Southend University Hospital NHS
NHS Foundation Trust

NHS
Health Education England

HEEoE Postgraduate School of Medicine & Foundation Visit: Trust Action Plan

Trust Action Plan	Trust:	Southend University Hospital NHS Foundation Trust	Visit Date: 16.12.2016	
Action Plan Lead	Name: Mr N Rothnie – Medical Director/Katie Palmer – Medical Education Manager		Date:	08/02/2017

Recommendations	Action by date	Actions taken to date / Status	Person responsible
1. The Trust should involve trainees as much as possible in highlighting concerns and identifying potential solutions (R2.3) **Educational Governance and Leadership** **R2.3** Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.	COMPLETE	Juniors invited to attend daily Safe @ Southend meetings to raise any safety issues. Good response and feedback 08/02/2017 UPDATE: Reminder email sent to all doctors re: attendance at Safe@Southend (rec 1.21)	NR
	COMPLETE	22/12/16 Feedback session after SOM visit with juniors/consultants in medicine supported by CD's. Ideas collated for improving flow and juniors workload. Identified QI projects to help solve concerns raised (rec 1.1) 08/02/17 UPDATE**:** 'You said, we did/meeting with juniors to cascade information on changes made since last visit planned for 16.2.2017(rec 1.22)	NR/JF/YB
	COMPLETE	A representative body of junior doctors formed to act as a conduit of communication between the junior doctors and management teams (rec 1.2). Action log to be kept 08/02/17 UPDATE: Initial meeting held 25/01/17 to agree on membership and timings of meetings. First date arranged for 15/02/17 and fortnightly meetings are currently being scheduled. (Rec 1.25)	YB/NR/EG
	ONGOING	Request juniors to provide feedback via Medical Education on the changes being made following the visit and review as part of this action plan. (rec 1.3) 08/02/17 UPDATE: Issues discussed at MEB 19th January and follow up email from Dr Jaleel, DME (rec 1.23 and 1.24)	NR
	COMPLETE	9am and 9pm handover (including 4pm on Friday) to include raising of concerns in the medical safety brief	NR

		08/02/17 UPDATE: Clearer information on medical rota gaps discussed at meetings	
	COMPLETE	Central email inbox for trainees created to highlight concerns and suggest potential solutions to management. Email communication sent to all doctors. (rec 1.4) 08/02/17 UPDATE: Inbox being monitored by a team. No emails received to date	JC
	COMPLETE	Meeting with SpR's in medicine to discuss how rota gaps can be made more visible to them	JC/PE

Requirements	Action by date	Actions taken to date / Status	Person responsible
1. The workload and supervision of the F1 on call at night for medicine must be improved (R1.7, R1.8, R1.12, R2.11) **Learning Environment & Culture** **R1.7** Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities. **R1.8** Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.* **R1.12** Organisations must design rotas to: **a** make sure doctors in training have appropriate clinical supervision **b** support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK **c** provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme **d** give doctors in training access to educational supervisors **e** minimise the adverse effects of fatigue and workload. **Educational Governance and Leadership** **R2.11** Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.	COMPLETE	The Trust has put in place a senior Nurse Co-ordinator working two nights per week (pending full establishment of HOOH) to support reduction of F1's workload by holding referral bleep and coordinating bleeps and task allocation Redirection of non medical staff. Further recruitment of senior nurse co-ordinators is on-going to provide extra night cover up until the HOOH project is fully established in April 2017. They will be introduced as they are appointed (req 1.1) 08/02/17 UPDATE: Feedback from juniors via Senior Nurse coordinator (req 1.21)	RH
	01/04/2017	HOOH project to be fully established with nerve centre task management. Full project management plan in place.	NR/JF/RH
	COMPLETE	Task list and prioritisation sheets developed and implemented on medical wards at night which has shown to significantly reduce number of bleeps overnight. Plans to extend use to day time shifts and surgical wards. Already in place in orthopaedics. Senior nurses are the only ones to have authority to bleep F1 on call at night unless 'red' emergency (req 1.2) 08/02/17 UPDATE: Senior nurse co-ordinator meets with F1's on call at night at 9pm and walks the wards/discusses task list and priorisation sheets. This ensures all doctors working nights are aware of the documents. 2 x additional senior nurse co-ordinators appointed 08/02/17 to increase cover at night and moving toward 7 night a week cover. Task list and prioritisation sheets now rolled out across all wards in hospital	JC/JF
	28/02/2017	1 hour bleep free period for F1's on call at night (2am-3am). Audit to be undertaken to ensure this happens	RH

