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.

<table>
<tr><td>Local Education Provider (LEP) Visited</td><td colspan="4">Antrim Hospital
Northern Health & Social Care Trust</td><td>Factual Accuracy Report
(15 working days to respond)</td><td>Date Issued: 02 April 2020
Date Trust Response Received: None Received</td></tr>
<tr><td>Specialty Visited</td><td colspan="4">Emergency Medicine</td><td rowspan="4">Interim Report and Action Plan Timeline</td><td rowspan="4">Date Issued: 28 May 2020
For Response by: 18 June 2020
Date Trust Response Received: 16 June 2020
Date Reviewed at QM: 26 June & 31 July 2020 (after Follow Up meeting)
Date QM Updated Action Plan Issued: 17 August 2020
Action Plan Update Deadlines: 30 September 2020 (item 2 by 30 November 2020)
Date Trust Response Received: 09 October 2020
Date Reviewed at QM: 09 October 2020</td></tr>
<tr><td>Type of Visit</td><td colspan="4">Cyclical</td></tr>
<tr><td>Trust Officers with Postgraduate Medical Education & Training Responsibility</td><td colspan="4">Mr Seamus O'Reilly, Medical Director
Dr Kate Scott, Director of Medical Education</td></tr>
<tr><td>Date of Visit</td><td colspan="4">Friday 31 January 2020</td></tr>
<tr><td rowspan="3">QMG RAG Decision & Date</td><td>Red</td><td>Amber</td><td>Green</td><td>White[1]</td><td rowspan="6">Final Report & Action Plan</td><td rowspan="6">Date Final Action Plan Issued: 20 October 2020
Date Final Report Uploaded to Website:
Final Report Sent to: Mr O'Reilly & Dr Scott
Date Final Report Sent: 17 August 2020</td></tr>
<tr><td>2</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td colspan="4">Friday 31 July 2020</td></tr>
<tr><td rowspan="3">QMG Re-RAG Decision & Date</td><td>Red</td><td>Amber</td><td>Green</td><td>White</td></tr>
<tr><td>1</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td colspan="4">09 October 2020</td></tr>
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[1] Risks identified during the visit which were closed through action planning by the time of the final report.

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 Governance**	**Area for Improvement**	**Local Teaching:** The local teaching timing and location in the week could be altered to avoid clashes with regional teaching.	We currently provide the same paid teaching sessions on two days a week to maximise attendance however with the constraints of accommodating regional all day teaching for four separate curriculums (F2, GP, ACCS and HST) and the clinical footfall in our Emergency Department, we can only guarantee non-disrupted teaching on a Friday. We will therefore move all teaching to the Friday and alter the rota to facilitate this. **LEP Update 09.10.20** A complete Induction in August 2020 was carried out in using creative means such as zoom, socially distanced lectures and small group practical teaching. SHO (F2/ACCS/GPST doctors) teaching has been consolidated into once weekly teaching and the rota has been adapted to maximise teaching attendance.			The Deanery QM group thank the Trust for the update provided. This was discussed at the Post Visit Follow Up meeting on 3rd July 2020. **An update is requested for this item by 30 September 2020.** **QMG Update 09.10.20** The Deanery QM group thank the Trust for the update provided but request that attendance at teaching sessions continues to be monitored. This item is now closed on this action plan. The next written update will be requested in the Mid-Year LEP Quality Report due **31st March 2021.** This item will also be discussed at the LEP Quality Report Review meeting on 21st October with the DME.	Low Impact / Low Likelihood	Stage 3
2	**Educational & Clinical Governance**	**Area of Significant Concern**	**Rota Design:** The senior trainees mentioned the rota which although full shift and compliant, was designed such	Work load – RCEM service design documentation[1] indicates that expected productivity is between 0.5 and 3 patient an hour. Our HST see on average 0.7 – 0.9			The Deanery QM Group thank the Trust for the update provided. This was discussed at the Post Visit	Medium Impact / Medium Likelihood	Stage 2

