LEP Action Plan to Deanery Visit Report

Northern Ireland nimdta Medical & Dental Training Agency

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	Daisy Hill Hospital, Southern Trust		**Factual Accuracy Report** (15 working days to respond)	**Date Issued:** 07 June 2018 **Date Trust Response Received:** 29 June 2018
Specialty Visited	General Medicine		**Interim Report and Action Plan Timeline**	**Date Issued:** 02 July 2018 **(For Response by:** 24 July 2018**)** **Date Trust Response Received:** 25 July 2018 **Date Reviewed at QM:** 06 August 2018 **Date QM Updated Action Plan Issued:** 17 August 2018 **Action Plan Update Deadlines:** 31 October 2018 **Date Trust Response Received:** 01 November 2018 **Date Reviewed at QM:** 12 November 2018
Type of Visit	Cyclical			
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Ahmed Khan, Medical Director (interim) Dr Gail Browne, Director of Medical Education Dr John Harty, Foundation Programme Director			
Date of Visit	30 April 2018			
QMG Grading Decision & Date	Red x 3 Amber x 4 Green x 1 06 August 2018	Red x 2 Amber x 2 Green x 4 12 November 2018	**Final Report & Action Plan**	**Date Final Action Plan Issued:** 26 November 2018 **Date Final Report Uploaded to Website:** **Final Report Sent to:** Dr Khan, Dr Browne & Dr Harty **Date Final Report Sent:** 17 August 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 Individual:**	**Date to be completed by:**	**QMG Comment**	**Risk Rating**	**Status**
1	Educational and Clinical Governance	Area of Concern	**Induction.** Trainees who have worked in DHH before know to email the rota coordinator with their	The Medical Department have listened to the trainees concerns and will communicate to all incoming trainees (who have been	Dr Muckian	End July 2018	Please confirm by **31 October 2018** that the need to contact the rota	Low Impact / Low Likelihood	Stage 5

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			leave requests in advance, whilst trainees coming from elsewhere are necessarily disadvantaged. This inequity in leave allocation must not continue. This can be resolved by better communication between all parties involved in making and sharing trainee allocations and planning rotas locally.	identified by NIMDTA) the need to contact the rota co-ordinator (Dr Donna Muckian). This will be done in as timely a manner as possible. We would prefer to give 6 weeks' notice but have noted that this can only be achieved if the 4 departments in NIMDTA allocating trainees confirm names / numbers within that time scale. **LEP Update 01.11.18** We have agreed to publish the rota 6 weeks in advance to the incoming trainees but this is predicated on us receiving the precise numbers and names of trainees in a timely fashion by NIMDTA. Incoming trainees will be contacted in bulk with the rota once available. In the interest of fairness access to study leave and annual leave will be time-limited to 8 weeks before changeover.			co-ordinator has been communicated to all incoming trainees to enable the Deanery QM group to close this item. NIMDTA will continue to provide trainee allocation information with eight weeks' notice to Medical HR as agreed. **Final QMG Update 12.11.18** The Deanery QM group acknowledge and accept the update provided.		
2	Educational and Clinical Governance	Area of Concern	**Clinical Supervision.** The third tier (registrar-grade) out of hours rota depends heavily on locums and is not always filled. CT or GPST trainees are then the most senior doctors in the hospital at night. They are responsible for patients in HDU which can be outside their level of experience/competence.	The overnight rota has a register grade doctor for 75% of the time. Dr Harty has been in contact with the RCP Edinburgh and has engaged with their Medical Training initiative. The medical department would like to secure 3 MTI posts (Gastroenterology, Diabetes, and Respiratory) to support the overnight supervision. A business case is being worked up with the Trust.	Dr Harty		The Deanery QM group acknowledge the Trust's actions. The Deanery QM group also note that a trainee comment from the 2018 NTS highlighted this as a potential patient safety issue. The Trust had responded to advise that discussions were planned with the Trust Critical Care Lead to discuss how the ICU – HDU interface in DHH could be optimised. This item has been closed	Medium Impact / High Likelihood	Stage 3

							<u>on this action plan and will now be monitored via the LEP Quality Reports.</u>		
3	Educational and Clinical Governance	Area of Concern	**Handover.** Trainees said that there was a variable handover from ED about patients being admitted to the wards. They reported that occasionally patients would be "missed" in the wards and their care delayed.	All patients referred to ED must be discussed with the Medical Team. As a consequent of this deanery concern I have escalated this to the Clinical Leads for ED in DHH to ensure compliance with this requirement.	Dr Harty		The Deanery QM group thank the Trust for the response provided. Further updates on this item will not be requested as this has been supplied for information only. A RAG rating will not be allocated and this item will be categorised as closed on the action plan.	N/A	N/A
4	Educational Governance	Area of Concern	**Practical Experience.** CT and GPST trainees rarely attend outpatient clinics. There is a curriculum requirement for CTs to attend clinics; therefore this must be addressed as a matter of priority. Clinic attendance might be improved by formally rostering CTs and GPSTs to a clinic week or similar arrangement.	The medical department recognises the importance of allowing trainees to attend clinics. Trainees will be provided with a list of clinics and times and encouraged to attend. We would like to roster the CT and GPST's to a clinic week. However this is very challenging given the numbers of trainees available for clinical duties. We have identified the need to appoint 2 trust grade doctors to help optimise the trainees learning opportunities and we are in discussion with the trust senior management team about funding for this. **<u>LEP Update 01.11.18</u>** No further update on funding for appointment of Trust Grade doctors at present.	Dr Moan Dr Muckian		The Deanery QM group note the plan to provide trainees with information and encourage attendance, and the proposal to appoint additional trust grade doctors to enable trainees to maximise learning opportunities. Through the School of Medicine's working group to implement the Internal Medicine Training Programme, Deanery QM group would like to work with the Trust to help trainees achieve this mandatory requirement. The Deanery QM group have requested an update on progress with this item by **<u>31 October 2018.</u>** **<u>Final QMG Update 12.11.18</u>** A further update on this item will be requested in the mid-year LEP Quality Report in March 2019.	Medium Impact / High Likelihood	Stage 2

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							This action plan is now closed.		
5	Educational Governance	Area of Concern	**Study Leave.** Access to study leave is very difficult due to rota pressures.	The department recognise that access to study leave is difficult. They have modelled this and given the reduction in trainees coupled with enhanced rotas at weekends / bank holidays / overnight, in general only 2 trainees can be off at any one time. The medical department have been in discussion with senior management and have proposed that the Trust employ 2 trust grade doctors to help facilitate study leave. This work is ongoing. **LEP Update 01.11.18** Study leave has been relaxed to allow 3 off at one time and have we have allowed access for targeted private study leave prior to exams.	Dr Moan		The Deanery QM group highlight the GMC *Promoting Excellence* requirement in relation to access to study leave: GMC requirement R3.12 "*Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.*" Continued difficulties in providing trainees with access to their entitlement to study leave would put the suitability of the post for training at significant risk. The Deanery QM group have requested an update on progress with this item by **31 October 2018.** **Final QMG Update 12.11.18** The Deanery QM group welcome the positive response but would ask that access to study leave continues to be monitored. An update on this item will be requested in the mid-year LEP Quality Report in March 2019. The group also plan to	Medium Impact / Medium Likelihood	Stage 2

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							request a copy of the CMT survey results from the School of Medicine at the end of the next rotation. This action plan is now closed.		
6	Educational Governance	Area of Concern	**Trainer Support.** Trainers reported that they had limited resources for training in DHH and in particular the infrastructure was poor – there was no education centre and clinical space was limited.	Dr Harty has drawn up preliminary plans for a Medical Education Centre. Dr Khan will take this forward with the trust senior management team	Dr Harty Dr Khan		The Deanery QM group thank the Trust for the response provided. Whilst the group feel this is an important item, the review of this item is outside the visit process therefore further updates will not be requested. This item has been supplied for information only. A RAG rating will not be allocated and this item will be categorised as closed on the action plan.	N/A	N/A
7	Educational and Clinical Governance	Area for Improvement	**Induction.** Trainees reported that their unit induction could be improved, with clearer explanation of their duties, and a tour of the department. This is particularly important for trainees who have not worked in DHH before. We would encourage a review of the content and relevance of the unit induction process.	The department has listened to the trainees and have worked with them to redesign the induction programme. The content for the induction day has been modified to include a walk around the relevant departments in the hospital. In addition a rolling induction programme has been created utilizing 3 x 1 hour teaching sessions on the Thurs / Tue / Wed following generic induction. This will be repeated on the following week to facilitate attendance for the majority of trainees. These sessions will cover HDU working including vasopressors and assisted ventilation. There will also be sessions on Acute Kidney Injury, Cardiac issues and stroke.	Dr Harty		The Deanery QM group thank the Trust for the response provided. Please provide confirmation by **31 October 2018** that the actions described were implemented for August 2018. Please provide feedback on the induction to determine if the changes were positively received to enable closure of this item. **Final QMG Update 12.11.18** The Deanery QM group acknowledge and accept the update provided.	Low Impact / Low Likelihood	Stage 5

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				LEP Update 01.11.18 Additional sessions have been delivered to cover HDU, renal and cardiology in the weeks following induction. Duplicate sessions were organised to allow all to attend and informal feedback was extremely positive.					
8	Educational and Clinical Governance	Area for Improvement	**Induction.** Trainees who start out of sync (e.g., rostered to be off or on nights) should be provided with a unit induction in a timely manner.	The rolling programme will ensure that trainees starting out of sync will get an adequate induction. **LEP Update 01.11.18** Additional sessions have been delivered to cover HDU, renal and cardiology in the weeks following induction. Duplicate sessions were organised to allow all to attend and informal feedback was extremely positive.	Dr Harty		The Deanery QM group note the plans described in the item above and have requested confirmation by **31 October 2018** of what has happened for trainees who could not attend on the induction day in August 2018. **Final QMG Update 12.11.18** The Deanery QM group acknowledge and accept the update provided.	Low Impact / Low Likelihood	Stage 5
9	Educational and Clinical Governance	Area for Improvement	**Educational Resources, Internet Access, Simulation Facilities.** There are no opportunities for in situ simulation, such as team-based drills or human factors training.	Dr Harty has drawn up preliminary plans for a Medical Education Centre, this would include space from simulation facilities. Dr Khan will take this forward with the trust senior management team. **LEP Update 01.11.18** Four rooms have been allocated at DHH for the provision of educational governance. Access to scenario simulation has been established for	Dr Harty Dr Khan		The Deanery QM group note the preliminary plans and have requested information by **31 October 2018** on what action will be taken in the interim to meet the GMC *Promoting Excellence* requirement R1.20 "*Learners must have access to technology enhanced and simulation*	Medium Impact / Medium Likelihood	Stage 2

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				Paediatrics and Obstetrics. We are working with the Simulation Lead Dr Brown to establish simulation opportunities on DHH site for General Medical trainees.			*based learning opportunities within their training programme as required by their curriculum*". **Final QMG Update 12.11.18** A further update on this item will be requested in the mid-year LEP Quality Report in March 2019. This action plan is now closed.		
10	Educational Governance	Area for Improvement	**Practical Experience.** There is no phlebotomy service. Introduction of one particularly at weekends would reduce the burden of non-educational tasks for F1 trainees.	Phlebotomy is undertaken at weekends by band 3 nursing staff. This will be encouraged and monitored by the senior medical staff. **LEP Update 01.11.18** There has been a significant improvement in phlebotomy service which has been enhanced by the appointment of a clinical coordinator at weekends and out of hours.	Dr Harty Dr Moan		The Deanery QM group have requested an update on progress and results of the monitoring by **31 October 2018.** **Final QMG Update 12.11.18** A further update on this item will be requested in the mid-year LEP Quality Report in March 2019. This action plan is now closed.	Low Impact / Low Likelihood	Stage 3

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):
There were no areas of good practice identified.

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Areas Working Well
1. There is a wide case mix of clinical conditions and opportunities for practical procedures in DHH. **2.** The experience of F1 is generally good. They feel included in a team. **3.** The reorganised system of care was seen as an improvement over the former system. **4.** Senior medical staff are committed to education and are supportive of trainees. **5.** Clinical supervision is generally good. **6.** Educational supervision works well. **7.** There is a regular programme of teaching. **8.** Morning and evening handover meetings are well-organised. **9.** There is a culture of patient safety within the department.

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'.

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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	**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	**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	**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.

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and families. **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 *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.	being met. **S2.2:** The educational and clinical governance systems are integrated, 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.		meet their education and training responsibilities.	

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

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