

Action Plan for Luton and Dunstable University Hospital NHS Foundation Trust, Undermining Check 2014/15

24 March 2015

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	The Trust must provide obstetrics and gynaecology doctors in training with a dedicated room for learning away from the ward with fully networked computers and suitable space for rest. (TTD Standard 8.6)	<p>The need for dedicated learning accommodation is fully recognised by the Trust and significant consideration has been given to potential suitable accommodation. It is important to recognise the constraints on space across the organisation and the Trust Re-engineering programme.</p> <p>The need for the accommodation to be close to the clinical areas also limits possible solutions.</p> <p>A proposal to erect a portacabin in one of the courtyards is being explored. This will be both junior and middle grade doctors' offices and a teaching and rest area. An Option Appraisal has been completed.</p> <p>The installation of a portacabin is subject to Building Control regulations.</p> <p>Funding has been identified and agreed.</p>	Proceed to full costing of preferred option.	August 2015 Depending on planning permission and Building Control Regulations	<p>Divisional Director for Women's & Children</p> <p>General Manager</p> <p>Estates Manager</p>
2	Next scheduled report	The use of outdated terminology to describe doctors in training and	The Division of Medical Education and Research will ensure there is Trust wide reinforcement of the	Develop and display RCOG template of roles and	Initiated in 2014, now further	Director of Medical Education

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	to the GMC	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 must ensure that all nurses and midwives understand the levels of competence of different training grades. The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)	<p>requirement to use the new terminology and provide clear guidance on the competency of different training grades. This information is cascaded through Midwifery and Nursing information chains.</p> <p>The Trust early warning tools and specifically the O&G Directorate MEWS and Escalation Policy have been reviewed and we can confirm these documents do not contain the term 'SHO'.</p> <p>Posters have been developed to clearly identify the competencies associated with each training grade. These are made available to all staff groups and disseminated via email, newsletters and presentation at various forums.</p>	<p>competencies in clinical areas.</p> <p>All Trust policies and clinical guidelines/procedures will be reviewed and the term SHO replaced with the appropriate term.</p>	reinforced and a rolling programme formally introduced.	
3	Next scheduled report to the GMC	The Trust must ensure that all midwives and nurses in the unit receive appropriate training in cannulation and suturing so that doctors in training are not performing these tasks as a matter of routine. This requires urgent attention and investment to be addressed in suitable	<p>A Band 6 Practice Development Midwife was recruited in November 2014 and has been in post from 9th March 2015. The focus of this role is to support the training of midwives in the skill of cannulation and suturing. This will involve mentoring the midwives in practice and maintaining a training database to monitor the competencies of the midwives. Additionally the postnatal pathway</p>	<p>Quarterly review of Midwifery Suturing/Cannulation Training Plan and implementation, report to Directorate.</p> <p>Monitoring of number of suturing and cannulation undertaken by midwives versus medical trainees.</p> <p>Monitoring of Midwifery/ Nurse Led discharges</p>	April 2015 with ongoing monitoring	<p>Divisional Director for Women's & Children</p> <p>Head of Midwifery</p>

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		time frame. (TTD Standard 6.13)	has been reviewed to support midwifery led discharges for both low risk c –section and vaginal operative deliveries. Ward reconfiguration will be implemented in early April.	The Senior Management Team is exploring the introduction of joint workshops between trainees and midwives using the Practice Development Midwife and the Clinical Facilitator. The first such workshop was held on “perineal tear repair” on the 7.02.2015 attended by midwives and doctors.		

Recommendations

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1	Next scheduled report to the GMC	The Trust should make more formalised arrangements for education to be reported to the board as a standing agenda item for discussion. The Director of Medical Education should have input to these meetings. (TTD Standard 7.2)	<p>The Director for Medical Education (DME) is a member of the Trust's Clinical Operations Board (COB); a sub committee of the Trust Board, and can table items on the agenda. Minutes from COB are reported to the Trust Board.</p> <p>The DME is expected to provide a report to the Monthly Trust Executive Meeting. This is a standing agenda item. The Executive Board Report includes updates on Medical Education issues.</p> <p>The DME is invited to attend and report to the Trust Board Meetings.</p> <p>In February 2015 the Board Seminar was dedicated to an update on Medical Education by Director of Medical Education.</p>	All tutor roles will be reviewed by DMER in 2015/16 with evidence of competency	Completed	<p>CEO</p> <p>Medical Director</p>
2	Next scheduled report to the GMC	The Trust should make further improvements to ensure more effective out of hours bleep coordination in the obstetrics and gynaecology unit. (TTD Standard 6.10 and 6.13)	The Labour Ward Coordinator filters calls from the Obstetric wards. The Head of Midwifery and the Clinical Director continue to review this process and ensure it is communicated to all relevant staff. Reconfiguration of the ward will further support a more efficient use of medical resource through improved coordination	Monitoring of trainee satisfaction with changes via O&G Clinical Tutor , trainee feedback and faculty meetings	April 2015	<p>Divisional Director for Women's & Children</p> <p>Head of Midwifery</p> <p>Clinical Directors</p>

