

Escalation of medical staffing concerns in Leeds Children's Hospital

1. Pre-emptive management of gaps

Medical rota gaps are recognised in advance and shifts are advertised internally and externally for cover via department of medical deployment

2. Medical handovers: 0830, afternoon and evening

Discuss management of medical rota gaps as part of safety briefing which should include review of medical deployment rota sheet for the week (produced on Mondays to cover 2 week period and provided at handover by MD. Discussion to be led jointly by on call HST for general paediatrics and specialities supported by consultants present Briefly note previous night concerns
Assess current day gaps and consequent patient risk on basis of patient numbers and staffing across the Children's Hospital
Decide transfer of medical resource within hospital if required
Issues needing resolution to be discussed with relevant consultant rota organiser

General Paediatrics : Dr. Avanish Tantry, Paediatric Specialities : Dr. Pallavi Yadav,
Surgery : Mr. Ian Sugarman, PICU : Dr. Ramesh Kumar,
Neonates Dr. Lawrence Miall and Dr. Kathryn Johnson
Escalate to Mike Richards, CD if needed

Paediatric Speciality HST on call to phone and e-mail department for medical deployment with details of transfer of medical resource if needed.

Medical deployment to e-mail all consultants on call each morning if there is a gap on the rotas with details of transfer of medical resource if needed.

3. Action in response to immediate workforce concerns as they arise

Action during working hours

Any safety concerns felt by any doctor should be escalated to senior doctors including consultant on call

Action out of hours

General paediatrics, paediatric surgery, PICU, neonates

Escalate to senior doctors, initially HST on call, who should call consultant on call unless fully able to resolve safety issues. Discuss workforce deployment at midnight CAT board round which should be attended by both HSTs and all available LSTs across H@N team

Medical specialities

Escalate to senior doctors, initially HST on call, who should assess risk and potential solutions. Unless fully able to resolve safety issues, HST to telephone consultant on call. As there are a number of consultants on call HST will need to assess where patient concerns are greatest and contact relevant speciality consultant on call for advice and possible attendance.

4. Following day

Discuss events at 0830 medical handover

Complete exception report ticking "safety concern raised with consultant" box, if there has also been a breach in planned working hours or natural breaks were not achieved.

Alternatively, if there has been no breach of planned working hours and you managed to achieve natural breaks during your shift, you are advised to fill out a DATIX form addressing it to Clinical Director, Dr Mike Richards.

Mike Richards, Clinical Director, Leeds Children's Hospital 10/10/17