

BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 30 th January 2020
Title:	Medical Directors Report: Focus on Medical Education and medical workforce
Lead Director:	Dr Maria O’Kane Medical Director
Purpose:	For assurance
<u>Key strategic aims:</u> To update Trust Board on key issues and risks in delivering undergraduate and postgraduate Medical Education within the Southern Trust, and report on key indicators relating to Medical Workforce	
<u>Key issues/risks for discussion:</u> <ul style="list-style-type: none"> • Ongoing service pressures having an impact on training for trainee doctors • Gaps in rotas requiring locum expenditure to maintain rotas • Increasing difficulties in engaging senior doctors in providing training due to workload pressures and pension impact • Increasing requirement for teaching accommodation on both sites 	
<u>Summary of SMT discussion:</u> <ul style="list-style-type: none"> • Need for cultural shift to balance service delivery with high quality teaching • Commitment to prioritising improved educational facilities 	

1. Medical Education

Medical Education is recognised as a core element of what the Southern Trust does, and is pivotal in ensuring that our doctors in training have a good training experience whilst they are with us.

At any given time, we have nearly 250 doctors in training, from first year foundation doctors – fresh from university – to final year senior registrars, applying to become consultants. These doctors work across all sites & specialties and provide an invaluable role in delivering front line patient care whilst receiving their training.

In addition, we also train over 350 medical students annually from Queens University Belfast as they rotate through all our specialties and sites during their final three years at university.

This paper summarises our Medical Education Strategy, the work being undertaken within the field of Undergraduate and Postgraduate Medical Education and the key issues and risks currently being faced.

2. Medical Education Strategy

In recognition of the increasing service pressures and the need to continue to deliver a high level of medical education for doctors in training and medical students, a strategy for delivering medical education was developed for 2019 – 2022. The aims of the strategy are:-

- To improve the engagement of educators in delivering education
- Improving the experience for F1's
- To improve the education experience
- Engagement of the wider organisation in the importance of delivering education
- Ensuring appropriate staffing to recognise the importance of – and allow the delivery of – education for the Trust

The Southern Trust has recently appointed a Deputy Medical Director for Medical Education & Workforce to work with the Director of Medical Education, Educational Programme Directors, College Tutors and others to help deliver on the aims of this Strategy. Progress against these aims is detailed throughout this paper.

The organisational structure for delivering Medical Education has recently been reviewed to consider and manage some emerging issues, including:

- Emerging roles of Physician Associates
- Creation of a second medical school in Northern Ireland
- Implementing the new teaching curriculum with Queens University Belfast

3. Undergraduate Medical Education

3.1. Queens University Belfast Clinical Placement visits

Annual QUB Clinical Placement visits to Craigavon Area Hospital and Daisy Hill Hospital took place in October and November 2019. These are in essence overall inspections to assess the quality of our undergraduate teaching, for which we receive £1.9 million annually.

In line with previous years, both placement visits were very positive. The report for CAH noted that:

“The hospital offers students a good educational experience. The culture in the Trust supports students and makes them feel welcome”.

Formal feedback from the DHH visit is awaited, but informal feedback was positive, with a request that we strive to:

“Maintain the current excellent standard of teaching”

Beneath this site level feedback, the Trust gets individual responses from groups of students at the end of each placement visit. Any issues identified are forwarded to the undergraduate lead of the particular specialty, and actions sought. QUB are creating a risk register to identify themes of concerning performance, and the Southern Trust is involved in this development.

3.2. Second Medical School in Northern Ireland

Senior staff from the Southern Trust are involved as Steering Group members in the Ulster University’s bid to open a second medical school within Northern Ireland. This bid has recently achieved final approval from the General Medical Council.

The Trust is extremely supportive of the need for more local places for medical students, as the evidence is that a proportion of Northern Irish students who study Medicine in England, Scotland or Wales establish their careers in these countries, rather than returning to pursue careers within Northern Ireland.

The commencement of the new NI Assembly, and the specific commitment to the establishment of this new Medical School in “New Decade, New Approach” is to be welcomed, with a provisional opening date of September 2021.

3.3. New undergraduate teaching curriculum with Queens University Belfast

Queens University have been consulting over the last year on a complete restructuring of their undergraduate medical degree, within which there are significant changes they will be asking teaching hospitals to deliver education to their students. This is scheduled for implementation in 2021, and the Southern

Trust is advertising for a specific medical lead to take charge of this important development.

Both of the two developments combined are likely to place significant pressure on accommodation on both acute sites, both in terms of teaching facilities (with new method of teaching such as Simulation facilities) and student accommodation as undergraduates are residential on site.

3.4. Medical Education Centre, Daisy Hill Hospital

Since last reporting on this issue to Trust Board, the Medical Education team have been successful in securing £450,000 for a new Medical Education Centre for Daisy Hill Hospital. In light of the issues raised in 3.3, this is a very welcome development and is scheduled for completion by the late spring of 2020.

3.5. Purple Pen

Final Year Medical Students are now able to pre-prescribe using purple pens. 'Pre-prescribing' is a structured and supported process that allows medical students to write medication orders for real patients. It encourages students to work collaboratively with qualified doctors to produce prescriptions in real-time for real-patients.

Students will write (but not sign) the details of a medication order. They will then discuss their pre-prescription with a doctor (or non-medical prescriber). If the pre-prescription is correct, the qualified prescriber signs it. Countersigning turns a *pre-prescription* into a *prescription*, which can then be dispensed to patients.

