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	South West Acute Hospital, Western Trust	**Factual Accuracy Report** (15 working days to respond)	**Date Issued:** 17 April 2018 **Date Trust Response Received:** 24 May 2018
Specialty Visited	General Medicine	**Interim Report and Action Plan Timeline**	**Date Issued:** 15 May 2018 (For Response by: 6 June 2018) **Date Trust Response Received:** 07 June 2018 **Date Reviewed at QM:** 09 July 2018 **Date QM Updated Action Plan Issued:** 20 July 2018 **Action Plan Update Deadlines: 30 September 2018** **Date Trust Response Received:** **Date Reviewed at QM:**
Type of Visit	Enhanced Monitoring visit		
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Dermot Hughes, Medical Director Dr Neil Corrigan, Director of Medical Education Prof Ronan O'Hare, Associate Medical Director		
Date of Visit	12 March 2018		
QMG Grading Decision & Date	Red x 2 Amber x 2 Green x 2 09 July 2018	**Final Report & Action Plan**	**Date Final Action Plan Issued:** **Date Final Report Uploaded to Website:** **Final Report Sent to:** Dr Hughes, Dr Corrigan & Prof O'Hare **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	1). X 2). X	APGDME – Mr M Granell & AMD Dr R O'Hare.		The Deanery QM group are pleased to note the Trust approach to addressing this concern and have requested feedback from the planned interface meetings by **30**	High Impact / Medium Likelihood	Stage 1

					Dr. B. Keegan	Aim would be for initial meeting to be scheduled for 6 weeks into new rotation (as suggested by current FY1's), and 3-monthly thereafter.	**September 2018**.		
2	Educational and Clinical Governance	Area of Significant Concern	**Trainer Support.** Trainers reported that they had not yet received any additional funding for their educational roles. This must be resolved.	During GMC visit, it was reported that this was in hand, with payments subsequently received in March 2018. The issue of developing systems where monies follow trainees created complexities in the accounting systems that took a lot of work to address. Much of the complexity has been eased with the development of job-planned sessional payments that recognise enhanced roles within training.	Dr N. Corrigan	2016/17 received by trainers. 2017/18 in process.	The Deanery QM group note the process implemented to ensure re-numeration and this item is now closed.	Low Impact / Low Likelihood	Stage 5
3	Educational and Clinical Governance	Area of Concern	**Practical Experience.** F1 clinical experience is largely administrative or linked to tasks of limited educational value (this was flagged up in 2009 and 2012 and has not improved since then). They rarely attend ward rounds or complete patient clerk-ins. Their ward work appears to be decided mainly by nurses, and they work from a jobs book. This must be addressed urgently at senior Trust level and rectified. The working relationship	Contrary to the perception that no improvement occurred between 2009, 2012 and current, we would refer GMC to their 2017 survey, where there was marked improvement from 2016 and before, with Green flags for adequate experience and curriculum coverage for example. The difference was an uplift in FY1 trainees by 50% on SWAH site that year, a battle long fought. This facilitated team-based working with presence expected upon ward rounds, rostered spells upon the assessment unit clerking patients, and allowed FY1's to appreciate rationale behind tests etc.	Dr B. Keegan	New rota returning to team-based allocations to be in place for August 2018.	The Deanery QM group have agreed to merge items 3, 4 and 5 (as listed on previous action plan) as all relate to F1 practical experience. These items will be merged with the existing item in the GMC Online Dean's Report. The Deanery QM group note that the Trust hope to return to team-based working and have requested an update on the F1 practical experience by **30 September 2018**.	Medium Impact / High Likelihood	Stage 3

			between F1 trainees and nurses is unhealthy in some wards. There does not appear to be effective team-working, rather an "us-and-them" culture. There appears to be unwillingness by nurses to help with phlebotomy and cannula insertion. This should be addressed as effective team-working is central to a positive educational environment and to good clinical care. There is at times poor communication between nurses and F1 trainees, evidenced by the use of a jobs book rather than face-to-face discussion of tasks and the reasons for them. This could potentially result in a patient safety issue.	Unfortunately, in 2018 there was, through Deanery reduction, vacancy, and withdrawals, a 20% reduction in Medical FY1's for example from the preceding year, with increased workload, and need to return to ward-based cover. Some aspects are outside Trust control, and difficult for Trust to address. However, with current Deanery projected provisional allocated FY1 numbers for 2018, we expect return to team-based working, and improvement in daytime clerking opportunities etc. as per 2017 experience. Programme Group / Indicator / 2014 / 2015 / 2016 / 2017 Medicine F1 / Overall Satisfaction / 61.3 / 78.6 / 68.8 / 84.8 Medicine F1 / Clinical Supervision / 81.6 / 79.1 / 75.6 / 83.4 Medicine F1 / Clinical Supervision OOH / / 68.1 / 65.2 / 74.1 Medicine F1 / Reporting systems / / / 74.0 / 70.5 Medicine F1 / Work Load / 34.3 / 21.8 / 20.0 / 30.6				

