

## Board of Directors (Public)

### Item 3.1

## Board Report

**Subject:** Update on SHO Programme and Proposed Deanery Visit  
**Date of meeting:** 28<sup>th</sup> April, 2015  
**Prepared by:** Dr Glenn Russell – Medical Director  
**Presented by:** Dr Glenn Russell – Medical Director

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
n/a	8	No change – amber rating

#### 1. Background

This update will review the progress of the key elements of the SHO programme.

The SHO steering group has continued to meet weekly to monitor progress, and individual consultants have met with both the SHO and middle grade surgical groups. In addition feedback from the daily safety huddle is monitored with specific questions around SHO issues.

#### 2. Hospital at Night

There have been no safety issues reported with cover of the hospital at night or weekend. Feedback suggests it is popular with trainees and the teams work together well. It has been facilitated by a team base with availability of refreshments and computer access. The new rota means fewer hours spent on call which will release dedicated training time.

#### 3. Hospital during the Day

The original proposal was a single SHO and hospital practitioner covering sick patients on the ward, supported by Advanced Nurse practitioners and pharmacists. This required surgical teams to ensure their own patients had all admission and discharge processes completed. However, recruitment of Nurse Practitioners has been slow, with only two of the six appointments to date. Equally there have been no suitable applicants for the Pharmacy Band 7 posts. Without this support the workload far exceeded to capability of the SHO/Hospital co-ordinator team during the day and an alternative solution was required.

After full discussion with the surgical middle grades, a Registrar is now rostered daily (Registrar of the day) to support the ward work. This has meant some review clinics, normally run by Registrars, have been cancelled. A plan is being developed to rationalise the number of surgical follow up clinics to limit impact on patients and improve the efficiency of the clinics. Whilst this has greatly improved the support for SHOs, it is not popular with the middle grades and has had some impact on training and is probably not a long term solution. The arrival of the five overseas SHOs, when fully trained, will reduce the requirement for this support.

**4. Surgical Staffing to August 2015**

Five SHOs from overseas are now undergoing a two week period of training, shadowing and assessment. (Appendix 1). This includes normal induction programme, EPR training, pharmacy lectures and testing and Intermediate Life support accreditation. Each new doctor has a middle grade and consultant mentor that will be available for the duration of their time with the Trust. The SHO steering group and safety huddle will continue to monitor the progress of this group of doctors to ensure patient safety.

**5. Deanery Trainee Allocation in August**

The Trust has had no official notice from the Deanery as yet. However, informal sources suggest we will be allocated four Core Surgical Trainees and three Foundation year 2 doctors. When combined with our Trust SHOs we will have 11 junior grades, one in excess of proposed allocation for a period of two months.

**6 Training**

Whilst the Deanery allocation is as yet based on informal information, it is clear that the quality of training delivered to our junior staff will be under great scrutiny henceforth. It is in many ways our last opportunity to ensure we continue to receive high quality trainees from the Deanery. The Trust must have in place and enforce a comprehensive medical education strategy to ensure training becomes a key focus for the Board. Failure to recruit sufficient numbers of quality trainees is a major risk for the Trust in the next 2 years.

Each trainee has had a formal conversation to formulate a training plan with the surgical Tutor. Early feedback demonstrates that the training time available has increased and more opportunities are becoming available. These are the early steps in what needs to be a sustained cultural change in the surgical division. The delivery of the training plans will be monitored by the SHO steering committee over the next six months to ensure focus remains on delivery.

**Deanery and GMC Visit.**

- 7.** Following feedback from the previous Deanery visit, the above organisations were due to return on 1 June 2015 to assess the progress with training. However, with the amalgamation of the Mersey and Manchester Deaneries, the proposal is now for a pre-visit on the 7,8, or 9 July 2015. This will be followed by the formal visit in October 2015. It is not clear if the General Medical Council will also rearrange their proposed visit to coincide with the Deanery.

The format of the visit will include a presentation of the SHO plan, the training time and opportunity released. The trainee's logbooks will also be offered for scrutiny. Any back pay issues that are outstanding for trainees will also need to have been addressed as they will certainly be raised in this forum.

The best preparation for the visit is to continue the focus on the aims of the SHO programme and this group will continue to meet weekly in the period leading up to the visit.

**8. Summary**

The SHO programme continues to deliver safe care, with minimal impact on business continuity. However, the recruitment of support posts such as Nurse Practitioners and pharmacists is much slower than expected, leading to significant strain on existing medical and support staff.

The SHO recruitment issues that precipitated this programme has demonstrated the need for development of a new surgical staffing model and a change in surgical training culture within the Trust; both of which are being progressed and will be reflected in the Workforce Plan.

## **APPENDIX 1.**

Shadowing and Mentoring programme for newly starting SHO / CF from overseas

### **Trust SHOs**

For the Trust SHOs, it should include a combination of the following:

- Shadowing the day on call SHO
- Shadowing morning ward rounds
- Shadowing 2 - 3 nights with the hospital at night team
- Shadowing at least one weekend long day

### **Clinical Fellow**

For the Clinical Fellow, it should include a combination of the following:

- Shadowing at least 2 long day POCCU shifts
- Shadowing morning ward rounds in thoracic and cardiac surgery wards
- Shadowing at least 2 clinics
- Shadowing 2 - 3 nights on call with the Junior Reg on call in POCCU
- Shadowing one thoracic and one cardiac operating list

### **Mentoring**

There will be named Registrar mentors, in addition to Consultant mentors. These will be the 'go-to' persons for the new starters at any time they need help and support. I will also hope that these mentors will actively help them settle into their roles once they start working.