Action Plan for Ipswich Hospital NHS Trust, 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	1.1 A consultant must be present on labour ward at all times to ensure patient safety, provide supervision and maximise educational opportunities. This must be urgently addressed.	1.1 Currently the consultant on call also covers Gynaecology and theoretically may be attending to on call work on the delivery suite, ante-natal/post-natal ward, Gynaecology ward, Gynaecology or General Surgery theatres and Emergency Dept. The provision of dedicated labour ward sessions is envisaged in the redesigned consultant rota following further consultant recruitment. This will ensure that the Obstetrics Consultant is available for better training and supervision of trainees as well as midwives. Consultants may occasionally attend their office to complete administrative tasks while there is minimal activity on the labour ward. We are converting the on call room on the ward to an office with computer provision to		May 1st 2015for change of rota to provide for 60 hours of dedicated labour ward sessions	*Clinical Lead, O&G*

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			allow the consultant to complete their admin without the need to leave the ward. On the odd occasion that the consultant may be called away on clinical work to other areas in the hospital, they should inform the Registrar on call and / or Labour Ward Coordinator of their whereabouts. All personnel on the labour ward should be confident that consultant support is available at all times and certainly as resident for at least 60 hours per week.			
	Next scheduled report to the GMC	1.2 Consultants must be responsible for the registrar bleep when higher tier (ST3+) doctors in training are not available. The hospital pager or 'registrar bleep' must not be allocated to junior tier doctors in training (FY2, ST1 and ST2).	The junior tier doctors [core trainees] are not expected to hold the Registrar on call bleep for Obstetrics. This bleep is held by the consultant on call if the Registrar is delayed in attending for their on call. For Gynaecology, the junior tier trainee holds this bleep and not the Gynae registrar bleep. The switchboard are informed if there is no registrar covering a particular gynae session so that appropriate referrals from emergency department and GPs can be channelled to the Consultant on call rather than to the junior trainee.		Effective immediately	*Clinical Lead, O&G*
	Next scheduled report to	1.3 The use of middle grade locum night cover in the	All locums are currently sourced through a single portal – HB	The odd locums are recruited by HB Retinue and receive a small induction pack to	Effective immediately	College Tutor

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	the GMC	obstetrics and gynaecology unit must be more actively managed and quality controlled. (TTD Standard 1.3)	Retinue who reassure us that they do ask locums to ensure that they are well rested for their shift. There is an element of trust in the locum ensuring they are safe to practise and not exhausted by taking this on despite working full time in their usual place of work. It will be difficult to ask them about their other clinical commitments when they attend for their locum job as we are not in a position to seek alternatives at that late stage. In the past, it was highlighted to us that certain locums were unsafe because of working 2 jobs and they were consequently dropped from further recruitment. As from August 2014, our use of locums has significantly reduced due to proactive employment to vacant trainee posts.	familiarise with the department		
2	Next scheduled report to the GMC	The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used. All documentation, guidance and rotas should be reviewed to ensure that this terminology is	For purposes of rota, they will still need to be grouped under one heading. As the GMC feels that SHO is not desirable and outdated, we will use the alternative term 'core trainee'.		Effective immediately	College Tutor

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		removed. The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)				

Recommendations

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1	Next scheduled report to the GMC	The Trust should redevelop rotas for doctors in training to ensure an appropriate balance of service provision and education and training opportunities. Particular attention should be paid to rotas for junior tier doctors in training to ensure their specific training needs are addressed. (TTD Standard 5.1 and 5.4)	The core trainees continue to be on a partial shift rota with fixed weeks of daytime, night and weekend activity. During this time they provide emergency on call care for Obstetrics and Gynaecology and this is essential for all core trainees. In the other weeks on the 7 week rolling rota [4 of 7weeks], the rota will reflect their training requirements. We allocate GPST trainees to more clinic sessions and Speciality trainees to more theatre sessions.		Effective immediately	College Tutor
2	Next scheduled report to the GMC	The Trust's senior management team and obstetrics and gynaecology unit clinical leadership should investigate and plan for	One international graduate recruited under the RCOG Medical Training Initiative [MTI] scheme in 2014 and hope to recruit one further trainee this year. Consultant	We have just been informed of the trainee allocations for 2015-2016 and we will have 6 trainees allocated by the Deanery. In addition we have 3 LAS who will be continuing	August 2015	*Clinical Lead, O&G*

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		future service reconfiguration to effectively respond to a reduced allocation of obstetrics and gynaecology unit doctors in training over the long term. (TTD Standard 8.1)	expansion following appointments in January 2015. We are working on a 5 year workforce plan to look at alternate ways to provide registrar run services and possibly introduce more consultant lead and run on call sessions including out of hours	and therefore we will be able to run an effective 1:9 rota. In addition we are looking to appoint a further speciality doctor.		
3	Next scheduled report to the GMC	The Trust should implement a single, formalised, multi-professional handover arrangement in the obstetrics and gynaecology unit. Attendance at morning and evening handovers should also be incorporated into consultant job plans to ensure consultant presence at each handover. (TTD Standard 1.6)	Following recent recruitment the handover for consultants will change to 8 am so that all handovers between midwives, junior trainees and registrars happens at the same time and is well documented.		May 2015	*Clinical Lead, O&G*