				Medicine F1	Teamwork				69.1			
				Medicine F1	Supportive environment		76.6	59.0	71.5			
				Medicine F1	Induction	68.3	87.5	78.0	83.7			
				Medicine F1	Adequate Experience	63.3	81.6	78.0	89.7			
				Medicine F1	Curriculum Coverage				87.5			
				Medicine F1	Educational Governance				75.8			
				Medicine F1	Educational Supervision	95.8	91.6	90.0	93.3			
				Medicine F1	Feedback	65.2	74.3	43.7	75.9			
				The one aspect of supervision out of hours in the 2017 survey should be corrected with removal of F2's being on their own overnight:- with more senior cover alongside these days. **In response to second item:** We would hope that second point in response to first area of concern above would act to lessen the "us and them" perception, and foster improved team-working.							

				Trust is working on extending Hospital at Night into weekends, and potentially further, to lessen the burden of phlebotomy and such tasks upon junior doctors. In upcoming formal meeting with nursing management, this perceived unwillingness issue will be highlighted, and assurances for change sought. **In response to third item:** Upon this site, we feel some form of task list will be inevitable. However, it is hoped that the return to team-based working in the coming year, with FY1's more engaged upon ward rounds will assist in greater appreciation for rationale for most tasks. FY1's have been looking at ways of improving documentation on this front, and we will seek to utilise proposals they make on this front. It is hoped the proposed junior doctor / nursing interface meetings may assist on this front also.					
4	Educational and Clinical Governance	Area for Improvement	**Induction.** Departmental induction for F1 trainees, including arrangements for cross-cover out of hours should be reviewed, taking into account feedback from current F1 trainees.	Arrangements shall be made to include a formal introduction to cross-covering during the induction schedule from 2018. We will have a sit-down meeting with current FY1 trainees to seek their opinions as to what would be of benefit on this front.		August 2018 and ongoing.	The Deanery QM group have requested feedback following the August 2018 induction by **30 September 2018**.	Medium Impact / Medium Likelihood	Stage 1
5	Educational and Clinical Governance	Area for Improvement	**Handover.** Morning handover is mostly ad hoc and compares poorly with the excellent night	One of the difficulties with morning handover, is comparisons with the excellence of the 9pm handover meeting on-site.		August 2018 to facilitate developmen	The Deanery QM group have requested an update on this item by **30 September 2018**.	Medium Impact / Medium Likelihood	Stage 1

			handover. A structured morning handover is a good opportunity for feedback to trainees and learning.	With regards to Medical morning handover, FY2's and Core Trainees meet with on-call consultant and review all acute overnight admissions they've seen, each morning from 8am, receiving feedback on each case. There is a formal handover meeting of all patients upon the assessment unit at 9am. Attendance has not been recorded formally to date, but this will be corrected. We shall endeavour to ensure going forward a face-to-face handover of on-call FY1 bleep takes place at this meeting, such that tasks and information between on-call and day-team medical FY1's can be formally handed over.		t of recording system.			
6	Educational Governance	Area for Improvement	**Local Teaching.** The bleep-free teaching pilot worked well and should be embedded in practice. This must be respected by nursing staff.	This was never meant as a pilot, and was reintroduced after consultants made aware of events. Initial delay in doing so on FY1 request, as FY1's wished to Audit data pre and post. Will be highlighted at FY1 induction. We will look to ensure that nursing staff are regularly reminded of its importance at planned interface meetings.		Bleep-Free teaching has been reinstated.	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. F1 trainees valued the IT training support given specifically to them on starting in SWAH. **2.** F1 trainees are well supported by the H@N team from 5pm-1am. We would encourage the extension of H@N through the whole night.

Areas Working Well

1. F2 trainees reported (by questionnaire) that they are well supervised clinically by a more senior doctor at all times.
2. The F0 placement is well-received by incoming F1 doctors.
3. Trust induction is well-run and comprehensive.
4. The 9pm H@N handover is well run and efficient.
5. CTs are team-based, with a rotational allocation of duties that allows a good range and number of clinics.
6. F1 trainees greatly appreciated the support given to them by pharmacists on the wards.
7. Trainees are encouraged to carry out audit/QI projects and to apply for the First Steps leadership programme.

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 if 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
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. **S1.2:** The learning environment and organisational culture value	**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. **S2.2:** The educational and clinical governance systems are integrated,	**S3.1:** Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by the curriculum.	**S4.1:** Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities. **S4.2:** Educators receive the support, resources and time to meet their education and training responsibilities.	**S5.2:** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

and support education and training so that learners are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.	allowing organisations to address concerns about patient safety. **S2.3:** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.			

Additional Comments from the Trust:	
On Behalf of the Trust: Director of Medical Education	**Signature:**
	Date: