

2014-2015 Quality Improvement action Plan (QIP)

Organisations details:

Trust's name:	South Tees Hospitals NHS Foundation Trust
Trust Chief Executive's name:	Professor Tricia Hart
Director of Medical Education's name (or equivalent, please state job title):	Professor Richard Bellamy, DME, Chief of Academic, Associate Medical Director
QIP compiled by:	Mr David Macafee, Mrs Louise Campbell, Professor Richard Bellamy
QIP signed off by:	Professor Rob Wilson, Medical Director and Deputy CEO.
Date signed off:	4th August 2014

Ref No	GMC Domain	Description of Issue/Concern or Area for Improvement	Risk to organisation if the issue is not addressed (Red, Amber, Green)	Actions <i>Please list actions planned. Please add rows if necessary.</i>	Deadline for completion for each action <i>Date (month/year)</i>	Person Responsible
1	1	Appoint an Education Lead for Friarage Hospital (FHN)	Green	1.1 To have a postgraduate lead for this hospital - and so act as a liaison for trainees at Friarage (FHN) - and improve the links with the Postgraduate team in FHN and JCUH.	01/10/2014	David Macafee
				1.2 The lead will provide MPO with clinical based help in ensuring best skill mix for on call work.	01/12/2014	David Macafee
				1.3 The lead will ensure trainees get as much educational exposure (rather than just service) as possible.	01/08/2015	David Macafee
2	1	Appoint an Education Lead for Military Personnel	Green	2.1 The lead will ensure Military personnel (Medical and Nursing and other professions) have representation within the postgraduate department to ensure their specific training needs are recognised and discussed.	01/10/2014	David Macafee
3	1	Improved communication of SAR / QIP / HENE and GMC publications	Green	3.1 Within postgrad, we will distil the essential points from the SAR and QIP into easily read and deliverable action points for all consultants, divisional and directorate managers, corporate directors, senior nurses and clinical matrons.	01/10/2014	David Macafee

4	1	Handover	Green	4.1 Building on the success of the GIM handover processes achieved by Dr Arut and trainee colleagues, other specialities are being reviewed to assess their practice and to learn and share best practice. This has been actively supported by Quality Assurance and Academic Directorate at South Tees, with links already in place to nursing and management colleagues.	01/08/2015	Dr Arut
				4.2 To ensure that Urology and ENT are no longer red outliers on Handover they will be a specific focus of the handover roll-out.		
5	6	Trainer updates	Green	5.1 In light of the major changes in medical education / quality metrics and the almost universal delivery of "train the trainer courses" within specialities or pre consultancy, we plan to re-design the courses we deliver to established trainers at South Tees using our expanded educational faculty. We hope to refresh trainers with the most up to date educational evidence, highlight best practice nationally and ensure they receive concise, relevant and practical tools/ knowledge to make each of them a better, more engaged, more informed trainer.	01/12/2014	David Macafee
				5.2 Highlight the importance of objective setting and creation of a high quality personal development plan for all trainees in our training the trainers course.	01/12/2014	David Macafee
				5.3 Phighlight the importance of providing exemplary feedback to all trainees in our training the trainers course.	01/12/2014	David Macafee
6	1	Doctors with differing needs	Green	6.1 To improve the communication between the Postgraduate department and the medical directors office and clinical centres, where a trainee has an issue of such gravity that the GMC / LET / Police may be involved. This is to ensure clarity, transparency and timely support of trainees in this situation.	01/12/2014	David Macafee/Rob Wilson
				7.1 Continue to create a development plan for SAS doctors through 2014/2015.	01/04/2015	David Macafee/Jim Hall