4.0. Post-graduate Medical Education

4.1. NIMDTA Deanery Visits

The Northern Ireland Medical and Dental Training Agency (NIMDTA) undertake a series of cyclical visits and regional speciality reviews throughout the year. In 2019 these were focussed on Obstetrics and Gynaecology in DHH and General Surgery, also on the DHH site.

The Obstetrics and Gynaecology visit was a “triggered” visit, following concerns raised by doctors in training at a number of platforms. This visit identified a number of concerns, not with the delivery of medical education, but with the culture and approach of some staff within the unit to colleagues. The Trust has commenced a number of actions to deal with the issues raised, and these actions are ongoing,

On a more encouraging note, the visit to General Surgery in DHH was very positive and identified a wide range of good practice in delivering medical education.

4.2. GMC National Training Survey (NTS)

Every year the GMC undertake a survey of all doctors in training, and provide the results to Trusts for consideration and action as appropriate. The 2019 NTS gave mixed results to the Southern Trust as it identified areas of good practice, where the Southern Trust is sitting in the top quartile nationally, and some areas where the Trust was an outlier by sitting in the bottom quartile nationally.

Areas where the report indicated the Trust was sitting in the top quartile nationally included:

- Clinical Radiology
- Intensive Care Medicine
- Obstetrics and Gynaecology - CAH
- Paediatrics

Positive aspects include handover and teamwork in these areas.

Areas where the report indicated the Trust was sitting in the bottom quartile nationally included:

- General Medicine
- General Surgery
- Emergency Medicine – DHH
- Obstetrics & Gynaecology - DHH

Negative aspects include clinical supervision in and out of hours, overall satisfaction with their training experience, access to study leave and obtaining adequate experience.

Whilst we have identified actions to address areas of concern, it should be noted that in the majority of these areas, we feel that many of these negative aspects stem from the increasing workload and demand upon our services, particularly within General Medicine, General Surgery and Emergency Medicine, which are evidenced over the last number of years. This increasing workload impacts on the areas outlined above and are a significant challenge which are outside the control of those delivering education within the Southern Trust.

However we are committed to working with the operational teams to improve the educational experience of our doctors in training; these areas have been considered by the relevant educational leads and a variety of detailed actions identified in Appendix 1. These include:

- Work to improve handover, particularly at weekends
- Aligning trainees to larger teams, to allow them to work across a broader set of sub-specialities
- Creation of “SPEED” project, which is considering the wider issues of workload pressures and demand across Acute Services
- Appointment of additional professionals, such as prescribing pharmacists, International Medical Trainees, Medical Assistants and Physician Associates to assist with workload

4.3. F1 doctors

Early in 2019, NIMDTA identified that they would be focussing on the experience of the most junior of doctors, who were in their first year as a Foundation doctor – known as FY1’s. A charter with 12 recommendations was agreed in April, (Appendix 2) and all Trusts presented on their progress towards these in October. Some good progress has been made towards achieving these recommendations, including:

- Expanded shadowing and induction for FY1s
- Dedicated space for breaks and access to hot food
- Rest rooms following a night shift
- Access to clinical supervisor
- Assigning doctors to a clinical team

However – as highlighted in section 4.2 – it is acknowledged that the operational pressures within Medicine and Surgery are unrelenting and increasing, and this makes the ability to deliver on all 12 of these recommendations very challenging. However, clinical teams have committed to sharing roles to provide opportunities for F1s to have learning opportunities during ward rounds or clerk-ins.

All Trusts reported similar operational pressures in October and the Southern Trust awaits with interest the review being undertaken by the Regional Strategic Group to Enhance the Quality of Medical Education in Northern Ireland. The Southern Trust is lobbying that this review takes close cognisance of the recently released

report “Training in small hospitals”, given that many of the hospitals within Northern Ireland fit into this definition.

100% of F1 Doctors received their rotas more than 6 weeks of starting with the Southern Trust. Adept Fellows and HR are working to improve other training grade experience. See Appendix 3.

4.4 Physician associates

Physician Associates are a new “breed” of professional, working collaboratively with multidisciplinary teams i.e. consultants, junior doctors, nursing staff, AHPs and participate in all aspects of the care pathway as appropriate. This includes assessing and examining patients, presenting findings, initiating and interpreting investigations and recommending initial treatment within clearly defined parameters. The Physician Associates will also assist with completing patient-related documentation including writing discharge summaries for inpatients.

In an attempt to alleviate some of the workload pressures of junior doctors, the Southern Trust have three Physician Associates in post, and are recruiting a further 4 in the spring of 2020.

4.5 Department of Health Medical Education and Junior Doctor Working Groups

The Department of Health in 2019 commissioned two regional working groups to consider medical education and junior doctor and dentist working lives. The Medical Director represents the Trust on both groups.

Improving Junior Doctors/Dentists working lives (IJDDWL) group

The IJDDWL Group forms part of a work stream of the Workforce Strategy is chaired by the Director of Workforce Policy Directorate, Department of Health. The group is focused on developing a range of non-contractual approaches to enhance the working lives of doctors and dentists in training. These include:

- Gathering information about the issues affecting the moral of post graduate medical and dental trainees.
- Identifying and addressing existing barriers for doctors and dentists in training and to work towards making a positive difference to their working lives.
- Looking at issues that have a negative impact on the quality of doctors and dentists in training life at work.
- Reviewing areas of best practice and disseminate agreed regional guidance and strategies for use by the HSCNI.
- Working in partnership with employing organisations, the Deanery, the GMC and the Department of Health in delivering practical solutions.

Strategic group to Enhance the Quality of Medical Education in Northern Ireland (SGEQMENI)

The role of the Strategic Group is to focus on developing collectively a system-wide innovative approach to raise the quality of HSC's medical education 'offer' as a way of addressing the increasing challenges of attracting doctors into speciality training programmes after completion of their foundation training. In order to do this, the Strategic Group is focusing on the following areas:

- Identifying the challenges faced in delivering undergraduate and postgraduate medical education.
- Identifying the challenges faced in attracting doctors into training into NI programmes.
- Sharing and learning from good practice to work together to address the challenges in delivering undergraduate and postgraduate medical education.
- Working together to introduce innovations to make the HSC an attractive place to train and remain.
- Widening access and participation.

Both groups will continue to meet throughout 2020 and progress workplans to deliver on improvements for Medical Education and Junior Doctor and Dentist working lives.

5. Other medical education based initiatives

5.1 Summer studentships

From June to September 2019, The Southern Trust Summer Audit and Quality Improvement Programme provided an opportunity for Medical Students with at least 2 years training as undergraduates to participate in Clinical Audit and Quality Improvement projects. The projects agreed were:

Project	Key outcome
Monitoring compliance with documentation of indwelling devices to reduce healthcare associated infections	<p>The audit highlighted poor documentation in the both acute hospital sites indicating that although the monitoring forms are available, they are not completed properly.</p> <p>This practice requires improvement by reinforcing good practice in all clinical areas in both hospitals where the indwelling devices are used. It is essential that awareness, education, practical training and monitoring of clinical practice to ensure that reduction is possible to reduce preventable blood stream infections associated with unnecessary insertion, and poor insertion technique and maintenance of these devices.</p>
Experience of International Doctors Working in the Southern Health and Social Care Trust	<p>The survey indicated that UK/ROI doctors displayed poorer morale than International doctors. In addition the survey also highlighted a higher perceived level of supervision among the International doctors than their UK/ROI colleagues.</p> <p>The majority of International doctors feel that they are welcome, are treated equally to their UK counterparts and would recommend working in the SHSCT.</p>
Audit of Blood Culture Contamination in a District General Hospital	<p>From data analysis it is clear that the rate of blood culture contamination is unacceptably high. This issue must be addressed, preferably by introduction of training on aseptic blood culture collection using posters, videos and practical hands on training.</p> <p>It is recommended that the training should start in areas where the rate of blood culture collection and contamination are both high. It should target all staff who are responsible for taking blood cultures.</p>
Staff and Patient Views on Outlying: Experiences within the Southern Trust	<p>Attendances to ED are rising, leading to an increased need to outlie patients to alleviate services. Staff and patient views regarding outlying are mostly negative, with staff morale and job satisfaction suffering.</p> <p>Encouragingly, patient experiences have been mostly positive due to the kindness and transcendent care of staff within the Southern Trust. Issues raised include problems with communication, handover and continuity of care, which require resolution. Understanding the effect of outlying on staff and service users will allow for appropriate</p>

<p>Working Experience of Foundation Year One Doctors in the Southern Health and Social Care Trust</p>	<p>Improve the FY1 induction programme through adding interactive ICT sessions using the FY1's unique log ins for hospital computer systems.</p> <p>Improve the FY1 induction programme through increasing the work shadowing period.</p> <p>Increase number of teaching sessions which are spread throughout the working year through using senior trainees, staff grades and consultants.</p> <p>Appoint a permanent ward based SHO for surgical wards.</p> <p>Appoint more prescribing pharmacists and physician associates across wards to ease job role pressures.</p> <p>Increase training opportunities for nursing staff regarding clinical skills.</p> <p>Increase number of bank holiday staff to ease pressure on OOH shifts.</p> <p>Educate staff on the role and effective use of the clinical coordinator during OOH.</p>
<p>Responding and Managing Patient Deterioration in a District General Hospital</p>	<p>The study highlighted that when details of escalations were noted they were usually recorded within timescales set in NEWS guidance. However the vast majority of escalations had no documented record on the NEWS chart though this information may have been recorded elsewhere in the patient record (Medical or Nursing notes, the review of which was not included in the this study). The Nursing Survey also indicated that the lack of documented records may be related to certain periods where work pressures did not adequately facilitate time to complete NEWS escalation documentation.</p> <p>In addition it was also revealed that often clinical judgement was exercised to extend the period for review beyond the parameters set in the NEWS guidance. The Nursing Survey revealed that this may be attributed to the introduction of a 'trigger system' to account for patients who are prescribed oxygen. This is a point that is addressed in the NEWS2 chart.</p>

These were presented to SMT by the students in September, and contained a range of recommendations for consideration by relevant Directors.

The success of this project has led to a further three Winter studentships commencing, around the areas of:

- Infection Prevention and Control
- Open, fair and just culture for Junior Doctors
- Trainee, Locum and International Doctors

5.2 ADEPT fellows

The Southern Trust is currently hosting two APEPT fellows who are working on the following projects:

Barriers to Teaching and Training in the Southern Trust

The Southern Trust recognised in 2018 that it was becoming more difficult to engage senior doctors in providing teaching and training for our junior doctors. Dr Eimear McCorry commenced in September 2019 with a view to understanding why this was and identifying potential solutions. Dr McCorry has identified a number of barriers, from a culture within the organisation focussed heavily on delivery service to issues relating to identifying time and space for trainers to teach.

SMT is very supportive of the proposals for change being made by Dr McCorry which include:

- Protecting time for teaching – for trainer and trainee
- Modernising the styles of teaching
- Providing more space for teaching and training
- Placing teaching as the core of what we do

Joy at Work

Dr Ruth Carville is leading on the second ADEPT project, looking to improve the overall experience of working as a doctor within the Southern Trust. Dr Carville has focussed on the way in which we provide induction for new doctors, and support them through provision of rest and break facilities. Their rotas has been identified as a major issue for new doctors, and this project is looking to improve when these are provided and how they meet the needs of the doctors alongside the needs of the service. Dr Carville also sits on two regional committees considering how to improve the working lives of junior doctors.

5.3 Single employer

The Northern Ireland Medical and Dental Training Agency (NIMDTA) acquired the role of Single Employer for Doctors and Dentists in Training from August 2019. This has been implemented in a phased approach. Phase I took place in August 2019 and involved doctors training in Histopathology, Trauma and Orthopaedics and Radiology. Phase II is planned to take place in April 2020 and will involve the Foundation One Trainees.

5.4 SWOT UP

The Southern Trust is aware that applying to study medicine at university is a highly competitive process, requiring commitment to academic study and extracurricular activities. Northern Ireland students continually outperform their UK counterparts at GCSE and A-Level. However this hasn't correlated into a higher acceptance rate to medical school, as academic success is only one aspect of successful application to medical school.

SWOT UP was founded with this discrepancy in mind. The charity believes in the importance of equipping potential medical school applicants with information about all aspects of the process, as many will have no experience of applying to university in their family or wider social circle.

The Southern Trust joined with SWOT UP to run an event in November 2019 which sold out, and provided school students with invaluable experience to help them prepare for their medical school application process.

5.5 Sixth year students

The annual Medical Careers Symposium for sixth form students took place on the 22nd January 2020 in the Medical Education Centre at Craigavon Area Hospital. The event was well attended by nearly 60 students from local schools.

6. Medical Workforce

6.1 Revalidation and appraisal

The percentage of appraisals completed or in progress is currently sitting at 75%. This is against a target of 100% by 31st December. The 88 doctors who have not commenced their process of appraisal are currently being written to, giving them 28 days to complete their appraisal before further action is taken.

Appraisals 2018 Governance Report

Return to Main View

	CYPS	MHDS	Anaesthetic	Elective	Cancer & C	Unsched	Int. Maternity	Emergency Med	Totals
Total	80	37	48	76	54	121	35	49	500
Not Req	23	1	2	11	11	17	4	15	84
Not Elig	1	1	2	0	5	16	1	2	28
Not Complete	12	8	4	15	9	21	8	11	88
Blank	0	1	0	1	0	2	0	0	4
In Prog	7	4	2	3	3	14	2	7	42
Complete	32	21	38	43	24	49	20	13	240
Complete & In Prog	39	25	40	46	27	63	22	20	282
Total Req Appraisal	51	34	44	62	36	86	30	31	374
% Appraised	76%	74%	91%	74%	75%	73%	73%	65%	75.2%

6.2 Recruitment and retention

Over the last number of years, recruitment to permanent medical posts has become increasingly competitive across Northern Ireland and further afield. We currently are actively recruiting to 23 vacant posts, across consultant and SAS grade doctors but also have a number of posts that we have unsuccessfully advertised for, where we believe that there is only minimal chance of recruitment at the present time.

6.3 Supporting Locums

The Trust is committed to providing an excellent service to all patients and clients. The Trust recognises the difficulties faced by managers trying to cover temporary staff shortages whilst meeting the need to balance the provision of ongoing high quality services. The use of locum doctors, substitute doctors who cover established clinical positions when substantively employed doctors are temporarily unavailable, has increased significantly in the Southern Trust over the last ten years.

In the modern NHS, doctors can work in various roles simultaneously. Doctors on any of the GMC registers can choose to work as a locum and most who choose to do so usually take up temporary short term positions. A doctor may be in this role for more than one organisation at the same time and may move relatively

frequently from one employer to another. NHS guidance on locum doctors' employment (Guidance on the appointment and employment of NHS locum doctors, NHS, 2013) states: "A doctor in locum tenens is one who is standing in for an absent doctor, or temporarily covering a vacancy, in an established post or position.

The Trust is currently reviewing and strengthening its processes surrounding locum doctors and is developing guidance for medical managers regarding 'Handling and Managing Concerns regarding Locum Doctors' that clearly sets out the requirements for each medical manager for locums under their supervision and an overarching locum governance framework document that details each individual element and component of the locum governance system including the assurances and locum reporting arrangements. Both documents are due to be finalised during quarter 1 2020.

6.4 Interface relationships – LNC and BMA

The Medical Directors Office meets with the Local Negotiating Committee of the BMA on a quarterly basis, to ensure any emerging issues are addressed and areas of disagreement are considered with a view to local resolution wherever possible.

6.5 BMA Engagements Chair of Northern Ireland Junior Doctors Committee

The Trust continues to engage with BMA representatives both via the Trust BMA Local Negotiating Committee and regular meetings with the regional chair of the Northern Ireland Junior Doctors Committee. Recent discussions with the Chair of Junior Doctors have focused on provision of rota information, provision of additional rest and catering facilities and work life balance mechanisms. The Trust continues target and monitor actions to improve the training experiences of junior doctors via these engagements.

