

Action Plan for Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS Foundation 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 | <p>1. The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used.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.</p> <p>The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)</p> | <p>1.1 The outdated terminology (as described) has been removed from the on call rota. In order of seniority the 3 levels of on call are referred to as tiers 1, 2 and 3.</p> | <p>1.2 Guidelines that require a particular seniority will refer to the trainee group, F2, GPVTS or O&G ST1-7, Subspecialist, or to the signed off competencies in the core log book that is necessary and sufficient for the procedure.</p> <p>1.3 All other documentation and notice board designations (including that on the Delivery Suite) to be amended accordingly</p> <p>1.4 A document summarising the experience levels of the junior medical staff within the 3 tiers to be circulated throughout the unit</p> | <p>1.1 Rota – March 2015</p> <p>1.2 Guidelines: as reviewed on 3 year cycle March 2017</p> <p>1.3 All other documentation and notice boards – April 2015</p> <p>1.4 Document – April 2015</p> | <p>1.1 Rota: Paul Moran College Tutor</p> <p>1.2 Guidelines Obstetric Jason Waugh, Gynaecology Karen Brown</p> <p>1.3 Dr Sturgiss Clinical Director Complete</p> <p>1.4 Dr C McKee – senior trainee representative</p> |

Recommendations

| 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. The Trust should investigate ways to relieve the pressure of workload on doctors in training, such as the introduction of non-clinical or multi-disciplinary roles. Further research should also be conducted to establish if doctors in training would benefit from defined period attachments in obstetrics or gynaecology. (TTD Standard 6.12 and 8.3) | <p>1.1 Obstetrics: significant numbers of midwives are trained in phlebotomy and ultrasound (for presentation / ECV / antenatal assessment). Midwives and nurses prescribe medications in line with Trust and national guidance.</p> <p>Gynaecology: there are nurse-led services in many clinical areas, including colposcopy, early pregnancy assessment (with a 7-days service) and counselling for terminations of pregnancy.</p> <p>1.2 Discussed at the Consultant's meeting – February, 2015. It was noted that a defined period of attachment to Obstetrics or Gynaecology (in 3-month blocks) has not been popular with trainees in the past. There were several reasons for this: it does not fit with the O&G training matrix for continued exposure to O&G throughout the</p> | <p>1.1 We will continue to explore further ways of alleviating the pressures of work on medical staff in training through further discussions at multidisciplinary departmental meetings, the midwifery and nursing forums, and the trainee's forum. These discussions will focus upon the introduction of extended roles for non-medical staff including phlebotomy.</p> <p>1.2 We do not have any immediate plan to move to separate block of Obstetrics and then Gynaecology, but the views of the trainees will be sought at the next trainee's forum.</p> | <p>1.1 Aug 2015 report to Consultant Meeting</p> <p>1.2 April 2015</p> | <p>1.1 Dr S Sturgiss Clinical Director, Dr K Brown Head of Service for Gynaecology and A Barnes Matron for Gynaecological Services, Mr J Waugh Head of Service for Obstetrics</p> <p>1.2 Dr P Moran College Tutor</p> |

| 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 |
|------------|----------------------------------|---|---|--|-----------------------------------|--|
| | | | training year or those with particular ARCP outcome 2 training needs. It does not fit with ST6-7 ATSM training programmes and the rota restrictions and loss of flexibility necessary was not acceptable for trainees. Lastly, several trainee groups are here for less than a year (F2 -4 months, GPVTS 6 months with 1 month undergoing a special option). A block of training for these groups would not help them to achieve their learning objectives when their attachment is so short. | | | |
| 2 | Next scheduled report to the GMC | 2. The Trust should implement more structured handover arrangements such as the Situation Background Assessment Recommendation framework (SBAR). Handover arrangements should include a round of introductions including name, grade and role of each individual on the shift. (TTD Standard 1.6) | <i>2.1 SBAR / handover:</i> There was a lengthy discussion at the Directorate Consultant meeting (February, 2015). It was felt that the SBAR tool isn't necessarily the most appropriate basis of a handover tool in all clinical areas. There was agreement that a Task and Finish Group be set up from within the Delivery Suite Executive to look at different handover tools and the support available from Department and the | <i>2.1 SBAR / handover:</i> MDT Task and Finish Group to meet by April 2015, report with recommendations to Department by July 2015. | 2.1 July 2015 | 2.1 Dr M Smith Lead Clinician on the Delivery Suite |