7	6	Supporting the improved appraisal of Non-Training-Grade and SAS doctors	Green	7.2 Encourage the use of the purchased CFEP licences to ensure all SAS doctors and NTGs have received nationally benchmarked patient survey and staff 360 degree feedback within the last five years.	01/04/2014	David Macafee/Jim Hall
				7.3 Encourage and guide Non-Training-Grade doctors to a range of specialty electronic portfolios which will support their appraisal and revalidation.	01/04/2015	David Macafee/Jim Hall
8	6	Improve the confidence of all new trainees (in all specialties) in radiological diagnoses	Green	8.1 Creation of a bank of radiological images for use of trainees.	01/08/2014	David Macafee / Ann Anstee
				8.2 Creation of an 'essential radiology' diagnostic quiz created for all new trainees as part of on line learning at the start of the job at South Tees.	01/08/2014	David Macafee/Ann Anstee
9	6	Strengthen and refresh the educational lead role for each specialty	Green	9.1 Review the generic specialty lead role specification.	01/10/2014	David Macafee
				9.2 Discuss with all current specialty educational leads and ensure they feel appropriately trained and their interest remains.	01/10/2014	David Macafee
				9.3 Ensure specialty educational leads' ongoing engagement and involvement in all educational processes (e.g. internal visits, Trainer updates, supervision, support of their department educationally).	01/10/2014	David Macafee
10	6	Re-defining and strengthening the core Postgraduate Faculty roles	Green	10.1 Re-define the roles of each faculty member - to include minimal educational roles (e.g. CS,ES,ARCP), their specific roles (e.g. QM Lead, CMT tutor) and their future educational aspirations / succession planning.	01/10/2014	David Macafee
				11.1 Creation of an active and up-to-date list of all educational meetings within the trust.	01/08/2014	Mandy Bruce

11	7	Compile an active list of meetings of potential educational benefit.	Green	11.2 Publish the list on the intranet and info4docs.	01/08/2014	Mandy Bruce
				11.3 Review the list and update it on an annual basis.	01/08/2015	Mandy Bruce
12	8	Improve IT facilities to aid lean working by medical staff and improve access to E-portfolio on wards	Green	12.1 Purchase additional laptops for medical wards - to improve computer access for results, radiology and access to E-portfolio in the acute environments.	01/10/2014	Louise Campbell
				12.2 Work with the trainees to establish the best location for the laptops.	01/10/2014	Louise Campbell
13	8	Update our educational resource capacity	Green	13.1 Review and define all our educational resources and scope on both the James Cook and Friarage Academic sites.	01/12/2014	David Macafee

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1	1	Limited middle grade cover in acute medicine at FHN has caused concerns about support for Foundation doctors.	Amber	1.1 David Macafee visited FHN in July and developed a detailed action plan with James Dunbar to address training at FHN. This action plan will be closely monitored.	01/10/2014	Brendan McCarron
2	1	Emergency Medicine had a red outlier for Work intensity for FY2 trainees in the GMC trainee survey 2014.	Amber	2.1 Revised junior trainee rota is being created (and a full complement of middle tier trainees expected).	01/10/2014	Adam Kempster
				2.2 Business case for Emergency Nurse Practitioners (ENP) and consultant expansion submitted.	01/10/2014	Adrian Clements
3	1	General Surgery had red outliers for overall satisfaction, adequate experience and access to educational resources for FY2 trainees.	Amber	3.1 Consult with current FY2 in surgery to define the areas of concern - and propose changes to working practices which will see improvement in these areas.	01/11/2014	Anil Reddy / Ian Nichol / David Macafee

4	1	South Tees is an outlier for foundation doctors being asked to make unsupervised DNA CPR decisions in YSYS 2014.	Amber	4.1 Survey exiting FY2 / current FY1, to gain further information regarding specific instances where this occurred.	01/08/2014	David Macafee / David McIntosh
				4.2 Reinforce trust policy by contacting Medical Director's office to highlight existing trust policy to clinical directors and consultants.	01/08/2014	David Macafee
				4.3 Increase awareness of roles and responsibilities through induction and Generic Skills Training Programme.	01/10/2014	David Macafee / David McIntosh

