

Item 2.5a Action Plan – Postgraduate Education Monitoring Visit

Liverpool Heart and Chest Hospital NHS Foundation Trust

Date of Visit:	22nd October 2015
Patient Safety response required by:	31st March 2016
Date Action Plan required:	1st June 2016
Response compiled by:	J Greenwood, Associate DME in consultation with the MEM group

Number	GMC Requirement	Patient Safety Concern		
2	R1.6; R1.14	<ul style="list-style-type: none">• The Trust must continue its work to ensure that formal, structured handovers are in place and the process understood by all involved.• All trainees must be able to hand over the care of their patients safely under the supervision of a senior clinician, preferably a consultant.• Learning opportunities must be maximised by minimising the number of unsupervised handovers, and this must be monitored by the Trust. Best practice must be identified and disseminated.		
Trust response: <ul style="list-style-type: none">• Shift changeover handovers continue to happen at 8am and 8pm daily. These handovers are always attended by a senior ST-level doctor or Speciality Doctor from cardiothoracic surgery and / or cardiology.• From 1/1/16, there has been a Consultant-led 8am critical care handover 7 days per week, and from 1/3/16 there has been a twice-daily Consultant-led handover on the Coronary care unit. Trainees are encouraged to attend this as an educational opportunity, and to hand over their patients				
Corrective action		Evidence of quality improvement	Timeline	Responsibility

<ul style="list-style-type: none"> • More detailed information regarding handover processes to be given to trainees at Induction • Ensure on-going availability of Consultants and Speciality Doctors / senior trainees at handover 	<ul style="list-style-type: none"> • Induction timetables, induction feedback • Audit of handover sessions 	<ul style="list-style-type: none"> • May 2016 • May 2016 	<p>complete JG / AI</p> <p>JG / AI</p>
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Number	GMC Requirement	Patient Safety Concern		
4	R1.18 Clinical Supervision	<ul style="list-style-type: none">• The Trust must ensure that trainees are appropriately supervised and that trainees are aware of who is supervising them.• The Trust must ensure that trainees are not left unsupervised in outpatient clinics.		
Trust response				
<ul style="list-style-type: none">• All trainees have a named clinical / educational supervisor, and this individual is identified to them prior to their arrival at the Trust• Most clinics and list at LHCH are delivered with a Consultant present. When this is not possible, the doctors delivering the outpatient clinic will have access to another named Consultant or Specialty Doctor, usually within the clinic suite, who trainees can approach with issues or for advice. All specialties now operate a Consultant-of-the-Week system. This Consultant will be easily identified and available for advice and input.• Supervision requirements are often variable and will always be graded to take into account the level and ability of each trainee, and to reflect the clinical and non-clinical circumstances of each list or outpatient interaction• In the rare event of a trainee not having access to a Consultant in the clinic suite or catheter lab / theatre, arrangements will be made for the trainee to discuss their patients and decisions with a Consultant at the earliest opportunity• An audit of current outpatient clinics has shown only 3 out of 69 clinics (4.3%) where a Consultant or Associate Specialist was not physically present in the clinic in a 2 week period ; in all clinics trainees had access to other Consultants in the clinic suite.				
Corrective action		Evidence of quality improvement	Timeline	Responsibility

<ul style="list-style-type: none"> • Ensure trainees are aware of who their clinical / educational supervisor is prior to commencement at the Trust • Ensure named Consultant availability for every OPD clinic • Ensure Consultant-of-the-Week rotas are widely available • Ensure trainees have the opportunity to discuss their patients / decisions following an unsupervised encounter 	<ul style="list-style-type: none"> • Induction feedback • Outpatient audit • Rota lists • audit 	<ul style="list-style-type: none"> • May 2016 • Immediate • Ongoing • ongoing 	<ul style="list-style-type: none"> • complete (JG/AI) • AMDs • Rotamasters • Educational supervisors / faculty leads
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Number	GMC Requirement	Requirements
1	R1.3	<ul style="list-style-type: none"> • The Trust must ensure that all trainees receive feedback from critical incidents, including general learning from incidents in which they were not involved, to enhance learning. • The Trust must ensure that all trainees are made aware of the Trust's systems for reporting incidents and the process for disseminating learning from critical incidents.