| 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 |
|------------|----------------------------------|---|--|--|--|---|
| | | | Trust. 2.2 <i>Introductions</i> : Round of introductions already built into Pre op meeting for elective caesarean section list. | 2.2 <i>Introductions</i> : Obstetrics and Gynaecology handover to include round of introductions March 2015. | 2.2 April 2015 | 2.2 Dr S Sturgiss Clinical Director |
| 3 | Next scheduled report to the GMC | 3. The trust should introduce organisational development time for the obstetrics and gynaecology consultant body as a group to improve cohesion and common direction in the department, and improve the working environment and education experience for doctors in training. (TTD Standard 6.36) | 3.1 This was discussed at the Consultant's meeting (February, 2015). There was agreement to a series of actions, including the creation of smaller teams for pastoral care, submitting a bid for additional Consultant resource, and building cohesion thro' a series of inclusive strategy meetings | 3.1 Organise a series of "strategy meetings", which will include developmental time away from the workplace 3.2 Submit a bid to the Trust for additional Consultant resource, which will include in the supporting case a proposal to create time for organisational development 3.3 Divide all Consultant and Medical staff in training into 3 teams. These will not correlate to separate clinical teams (as previously such grouping has not been manageable due to EWTD working patterns) but instead these teams will provide pastoral care alongside an opportunity to get to know a proportion of the trainees much sooner than would otherwise be possible through routine | 3.1 August 2015 3.2 April 2015 3.3 System in place for Aug 2015 handover, team structure to be introduced, dates set for 3 monthly meeting as a rolling programme. Timing to fit with final hour of afternoon Departmental Audit meeting and to then run on into the evening for social gathering wherever | Dr S Sturgiss Clinical Director Dr S Sturgiss Clinical Director Dr P Moran College Tutor |

| 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 |
|------------|----------------------------------|---|--|---|--|--|
| | | | | <p>clinical contact. Teams will include a full cross section of Consultant, training grades and non-medical staff.</p> <p>3.4 Each “team” to take responsibility for organising a half-day educational session on Thursday afternoons twice a year</p> | <p>possible.</p> <p>3.4 June 2014</p> | <p>Dr P Moran and Dr S Webster Consultant Obstetrician</p> |
| 4 | Next scheduled report to the GMC | 4. The Trust should increase engagement and interaction between the unit’s management team, the consultant body and the wider multi-professional team. The Trust should introduce regular face-to-face meetings between doctors in training, the consultant body and the unit’s leadership team. (TTD Standard 2.3) | 4.1 Discussed at Consultant’s meeting (February, 2015). There was agreement to a series of actions listed in the adjacent column | <p>The creation of smaller teams for pastoral care (see above)</p> <p>4.1 Trainees (representation) to be invited for all clinical meetings, including the Obstetric group, Gynaecology group, Clinical and Improvement / Risk groups, Delivery Suite Executive, Antenatal, Postnatal and Fetal Medicine groups.</p> <p>4.2 Management / departmental issues – with Consultant presence – to be a regular feature of the Thursday afternoon junior medical education session</p> <p>4.3 Initiate a “Learning environment” project for the Delivery Suite – with a</p> | <p>As above</p> <p>4.1 May 2015</p> <p>4.2 May 2015</p> <p>4.3 First meeting of the group – April 2015</p> | <p>Dr Sturgiss Clinical Director</p> <p>4.1 Dr Sturgiss Clinical Director</p> <p>4.2 Dr Sturgiss Clinical Director / C Pinder Directorate Manager</p> <p>4.3 Dr J Hanley DME</p> |

