

Trust Quality Improvement action Plan (QIP)

Organisations details:

Trust's name:	Northumberland Tyne and Wear NHS FT
Trust Chief Executive's name:	John Lawler
Director of Medical Education's name (or equivalent, please state job title):	Dr Bruce Owen
QIP compiled by:	Drs Bruce Owen, Lisa Insole, Brian Lunn and Prathibha Rao
QIP signed off by:	
Date signed off:	

Health Education North East: Quality Reporting Framework
Trust Quality Improvement Plan (QIP) inc. Foundation, GP, Specialty

Local Education Provider	Site	GMC Standards for medical education; Select Theme	Programme curriculum	Post Specialty	Please list the level of trainees affected	Date item was identified / added to the QIP	Initial RAG rating	Description of item (issue / concern or area for improvement)	Actions (please list planned actions)	Deadline for completion	Current Status	Current RAG	Previous Updates (prior to SEP15, collated)	SEP15 Update (excludes new items)	Update May 2016	Update Autumn 2016	Column 3
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	1. Learning environment and culture	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry GP, Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice	Higher, Core, Foundation	#####	Amb	Changes to clinical services will have impact on training and the educational experience of trainees	1. The medical education team meets with the transformation team to ensure that the needs of trainees and medical students are not lost in the process and that the time 3. required to provide teaching and supervision is protected. This is an ongoing process but poses a potential risk. 2.The newly appointed medical development lead will take an active role in participating in workshops about community service re-design. 3. Proactively working with trainers and trainees in clinical services	01/08/2017	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amb	1.1 March 2015 update Initial evaluation now complete. This identified some issues in relation to resources which have been feedback through Trust Group Business Meeting. Ongoing monitoring of existing posts in place. Close working established with transforming team regarding ongoing developments	Medical education team has established good links with transforming services and this has allowed trainee needs to be considered as services developed in the south of the trust. Evaluation of the impact on training in the south ongoing. As trust organisation continues to change we are building closer links with local services both through linking with managers and trainers/trainees. The newly appointed medical development lead is still establishing links in order to facilitate this.		This item was added to our QIP in 2013. Since this time there have been considerable actions completed and we are more confident of our involvement in service changes allowing educational opportunities to be considered and our monitoring of the impact of change. We are keeping this item in our QIP to ensure we retain a focus on the impact of change of service delivery models which remains significant, although other than continuing with our	
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	1. Learning environment and culture	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry GP, Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice, Broad Based Training, Child and adolescent psychiatry,	Higher, Core, Foundation	Apr-13	Amb	The lack of awareness among all grades of medical staff concerning measures to be taken to minimise risk in lone working situation	Whilst concerns around lone working awareness now addressed there are a number of ongoing environmental factors that have been identified both through audit done and the school visit that could impact on safety. Plans have been developed with the trust safety team to address these. Outstanding actions: 1. To review with trust safety team regarding	Feb-16	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Lone worker safety training is included in induction, all training posts have been risk assessed and where a need identified lone worker devices have been provided. Following initial concerns has been re-audit that shows improvement in trainee awareness of lone working	Outstanding issues in relation to safety have been identified and we are working within the trust jointly with the safety and clinical services teams to address these. Many of these relate to buildings or environments where additional safety measures could be developed, examples include wider use of CCTV across the trust and improved design of clinical areas both on NTW and acute		We have now closed this item off as the issues originally identified have now been acted on and resolved. The initial concerns about lone working have been resolved in that there are in place appropriate process and supports to support lone working safely. This is covered in induction both central and locally with their clinical	
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	1. Learning environment and culture, 3. Supporting learners	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice, Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice, Broad	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry GP, Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice, Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry,	Higher, Core, Foundation	Aug-13	Amb	The delivery of medical input to out of hours mental health services needs to improve, so that: so that cover and supervision arrangements are simplified, better handover practices between out of hours services are introduced and out of hours work is fully appreciated for the educational opportunities that are available	Action 1. To review and as needed redesign rotas in remaining areas of trust so benefits achieved in Sunderland and South Tyneside can be spread elsewhere. 2. To review second on call arrangements in Newcastle and North Tyneside following introduction of Street Triage and consider changes as appropriate to maximise educational opportunities.	01/08/2016	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Amb	Since this issues was raised there has been a number of changes , in Newcastle and North Tyneside there has been a review of first on call out of hours work with changes made to align supervision arrangements better across different levels of rota. There has also been the implementation of resident consultant cover in Sunderland and South Tyneside for extended hours. Initial evaluation now	There is now good alignment of trainee out of hours work and supervision. In Sunderland and South Tyneside changes in consultant out of hours working practice has increased face to face supervision and educational opportunities. The Medical Director is currently leading on a trust-wide review of other consultant out of hours rotas with DME involvement ensuring training and education needs considered	Further changes to shift working are being made with plans to change the first on-call 7 weeks of nights to a 3/4 split to reduce fatigue. Second on call rotas are being reviewed with a likely change from an on-call system to a shift system excluding CAMHs rota which will remain an oncall system.	Changes to the to first on call rotas have now been implemented as planned and there has been monitoring of this with trainees. Feedback score on the GMC survey have dramatically improved, although we are aware the wording of the question changed which will have impacted this. We have met with higher trainees and planned out proposed changes to higher trainee rotas, prior to implementing these we have been monitoring higher trainee rotas. Our goal is to implement the	

