

Action Plan for Ninewells 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	Dean's Report October 2015	Appropriate cover must be scheduled on the rota to allow foundation year doctors in training to attend teaching sessions. Additionally, teaching time must be protected. (TTD Standard 5.4)	The Foundation Teaching Programme in Ninewells has recently been changed to allow the FY1 programme and the FY2 programme to occur on different days with the expectation that each Year Group will be able to attend the relevant Teaching session "bleep free" as their colleagues will cover them on the understanding that the reciprocal arrangements will apply.	The teaching programme in Ninewells and Perth Royal Infirmary is subject to continual review. It is proposed to aim to deliver the sessions in Perth Royal Infirmary as part of a rolling programme rather than a sequence of stand-alone topics. This should enable enhanced rates of attendance and gives more flexibility around the demands of shift patterns, annual leave etc.	Proposed start date for rolling FY teaching programme is August 2015.	Dr John Davidson Deputy Director of Medical Education, NHS Tayside
2	Dean's Report October 2015	Doctors in training produce their own rotas however there is variable senior oversight and scrutiny of these rotas. These rotas must be consistently reviewed and scrutinised by a senior member of	A job description has been produced and approved for a rota administrator to work with Department Clinical Leads, and Clinical Directors to provide prospective review of junior staff rotas.	Introduction of electronic rostering, to be coordinated by the rota administrator, with consultant input from clinical leads and/or clinical director for the service.	Appointment of rota administrator August 2015. Electronic rostering December 2015.	Mr Philip McLoughlin Associate Medical Director Surgical Directorate

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		the department to ensure that rotas are suitable for education and training, safe and legally compliant. (TTD Standard 1.5)				
3	Dean's Report October 2015	Doctors in training must be enabled to record their working hours accurately for the purposes of monitoring. (TTD Standard 1.5)	<p>A pre-monitoring talk is offered by the eDeployment team, prior to each monitoring period and monitoring paperwork is e-mailed to each junior doctor. At the pre-monitoring talk, junior doctors are advised to complete their forms accurately and to make every attempt to work within the boundaries of their rota. They are also advised that any issues regarding hours, insufficient rest etc., should be raised with Consultants in the first instance. However, if they are not comfortable doing so, they are encouraged to raise issues through the eDeployment team, who will contact specialties, confidentially, on their behalf.</p> <p>Along with the monitoring</p>	Addressed under action already taken	Completed February 2015	Mrs Fiona Pullar HR Lead - eDeployment, Medical Services

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			paperwork, rota specific guidelines are issued. These detail the start/finish time of each shift and the minimum natural break/rest requirements.			

Recommendations

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1	Dean's Report October 2015	Options which will enable general surgery specialty doctors in training to attend regional teaching should be explored, such as video conferencing facilities. (TTD Standard 5.4)	Video conferencing is available on the Ninewells and Perth Royal Infirmary sites. Consultants double up in theatre where possible and clinics are reduced or cancelled.	Appointment of clinical grades, specifically Physicians Associates is planned, and initial finance has been identified. Expansion of the role of Associate Nurse Practitioners, which has been successful in Neurosurgery, is being explored in General Surgery and Orthopaedics.	December 2015	Mr Philip McLoughlin Associate Medical Director Surgical Directorate
2	Dean's Report October 2015	We heard that there appeared to be an endemic issue with bullying and undermining in the relationship between the Emergency Medicine staff members and surgical doctors in training of all grades. This should be explored in conjunction with the Health Board and Deanery. (TTD Standard 6.18)	The report has been shared with the emergency medicine department. It has been discussed at several departmental meetings. Discussions have taken place with the human resources department about strengthening the bullying and undermining section of the induction programme for all junior doctors. This aims to ensure junior doctors are aware of the values and behaviours expected within the organisation		Completed February 2015	Dr Alan Cook, Medical Director Operational Unit

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			and know the escalation route if they experience values and behaviours that are inconsistent with NHS Tayside's standards.			
			Support has been provided to junior doctors in general surgery with direct access to designated consultants with knowledge of bullying and undermining. This is to ensure that all junior doctors are fully supported and can discuss and report any concerns for subsequent anonymous investigation.		Completed February 2015	Mr Philip McLoughlin Associate Medical Director, Surgical
				Emergency medicine to develop an induction programme for all junior doctors who interface with the department and arrange tours of the department. This aims to ensure that junior doctors are aware of the operational procedures within the department in relation to patient assessment and admission.	August 2015	Dr Andrew Reddick Clinical Lead, Emergency Medicine

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				Human resources department to strengthen the bullying and undermining section of junior doctor induction for all junior doctors. This is to ensure that all junior doctors are aware of the values and behaviours expected and are aware of escalation routes should these behaviours not be followed.	August 2015	Mr Alan Small Head of HR - Business Management Mrs Wendy Farquharson HR Business Lead
				Formalise linkage between clinical leader in emergency medicine and clinical group director in surgery to support communication and any required actions around bullying and undermining.	August 2015	Dr Andrew Reddick Clinical Lead, Emergency Medicine Mr John Nagy Acting Clinical Director Surgery