Trust response

- Trainees from all specialties are expected to attend their individual divisional audit meetings. At all of these sessions there is a morbidity and mortality / clinical incidents item which updates the division on incidents, themes, learning points and hot topics across the Trust.
- Trainees receive feedback on incidents in which they were involved from their Educational Supervisor and this should form part of their portfolio
- Trainees receive information on the Trust incident reporting system at induction
- A screen-saver on all Trust PCs shows common themes / hot topics for the previous week
- Documents pertaining to raising concerns, incident reporting and prevention of harm have been widely circulated and publicized to all staff groups in preparation for the recent CQC visit (documents attached)

Corrective action	Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none"> Review content of induction session around risk management / incident reporting Produce “hot topics” document for circulation to trainees 	<ul style="list-style-type: none"> Induction feedback Review documents 	<ul style="list-style-type: none"> Sept 2016 Sept 2016 	<ul style="list-style-type: none"> Helen Martin / JG / AI Helen Martin / JG

Number	GMC Requirement	Requirements		
3	R1.10	<ul style="list-style-type: none">The Trust must continue its work to eliminate the use of the term ‘SHO’ to ensure all staff understand the differing roles and responsibilities of foundation, GP specialty and hospital specialty trainees.		
Trust response: the Trust has undertaken a lot of work to educate staff groups around the differing roles / responsibilities of levels of training-grade doctors. We are attempting to phase out the SHO terminology, however this remains a work in progress. There is no evidence from the Trust’s incident management systems that doctors are acting outside of their competencies as a result of this, and there have been no noted episodes of patient harm. Trainee doctors are closely supervised and have access to senior support out of hours whatever their level.				
Corrective action		Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none">Continue to educate re terminology across the Trust		<ul style="list-style-type: none">Removal of SHO terminology from Trust documents	<ul style="list-style-type: none">ongoing	<ul style="list-style-type: none">all

Number	GMC Requirement	Requirements
5	R1.19	<ul style="list-style-type: none"> The Trust must ensure that service is planned appropriately to allow time for learning.

Trust response: detailed audits of division of work, particularly in surgical clinics, have shown a definite imbalance of training versus service commitments. See also item 4. Poorly engaged supervisors have been removed from supervisor duties. Pas

All educational supervisors now have 0.25 SPAs per trainee

Corrective action	Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none"> Ensure trainees see an appropriate mix of new and follow-up patients in the outpatient environment, under the supervision of a Consultant Ensure all Educational supervisors have 0.25PAs per trainee in their job plan 	<ul style="list-style-type: none"> Outpatient clinic audits, trainee feedback Job plan review 	<ul style="list-style-type: none"> Aug 2016 ongoing 	<ul style="list-style-type: none"> educational supervisors / faculty leads clinical leads / AMDs

Number	GMC Requirement	Requirements
6	R2.19 ; R2.5	<ul style="list-style-type: none"> The Trust must ensure that all trainees are up to date with equality and diversity training. The Trust must establish mechanisms, using the passport process if preferred, to ensure that trainees in the Trust maintain their mandatory training, including a robust system of checks and reminders.

Trust response:

