

LEP Action Plan to Deanery Visit Report

All final reports including the Trust action plan will be sent to the Director of Medical Education and copied to the Chief Executive Officer, Medical Director, RQIA, HSC Board, DHSSPS. Final reports and action plans with names redacted will be published on the NIMDTA website. These reports will be used to inform GMC of both good practice and areas of concern through the Dean's Report.

Local Education Provider (LEP) Visited	Causeway Hospital, Northern Trust	Factual Accuracy Report (15 working days to respond)	Date Issued: 17 April 2018 Date Trust Response Received: 10 May 2018
Specialty Visited	General Medicine	Interim Report and Action Plan Timeline	Date Issued: 16 May 2018 (For Response by: 7 June 2018) Date Trust Response Received: 04 June 2018 Date Reviewed at QM: 09 July 2018 Date QM Updated Action Plan Issued: 20 July 2018 Action Plan Update Deadlines: <u>30 September 2018</u> Date Trust Response Received: Date Reviewed at QM:
Type of Visit	Enhanced Monitoring Re-visit		
Trust Officers with Postgraduate Medical Education & Training Responsibility	Mr Seamus O'Reilly, Medical Director Dr Kate Scott, Interim Director of Medical Education Dr Wendy Anderson, Divisional Medical Director		
Date of Visit	22 March 2018		
QMG Grading Decision & Date	Red x 7 Amber x 2 Green x 4 09 July 2018	Final Report & Action Plan	Date Final Action Plan Issued: Date Final Report Uploaded to Website: Final Report Sent to: Mr O'Reilly, Dr Scott & Dr Anderson Date Final Report Sent: 20 July 2018

Visit Team Findings against GMC Standards for Training									
	Educational and/or Clinical Governance	Area for Improvement / Area of Concern / Area of Significant Concern (at the time of the visit)	Areas Identified by Visit Team:	Trust Action Plan: Please consider the following questions when providing a Trust action plan response: 1. What has been done to date? 2. What are you planning to do? 3. When will these plans be in place?	Lead and Involved Individuals:	Date to be completed by:	QMG Comment	Risk Rating	Status
1	Educational and Clinical Governance	Area of Significant Concern	Undermining. X	The clinical director has addressed this with the individual and all temporary and permanent staff are reminded that this is not appropriate	Fergal Dunn	Completed	The Deanery QM group acknowledge and accept the action provided.	Low Impact / Low Likelihood	Stage 5

2	Educational and Clinical Governance	Area of Significant Concern	Trainee Safety and Support. We were told that one F2 trainee carried out an ambulance transfer of a renal patient, having been asked by a locum consultant to do this. All staff must be reminded that F2 trainees must not do ambulance transfers.	The clinical director has addressed this with the individual and all temporary and permanent staff are reminded that this is not appropriate	Fergal Dunn	Completed	The Deanery QM group acknowledge and accept the action provided.	Low Impact / Low Likelihood	Stage 5
3	Educational Governance	Area of Significant Concern	Practical Experience. Core medical trainees do not get enough exposure to outpatient clinics. This is a mandatory part of their training and must be rectified immediately; otherwise it could bring into question the suitability of the CMT posting to Causeway Hospital.	Trainees are rotated to attend clinics. This will be monitored by the Clinical Director and Divisional Medical Director. Managers are also aware that Outpatient space is an issue.	Wendy Anderson Directors	Completed August 2018	The Deanery QM group remain concerned that that this is an ongoing issue which has not yet been addressed. The Deanery QM group note that this item will be monitored and have requested an update by 30 September 2018.	Medium Impact / High Likelihood	Stage 2
4	Educational Governance	Area of Significant Concern	Trainer Support. The additional funding for recognised trainers has not yet been allocated.	Due to concerns re job planning of Educational Roles the Medical Director is introducing a process for the additional funding which will ensure accountability.	Seamus O'Reiley	August 2018	The Deanery QM group have requested an update on this item by 30 September 2018.	Medium Impact / High Likelihood	Stage 3
5	Educational and Clinical Governance	Area of Concern	Practical Experience. F1 trainees attend consultant ward rounds infrequently (apart from MAU, cardiology and rehabilitation). F1 trainees rarely clerk-in patients, apart from occasionally during out of hours.	Medical consultants have been made aware that this must be done. F1s have been informed they need to attend In response to the second item: Medical consultants have been made aware that this needs to happen.	Fergal Dunn Wendy Anderson Fergal Dunn	Completed Completed Completed	The Deanery QM group have agreed to merge items 5 and 6 (as listed on previous action plan) as both relate to F1 practical experience. The Deanery QM group have requested an update on this item by 30 September 2018.	Medium Impact / High Likelihood	Stage 2
6	Educational and Clinical	Area of Concern	Practical Experience. Trainees are allocated to wards at very short	A new rota is being piloted.	Karen Darragh	September 2019	The Deanery QM group have requested an update on the pilot of the new rota by 30	Medium Impact / High	Stage 2

