

# Action Plan for Derriford 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	<i>le: Next scheduled report to the GMC</i>	The Trust must ensure that doctors in training receive an induction within an appropriate time frame. (TTD Standard 4.6)	<p>Our in-house induction e-learning programme is available for staff to complete before they arrive.</p> <p>There is an induction day for all F1 doctors during their shadowing week in July, during which they receive their badges and IT access, occupational health checks, training in resuscitation and talks about e-learning, fire prevention, radiation, acute medical care, rotas and the coroner.</p> <p>There is a similar day in the first week of August for other staff and smaller scale induction days every two weeks throughout the year. The content has been harmonised with the annual inductions.</p>	<p>An interactive scenario-based e-learning transferable induction package developed by a Yorkshire Trust and industry (Dynamic), is being introduced this year across Health Education SW, and is being used at Derriford as a pilot for all F1s and F2s new to the Trust. The content of the new package is being checked by regional content advisory groups and individual Trusts can insert local procedures.</p> <p>At the Trust induction days throughout the year, a large enough room will be provided to accommodate all new employees and a member of the IT staff will be present to ensure that all employees receive badges and e-learning and IT access promptly.</p>	<i>1 Nov 2015</i>	<i>LEP Mr Robert Jeffery Deputy DME robert.jeffery1@nhs.net</i>

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1 ctd				We will ensure all new trainees have departmental induction during their first week.		

2	<i>le: Next scheduled report to the GMC</i>	<p>We are aware of staff shortages and the impact that this may have on doctors' health, their education and training and patient safety. Many doctors in training feel they regularly stay beyond their working hours in order to provide rota cover, which effects their health and potentially patient safety. Rota gaps are also causing missed training opportunities, including attendance at teaching sessions. The hospital</p>	<p>It was agreed at the Trainee Action Group that junior doctors' requests for leave would not be refused or deferred just because a rota had not yet been published.</p> <p>Regular monitoring of working hours continues.</p> <p>The Medical Education team has commenced a programme of meeting trainees and trainers in departments to improve the learning environment and culture, and attract applicants for vacant posts.</p>	<p>The rota coordinators will approve leave providing that a maximum number of junior doctors on leave is not exceeded at any one time.</p> <p>We will increase middle grade medical involvement in rota planning, rather than it being conducted exclusively by the rota office, and make IT improvements.</p> <p>Educational oversight of rota changes</p> <p>A review will be conducted into redeployment of trainees to fill service needs and a policy produced, in order to minimise, record and compensate for the adverse impact on formal teaching sessions and</p>	<p>1 June 2015</p> <p>1 Nov 2015</p>	<p><i>LEP Kim Spry, Medical Workforce manager kim.spry@nhs.net</i></p> <p><i>LEP Kim Spry, Medical Workforce manager kim.spry@nhs.net</i></p> <p><i>LEP Mr Matthew Bowles Director of Medical Education matthewbowles@nhs.net</i></p> <p><i>LEP Mr Matthew Bowles Director of Medical Education matthewbowles@nhs.net</i></p>
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		<p>should review the rotas of doctors in training and ensure that their working patterns are safe, appropriate and compliant with European Working Time Regulations. (TTD Standard 1.1, 2.1, 5.4)</p>	<p>Identification of areas of medical staff shortage and excessive workload, doctors' health and patient safety takes place through regular supervisor meetings, hours monitoring, regular meetings with trainee representatives in various fora, formal and informal, end of placement surveys, the GMC national training survey and DATIX incident forms.</p>	<p>training.</p> <p>The Trust is committed to patient safety and is currently working hard to improve the medical staffing situation in Acute Medicine, which has been highlighted by the mechanisms described. Solutions include funding additional training and clinical fellow posts, attracting overseas doctors on established schemes, use of research fellows to cover rota gaps, altering working patterns and the use of non-medical staff if appropriate.</p> <p>A similar approach will be used for other identified pressure areas. We have to consider potential solutions in the context of a current national shortage of doctors, particularly in the South-West, and in the case of Surgery (the focus of this visit), the on-going national programme of reduction in Core Surgical Training numbers.</p> <p>A new course for Physicians' Associates has been created by Plymouth University and the Trust; this may eventually reduce some</p>	<p>On-going</p>	<p>LEP Dr Phil Hughes Medical Director <i>phil.hughes1@nhs.net</i></p> <p>and</p> <p><i>LEP Mr Matthew Bowles Director of Medical Education matthewbowles@nhs.net</i></p> <p><i>LEP Mr Matthew Bowles Director of Medical Education matthewbowles@nhs.net</i></p>
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				service pressure.		
				Any potential negative impact on training of medical trainees will be monitored and managed.	31 Dec 2016	<i>LEP Mr Matthew Bowles Director of Medical Education matthewbowles@nhs.net</i>
			A policy was agreed in 2014 regarding cancellation of teaching during Red Alerts, when service demand is high. The principles are that permission must be obtained from the DME, that selected doctors should be asked to miss teaching, rather than the whole teaching session being cancelled, and that they should receive rescheduled teaching or time in lieu for self-directed study.	The policy for preventing trainees attending formal teaching will be revised to include provision for Black Alerts, and to include safeguards when trainees are redeployed to other Departments during teaching and training time.	1 Nov 2015	<i>LEP Mr Matthew Bowles Director of Medical Education matthewbowles@nhs.net</i>
			During the Black Alert in Jan / Feb 2015, wholesale cancellation of teaching occurred. Weekly teaching was reintroduced before the end of the Black Alert.	Foundation programme teaching sessions have been rescheduled in the Summer	1 Sep 2015	<i>LEP Foundation Programme office linda.willimott@nhs.net</i>

## Recommendations

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1		The SMT has taken steps to promote a culture of openness, patient safety and professional behaviour through 'The Plymouth Way'. However doctors in training reported variable awareness of these recent initiatives. This should be rolled out to all staff in order to achieve the maximum benefit from this initiative. (TTD Standard 6.18)	<p>There are induction days for F1 doctors in July, and for other staff in August and every two weeks throughout the year.</p> <p>The welcome hour has been revised to include a joint presentation by the Medical Director, Director of Medical Education or their representative and the Plymouth Way team.</p>	Implementation of new programme	New programme delivered by 1 August 2015.	<i>LEP Mr Robert Jeffery DDME robert.jeffery1@nhs.net</i>
2		We heard that consultants within the neurosurgery unit have variable commitment to teaching. We know that the training issues raised in neurosurgery are under investigation by Health Education South West (HESW). The LETB should	Since the Triggered visit by HESW to the department of neurosurgery several changes have been instigated. HESW conducted another trainee survey in January 2015. Report received from HESW 30/3/15 indicates progress.	Further assessment via GMC NTS 2015.	Release of GMC NTS 2015 results.	<i>LEP Mr Matthew Bowles DME matthewbowles@nhs.net</i>

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		further explore these issues and provide a report to us when the investigation has ended. (TTD Standard 1.3, 5.4, 6.34)				

## Good practice

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the deanery or outside the deanery)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	Deanery lead
1		We recognise and encourage the efforts and planned actions taken by the Trust to introduce Service Line Education Leads. This is an example of a proactive initiative to improve the learning environment. (TTD Standard 6.18, 6.21, 6.34)				