6.6 Interface relationships - GMC

The Medical Director meets the local GMC Liaison Officer on a quarterly basis to discuss cases of doctors in difficulty. This relates to:

"Any doctor who has caused concern to his or her supervisor about the ability to carry out their duties, and which has required unusual measures to be put into place"

There are currently 11 cases under consideration with current employees and 4 with doctors no longer employed by the Southern Trust. These numbers are very small in the context of over 600 doctors employed in the Southern Trust.

6.7 Maintaining High Professional Standards - Responding to concerns about a doctor's practice -Case Manager and Investigator Training

The vast majority of doctors provide good quality, safe and effective care throughout their careers. However, it is inevitable that from time to time problems will arise. Systems failure or organisational issues can impact significantly on performance and give rise to concerns. Organisations should have in place measures to help reduce the risk of problems arising in the first place and, when they do, to identify them at an early stage.

The principles and values of the GMCs *Good Medical Practice* apply, in which:

- Patient safety is paramount
- Concerns about a doctor's practice must be addressed early, systematically and pro-actively in all healthcare settings. The appropriate competent authority (as defined in the responsible officer regulations) must take action where a concern is raised.

To support medical managers and doctors who have delegated responsibility by the Medical Director to manage and investigate cases the Trust recently engaged with NHS Resolutions to provide training for staff, in total 10 Trust staff registered for the One Day Case Manager training and 10 places for the Two Day Case Investigator training.

6.8 Better Culture, Better Care: Creating Trust, Learning and Accountability within Health and Social Care Conference Wednesday 4th December 2019

Several Trust doctors attended the recent British Medical Association conference held in Belfast which was held to support the strategic agenda to enable cultural change in healthcare. The conference content considered the range of ways in which culture can be both recognised and utilised as a vehicle for improvements in care and the need to prioritise learning over blame.

The information and learning from this event is being used to develop and implement the Trust Being Open programme for staff that complements work carried out by the Department of Health 'Inquiry in Hyponatraemia Related Deaths' findings and recommendations.

6.9 Medical Royal College Invited Review Services

Medical Royal College Invited Service Reviews (ISR) offer independent consultancy services to healthcare organisations. ISR's provide an opportunity to healthcare organisations to identify areas for service improvements and provide recommendations on opportunities for improved care.

ISR's are initiated by the Medical Director or Chief Executive of healthcare organisations The following types of invited reviews are available:

- **Departmental:** team working, leadership, planning, governance and workforce
- **Service design:** also looking at organisational working/interaction/position and overall strategy
- **Whole system:** also exploring interaction with other hospitals, care agencies, commissioners and wider networks
- **Individual:** assist healthcare organisations in identifying whether there is a problem to consider or case to be answered with regard to alleged unsatisfactory clinical practice of an individual consultant physician
- **Clinical record reviews:** offers independent expert opinion on the management of a specific case or series of cases

The Trust is committed to utilising external expertise to improve services and will endeavour to engage Royal Colleges with subject matter expertise to improve our services on a rolling basis.

6.10 Nuffield Trust Visit to Daisy Hill Hospital

As part of the Trust's ongoing work to improve our acute medical services the Trust held a systems strengthening event to identify potential new models of care delivery for general medicine with a particular focus on Daisy Hill Hospital. The event was designed to complement the achievements of the Daisy Hill Hospital Emergency Department Pathfinder programme and stimulate discussions for local innovation and explore solutions to address the challenges faced by smaller hospitals which provide acute medical care in an increasingly complex health care landscape.

Mr Nigel Edwards and Dr Louella Vaughan from Nuffield Trust were invited to host the workshop; both Mr Edwards and Dr Vaughan have studied extensively the challenges faced by smaller acute hospitals including the addressing of workforce shortages and delivery of increasingly complex models of care for acutely ill patients. The workshop was attended by over forty staff including directors, senior management, and medical and nursing staff. Mr Edwards and Dr Vaughan shared what their research indicated from their review of the literature, discussions with experts from a number of health systems in other countries and interviews with senior clinicians and managers in the UK, many of whom have already developed partial solutions to the problems associated with smaller hospitals.

The Trust local Daisy Hill General Medicine Oversight Group has considered the summary list of potential local level initiatives to improve services and will be supporting staff with the testing and potential implementation of systems strengthening proposals.

6.11 Being Open

The Southern Trust is committed to delivering high quality healthcare for our service users. The regional approach to learning from adverse events aims to support Trusts effectively manage adverse events, to learn from them, and allow best practice to be actively promoted across the regional so that we can continually improve the safety of our healthcare system for everyone.

Open and effective communication with people should begin at the start of their care and continue throughout all the care they receive. This should be no different when an adverse event happens. Being open when things go wrong is key to the partnership between patients and those who care for them. We have a professional duty to acknowledge when something has gone wrong and provide an honest explanation. Openness about what happened and discussing adverse events promptly, fully and compassionately can help people cope better with the after-effects of adverse events.

The Trust is represented at on the regional Department of Health Being Open workgroup that is itself a subgroup of the Inquiry into Hyponatraemia Related Deaths oversight group. In response the Trust has started developing in-house resources and training to support staff throughout the Being Open process which is due to commence in quarter 2 2020.