- In anticipation of those new trainees starting at LHCH, the Trust has adopted a proactive approach in assuring the mandatory training compliance for all its new starters. Through corresponding with the trainee's Lead Employer and previous employer, alongside cross referencing this to the HEE NW Core Skill Register, the Education Centre now tailor its induction programme to reflect those current gaps and prevent training repetition. This has also provided opportunity to extend those priority subjects e.g. duty of candour and E&D training.
- Work is currently underway to align all HEE NW trainees to the Trusts online learner management system 'MYPACT'. With trainee MT compliance being reported through MYPACT, all trainees will be provided with checks and reminders towards out of date compliance. Robust reporting mechanisms via a dashboard format will be presented to the Trusts quality assurance committees on a quarterly basis with a vision to inform the wider HEE NW Core Skills Register.
- The Trust continues to attempt to work with HENW to avoid duplication, and to ensure that centrally-held information is both accurate, and obtained in a timely manner. Ideally, rotational information should be delivered 12 weeks in advance of the trainees' arrival to allow adequate preparation
- The "passport" system, whilst mature in the old North-West Deanery patch, is not yet fully developed in the Mersey area. The Trust looks forward to working with HENW as the "passport" system is rolled out across the area.
- Feedback from the most recent round of induction has shown full compliance with, and a high rating of the quality of, E and D training

Corrective action	Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none"> • Ensure all trainees receive Equality and Diversity and Mandatory training on induction 	<ul style="list-style-type: none"> • Induction timetables and feedback (attached) 	<ul style="list-style-type: none"> • ongoing 	<ul style="list-style-type: none"> • JG / AI

Number	GMC Requirement	Requirements
7	R2.19; R2.5	<ul style="list-style-type: none"> • The Trust must continue its work to ensure that all trainers meet the requirements for approval as clinical or educational supervisor in line with GMC and HEE NW standards.

		<ul style="list-style-type: none">• The Trust must ensure that all consultants are up to date in equality and diversity training.	
Trust response: <ul style="list-style-type: none">• as of 23/5/16, the Trust database shows around 70% compliance with educational appraisal and therefore GMC / HENW standards. However the dataset is far from complete and it is anticipated that this proportion will significantly increase as more data is completed.			
<ul style="list-style-type: none">• Equality and Diversity training forms part of Trust Mandatory training. All consultants should / will have current valid E and D training. The spreadsheet showing the same was submitted as part of the document submission for the visit. The current spreadsheet shows 100% Consultant validity.• All appraisers now have guidance around the Educational appraisal, specifically the requirements for ongoing CPD• Educational appraisal forms part of the general appraisal for all consultants			
Corrective action	Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none">• Continue to populate ES / CS database• Ensure all ES / CS are up to date with valid E and D certification via mandatory training• Circulate Educational Appraisal guidance to all appraisers• Invite Dr Alasdair Thompson to deliver educational talk to divisions	<ul style="list-style-type: none">• Database• Trust mandatory training database• Circulation of guidance• Session delivery	<ul style="list-style-type: none">• July 2016• Ongoing• May 2016• Sept 2016	<ul style="list-style-type: none">• AI• AI• AMDs• GNR / JG

Number	GMC Requirement	Requirements
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8	R3.3; R3.13	<ul style="list-style-type: none">• The Trust must ensure that trainees have sufficient supervised opportunities to gain confidence and competence in making independent and informed decisions.• The Trust must ensure that feedback on performance and support for further learning is provided by the supervisor who observed the trainee.• The Trust must ensure that trainees are exposed to an appropriate balance of new and follow-up patients at clinics, and should review whether this balance provides grade-suitable experience for trainees.		
Trust response see requirements 4 and 5 and recommendation 5				
Corrective action		Evidence of quality improvement	Timeline	Responsibility

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Number	GMC Requirement	Requirements		
9	R2.17	<ul style="list-style-type: none">• The Trust must establish clear pathways to identify and support doctors in difficulty, which should follow the policy of HEE NW.• The Trust must ensure that the doctors in difficulty policy has been circulated appropriately and understood.		
Trust response: the Trust will ensure that all trainers are aware of the means available to support doctors in difficulty.				
Corrective action		Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none">• Trust to ensure local policies follow HENW guidance• Trust to circulate HENW policy to all consultants		<ul style="list-style-type: none">• Policy production• Circulation of policy (see attached email)	<ul style="list-style-type: none">• August 2016• May 2016	<ul style="list-style-type: none">• JG• JG

