December 2019, p42). The results highlighted multiple areas for improvement and indicated many members did not feel they had enough information on appropriate standards for OOH working. A new RCSEd report, *Improving Safety Out of Hours*, is summarised below and covers five key areas that were identified in the survey as requiring improvement: electronic systems, supervision, training, staffing and facilities.

Beth Lineham
Member of the Trainees' Committee and its representative to the BMA and Patient Safety Group

ELECTRONIC SYSTEMS

Electronic systems are relied upon for many aspects of OOH working. Survey data demonstrated multiple areas for improvement, particularly regarding communication systems, tertiary referrals and multi-site working.

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 multiple areas 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

- 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 OOH work at the start of their placement.

CLINICAL SUPERVISION

By its nature, OOH 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

Examples of good practice

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

Recommendations

- Rota distribution should be electronic, detail all team members with accurate contact information, and be 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

Skills gained in OOH training are essential for progression to consultancy and to ensure patient safety.

Examples of good practice

- Feedback on rotations collected is every six months.

- A multiple day induction for core surgical training on all cross-covered specialties.

Recommendations

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

STAFFING

RCSEd survey data show that understaffing is widely perceived to compromise OOH care and place more demands on existing staff.

Examples of good practice

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

Recommendations

- 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) at induction.

FACILITIES

Lack of rest and sustenance during demanding OOH shifts affects clinician wellbeing and patient safety. Decision-making is impaired when clinicians haven't had enough rest and sustenence.

Examples of good practice

- Use of BMA money to make an 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

- All hospitals should provide easily accessible hot food taking into account dietary requirements 24 hours a day, seven days a week.

Easy access to supervisors at all times is just one of the many recommendations in the *Improving Safety Out of Hours* report

- All hospitals must provide private, quiet rest facilities for all grades of doctor working OOH, which must be easy to access and close to bathroom and kitchen facilities.
- All hospitals must provide accessible, well lit, safe car parking for all doctors working OOH including doctors who are non-resident and on-call.

SUMMARY

The RCSEd is committed to ensuring patient safety OOH and the wellbeing of junior doctors. Examples of good practice exist but doctors are still experiencing issues OOH, which compromise patient safety and do not adequately protect trainees. The recommendations within this report are necessary to mitigate these threats and should be considered the minimum standard for hospitals with training roles.

We hope this report raises expectations by showing what is already in place. We also hope it empowers junior doctors to speak out about shortfalls in their hospitals and to recognise what is working well.

For the full report, see **www.rcsed.ac.uk/media/682263/out-of-hours-doc.pdf**