SECTION 4: GMC NTS 2019 Outliers

Trainee Survey

Site	Outliers (Red Indicators)	LEP Response
CAH	General Internal Medicine (Post Spec) Workload Teamwork Induction Rota design	<p>The 2019 NTS has demonstrated an improvement in Handover within General Medicine in CAH. However, the incoming Chief Registrar has committed to continue to focus on this area, and in particular the handovers relating to the weekend</p> <p>It should be noted that the intensity of workload continues to be a challenge in this specialty. The Southern Trust has initiated a project entitled SPEED which recognises the need to consider the whole system within Acute Services and beyond in addressing this. Appendix II is an internal document demonstrating our commitment to addressing this issue</p> <p>The 2019 ADEPT Fellow is looking at streamlining and improving the process of Induction</p>
CAH	Core Surgical Training (Prog Group) Teamwork Handover	<p>Core trainees are aligned now to one of 2 larger surgical teams (One team of 5 consultants, one of 4 and a third team, the breast team (1 trainee). The teams are not speciality specific but means trainees get to work across a broader range of subspecialist interests in surgery</p> <p>This included F2 trainees in surgery</p> <p>Handover occurs twice a day. There is an 8 am handover with core, specialty trainees and consultant of the week, there is a documented list of cases that are discussed and this is saved on a shared drive. There is an evening handover between core and specialty trainees</p>
CAH	Emergency Medicine - GP Programme (Prog Group) Workload	<p>The Southern Trust recognises the continuing challenge in relation to workload, being felt across the region within Emergency Departments.</p> <p>The Southern Trust has initiated a project entitled SPEED which recognises the need to consider the whole system within Acute Services and beyond in addressing this. Appendix II is an internal document demonstrating our commitment to addressing this issue</p>
CAH	Geriatrics (Prog Group) Regional teaching	The Southern Trust would be happy to contribute to regional discussions on ways to improve regional teaching
CAH	Medicine F1 (Prog Group) Workload Rota design	All issues being raised by F1s are being considered by the Working Group looking at the implementation of the 12 recommendations within the F1 charter. The Southern Trust continues to struggle with the increasing workload within General Medicine in the context of the reduction in F1s in 2017
CAH	Medicine F2 (Prog Group) Workload Handover Supportive environment	<p>The 2019 NTS has demonstrated an improvement in Handover within General Medicine in CAH. However, the incoming Chief Registrar has committed to continue to focus on this area, and in particular the handovers relating to the weekend</p> <p>It should be noted that the intensity of workload continues to be a challenge in this specialty. The Southern Trust has initiated a project</p>

	<p>Induction</p> <p>Feedback</p> <p>Study leave</p> <p>Rota design</p>	<p>entitled SPEED which recognises the need to consider the whole system within Acute Services and beyond in addressing this. Appendix II has an internal document demonstrating our commitment to addressing this issue</p> <p>The 2019 ADEPT Fellow is looking at streamlining and improving the process of Induction</p>
DHH	<p>Emergency Medicine (Post Spec)</p> <p>Overall satisfaction</p> <p>Clinical supervision</p> <p>Clinical supervision out of hours</p> <p>Study leave</p>	<p>The Southern Trust is pleased to report that the number of substantive consultants has now increased to 4WTE, with further recruitment planned to achieve the goal of 10WTE. There has been another round of recruitment, with an expectation that the number of substantive consultants will be increasing to 6WTE in the first quarter of 2020. We believe this will facilitate the Departments ability to address issues identified within the NTS report</p>
DHH	<p>General Internal Medicine (Post Spec)</p> <p>Overall satisfaction</p> <p>Clinical supervision</p> <p>Clinical supervision out of hours</p> <p>Workload</p> <p>Supportive environment</p> <p>Induction</p> <p>Study leave</p> <p>Rota design</p>	<p>The Southern Trust recognises the continuing challenge in this area, and is working across a range of initiatives to address this. We have recently increased our permanent consultant workforce, and are placing prescribing pharmacists on ward. We are also looking to increase the coverage of our clinical co-ordinators to support our doctors in training. Fortnightly meetings are being held with the physicians in DHH, chaired by the Medical Director, to progress these and other issues</p> <p>A proactive approach has been made to secure locum SpR grade doctors to support over night trainees with > 85% coverage out of hours.</p> <p>A GI IMT SpR grade has been appointed and the trust plan to seek additional IMT in Respiratory medicine. The middle grade rota has been stabilized with senior support 9am to 9.30am 7 days per week. 2 additional physician associates have been appointed to support the F1 rota. They will take up post in December bringing the complement of PA's to 3.</p> <p>There are plans to appoint 2 further PA's to this rota to allow weekend cover</p> <p>It should be noted that the intensity of workload continues to be a challenge in this specialty</p> <p>An update of the internal working document, not for external consumption, it is being shared with NIMDTA colleagues to evidence our commitment to resolving this. (Appendix 1)</p> <p>The 2019 ADEPT Fellow is looking at streamlining and improving the process of Induction</p>
DHH	<p>General Surgery (Post Spec)</p> <p>Overall satisfaction</p> <p>Reporting systems</p> <p>Teamwork</p> <p>Adequate experience</p> <p>Educational governance</p> <p>General Surgery (Prog Group)</p> <p>Overall satisfaction</p> <p>Adequate experience</p>	<p>The General Surgical Educational Leads within DHH were disappointed with the increase in lower quartile results. The team has met, considered these results and discussed them at the recent cyclical visit from NIMDTA. At this visit, it was noted that the response from Doctors in Training was universally positive, and the comments from Mr Kourosh Khosraviani, Associate Dean for Deanery Visits were extremely complimentary of the entire training provision within General Surgery in DHH</p>