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1	6	Undermining issues have been reported in plastic surgery in the GMC trainee survey 2014 (also reports made in previous years).	Plastic surgery trainees	Amber	1.1 A repeat internal visit will be performed after June 2014 to see if last year's visit and resultant actions have resolved the problem or not.	Dec-14	David Macafee/Richard Bellamy
					1.2 Information from our monthly survey on undermining will continue to be reviewed and fed back to departments.	In place	David Macafee/Richard Bellamy
2	6	Introduce an additional check to identify trainees who have inadequate eportfolio evidence prior to their ARCP.	General internal medicine trainees	Green	2.1 Dr Arut and Professor Bellamy will have read only access to GIM E-portfolio. They will perform a check of the adequacy of evidence before the scheduled GIM ARCPs.	Aug-14	Dr Arut/ Richard bellamy
3	5	Improving access to and education from Major Trauma Unit status.	All specialty trainees with an interest in major trauma (all surgical, anaesthetic and military)	Green	3.1 Highlighting and encouraging involvement in the Major Trauma AICU ward rounds each day (open to all surgical, anaesthetic and military trainees).	Aug-14	David Macafee
					3.2 Military major trauma bleep to maximise military exposure to trauma.	Aug-14	David Macafee

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1	1	Shadowing for Core Dental Trainees	Green	1.1 From July 2014 we have agreed to support and organise a period of shadowing for 1 week prior to dental trainees starting core training.	06/08/2014	Richard Langford/ Louise Campbell

Group of trainees affected	Rate	QAC Domain	Description of Issue/Concern or Area for Improvement	Risk to patients or the public Please indicate if the issue is not addressed (Red, Amber, Green)	Actions Please list actions planned. Please address if necessary (Red, Amber, Green)	Deadline for completion for each action (Date month/year)	Person Responsible	Progress Update - January 2014 Please state if action is completed. Otherwise please describe current status.
Trust-wide	1	6	Local induction may not always be occurring as it should.	Amber	1.1 For those trainees on approval an audit will be performed to check whether they have had an induction meeting with a CT within 2 weeks of commencing their role. 1.2 The results of the induction audit will be fed back to trainees.	01/12/2013 01/06/2014	Richard Bellamy/ David Macfabe Richard Bellamy/ David Macfabe	All Clinical Directors have been emailed the information that needs to be covered in the local induction. Preceptors are notified as the trainees rotate and assessments are conducted if no register is received. This is an ongoing process. David Macfabe is visiting each Directorate to reinforce the importance of local context and its clear context as per HENE guidance. We are able to audit the Foundation School portfolio in regards to the CT meeting but this is more difficult to facilitate due to lack of access to E portfolios. We maintain ongoing links with HENE in those who come to us with Outcomes 2 and 3. 2 CT's registers are currently broken at departmental induction and the correct as part of a service improvement project.
Trust-wide	2	6	Need to determine what use the Cert Med EQ qualification has been put to by those receiving postgraduate funding for this.	Green	2.1 A questionnaire will be conducted among all those who have previously received funding to undertake the Cert Med EQ. 2.2	31/04/2014	Louise Campbell	A questionnaire has been sent to the relevant people with a completion date of 28th February for final results.
Trust-wide	3	6	Need to receive copies of the educational supervisor feedback form used at ARCP as evidence of whether our accredited supervisors are competent for their specific grade of trainee and whether they are producing satisfactory EQ reports.	Green	3.1 All consultants will be asked to send copies of any educational supervisor feedback forms they receive from ARCPs to the accreditation department. 3.2 Report on the future of training will be produced for management group and the trust board. This will highlight a number of issues including the accreditation of trainees and the need to cross-reference with HENE and TPD held data. It will also discuss the benefits of trainee in electronic portfolios in a single grade of trainee.	31/05/2014 31/08/2014	Richard Bellamy Richard Bellamy	Work is still ongoing on capturing this information. Not all the schools give individual feedback to the educational supervisors as part of the ARCP process and we are reliant on the educational supervisor providing the information through to the accreditation department. This was produced in Summer 2013 and presented at check, management group and Trust Board.
	4	4	In Your School Your Sky Foundation doctors have reported that they have taken consent for procedures which they were unfamiliar	Amber	1.1 The DPM (David Macfabe) is leading an audit to determine whether consent is being taken inappropriately.	Completed	David Macfabe, (DPM)	Two surgical ST trainees undertook the years Trust audit on consent across 5 specialties in the acute Trust. They found no obvious cases of inappropriate consent being taken by a trainee. Consent was sought for all procedures as per normal, with some having been undertaken by an ST.