

## **GMC ACTION PLAN 2014 - INTRODUCTION**

Please see below our action plan/response in relation to the Requirements and Recommendations identified within the GMC report of the monitoring visit to Lancashire Teaching Hospitals NHS Foundation trust on 18 October 2013.

### **Transition to LETB**

Colleagues did articulate during interview with the panel that there was a lack of clarity about how HENW would operate going forward and that there had been limited engagement to date in understanding the strategic priorities and future funding streams. The process of full engagement was also highlighted as under-developed at that point in time. This discussion was set in the context of the emerging infrastructure of the new organisation.

### **General Comments**

We appreciate that the feedback was generally quite positive. However, we were surprised and disappointed that our exemplary and unique educational quality assurance process facilitated through the Internal Review Group was not highlighted as an area of good practice. We believe that it should be shared with other Trusts as an example of the robust management of the quality of medical education. The process acts on findings from focus groups, external surveys and visits as well as assessment of each Directorate against GMC training standards. A live dashboard and action plan have been developed to provide ongoing evidence of compliance with standards, and to address areas for continual improvement.

We are also currently working with an ST4 trainee undertaking a leadership fellowship, who has agreed to gather some information on improving Trust engagement and involvement with junior doctors via a survey monkey audit. The audit asks doctors for their thoughts regarding how the Trust communicates with them, as the Trust is keen to improve this to tie in with our quality processes. Findings will be used to work with the trainee to improve communication links.

## ACTION PLAN

### A. REQUIREMENTS:

No	Paragraph in <i>Tomorrow's Doctors/The Trainee Doctor</i>	Requirements for the LEP	Trust response/actions	Trust Lead	Timescale	Evidence Item
A1	TTD 1.2	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations by others of a doctors' competencies.	<p>The Trust has been taking actions for some time to ensure that current terminology is used to refer to the grades of doctors. This has included:</p> <ul style="list-style-type: none"> <li>• Instructing all departments to use the correct terminology</li> <li>• Checking official rotas and documentation contain the right terms</li> <li>• Ensuring name badges are issued with the current titles.</li> <li>• Correcting individuals use of the incorrect titles as each incident occurs</li> </ul> <p>Where breaches of this instruction are identified, these are specifically addressed directly with the areas concerned. Compliance is monitored by the IRG QA Team, who collate central evidence documentation. It is evident that some individuals still use these terms informally to describe certain rota groups, but with time and increasing irrelevance and monitoring, the use of these terms should cease.</p> <p>All directorates promote eradication of the use of the terms SHO and Registrar and have ensured that all staff groups including nursing and secretarial staff are aware of the correct titling of junior doctors. This message has been further reinforced at each intake and will continue to be monitored via IRG. A</p>	All	Ongoing reinforcement	<p>A1.1 - Email dating back to April 2013 re nomenclature.</p> <p>A1.2 – DTL agenda May 2013.</p> <p>A1.3 – ID Badge list.</p> <p>A1.4 – ED guidance on roles (to be shared as good practice)</p>

			breakdown of responsibilities for each grade has recently been produced by the Emergency Department and this will be rolled out across all areas for display and circulation among local staff.			
A2	TTD 1.2	RPH should provide reliable supervision for Paediatric ST4 (and above) doctors in training during outpatient clinics.	<p>An assessment of clinic numbers is currently being undertaken to establish if all clinics can be consultant led.</p> <p>Discussions are also taking place with middle grades as to how best to deliver supervision on the clinic patients they see, as this will depend to some extent on what stage the trainee doctor is at.</p> <p>The paediatric focus group in November did not identify any further issues with supervision. However, progress on actions above will be reviewed further within the IRG quarterly review due in May 2014.</p>	Clinical Director/ Directorate Training Lead/ Internal Review Group	Mar 2014/ May 2014 IRG review plus ongoing monitoring.	A2.1 – IRG feedback.
A3	TTD 1.10	Doctors in training must be made aware of the processes and systems in place when patients are transferred between different clinical environments.	A number of training sessions for doctors in training regarding the Trust policies related to patient transfer were delivered in November as an immediate and urgent response to the concern raised by the GMC. These sessions were delivered by a clinical team nominated by the Operations Director. This teaching session has now been integrated into the foundation teaching and induction programmes. The session includes an explanation of relevant Trust procedures and training on the McKesson software, which identifies patient locations. In addition, a presentation on professionalism is delivered to trainees to outline their reporting responsibilities and to promote effective escalation of patient safety concerns, given that upon investigation by the Trust it was highlighted that the concern raised to the GMC by a junior doctor had not been reported internally by that individual.	Operations Director/ DPGME/ FPD/AFP	Nov 2013 - COMPLETED	<p>A3.1 – Bed Mgt pres'n</p> <p>A3.2– Profess'm Presentation</p> <p>A3.3– Confirm'n of McKesson training – IT.</p>

**B. RECOMMENDATIONS:**

No	Paragraph in <i>Tomorrow's Doctors/ The Trainee Doctor</i>	Requirements for the LEP	Trust response/actions	Trust Lead	Timescale	Evidence Item
B1	TTD 1.5	The ST1-ST3 Paediatric rotas should include time for morning and evening handovers.	There are three handovers at 9am, 5pm (4pm on Neonates) and 9pm, which are scheduled to last 30 minutes and this is included in the shift time for those doctors on long days. The Directorate have contacted trainees to ensure their full understanding of the rota design and the Internal Review Group will continue to monitor trainee feedback. Within the last focus group in November 2013, trainees confirmed that handover sessions were held and feedback was discussed with leads in February. This will continue to be monitored within the IRG process.	Clinical Director, Directorate Training Lead, Internal Review Group	Nov 2013 – COMPLETED  Ongoing review	B1.1 – Directorate statement on Handover Practices 02.10.13.  B1.2 – IRG trainee feedback re handover.
B2	TTD 5.4	RPH should ensure foundation doctors understand the structure of their scheduled teaching programme and how it relates to their educational outcomes.	<p>The teaching programme is designed to cover the generic topics within the curriculum. Trainees are asked to give feedback on all sessions attended, as well as mapping their learning to the curriculum on the Horus portfolio. Teaching feedback is monitored and discussed at 1:1 meetings, which all trainees participate in, so the linkage to curriculum is explicit. A presentation has now also been delivered and integrated into the programme to ensure trainee awareness of these facts and to encourage feedback.</p> <p>We also publish the teaching programme on the intranet which trainees have access to.</p> <p>We are in the process of increasing our publication to include the full list of topics to be covered over the year.</p> <p>In addition, IRG focus groups include discussions about</p>	Foundation Team/ Internal Review Group	<p>Nov 2013 Presentation delivered.</p> <p>Mar 2014 publication with monthly updates.</p> <p>June 2014 publication of full list of topics for</p>	<p>B2.1 – Teaching Programmes.</p> <p>B2.2 – 1:1 list of appts</p> <p>B2.3 – 1:1 content pro-forma</p> <p>B2.4 – Publication on intranet</p> <p>B2.5 – IRG Focus Group template.</p>

			quality of teaching and this will continue to be monitored and action planned.		August intake. Ongoing review.	
B3	TTD 5.7	RPH should ensure that the local Neurosurgery “mock” examination remains a formative assessment.	Information on the nature of the ‘mock’ examination has been cascaded to all trainees and had been added to directorate induction.  Directorate Leads confirm that the exam is essentially formative and serves as a guide to further development for the trainees but does have a summative element for senior trainees who are being considered for the actual exam. This clarification has been provided.	N’surgery Clinical Director and Directorate Training Lead	Nov 2013 Completed	