DHH	<p>Obstetrics and Gynaecology (Post Spec) Overall satisfaction Adequate experience Curriculum coverage Local teaching</p> <p>Obstetrics and Gynaecology (Prog Group) Overall satisfaction Adequate experience Curriculum coverage Local teaching Educational governance</p>	<p>A triggered visit by NIMDTA colleagues on 24th October recognised a range of good practices in response to the NTS survey. These included:</p> <p>Induction A comprehensive induction, led by the College Tutor, takes place in the unit on the first day with written materials also provided. Trust Induction takes place on the morning of the first day via video-link from Craigavon Area Hospital.</p> <p>Clinical Supervision There is a very good level of clinical supervision and trainees described feeling well supported. The consultant of the week model has recently been introduced and will enhance clinical supervision and support on the floor.</p> <p>Handover Multidisciplinary handover takes place four times per day with staff swapping between labour and gynae ward.</p> <p>Practical Experience Trainees reported that they had access to a variety of obstetric and gynaecological procedures. One trainee explained that their experience was hampered because of the staff grade they had been linked with. However, following the trainee's discussion with the College Tutor and Educational Supervisor, the trainee was linked to a different staff grade and now the experience is significantly better.</p> <p>Workload The work load is noted to be just right both during the day and also nights and weekends.</p> <p>Rotas and EWTR Compliance The on call rotas are noted to be compliant and a monitoring exercise is due to commence shortly. However the weekly schedule is organised by a member of the staff grade team.</p> <p>In light of the visit, a Trust Oversight Group is looking at the issues raised and will be presenting an action plan to NIMDTA at their return visit on 12th December</p>
DHH	<p>Core Medicine Training (Prog Group) Workload Supportive environment Local teaching Study leave Rota design</p>	<p>The Southern Trust recognises the continuing challenge in this area, and is working across a range of initiatives to address this. We have recently increased our permanent consultant workforce, and are placing prescribing pharmacists on ward. We are also looking to increase the coverage of our clinical co-ordinators to support our doctors in training. Fortnightly meetings are being held with the physicians in DHH, chaired by the Medical Director, to progress these and other issues</p> <p>A proactive approach has been made to secure locum SpR grade doctors to support over night trainees with > 85% coverage out of hours.</p> <p>A GI IMT SpR grade has been appointed and the trust plan to seek additional IMT in Respiratory medicine. The middle grade rota has</p>

		<p>been stabilized with senior support 9am to 9.30am 7 days per week. 2 additional physician associates have been appointed to support the F1 rota. They will take up post in December bringing the complement of PA's to 3. There are plans to appoint 2 further PA's to this rota to allow weekend cover.</p> <p>It should be noted that the intensity of workload continues to be a challenge in this specialty. An update of the internal working document, not for external consumption, it is being shared with NIMDTA colleagues to evidence our commitment to resolving this. (Appendix 1)</p> <p>The 2019 ADEPT Fellow is looking at streamlining and improving the process of Induction</p>
DHH	Emergency Medicine F2 (Prog Group) Clinical supervision Workload	<p>The Southern Trust is pleased to report that the number of substantive consultants has now increased to 4WTE, with further recruitment planned to achieve the goal of 10WTE. There has been another round of recruitment, with an expectation that the number of substantive consultants will be increasing to 6WTE in the first quarter of 2020. We believe this will facilitate the Departments ability to address issues identified within the NTS report</p> <p>It should be noted that the intensity of workload continues to be a challenge in this specialty</p> <p>An update of the internal working document, not for external consumption, it is being shared with NIMDTA colleagues to evidence our commitment to resolving this. (Appendix 1)</p>
DHH	Medicine – GP Programme (Prog Group) Clinical supervision out of hours Workload Study leave Rota design	<p>The Southern Trust recognises the continuing challenge in this area, and is working across a range of initiatives to address this. We have recently increased our permanent consultant workforce, and are placing prescribing pharmacists on ward. We are also looking to increase the coverage of our clinical co-ordinators to support our doctors in training. Fortnightly meetings are being held with the physicians in DHH, chaired by the Medical Director, to progress these and other issues</p> <p>A proactive approach has been made to secure locum SpR grade doctors to support over night trainees with > 85% coverage out of hours.</p> <p>A GI IMT SpR grade has been appointed and the trust plan to seek assitional IMT in Respiratory medicine. The middle grade rota has been stabilized with senior support 9am to 9.30am 7 days per week. 2 additional physician associates have been appointed to support the F1 rota. They will take up post in December bringing the complement of PA's to 3.</p> <p>There are plans to appoint 2 further PA's to this rota to allow weekend cover</p> <p>It should be noted that the intensity of workload continues to be a challenge in this specialty</p> <p>An update of the internal working document, not for external consumption, it is being shared with NIMDTA colleagues to evidence our commitment to resolving this. (Appendix 1)</p> <p>The 2019 ADEPT Fellow is looking at streamlining and improving the process of Induction</p>
DHH	Medicine F1 (Prog Group) Workload Rota design	<p>All issues being raised by F1s are being considered by the Working Group looking at the implementation of the 12 recommendations within the F1 charter. The Southern Trust continues to struggle with the increasing workload within General Medicine in the context of the reduction in F1s in 2017</p> <p>An update of the internal working document, not for external consumption, it is being shared with NIMDTA colleagues to evidence our</p>

		commitment to resolving this. (Appendix 1)
DHH	Medicine F2 (Prog Group) Induction Adequate experience Rota design	<p>The Southern Trust recognises the continuing challenge in this area, and is working across a range of initiatives to address this. We now have 3 Physician Associates in post, and are recruiting a further 3 new graduates into this area. We have recently increased our permanent consultant workforce, and are placing prescribing pharmacists on ward. We are also looking to increase the coverage of our clinical co-ordinators to support our doctors in training. Fortnightly meetings are being held with the physicians in DHH, chaired by the Medical Director, to progress these and other issues. An update of the internal working document, not for external consumption, it is being shared with NIMDTA colleagues to evidence our commitment to resolving this. (Appendix 1)</p> <p>The 2019 ADEPT Fellow is looking at streamlining and improving the process of Induction</p> <p>It should be noted that the intensity of workload continues to be a challenge in this specialty.</p>
DHH	Surgery F1 (Prog Group) Overall satisfaction Clinical supervision Reporting systems Workload Teamwork Supportive environment Induction Adequate experience Curriculum coverage Educational governance Educational supervision Rota design	<p>All issues being raised by F1s are being considered by the Working Group looking at the implementation of the 12 recommendations within the F1 charter. The Southern Trust continues to struggle with the increasing workload in the context of the reduction in F1s in 2017</p> <p>An update of the internal working document, not for external consumption, it is being shared with NIMDTA colleagues to evidence our commitment to resolving this. (Appendix 1)</p>

12 Recommendations from the F1 Summit to improve the training experience of F1 doctors

- Provide all new F1 doctors with ward-based F1 shadowing all day for 2 full days
- Deliver a formal induction for all F1 doctors to their clinical team at the start of each placement
- Fully involve F1 doctors in planned patient reviews on a daily basis
- Necessitate the participation of F1 doctors in the clerking-in of patients on average at least twice a week
- Require the active participation of F1 doctors on ward rounds on average at least twice a week
- Limit the time spent by F1 doctors on routine tasks of limited educational value to no more than 50% of their time
- Ensure F1 doctors are aware of who the senior doctor is (and how to contact them) for advice for each shift
- Provide feedback to all F1 doctors through their trained Clinical Supervisors on average on a weekly basis
- Enable all F1 doctors to attend 3 hours of on-site, bleep-free, formal teaching per week
- Assign F1 doctors to a clinical team as opposed to a clinical area
- Ensure that F1 doctors working out of hours' shifts have access to hot food and an area to take rest breaks
- Provide rooms where F1 doctors can rest after a night shift before travelling home

SHSCT Working Patterns and Pay Bandings

	Rota received with less than 6 weeks' notice
	Rota received with at least 6 weeks' notice

Specialty	Hospital	Rota frequency	Grade	Banding	Working pattern	Clinical Support	Medical Admin Support
General Medicine	Craigavon	1:11	FY1	2A	Full shift		
	Craigavon	1:20	FY2, CT1-2, GP trainee	1A	Full shift		
	Craigavon	1:11	ST3+	1A	Full shift		
Acute Medical Unit	Craigavon	1:6	ST3+	1A	Full shift (no nights)		
Emergency Medicine	Craigavon	1:12	FY2, ST1-2, GP	1A	Full shift		
	Craigavon	1:7	ST3/ Clinical Fellow	1A	Full shift		
	Craigavon	1:7	ST4+	1A	Full shift		
Obstetrics & Gynaecology	Craigavon	1:8	FY2, CT1-2, GP trainee	1A	Full shift		
	Craigavon	1:8	ST3+	1A	Full shift		
Anaesthetics/ICU	Craigavon	1:7	FY2, CT1	1A	Full shift		
Anaesthetics	Craigavon	1:8	CT1-2, STR	1A	Full shift		
	Craigavon	1:8	ST3+	1A	Full shift		
Paediatrics	Craigavon	1:8	FY2, CT1-2, GP trainee	1A	Full shift		
	Craigavon	1:8	ST3+	1A	Full shift		
Radiology	Craigavon	1:6	STR	1A	Full shift (no nights)		
General Surgery	Craigavon	1:12	FY1	2A	Full shift		
	Craigavon	1:7	FY2, CT1-2	2A	Full shift		
	Craigavon	1:6	ST3+, SAS	2A	Non resident on call		
ENT	Craigavon	1:5	CT1-2, STR, SAS	2A	Non resident on call		
	Craigavon	1:5	ST3+, SAS	1A	Non resident on call		
Psychiatry	Craigavon	1:14	FY2, CT1-2, GP trainee	1A	Partial shift (24 hr)		
	Craigavon	1:8	ST4+	1B	Non resident on call		

Specialty	Hospital	Rota frequency	Grade	Banding	Working pattern	Clinical Support	Medical Admin Support
Trauma & Orthopaedics	Craigavon	1:6	FY2/Trust doctors	2B	Non resident on call		
	Craigavon	1:9	ST3+, SAS	2B	Non resident on call		
Medicine and Surgery	Daisy Hill	1:11	FY1	2B	Full shift		
General Medicine	Daisy Hill	1:16	FY2, CT1-2, GP trainee	1A	Full shift		
	Daisy Hill	1:8	ST3+	1A	Full shift		
Emergency Medicine	Daisy Hill	1:8	FY2, ST1-2, GP trainee	1A	Full shift		
General Surgery	Daisy Hill	1:6	FY2, CT1-2	2A	Full shift		
	Daisy Hill	1:12	ST3+, SAS	2A	Full shift		
Obstetrics & Gynaecology	Daisy Hill	1:6	FY2, ST1-2, GP trainee	1A	Full shift		
	Daisy Hill	1:6	ST3+, SAS	1A	Full shift		
Paediatrics	Daisy Hill	1:6	ST1-2, GP trainee	1A	Full shift		