		08/02/17 UPDATE: Senior nurse co-odinator working nights with juniors has implemented the hour free bleep period. This will be rolled out over 7 nights once full senior nurse co-ordinator coverage has been achieved.	
	COMPLETE	Changes made to staffing for arrest and peri-arrest calls. 3 x doctors identified at 9am & 9pm safety brief to manage the arrest and peri-arrest calls to free up other trainees forward work.(req 1.3 and req 1.4)	NR
	COMPLETE 15/03/2017	Changes made to how the crash team attends resus. ED to manage their own arrest/peri-arrests. Only call individuals as needed. Less need for medical teams to be called away from other duties to attend resus 08/02/17 Audit being undertaken to look at the number of calls now being made to the medical teams to attend ED arrests/peri-arrests	NR LB
	IN PROGRESS	Production of 'night survival guide' for junior doctors and updating of Dr Toolbox to be undertaken by a named FY2. 08/02/17 UPDATE: Initial meeting held on 27/01/2017 with named FY2 and FY1 involvement. Junior doctors to be surveyed as part of the toolbox redesign. F1s surveyed 7th Feb 2017 and F2s to be surveyed on 15th Feb. Survey results to processed by 28/02/2017 (req 1.22)	JC/RL
	ONGOING	Practice development team to work with junior doctors to develop a 'pre-night shift' induction to all trainees, learning from what has been implemented for RN's	JC/RH/JuC
	ONGOING	Development of Prescribing Group Directives (PGD): Production of paracetamol PGD is complete and planned for roll out through the Professional Nursing and Midwifery Forum. Further work is being done to support the development of additional PGDs which will assist with the	JuC

		reduction of workload for F1 doctors on call at night	
	01/04/2017	Produce a bleep protocol and guidance to underpin the task management system when HOOH is fully operational	JK
	IN PROGRESS	Funding approved for 4 x additional MEA posts. Posts have been advertised and interviews scheduled for end of January. Plans to have posts filled by end of March 2017 08/02/17 UPDATE: 4 x posts have been appointed to and are awaiting start date.	RH
	01/09/2017	Non-medical prescribing course to be undertaken by 4 x senior nursing staff (1 x band 8a and 1 x band 8b have enrolled for course to start March 2017 and 2 x band 7 nurses to be enrolled) 08/02/17 UPDATE: 2 x senior nurses due to start course in March 2017	RH/JR
	01/04/2017	Whole hospital handover at 9pm (to include surgical F1's managing medical outlier patients overnight) with senior nurse co-ordinator holding both medical/surgical bleeps during the night shift	RH/JR
2. The workload of inpatient medical and surgical teams during normal working hours must be improved. Trainees must be given time to meet their curriculum requirements (R.1.12, R1.15, R1.16) **Learning Environment & Culture** **R1.12** Organisations must design rotas to: **a** make sure doctors in training have appropriate clinical supervision **b** support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK **c** provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme **d** give doctors in training access to educational supervisors **e** minimise the adverse effects of fatigue and workload. **R1.15** Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an	COMPLETE	Medical rota reviewed to address issues as a result of the new junior doctor contract and to ensure safe staffing. Initial diagnostic undertaken with support from foundation trainee and senior registrar in medicine 08/02/17 UPDATE: Review complete. New rota proposed to provide more daytime cover for wards and outliers. Presntly being sense checked with juniors and medical consultants with a view of implementing from 05/04/17	EAG
	16/01/2017	As part of the above, review of rota to identify number of junior doctors required on rota to ensure safe ward cover	OT

appropriate breadth of clinical experience. **R1.16** Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.		08/02/17 UPDATE: Part of the rota-redesign (Req 2.21)	
	04/04/2017	Design and implement new rota for F1/F2 level by April change over. Time for stat/man training and annual leave to be built in 08/02/17 UPDATE: Proposed redesigned rota will remove F1 doctors from night shifts with no F1 rotations to acute AMS block. New rota will allow F1 doctors to be present for more daytime shifts and avoids lack of juniors Monday/Tuesday and Wednesday to compensate weekend night shift working. Proposed F2 rota - 16 week rolling rota with 1 set of nights, no acute block and single long days on call. (Req 2.21)	EAG/SA
	10/01/2017	Invitation for an F1/F2 and CT representative to meet with college tutor for Surgery to discuss any concerns and share ideas for improvements. Meeting scheduled for 08/02/2017 with trainee representation. 08/02/17 UPDATE: Meeting with FY1/FY2 and CT reps. Feedback provided (Req 2.22)	JW
	31/01/2017	Review trainee attendance at all teaching/training sessions (req 2.1 and req 2.2) 08/02/17 UPDATE: attached figures (Req **2.23** and 2.24). Dr Siddiqi, FTPD now informed of trainees who have not attended/given valid reasons for non-attendance for explanations.	KP
	ONGOING	To address understaffing of doctors in medicine, funding has been approved for 4 x MTI/Overseas CMT's in respiratory medicine, 1 x FY2 for outliers and 4 x SpR's in acute medicine to provide 24 hour cover – all posts now out to advert. (req 2.3)	PE
	07/02/2017	Trust introduced 1 hour bleep free period, seven days a week from 1pm – 2pm (Req 2.26)	NR