			that the unsocial periods with higher intensity of workload were clustered. Several of the trainees felt overwhelmed at times and one of the trainees mentioned burnout during the interviews. Weekends when the registrars had the responsibility of supervising the more junior trainees as well as fulfilling their own commitment to patient care were described as "brutal". The recently published GMC document "Caring for Doctors Caring for Patients" highlights the negative impact of poor trainee wellbeing on the clinical care they provide.	patients per hour (with one outlier at 1.3) patients per hour as per Symphony which is within the quoted range. We acknowledge that other duties such as handover, senior decision maker role, informal teaching and shop floor management impact the number of patients that can be seen and it is difficult to demonstrate this quantitatively. We would appreciate comment from NIMDTA as to whether or not they agree with the college recommendation and therefore our interpretation of our medical staff's workload. The Trust has invested in experienced locum middle grade staff to support the tier 3 and 4 clinical provision within the department. Our current practice is to re-arrange the rota for the HST doctors so that they get the weekend off either side of their chosen annual leave weeks. This results in the perceived clustering of unsociable shifts. We are still awaiting NIMDTA to forward other HST rotas that do not appear to have the same workload issues as ours so that we can learn from best practice. In the interim until we receive other rotas for comparison, we will not rearrange weekends around annual leave which should address this issue. [1] RCEM Service Design and Delivery Committee (2015) *Medical and Practitioner Staffing in Emergency Departments*. London: RCEM. Accessed 15/06/2020 **LEP Update 09.10.20** A new rota has been developed in conjunction with the ST4+ trainees. This reduces their weekend commitments and provides additional ST4+ cover out of hours during the week. The new rota is a Band 1A compliant and is a rolling rota.			Follow Up meeting on 3rd July 2020, where it was noted that the Trust intends to review the middle tier rota to resolve the issues. This concern has been moved to the "Area of Significant Concern" category. **An update is requested for this item by 30 November 2020.** **QMG Update 09.10.20** The Deanery QM group note the progress made. This item will be discussed at the LEP Quality Report Review meeting on 21st October with the DME to determine if the changes have improved the trainee rota experience. This item is now closed on this action plan. The next written update will be requested in the Mid-Year LEP Quality Report due **31st March 2021.** This item will also be discussed at the LEP Quality Report Review meeting on 21st October with the DME.		

				We have also utilised winter pressures money to fund an additional locum doctor at night until we are able to devise a more permanent solution.					
3	**Clinical Governance**	**Area of Significant Concern**	**Undermining.** [redacted]	[redacted] **LEP Update 09.10.20** [redacted]			The Deanery QM Group thank the Trust for the update provided. This was discussed at the Post Visit Follow Up meeting on 3rd July 2020. QMG advises that the actions must be lead by the Department with support from the School. This concern has been moved to the "Area of Significant Concern" category. **An update is requested for this item by 30 September 2020. This update should outline changes to how feedback is delivered to trainees.** **QMG Update 09.10.20** The Deanery QM group thank the Trust for the update and note that this information will be shared with the Head of School (HoS). The Deanery will also ask the HoS if they would be willing to arrange another session. This item is now closed on this action plan. The next written update will be requested in the Mid-Year LEP Quality Report due **31st March 2021.** This item will also be discussed at the LEP Quality Report Review meeting on 21st October with the	High Impact / Medium Likelihood	Stage 2

							DME.		
4	**Educational & Clinical Governance**	**Area of Significant Concern**	**Clinical Supervision:** ST4+ trainees reported that consultant presence/supervision was limited, this was especially evident at the weekends where at times they felt overwhelmed. It is recommended that the Trust should compare this unit with other similar sized units in terms of consultant staffing and consultant presence in the unit.	We would like to thank NIMDTA for their help in trying assist up in the expansion of our Consultant numbers though this is not explicit in the written feedback. We currently have 7 fully trained and recognised clinical / educational supervisors. Each trainee is allocated an Educational Supervisor and a separate Clinical Supervisor to support learning. SPA time is factored into the job plan to facilitate named supervisors fulfil their role. The current team of 8 consultants deliver a guaranteed 123 hours of clinical shop floor consultant presence in a combination of Emergency Physician in charge (EPIC) and Observation Ward/Ambulatory Emergency Care roles. The Trust is committed to increasing the Consultant Workforce in line to delivering the RCEM recommended 16 hours of EPIC provision 7 days a week as well as maintaining Observation Ward / Ambulatory Emergency Care provision. [2]Royal College of Emergency Medicine (2019). *RCEM Workforce Recommendations 2018: Consultant Staffing in Emergency Departments in the UK (Revised 2019).* London: RCEM. Accessed 15/06/2020 **LEP Update 09.10.20** Business case was approved for two new consultants and we have gone out for advert for this. Closing date is 16/10/2020.			The Deanery QM Group thank the Trust for the update provided. This was discussed at the Post Visit Follow Up meeting on 3rd July 2020, where it was noted that a business case for expansion in consultant numbers has been submitted to the Trust Director of Finance. NIMDTA note very positive development to increase numbers and will support in whatever way possible. **An update is requested for this item by 30 September 2020. This update should outline if any new consultants have been appointed and if this has increased presence of consultants on the floor.** **QMG Update 09.10.20** The Deanery QM group note the progress made. This item will be discussed at the LEP Quality Report Review meeting on 21st October with the DME and will request details of new consultant appointments. This item is now closed on this action plan. The next written update will be requested in the Mid-Year LEP Quality Report due **31st March 2021.** This item will also be discussed at	Medium Impact / Medium Likelihood	Stage 2

							the LEP Quality Report Review meeting on 21st October with the DME.		

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 specific areas of Good Practice identified.

Areas Working Well
1. Excellent induction programme **2.** Comprehensive handover on twice daily **3.** Range of material from Paeds, Resus, Majors and Minors **4.** Excellent nursing support

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 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.	**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, 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.	**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.

Additional Comments from the Trust:	
On Behalf of the Trust: Director of Medical Education	**Signature:** KScott
	Date: 09/10/2020