

Action Plan for Altnagelvin Area Hospital

Undermining Check 2014/15

Requirements

Report Ref	Due Date	Description	Action taken by LEP/ LETB / Deanery to date	Further action planned by LEP/ LETB / Deanery	Timeline for action (month/ year)	LEP/ LETB / Deanery lead
1	Next scheduled report to the GMC	We recognise the concerted effort to change systems and processes to support the obstetrics and gynaecology Consultant team. However the success of these changes appears to be hindered by a lack of engagement of some Consultants. The Trust must ensure that trainers and Consultants understand the requirements of the programme and their role in supporting the Local Education Provider in meeting these. (TTD Standard 6.39)	<p>In our action plan to address the GMC requirements for 'recognising trainers' the WHSCT is already providing training locally twice per year in :</p> <p>Teaching the teacher; Trainee Support; Supervisory skills; Equality and diversity (online module)</p> <p>These are open to all consultants and have been attended by O&G. They address the LEP responsibilities for training and provide training relevant to these concerns.</p> <p>Recent topics at the Medical Education and Training Committee, opened to all consultants, have included:</p> <ul style="list-style-type: none"> - Feb 2013 WBPA Training, Dr Paul Baylis - Dec 2013 Review of PG Medical Education 	<p>On-going training courses in: Teaching the teacher; Trainee Support; Supervisory skills; Equality and diversity (online module)</p> <p>O&G head of school to provide RCOG specialty specific training on curriculum requirements to O&G body. Clinical duties will be cancelled to facilitate attendance (April 2015)</p> <p>DME to deliver training on LEP and Deanery requirements and responsibilities for O&G. This will include role specific detail.</p>	<p>On-going</p> <p>May 2015</p> <p>June 2015</p>	<p>Neil Corrigan DME</p> <p>Sandra McNeill Deputy Head of School</p> <p>Neil Corrigan DME</p>

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			in N.I. by Prof Keith Gardiner, PGD			
2	Next scheduled report to the GMC	The Trust must introduce more formalised opportunity for obstetrics and gynaecology doctors in training to raise concerns and issues about their training environment. Doctors in training must have a means of feeding back any concerns in confidence, in the knowledge that privacy and confidentiality will be respected where appropriate. (TTD Standard 6.7)	<p>All trainees have identified clinical and educational supervisors and meet regularly with them</p> <p>There is a college tutor/educational supervisor with responsibility for training that is known to them</p> <p>The DCD and clinical directors are known to Trainees and available to discuss concerns</p> <p>There is a trainee representative who is also a trained mentor</p> <p>There is an identified consultant mentor outside of formal educational or Trust Managerial systems. Trainees can discuss issues in confidence.</p> <p>Consultant mentor runs trainee forums allowing trainees to discuss issues or</p>	A 'Trainee Concerns' email address being considered by NIMDTA	None stated to date	Keith Gardiner Postgraduate Dean

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			<p>concerns</p> <p>Divisional meetings have trainee representative in attendance – concerns can be raised anonymously by the rep on other trainee’s behalf</p> <p>Operational Group examining issues of service delivery now have both trainee rep and midwife rep in attendance</p> <p>At induction and within the Junior Doctor Handbook systems to raise concerns are explained in detail and the option to contact the DME or Medical Director directly are emphasised</p> <p>NIMDTA and the Specialty schools have formal and informal mechanisms to share concerns – more detail can be sought from these channels if required</p>			
3	Next scheduled report to the GMC	We heard that inconsistent Consultant application of clinical guidelines is in some cases leading to tensions between staff. This has a detrimental impact on	<p>The O&G team refute that they are at any time working outside clinical guidelines.</p> <p>The Clinical outcomes from this team are excellent. This is evidenced by the Prestigious CHKS Excellence in Maternity</p>	<p>Updates to clinical guidelines will be made a standing item at the end of each Perinatal meeting.</p> <p>Medical and Dental Education are currently developing an App for</p>	<p>August 2015</p> <p>January 2016</p>	<p>Michael Parker DCD</p> <p>Sinead Doherty MDET senior manager</p>

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		the training environment. Trust senior management and Consultants must work together to ensure a consistent approach to education and training. (TTD Standard 6.33)	<p>Care Award 2014 (outcomes for patients in the top 4 across the UK) and the awarding of a Western Health and Social Care Trust Staff Recognition award for quality and safety in 2014. Failure to follow clinical guidelines has not been cited as a contributory factor in serious adverse incident or clinical incident reviews or reports. There is no evidence to support inconsistent application of clinical guidelines and strong evidence to refute it.</p> <p>Locally enhanced clinical guidelines are available on the local Intranet. Direct links to make accessing these more straight forward have been sent to all trainees.</p> <p>The RCOG has an excellent App referencing clinical guideline. All trainees and consultants have been asked to download this App and MDET will reimburse the cost of this to individual trainees</p>	<p>trainees in the WHSCT. This will be developed to include links to specialty specific guidelines such as O&G.</p> <p>MDET are working closely with the Medical Director and DCD's to ensure that the GMC recommendations in 'Recognising Trainers' is implemented. This will ensure that by 2016 only trainees with the minimum mandatory training courses will be allowed to act as clinical supervisors or in other formal educational roles.</p>	July 2016	Neil Corrigan DME/ Medical Director

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4	Next scheduled report to the GMC	Current handover arrangements are not perceived by doctors in training to be useful educational opportunities, particularly due to the way in which negative feedback is being given. Supervising Consultants must adopt a constructive approach to giving feedback (TTD Standard 6.31[b])	<p>In the GMC report it was acknowledged that all groups interviewed had recognised an improvement in the culture of the department over the past 2 years. A caveat implied this was partially due to an increase in senior trainees over that time. An analysis of trainee seniority over the past 4-years does not support this. The improvement described is attributable to the ongoing intensive interventions aimed at changing these dynamics.</p> <p>Postnatal and Gynae nurses / midwives are now invited to handovers.</p> <p>We aim to ensure that two consultants attend each handover to ensure understanding of previous decision's and clarity around any updates or changes to management plans.</p> <p>There has been a conscious change in behaviours at handover which anecdotally have improved the trainee experience.</p>	A training session in communication skills is planned for consultants (Paula O'Kelly – Leadership Centre)	August 2015	Sandra McNeill

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			We are working hard to ensure that the robust nature of GMC feedback in this area does not inhibit the opportunity or inclination for frank discussion that is essential for patient safety, excellence in practice and trainee education.			

Good practice

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1	Next scheduled report to the GMC	The Northern Ireland Medical and Dental Training Agency (NIMDTA) education package for doctors in training which includes 'Building resilience', 'Accessing support' and Equality and Diversity. This is a recent positive intervention. The Consultant body recognises that this training package is necessary and has actively requested their own training on		Development of trainee mentoring scheme Mindfulness training for trainees	on-going September 2015	Neil Corrigan DME Neil Corrigan DME

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		'Managing relationships' and 'Delivering feedback'. (TTD Standard 6.35)				