	20/01/2017	Introduction of 'Buddy ward system' to manage the workload of medical outliers more efficiently (Req 2.4) 08/02/17 UPDATE: Implementation scheduled for 14/02/17 (Req 2.27)	NR/JC
3. The workload of ED trainees throughout the working day must be improved (R.1.12) **Learning Environment & Culture** **R1.12** Organisations must design rotas to: **a** make sure doctors in training have appropriate clinical supervision **b** support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK **c** provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme **d** give doctors in training access to educational supervisors **e** minimise the adverse effects of fatigue and workload.	COMPLETE	Review of workload for trainees in ED has been completed. Workload compared to various work rate guidance shows our trainees work rate to be in line with expected numbers (req 3.1)	CH
	COMPLETE	Review rotas monthly to ensure compliance	CH
	COMPLETE	Review feedback obtained from departmental teaching (req 3.2)	CH
	COMPLETE	Review the number of trainees attending the 4.5 hours of education teaching per week (increased from 2.5 hours to include AMS teaching and grand round)	CH
	COMPLETE	Consultant clinical supervision sessions take place during weekdays to ensure and provide support to trainees with teaching, 1:1 training and completion of SLE's. Time is included in consultant job plans in ED for this	CH
	COMPLETE	Induction programmes are in place for all new starters and protected time is in place for stat/man training and audit	CH
4. Further work must be done on the acute admissions pathway to ensure that it is safe and provides a suitable training environment and appropriate training opportunities for Foundations trainees, CMTs, GPSTS and ST3+s in medicine (S1.1) **Learning Environment & Culture** **S1.1** The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	COMPLETE	Trust action plan submitted to NHSE re – acute admission pathway (req 4.1, 4.2 & 4.3) 08/02/17 UPDATE: See below action for details	JF

	ONGOING	Meeting chaired 06/01/2017 by senior consultant with trainee involvement, to identify and agree actions and next steps Discussions and actions include (Req 4.4): • Acute Assessment Bed capacity • Deployment of medical staff • Clerking/Assess to admit proforma • Junior workload on-call/training • Referral rate/staffing mismatch • Interaction between BAMS and Oncology/Neurology Capacity of DME • ED/BAMS interaction • Pathways and protocols	DP/TM/JC
		08/02/17 UPDATE:	
	28/02/2017	Clinical criteria for discharge rolling out on all wards so that patients will not need medical review prior to being discharged. The clinical criteria for discharge SOP was implemented in November 2016 to support nurse-led discharging based on criteria defined by a senior doctor. One of the outcomes of a multidisciplinary review of patients with length of stay 14 days or more to be conducted in February 2017 will be to identify areas/teams which are not utilising CCD. These areas will then be supported with implementing training/support/challenge. (Req 4.11 & Req 4.12)	JD
	01/05/2017	Commitment to develop CDU beds for ED patients to avoid repeat clerking and medical referral purely for time reasons. (Req 4.13)	CH/TM/JC
	31/03/2017	Full review of AMS staffing has been completed. Trust has approved additional Registrar and Consultant cover for AMS and ambulatory patients as required. Locums are in place and more arriving shortly. Permanent recruitment plans in place	CH/PE

	ONGOING	Development of assessment space to assess patients better to direct into ambulatory rather than Acute Medical beds. Reduction in patients admitted/moved purely for flow. Dates and evidence required.	CH
	ONGOING	1 stop shop for all new doctors stat mand training is being developed so doctors will be compliant at start of placement. Paper underway	CO
5. The Trust must review the acute admission unit bed base to ensure that the lack of capacity does not continue to adversely affect training or patient safety (S1.1) **Learning Environment & Culture** **S1.1** The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	28/02/2017	Paper presented to exec team 10/01/2017 to agree proposal to increase bed base in acute admissions unit. Plans are to return the location of the unit closer to ED and diagnostics with increased ambulatory care capacity and introduce dedicated, short stay bed capacity (req 5.1) 08/02/17 UPDATE: Bed base is not being increased until safe staffinh can be ensured. Relocation will occur as Phase 1 of the acute medicine remodelling. (Req 5.11)	DP/JF/TM
	COMPLETE	Changes made to the lead for trainee education in the acute admission unit	NR/JF
6. Working relationships and handover between the Emergency Department and the Medical Teams must be improved (R1.14, R1.17) **Learning Environment & Culture** **R1.14** Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice. **R1.17** Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and profession	COMPLETE	Appointment of joint clinical director for ED & Medicine to increase efficiency and encourage collaborative working on the acute pathways.	NR/JF
	28/02/2017	Review of admission clerking documentation with a view of ceasing use of the A2A form and introducing common clerking documentation (to complete in time for geographical changes in increase short stay beds and re-site ambulatory care) 08/02/17 UPDATE: We are working to provide a new,	

		common approach to medical admission documentation which is being developed as a QI project and led by a team of junior doctors.	
7. The management of on call rotas for the medical teams must be improved (R1.12) **Learning Environment & Culture** **R1.12** Organisations must design rotas to: **a** make sure doctors in training have appropriate clinical supervision **b** support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK **c** provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme **d** give doctors in training access to educational supervisors **e** minimise the adverse effects of fatigue and workload.	04/04/2017	Review of the medical rota to include teaching/QIP time, 24 hour MEA cover and adequate clinic exposure 08/02/17 UPDATE: Review incorporated in the redesign of F1 and F2 rota (Req 2.21)	EAG
	COMPLETE	Review of rota gap 'bank rates' for internal staff complete. Trust has matched rates of pay at neighbouring Trusts for rota gaps and advertised these (req 7.1)	NR/MF/YB
	COMPLETE	Review of how visible the rota gaps are in medicine and how these are advertised to internal staff Gaps are now advertised weekly for the following 4 weeks with clear information on vacant shifts and links to where the 'live' rota gap information held for Medicine (Req 7.2 & 7.3)	TM/JC/PE
8. A mechanism must be put in place which enables CMTs to attend the requisite numbers of outpatient clinics (R1.19) **Learning Environment & Culture** **R1.19** Organisations must have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.	ONGOING	Initial review of the medical rota complete. Designated outpatient clinic slots to be built into re-designed rota to allow trainees to choose clinic slots. College tutor to monitor attendance monthly. 08/02/17 UPDATE**:** Agreement to allocate weekly (2pm – 3pm) slots every Tuesday, Wednesday and Thursday's for CMTs to attend outpatient clinics. A list of available clinics have been provided to CMTs and they have been informed on how to notify when attending. 'Whats App' group formed by college tutor for CMTs to communicate any issues regarding their training. One-to-one meetings have also been arranged with CMTs and College Tutor to highlight any concerns with training and review of e-portfolio (Req 8.21)	EAG/SA
	COMPLETE	Audit completed on number of outpatient clinics attended by current CMT's. Identify sessions for them to attend prior to	PB

		completion of posts (req 8.1) 08/02/17 UPDATE: Attached latest data (Req 8.22)	
9. All CMTs must be given the opportunity to complete QI projects and supported in doing so (R1.22) **Learning Environment & Culture** **R1.22** Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.	COMPLETE	'Introduction to QI projects' included in August junior doctor induction	RC
	31/03/2017	Half day QI seminar for trainees held on 21/11/2016. Future dates 31/01/2017, 20/03/2017 and 2/05/2017. (req 9.1, 9.2 & 9.3) 08/02/17 UPDATE: • Email to all trainees (req 9.11) • Successful QI seminar held 31/01/17. (Feedback attached – req 9.12). • Seminars advertised in Friday Round Up and the Look	RC
	COMPLETE	QI project meetings held monthly and identified departmental QI champions to attend	RC
	COMPLETE	Extensive QI resources available on intranet	RC
	01/04/2017	Screen saver with information on QI projects and support to be launched	RC/GB
	31/03/2017	QI champions to be identified in all areas (18 champions already identified) 08/02/17 UPDATE: Now 21 champions including AMS (Req 9.13)	RC
	ONGOING	QI champions to be trained in QI methodology	RC

Decision of the Visiting Team
• There has been poor progress with addressing the concerns identified in the last School of Medicine and Foundation visits with evidence that patient safety and delivery of education is deteriorating. As stated in the GMC's standards for education and training, *Promoting Excellence*, training must only take place where 'the environment and culture for education and training meets learners' and educators' needs, is safe, open, and provides a good standard of care and experience for patients'. • Although undermining has lessened, there is still some evidence of this • The concerns outlined in this report have been escalated through HEE EoE's risk and patient safety reporting processes. • The contents of this report will be shared with the CQC, NHSI, the Essex QSG, the JRCPTB, the EoE GP School, the EoE School of EM, and the EoE and NET Foundation Schools. • HEE EoE is only able to recommend conditional approval of Foundation, GPST, CMT and ST3+posts for a limited period of four months • Failure to demonstrate significant progress with resolving the concerns outlined in this report will lead to a recommendation to initiate HEE EoE's processes for the withdrawal of foundation trainees, GPSTs, trainees in EM and trainees in medical specialties from the Trust • The Trust will remain under enhanced monitoring by the GMC

Planned re-visit date:	**Six weeks for Foundation** trainees (targeted visit to assess the supervision and workload of F1s in medicine out of hours). **Four months for full GMC Enhanced Monitoring Visit**	**Action Plan required by:**	**13th January 2017** with monthly updates thereafter