**Project Initiation Document**

**Junior Doctors On-call Accommodation**

**Purpose:**

Provides a firm foundation for the proposed project, clearly defining the desired outcomes and project objectives proposed to achieve those outcomes.

# Background & Rationale

In March 2018, the BMA published the Fatigue and Facilities charter, which outlines simple steps that can be taken to improve facilities and reduce fatigue, so junior doctors can safely, effectively and efficiently care for your patients.

Junior doctors are meeting increasing demands in an overstretched health service; working more intense hours, routinely missing breaks and dealing with inadequate rest facilities. The BMA model Fatigue and Facilities charter includes recommended best practice and, while not mandatory, can be used to support an awareness campaign on good sleep practices.

HEE have since given the trust £60 000 to improve the on call facilities for junior doctors on this site.

Current Facilities:

On-call facilities on the Trust grounds:

There are currently 9 rooms for doctors that are on call; these are based in Victoria drive.

\*Map to show location\*

3 rooms are allocated to Paediatrics, Orthopaedics and Plastics. 6 rooms are open to use, and are booked out in advance by doctors that are on call. On-call is when you are required by the employer to be available to return to work within 20 minutes or to give advice by telephone but are not normally expected to be working on site for the whole period. Rooms will be available to doctors that will be unable to reach the Trust within 20 minutes of being contacted.

These rooms can be booked out free of charge if you are on call or if post night shift you do not feel safe enough to drive home you can use the room to rest for a couple of hours before travelling home. If you are between night shifts you are able to have a longer rest in the room before coming back to the Trust for your next night shift (Check with accommodation?). These rooms are also available to be hired out for personal use.

Night shift provision within SDH North:

2 Anaesthetics

1 Paediatrics

2 Obs and Gynae

Rest room that is used by the night team also on the orthopaedic corridor consists of 2 outdated recliner chairs, a kitchen area and a large desk taking up space in the room with 2 computers.

# Terms of Reference

A project management team (PMT) will be established for this project using PRINCE2 based project management methodology. This Priject Initiation Document (PID) details the scope, objectives, benefits and risks associated with the project. The PMT will develop and implementation plan that describes how the project objectives are to be achieved and against which progress will be managed. We will set up a project team with a number of individuals that have investment in the project,

Junior Doctors,

Accommodation,

Guardian for Safe Working Hours,

Estates and Project Support

Hospital at night representative

Cleaning team representative

# Desired outcomes

The development, improvement or utilisation of two areas:

Common Room:

* Easily accessible for all junior doctors with appropriate rest areas 24 hours a day, seven days a week, allowing staff to nap during breaks.
* Ensure nap/rest areas are separate from food preparation or routine break areas, and that the mess is not used for organised shift handovers or other clinical work – it should be an area of rest and not a clinical environment.
* Provide these areas on site for staff (not necessarily exclusively junior doctors and could be shared with other departments), wherever is most appropriate:
  + lounge (with power points, telephone connection and TV aerial)
  + office/study area (with power points, telephone connection and internet access)
  + kitchen (with sink, hotplate, microwave, toaster, fridge, freezer, kettle, coffee machine and supply of tea, coffee, milk and bread and food storage)
  + changing facilities and showers
  + storage area including lockers for doctors
* Make hot food available if the canteen is closed, through a supply of microwave meals or a similar arrangement. Supplies should be sufficient for all staff on duty, readily accessible to doctors in training, and regularly restocked. Offer card payment or change machines where necessary.
* The common area would be best for all junior doctors overnight rather than having separate facilities.
* Ideally north of the link bridge

Sleep area:

* On call facilities in the accommodation on the hospital grounds to be easily accessible to the hospital.
* Rooms to be available for members of staff to rest post night shift if they do not feel comfortable travelling home. If you are between night shifts that room should be available to you to sleep before coming back to the trust for their next shift.
* The charter sets out: Make sleep facilities available free of charge for all staff who are rostered or voluntarily resident on-call at night. An individual room should be provided, with:
  + a bed, of good quality, with linen changes every three days and for every new occupant
  + an independently controlled source of heating
  + towels, changed daily and for every new occupant
  + a telephone with access to hospital switchboard
  + electrical power points
  + Adequate sound- and light-proofing to allow good quality sleep day and night.
* On top of what is already available the Trust is looking to fund resting facilities for the following:
  + 2 for ED
  + 2 for medicine
  + 2 for surgery
  + 1 more for Paediatrics
* Ideally north of the link bridge, they do not need to be co-located.
* Needs to be accessible for use from 8pm – 8am

# Proposed benefits

Doctors (and other clinical staff) are at an increased risk of fatigue because they routinely, and are increasingly, working long hours, and exposed to excessive and high intensity workloads.

We would be improving our facilities so that the Trust meets the BMA fatigue and facilities charter, ensuring that junior doctors can effectively and efficiently deliver care for our patients.

* An improved staff environment, so improving staff morale
* Safer care for patients as their JDs have an area to rest

It has been proved that providing staff with facilities to rest or nap during a night shift improves safety, it makes the doctor safer to work and reduces the number of accidents made during a night shift. By providing appropriate spaces for junior doctors to rest and nap during breaks on night shift we can improve staff and patient safety.

<https://www.bmj.com/content/355/bmj.i6255> - would be good to see the whole article- BMJ account needed.

# Scope

The scope of this project includes development of the two main areas to provide better on call facilities for junior doctors, the common room and sleep area. This may cross over and include the current doctors mess and use of its estate. The scope of this project does not include the improvement of facilities in the mess itself as this is a paid function that Junior Doctors sign up to.

# Project Plan

|  |  |  |
| --- | --- | --- |
| **Key Milestone** | **Delivery Date** | **Responsible** |
| Develop the case for need, meet with the junior doctors working group and discuss criteria for options. Develop PID | Sept 19 | HC |
| Develop a project team and develop a full list of options and CSF’s | Sept 19 | HC |
| Take options to the junior doctors forum | Oct 19 | JB |
| Develop a programme of work | Oct 19 | HC |
| Manage the programme of works through the estates department. | Subject to above | HC |

# Costs

Currently the trust has £60,000 allocated to this project,

# Risks

Before each project stage a review of the specific project risks will be undertaken. The key risks identified at project at project initiation stage are highlighted below:

* Access to funding
* Finding suitable accommodation for these areas within SDH north.
* Disruption to the hospital site during the development of this accommodation
* Unable to meet all the needs set out by the charter at this stage.

# Communications

Main stakeholders are the Junior Doctors in this project. The PMT will present the initial options through the junior doctor’s forum arranged for 1st October 2019. Decisions on how we spend this money will need to be approved by the junior doctor’s forum.

Are there any other governance routes this will need to go through?