Health Education North East: Quality Reporting Framework
Trust Quality Improvement Plan (QIP) inc. Foundation, GP, Specialty

Local Education Provider	Site	GMC Standards for medical education; Select Theme	Programme curriculum	Post Specialty	Please list the level of trainees affected	Date item was identified / added to the QIP	Initial RAG rating	Description of item (issue / concern or area for improvement)	Actions (please list planned actions)	Deadline for completion	Current Status	Current RAG	Previous Updates (prior to SEP15, collated)	SEP15 Update (excludes new items)	Update May 2016	Update Autumn 2016	Column 3
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	4. Supporting trainers	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice, Broad	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation Programme, General psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine, General Practice	Higher, Core, GP, Foundation	Aug-13	Amb	In line with the GMC guidance on the approval and recognition of trainers, we need to develop our processes for the appraisal of trainers' training role.	1. Audit of system established to assess reliability and identify any areas for improvement. 2. Update evidence guidance provided to trainers to reflect changes on GMC standards/themes	Audit to be done Aug 2016.	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Amber	March 15: Process has now been developed shared and agreed with Trust Education Committee and Revalidation team. In the process of communicating this to all Trainers and appraisers. Goal to introduce this process as part of all Trainers appraisal from May 2015. Outstanding actions include need to update SARD system to better support this system.				
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	4. Supporting trainers	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation Programme, General psychiatry,	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Medical psychotherapy, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine,	Core, GP, Foundation	Aug-15	Amb	Currently we have established standards and training for trainers. However process of supporting new training accessing this often only starts once consultants take up post, this results in delay in attending training.	Working with colleagues in medical staffing establish a process that ensures that any training role in new posts prioritised through the appointment and induction processes.	original deadline Aug 2016, deadline for monitoring May 2017	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through	Amber		Bimonthly meetings take place between medical staffing and the medical education team. Newly appointed consultants who take up training roles with be identified at these meetings. The DME or CDME will contact the new trainers to ensure they are signposted to relevant	In addition to meeting described in earlier updates and inductions processes there has been some joint work with one of our medical education team managers with develop a system and process to identify as trainer posts are due to		
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide		Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry,	General psychiatry, Liaison Psychiatry, Child Mental Health, Old age psychiatry, Psychiatry of learning disability, Rehabilitation medicine	All	September 2016	Amb	The current recruitment into psychiatry for both trainees and consultants is challenging and prediction of the future workforce needs suggest this will worsen, particularly in the	Development and implementation of recruitment strategy. This likely to be part of wider medical strategy that will in addition to recruitment look at retention and wider	Strategy to be reviewed and completed by Feb 2017	Stage 2: Implementing Solutions – Action plans/plans for	Amber					
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	3. Supporting learners	General Practice	General Practice	GP	Sep-16	Amb	Although the majority of our GP posts are performing well we are aware that the postgraduate education support we provide to GPs	1. To work with GP trainees and the GP training scheme to establish priorities around CPD for GPs in psychiatry	Aug-17	Stage 1: Investigation - Verification of concern	Amber					
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	3. Supporting learners	Foundation Programme	General psychiatry, Old age psychiatry	Foundation	Aug-15	Amb	Communication of any particular learning needs, particularly in relation to performance concerns for foundation trainees joining	Foundation team within the trust to work with acute trusts and Foundation school to establish improved system for	Aug-16	Stage 4: Closed – Solutions are verified, evidence	Green	New item for SAR			Following discussions by the Foundation Tutor with colleagues in acute trusts this problem has been resolved. We have	
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	1. Learning environment and culture, 3. Supporting learners	Broad Based Training, Child and adolescent psychiatry, Core Psychiatry Training, Forensic psychiatry, Foundation	General Practice, General psychiatry, Old age psychiatry	Core, GP	Jan-14	Amb	Unfilled posts at CPT level in some clinical areas puts the quality of training of other trainees at risk through the need for them to support clinical services	1. Develop and establish feeder scheme jointly with TEVV to improve recruitment. 2. Continue practice of recruiting both locums and flexible posts to support service whilst recruitment remains	Feb-16	Stage 4: Closed – Solutions are verified, evidence that there has been sustained	Green	Core Psychiatry recruitment remains an issue, measures already described include use of agency and LAS Doctors remain in place. Introduction of	Recruitment has started to feeder scheme looking at both overseas recruitment and UK based. Programme been locally agreed within both NTW and TEVV trusts, additional supports being put in place to support trainees.	Two doctors have been recruited through the feeder scheme and are now in post. A further two doctors are coming through the recruitment process. There are three teaching fellows in post with an expansion to	Core training scheme better recruited to currently and of particular note is the fact that over the last year four trainees have come through the feeder scheme onto core psychiatry training	
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	3. Supporting learners	Core Psychiatry Training	General psychiatry	Core	Jan-14	Amb	To ensure that trainees obtain adequate emergency psychiatry experience to meet the standard set in the curriculum	1. Implement recommendations of working group looking at ways of increasing emergency psychiatry experience in each locality in the trust. 2. Establish use of simulation to aid training in emergency	1 and 2. Feb 16. 3. Aug 16	Stage 2: Implementing Solutions – Action plans/plans for improvement are in	Amber	wide Audit carried out Nov-Dec 2014. Meeting arrange in May with Liaison Consultants, rota co-ordinators etc to be arranged to identify ways of improving experience. Changes	Recommendation from working group being implemented across the trust, some started Aug 15, others September 15. Need to evaluate how this working group is formally prior to re-audit. STEP course focussed on use of simulation to improve	Emergency psychiatry experience is now available across the trust. It is compulsory for some trainees South of Tyne and is optional North of Tyne. Trainees have the option of time with adult/old age liaison psychiatry teams or		

