

Action Plan for Salisbury District 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	The Local Education Provider (LEP) must continue work with the LETBs to resolve the remaining issues of undermining consultant behaviour in the unit. (TTD Standard 6.18)	Neither the Medical Director nor Director of Medical Education has received any reports from trainees of ongoing issues of undermining consultant behaviour. No reports were forthcoming from the local survey of trainees who started in August or from the "drop-in" sessions held by the DME and Medical Director for trainees to discuss concerns. No reports of ongoing issues of undermining have been received by the Head of School of Surgery or Programme Manager either informally or via the ARCP process. However, this issue continues to be taken seriously by both the LEP and LETB and therefore the Head of School for Surgery plans to visit all trainees working in the Plastic Surgery department in the	Visit to Salisbury NHS Foundation Trust by Head of School for Surgery and the Programme Manager to meet with all trainees working in the department of Plastic Surgery planned for Friday June 12 th .	<i>For monitoring purposes please ensure dates are SMART.</i> Visit 12 th June 2015 by School of Surgery. If further reports of undermining uncovered at this time then specific action will be taken with named individuals.	<i>Please provide a named contact and job title/role</i> Karen Nugent – Head of School. Christine Blanshard- Medical Director Salisbury NHS Foundation Trust.

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			next 3 months. If there is evidence that the measures previously taken at a department-wide level have not been completely effective we will need the names of individuals responsible for the undermining in order to address the problem with them directly.			
2	Dean's Report October 2015	The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used.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)	All Deanery training grade doctors are referred to at the appropriate level – Foundation, Core or Specialty trainee. Some trust grade doctors (employed entirely by Salisbury NHS Foundation Trust) not in training posts are referred to as SHOs. We believe that the GMC visitors met some of these doctors from the departments of both Anaesthetics and Plastic Surgery on December 9 th .	The LEP will review the job titles and name badges of all junior medical staff and ensure that doctors in approved training posts are referred to by their correct job titles. We will obtain an approved list of job titles for name badges, rotas and documents from the deanery. We will consider changing the job title of Trust Grade SHOs. We will change induction processes to ensure that Medical Personnel rather than the doctors themselves decide what to put on the name badge. This will be complete by the new intake of juniors	End of July 2015	Christine Blanshard – Medical Director.

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				in August.		
3	Dean's Report October 2015	The Senior management team within the Plastic Surgery department must review its processes for Consultant job planning so that job plans are effective and transparent to improve cohesion and team working amongst Consultants. There must be consistency in the allocation of time for Consultant educational responsibilities. (TTD Standard 6.34)	Job planning is an ongoing process at the trust.	Two additional new Consultant Plastic Surgeon appointments have recently been made by the trust. These appointments plus the need to provide further support to Southampton Hospital trauma service will require further job planning reviews to be undertaken. Those consultants who are Educational Supervisors or named clinical supervisors of trainees have SPA time within their job plan in accordance with CMC guidance. Beyond this the Senior management team of the trust feel that Consultant job planning is out with the remit of the GMC visit.	Ongoing – no specific timeline required.	Ian Downie – Clinical Director and Sophie Jordan – Directorate Manager

Recommendations

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1	Dean's Report October 2015	There should be clear and identifiable clinical leadership within the department to encourage the Consultant body to be accountable for education and training within their department. (TTD Standard 6.18)	The Senior Management Team made the decision to abandon the traditional model of having one "Clinician Lead" for the department of Plastic Surgery two years ago. The issues that were prevalent in the department have undoubtedly reduced following this decision. There is a dedicated Educational Lead for the department who has the support of the department, Medical Director and Head of School of Surgery. All parties believe that this model should continue and LETB has complete confidence in the ability of the Educational Lead to be accountable for education and training in the department.	N/A	N/A	Christine Blanshard – Medical Director Karen Nugent – Head of School for Surgery.
2	Dean's Report October 2015	The roles and responsibilities of Health Education Wessex and Health Education Thames Valley should be clarified, with	There is no need for further clarification of this issue. Salisbury NHS Foundation Trust is part of HE Wessex. All education and training issues for Plastic Surgery at Salisbury are communicated	N/A	N/A	Simon Plint – Dean of HE Wessex and Karen Nugent – Head of School for Surgery.

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		regards to doctors in training on joint LETB programmes. It must be clear to doctors in training who manages their training and education. (TTD Standard 2.2)	<p>to the Head of School for Surgery in Wessex. This has been agreed by Deans of both HE Wessex and HE Thames Valley and Heads of Schools for Surgery for HE Wessex and HE Thames Valley. The trainees are made aware of this via the ARCP process. The LEP is absolutely clear about the arrangements for joint LETB programmes.</p> <p>Response from LETB:</p> <p>Action taken by LETB</p> <p>Both the Dean's and the Quality Leads for Wessex and Thames Valley have held a joint conference call, confirming the process for joint programmes between the two LETBs:</p> <ul style="list-style-type: none"> • Quality Management of cross-LETB programmes will be the responsibility of both LETBs, each leading for their region, but reporting up to the lead LETB. • This model will also be applied to School Visits to Trusts. The 'lead' LETB for 			

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			<p>the specialty will be sent copies of all relevant information including visit reports and specialty reports.</p> <ul style="list-style-type: none"> • Concerns identified locally should be raised to the Head of School who will subsequently share with the programme lead. • Quality leads should be copied into communications for awareness. • A flow chart outlining the process to be followed when concerns are identified to be drawn up, and shared across the organisations. • Programme Directors to write Welcome to Wessex/Thames Valley outlining clearly how the programmes work and what the expectations are. 			