		Recommendations
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1	R1.12 Rota design	<ul style="list-style-type: none">The Trust should ensure appropriate work plans and rotas.		
Trust response: <ul style="list-style-type: none">all rotas are undergoing review as part of the preparations for the introduction of the new junior doctor contract, however this process cannot progress until the outcome of the BMA / DoH negotiations is knownThe process to appoint a “Guardian of Safe Working” role is underway				
Corrective action		Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none">Rota reviewAppoint Guardian of Safe Working		<ul style="list-style-type: none">Outcome of rota reviewSuccessful appointment	<ul style="list-style-type: none">July 2016August 2016	<ul style="list-style-type: none">RH / JDATRP

Number	GMC Requirement	Recommendations		
2	R2.4 Quality Improvement	<ul style="list-style-type: none">The Trust should continue to engage trainees in quality improvement (QI) projects.		
Trust response: the Trust actively engages trainees in Quality Improvement projects. They are encouraged to present their findings at local and national meetings				
Corrective action		Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none">Continue to encourage trainees in quality improvement projects		<ul style="list-style-type: none">Clinical audit output / departmental accounts (attached)	<ul style="list-style-type: none">ongoing	<ul style="list-style-type: none">educational supervisors

Number	GMC Requirement	Recommendations
3	R3.7	<ul style="list-style-type: none"> • The Trust should maximise the benefits of patient – trainee interactions.

	Accurate and timely information			
Trust response: as this recommendation refers mostly to the use of the term “clerking”, the Trust will try to reduce usage of this term, however it remains in very common usage across the LHCH, as it does across most NHS hospitals				
Corrective action	Evidence of quality improvement	Timeline	Responsibility	
<ul style="list-style-type: none">reduce usage of term “clerking” across the organisation	<ul style="list-style-type: none">verbal feedback	<ul style="list-style-type: none">ongoing	<ul style="list-style-type: none">all	

Number	GMC Requirement	Recommendations
4	R3.12 Study Leave	<ul style="list-style-type: none"> The Trust should ensure that study leave is managed equitably and based on sound and consistent principles cognisant of service needs as well as curriculum coverage.
Trust response: the Trust was surprised to hear that certain trainees perceived an inequality in study leave approval. The study leave administration team are not aware of a single instance where study leave has not been granted, nor have any appeals outside of LHCH been made.		

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There have been a number of instances where trainees have significantly exceeded their annual budget allocation due to them wishing to attend a number of expensive courses and conferences in a particular year, and it has not been possible to fund their requests in entirety, even with some flexibility in the allocation of funds. This has been made clear to trainees at the time of application.

The management of all study leave being taken over by TPDs and HENW from 1/4/16 should remove this as an issue at local level

Corrective action	Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none">HENW / TPD management of trainee study leave	not applicable	April 2016	HENW study leave co-ordinators

5	R3.13 Feedback	<ul style="list-style-type: none">The Trust should consider a formal process for supervisors to regularly discuss learning, experience and issues with their trainees.		
Trust response: the DME and faculty leads will monitor frequency of trainee / supervisor interaction. The organization will consider the introduction of regular trainee discussion sessions at divisional meetings and then feedback from these sessions to take place.				
Corrective action		Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none">Introduce trainee discussion sessions at divisional level and then feed this back to trainees		<ul style="list-style-type: none">Minutes of divisional meetings	<ul style="list-style-type: none">ongoing	<ul style="list-style-type: none">clinical leads / faculty leads

Number	GMC Requirement	Recommendations		
5	R1.13 Induction	<ul style="list-style-type: none">The Trust should continue to work to ensure that all trainees, including out-of-sync trainees, receive a Trust induction that enables them to commence work safely.		
Trust response: all trainees receive a Trust induction which is continuously audited and modified based on feedback received				
Corrective action		Evidence of quality improvement	Timeline	Responsibility
<ul style="list-style-type: none">Continue to continuously evolve and modify the Induction process		<ul style="list-style-type: none">Induction audits, programmes and attendance lists	<ul style="list-style-type: none">continuous	<ul style="list-style-type: none">AI / JG