Health Education North East: Quality Reporting Framework
Trust Quality Improvement Plan (QIP) UNDERGRADUATE

Local Education Provider	Site	GMC Standards for medical education; Select Theme	Placement / Rotation (Please select all OR an option from the post specialty list. Where an issue/concern impacts on an entire rotation please ensure that this is described in the description, column G)	Date item was identified / added to the QIP	Initial RAG rating	Description of item (issue / concern or area for improvement)	Actions (please list planned actions)	Deadline for completion	Current Status	Current RAG	Previous Updates (prior to SEP15, collated)	SEP15 Update (excludes new items)	October 2016 update
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	1. Learning environment and culture	N/A	Jun-15	Amber	Feedback from medical students dipped in 2014 and early 2015. This coincided with significant service change. We were concerned that the need of UG training was not always being prioritised in this change or that the process of change has had a negative effect	1. To appoint a senior clinician to work into service developments to ensure the needs of students being considered. 2. To work with service managers and clinicians to raise the profile of UG education.	Point 1 appointed to Aug 15. 2. Jan 2016	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green			Post appointed to and working well. Student experience in Sunderland much improved and greater involvement in service developments by medical education team.
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	1. Learning environment and culture	N/A	Apr-15	Amber	Feedback in Tyne and Northumberland dipped in early part of 2015 following some changes in delivery model.	1. review data within medical education team. 2. review model of delivery and make changes in light of findings	1. Review completed May. 2. Review feedback ongoing and Dec 15	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber			Feedback across the trust much improved from UG programme. There remains a number of areas where we want to improve feedback and there are a number of measures in place to achieve this including recent expansion of teaching fellow posts, new band 5 post focussing on quality and sharing good practice.
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	3. Supporting learners	N/A	Aug-15	Amber	Facilities for students around both private study and access to internet	1. Improve facilities for students with development of dedicated space in North and South of Trust. 2. work with colleagues in IT to look at ways to improve access to wifi.	1. Estate identified and funded for student teaching facility in South of trust, due to open by Nov 2015. Estate being identified in North aim to complete Aug 2016. 2. Aug 2016	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Amber			New facilities in South of Tyne established and have improved facilities in North of Tyne this however only on a temporary basis and need for long term solution North of Tyne. Current teaching facility below standard we would aim for. Wifi now improved and available across trust
Northumberland, Tyne and Wear NHS Foundation Trust	Trust-wide	4. Supporting trainers	N/A	Spetember 2016	Amber	Current job-planning of UG teaching time for clinicians without formal UG role in teaching is not as robust as would like. Whilst this is present through SPA time is not as explicit as in PG education	1. Working with medical managers to look at how recently aligned SIFT funding can be used to support more robust jobplanning for UG teaching	Agree process and model and be ready to implement in job plans from April 2017	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Amber			