

Action Plan for Belfast City 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 to date	Timeline for action (month/year)	LEP/ LETB / Deanery lead
1	<i>Next report to the GMC</i>	Trainers do not have consistent and sufficient time in their job plans for training responsibilities. All trainers must have adequate time for training in their job plans and the Trust must review this. (TTD Standard 8.4)	<p>The Trust acknowledges the importance of time for trainers to train in job plans.</p> <p>All consultant job plans are being reviewed and all those who are clinical supervisors or Assigned educational supervisors will have this recognised in their job plans.</p>	The trust is also identifying some extra PA allowance to identify one of the newly appointed surgeons to assist in enhancing the education and training programme for the trainees.	<p>General Surgery June 2015</p> <p>Vascular Surgery June 2015</p> <p>Urology May2015</p>	R Hannon C Hagan D Carey P Blair
2	<i>Next report to the GMC</i>	We heard that the urology training experience is very good for doctors in training. However, the current middle grade urology rota is non-compliant with the European Working Time Regulations due to doctors in training having to stay at work beyond the	<p>The trust has advertised for specialty doctor posts on a number of occasions but has been unsuccessful.</p> <p>An additional recruitment drive has been completed (March 2015) and there were 2 applicants. Regrettably the posts were not filled.</p>	<p>A further recruitment has commenced (April 2015) and we understand there may be 2 potential applicants. If filled these should assist with the EWTD and workload issues.</p> <p>Options to reduce rota banding continue to be explored in detail with Medical HR but options to date have had the</p>	May/June 2015	C Hagan R Hannon LETB lead

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		length of their shift (this also applies to foundation doctors in urology) and having to come in to perform surgery during the night when on call. The Trust must review this. (TTD Standard 1.5, 2.1)		potential to impact too heavily on the high quality of training provided currently.		
3	<i>Next report to the GMC</i>	The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used.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 removed. The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)	The trust has already started to action this from October 2014 and all trainees and education leads have been informed in writing that the term SHO is no longer acceptable.	The service groups and medical admin teams will work to ensure that the rotas and documents are all compliant with this. At the February Induction, all trainee staff in the Trust were made aware of the requirement to ensure that their correct training grade is noted on their ID badges and the required field is completed on the application form for Trust ID Badges. Local arrangements have been made to order name badges with the correct designation. The ID badge department have been provided with	February-July 2015	Caroline Leonard Chris Thomas

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				a list of the appropriate grades that can be used on badges from February 2015		

Recommendations

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1	<i>Next report to the GMC</i>	<p>Doctors in specialty training told us they consistently experience inappropriate calls for their level of expertise when undertaking emergency calls. Core doctors in training appear to be deprived of useful learning opportunities due to the doctors in specialty training having the emergency phone. The Trust should review these arrangements to ensure that doctors in specialty training are not asked to attend calls which are not appropriate for their level of expertise and core doctors in training</p>	<p>It is important that there is good access to the general surgery EmSU on-call ST doctor to enhance patient decision-making but the Trust also recognises that the filtering of these calls is a challenge.</p> <p>Learning opportunities for CT/F2 doctors were provided when they were working in parallel with the ST doctor on-call, during the day and at night.</p> <p>The CT trainees are now carrying the emergency phone where appropriate.</p>	<p>The CTs will continue to take the emergency phone as this seems to work well. This will continue to be encouraged by all the surgical team.</p> <p>The trust will carry out an audit of the calls the ST doctor is currently receiving to ensure an appropriate balance of learning opportunities between the core and specialty trainees.</p>	June 2015	T Irwin R Hannon

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		have appropriate learning opportunities. (TTD Standard 6.10, 6.11, 6.13)				

Good practice

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the deanery or outside the deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	LEP/LETB/Deanery lead
1		Doctors in training told us that Belfast City hospital has a good training environment despite heavy service pressures. They value the support from Consultants. (TTD Standard 5.4, 6.2)	The Head and Deputy Head of School of Surgery both work in BHSCT and good practice is reviewed by the Schools Boards at NIMDTA and disseminated as appropriate.	The trust will continue to support trainers in terms of resources and facilities to ensure that the training environment remains good. The trust is working to ensure that the in-house training courses for trainers will allow all named CS and ES to be approved by the GMC by 2016.	On-going	Trust lead: Dr U Carabine, DME
2		The current SMT is perceived as listening to the clinical voice at all levels. We recognise and encourage the efforts by the SMT to address the pressures on the rotas and cross-site working. (TTD	Issues around good practice are discussed at the Specialty Schools Board at NIMDTA	The SMT in the trust will continue to work with the trainers and trainees to ensure that Patient safety is the first priority but that training opportunities are also maintained by continuing to review rotas and cross site working arrangements.	On-going	Trust lead: J Welsh, Director of Surgery and Specialist services and SMT

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		Standard 6.18, 7.2)				
3		We have heard a number of positive examples of excellent training and teaching at all levels of surgical training. (TTD Standard 5.4)	The ARCP process reviews the educational achievements of trainees during the year and the excellent teaching and training will be noted through this.	The trust will continue to support training and trainers to ensure the high standards are maintained.	On-going	Head and Deputy head of School at NIMDTA