| 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 |
|------------|----------------------------------|--|--|---|---|--|
| | | | | <p>multidisciplinary group convened to take this forward.</p> <p>4.4 Encourage and monitor Consultant attendance at RM meetings. Present data at Consultant's meeting</p> <p>4.5 Invite junior medical staff to be members of the "Staff Council"</p> | <p>4.4 May 2015</p> <p>4.5 May 2015</p> | <p>4.4 Dr M Smith Lead Clinician on the Delivery Suite</p> <p>4.5 C Pinder Directorate Manager</p> |
| 5 | Next scheduled report to the GMC | 5. The Trust and LETB should work together to strengthen their working relationship at a senior level, building on the strong relationships already in place between the Trust and the School of Obstetrics and Gynaecology. (TTD Standard 2.2, Standards for Deaneries 5.1 and 5.2) | 5.1 The Trust will continue to engage in all the forums available to contribute to the development of a cohesive Regional strategy for the delivery of high quality Medical Education. | <p>5.1 The Trust will actively encourage staff to apply for roles within HENE.</p> <p>5.2 Share experience with Regional colleagues to develop best practice approaches to tackling undermining in the workplace.</p> | <p>5.1 Completed and ongoing</p> <p>5.2 Completed and ongoing</p> | <p>5.1 Dr J Hanley DME</p> <p>5.2 Dr J Hanley DME</p> |
| 6 | Next scheduled report to the GMC | 6. Support trainees to raise concerns impacting on their training experience | 6.1 Ensure through induction that trainees are made aware of the additional Trust-wide initiatives such as Training Concerns email account and "speak in confidence". | | 6.1 Completed and ongoing | 6.1 Dr P Moran College Tutor |

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 | 1. Doctors in training are well supported with good supervision and excellent educational opportunities offering broad clinical exposure and experience. This is a high performing unit with a highly effective multi-disciplinary team. (TTD Standard 1.2, 5.1 and 6.17) | 1. GMC report fed back to all staff including those acting as Educational Supervisors. | 1.1 Unit plan to continue the widest engagement with educational supervision. 1.2 Time allocated to generic component of job plan to continue with expectation that vast majority of consultant body will have up to 3 trainees. | 1.1 Biannual review of Educational Supervisor list. Feb 2015 ES list released. 1.2 To be updated August 2015. | 1.1 Dr P Moran College Tutor 1.2 Dr P Moran College Tutor |
| 2 | Next scheduled report to the GMC | 2. The Trust's development of a professional behaviours and leadership framework integrated into the appraisal and performance system. (TTD Standard 6.32) | 2.1 Monthly anonymised trainee's survey on aspects of undermining or bullying behaviour, introduced August 2015. Information collated out-of-directorate by Trust DME | 2.1 Initial impressions are that this is a useful tool to monitor professional behaviour within the department. Plan to continue reporting 6 monthly to department whilst responding quickly and appropriately if there are any urgent concerns. 2.2 First 3 months results fed back to Consultants and Trainees Feb 2015. | 2.1 Next report to Department July 2015. 2.2 Feb 2015 | 2.1 Dr J Hanley DME 2.2 Dr J Hanley |
| 3 | Next scheduled report to the GMC | 3. The unit's leadership team is starting to make consultants' job planning more transparent at a departmental level. (TTD | 3.1 Team job plan meetings being held | 3.1 Further meetings planned over the next 4 weeks | 3.1 April 2015 | 3.1 Dr S Sturgiss Clinical Director |

| 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 |
|------------|----------|------------------------|---|---|-----------------------------------|--------------------------|
| | | Standard 6.35 and 8.4) | | | | |