	Governance		notice and for short periods of not more than a week. This prevents continuity of care.				September 2018.	Likelihood	
7	Educational and Clinical Governance	Area of Concern	Practical Experience. Although there have been initial moves to make consultant ward rounds more efficient, the majority of these are still ad-hoc. This hinders communication between consultants and trainees and is disruptive.	Medical consultants have been made aware that this must be done. It is the subject of recurrent audit. It is hoped that the new medical model will improve this.	Wendy Anderson & Seamus O'Reiley	September 2019	The Deanery QM group have requested an update on this item by 30 September 2018.	Medium Impact / High Likelihood	Stage 2
8	Clinical Governance	Area of Concern	Patient Safety. Trainees were concerned that there were delays in outlying patients being seen by a consultant.	Medical consultants have been made aware that this has been considered a problem. It is hoped that "open ward" will help with this.	Wendy Anderson	Completed	The Deanery QM group thank the Trust for their response to this item. This clinical governance item has been supplied for information only for the Trust to follow up. A RAG rating will not be allocated and this item will be categorised as closed on the action plan.	N/A	N/A
9	Educational and Clinical Governance	Area of Concern	Clinical Supervision. There was a lack of clarity about which consultant is responsible for patients when their named consultant is on leave.	Medical consultants have been made aware that this has been considered a problem. The Medical Director will write to consultants reminding them of their obligation to ensure clear responsibility for their patients.	Wendy Anderson & Seamus O'Reiley	Completed	The Deanery QM group have requested confirmation by 30 September 2018 that a mechanism is in place to enable trainees to identify who to contact when a named consultant is on leave.	Medium Impact / High Likelihood	Stage 1
10	Educational and Clinical Governance	Area for Improvement	Induction. The walk-round at induction should include all trainees at all grades who have not worked in Causeway Hospital before.	Induction is being redesigned for Human Resources by Organisational Development in the Trust and this will be included.	Seamus O'Reiley	August 2018	The Deanery QM group have requested an update on this item by 30 September 2018.	Medium Impact / Medium Likelihood	Stage 1
11	Educational and Clinical Governance	Area for Improvement	Handover. F1 do not take part in the morning handover meeting. Attendance would be	Medical consultants have been made aware that this must be done. F1s have been informed they need to attend	Fergal Dunn	Completed	The Deanery QM group have requested an update on this item by 30 September 2018.	Medium Impact / Medium Likelihood	Stage 1

			beneficial to their training and be an opportunity for feedback.						
12	Educational Governance	Area for Improvement	Practical Experience. Core trainees (and preferably F2) should get more access to practical procedures, which are mainly done by the specialty doctors.	Medical consultants and staff grades have been made aware that this has been considered a problem that needs addressed	Wendy Anderson	Completed	The Deanery QM group have requested an update on this item by 30 September 2018 .	Medium Impact / High Likelihood	Stage 1
13	Educational Governance	Area for Improvement	Feedback on Performance, Development and Progress. The trainee forum should be extended to include all grades of trainee.	Dr Dunn has invited all grades and they now attend	Fergal Dunn	Completed	The Deanery QM group acknowledge and accept the action provided.	Low Impact / Low Likelihood	Stage 5
14	Educational and Clinical Governance	Area for Improvement	Educational Resources, Internet Access, Simulation Facilities. Simulation is limited to task training. There are opportunities for multidisciplinary team simulation drills and human factors training.	NHSCT Simulation provision will be reviewed within the Trust and a strategy developed to ensure MDT simulation drills and Human/Actor training.			The Deanery QM group acknowledge and accept the action provided.	Low Impact / Low Likelihood	Stage 5