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			The introduction of the practise support midwife role and midwifery led discharge policy has reduced the need to repeatedly call junior doctors and frees trainees up for more appropriate tasks. It also increases the opportunities for trainees to attend formal and ward based training activities with consultants and the wider team.			
3	Next scheduled report to the GMC	The Trust's senior management team and obstetrics and gynaecology clinical leadership should investigate and plan for future service reconfiguration to effectively respond to a reduced allocation of obstetrics and gynaecology doctors in training over the long term. (TTD Standard 8.1)	The Trust's Obstetrics and Gynaecology medical workforce strategy fully recognises the planned, reduced allocation of O&G trainees and also recognises the benefits of increased consultant presence. This enables; education, support to juniors and early consultant review, also improving patient safety. A number of flexible innovative new consultant posts have already been agreed using consultants rostered on shifts previously covered by trainees. It is recognised that this is an iterative process requiring regular review and adjustment to ensure effective new models of care and sustainable attractive posts. Currently 2 locum acute consultants and 4 speciality doctors (permanent) have been recruited. The locum consultant posts allow optimum modelling before undertaking substantive consultant recruitment.	Substantive Job Descriptions to be submitted to RCOG and substantive recruitment to start when agreed. The impact of these new posts will be reviewed regularly to inform continued medical workforce modelling with possibility that more innovative posts will be required. , drawing on RCOG advice on Workforce Planning and successful models in other specialties. It is recognised that O&G consultants' working patterns are evolving,	April 2015	Divisional Director for Women's & Children Women's & Children Division Senior Medical Team

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				require flexible changing to be fit for the future.		
4	Next scheduled report to the GMC	The Trust should review its support for non-consultant career grade doctors to ensure there is adequate investment and engagement with this group of clinicians. (TTD Standard 8.3)	<p>The Trust recognises the value of non-consultant career grade doctors (specialty doctors) and the need for investment in their ongoing professional development. The Trust has a SAS & Specialty Doctor Tutor supported by administration time and faculty who meet quarterly to ensure annual funding to support this group of doctors is utilised appropriately. The O&G Faculty review all trainees and all non-consultant doctors, irrespective of training status, are allocated educational supervisors and are invited to all education events. Recent training innovations in O&G have actively included providing opportunities for Non Consultant career grade doctors to meet their individual areas of special interest and training needs and to keep a record of individual training needs.</p> <p>All speciality doctors are appraised using the MYL2P system and their PDP is sent to the CD</p>	The Trust understands the huge contribution that non-training grade doctors make to service delivery. They currently have in place a formal appraisal process which is in line with revalidation. There is a planned review of the support and funding needed for these doctors to allow them to have appropriate CPD and training. This will be undertaken in 2015/16 with identification of the funding stream. This will be undertaken by the Director of Medical Education. Following the review standardisation of practise will be introduced across the Trust giving a	2015/16 Complete by April 2016	Medical Director Director of Medical Education

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				structure.		

Good practice

Report Ref	Due Date	Description	Details of dissemination (across LEPs within or outside the LETB/deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/ year)	LEP/ LETB / Deanery lead
1	Next scheduled report to the GMC	The educational case discussion meetings and subsequent handover on the labour ward provide constructive educational and reflection opportunities for doctors in training. (TTD Standard 1.6)	The labour ward handover and discussion meeting continues to take place providing excellent learning opportunities. A template has been developed which covers briefings on risk, equipment, staffing, huddles etc. and is modelled on Human Factors best practice. Attendance at meetings is recorded and a case synopsis is presented and discussed.	The new rota for doctors includes a start time of 08:00 so that they can attend the morning educational meetings as part of their EWTD hours.	Educational handovers already enhanced Rota commencing April 2016	Divisional Director for Women's & Children Obstetric Clinical Director Clinical Tutor