Good Practice Items / Areas Working Well from Visit Report [if applicable]

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):

1. The monthly Foundation trainee forum is a good opportunity for trainees to raise concerns to senior medical and management staff. Issues are responded to in a timely fashion.
2. Trainees' grades are identified by specific coloured lanyards.

Areas Working Well

1. Trust induction is good.
2. Local induction is comprehensive.
3. Trainees are generally well-supervised clinically by day and out of hours.
4. The H@N handover is effective and F1 are supported well by the H@N team.
5. There is a well-run regular local teaching programme.
6. There is good phlebotomy and pharmacy support.
7. Educational supervision is good.
8. The pilot of a weekly microbiology ward round has been well received and has provided a beneficial educational opportunity for trainees.

Impact, Likelihood & Risk

The above points have been graded by the Quality Management Group in accordance with the GMC's risk and status ratings below.

'Impact'

Impact takes into account:

- Patient or trainee safety.
- The risk of trainees not progressing in their training.
- Education Experience. For example, the educational culture, the quality of formal / informal teaching etc.

An issue can be rated high, medium, or low impact according to the following situations:

High Impact: patients or trainees within the training environment are being put at risk of coming to harm. Or trainees are unable to achieve required outcomes due to poor quality of the training posts / programme.

Medium Impact: trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement. Or patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

Low Impact: issues have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

'Likelihood'

Likelihood measures the frequency at which issues arise. For example, if a rota has a gap because of one-off last minute sickness absence, the likelihood of issues occurring as a result would be low.

High Likelihood: the issue occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the issue. For example, if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of issues arising as a result would be 'high'.

Medium Likelihood: the issue occurs with enough frequency that if left unaddressed could result in patient safety issues or affect the quality of education and training. For example, if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of issues arising as a result would be 'medium'.

Low Likelihood: the issue is unlikely to occur again. For example, if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of issues arising as a result would be 'low'.

'Risk'

Risk is then determined by both the impact and likelihood and will result in a RAG rating according to the below matrix:

Risk Rating

LIKELIHOOD ↓	IMPACT →	LOW	MEDIUM	HIGH
LOW		GREEN	GREEN	AMBER
MEDIUM		GREEN	AMBER	RED
HIGH		AMBER	RED	RED

Status Ratings

Stage 1: **NEW CONCERN IDENTIFIED** - a concern has been identified and an action plan is not yet in place.

Stage 2: **PLAN IN PLACE** - an action plan for improvement is in place but has not been fully implemented and evaluated.

Stage 3: **PROGRESS BEING MONITORED** - there is continuing monitoring and evaluation of actions but no evidence of change has been demonstrated.

Stage 4: **CHANGE SUSTAINED** - actions have been implemented and there is evidence of improvement through monitoring.

Stage 5: **CLOSE CONCERN** - solutions are verified or there is evidence of sustained improvement over an appropriate time period. If this is an open item on the GMC Dean's Report, a request will be made to the GMC to close the concern.

New GMC Standards for Medical Education and Training [Promoting Excellence - Jan 2016]

Theme 1: Learning Environment & Culture	Theme 2: Educational Governance & Leadership	Theme 3: Supporting Learners	Theme 4: Supporting Educators	Theme 5: Developing and Implementing Curricula and Assessments
<p>S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> <p>S1.2: The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>	<p>S2.1: The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met.</p> <p>S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p> <p>S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</p>	<p>S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>	<p>S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p>S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p>S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>

Additional Comments from the Trust:

On Behalf of the Trust: Director of Medical Education	Signature:
	Date: