

Improvement Plan

Trust:	Royal Papworth Hospital NHS FT			Meeting Dates:	
Improvement Plan Lead:	Dr Clive Lewis / Dr Nicola Jones / Dr Zilley Khan	Date to be received by: 26 th September 2022			
Priority areas for improvement:	Agreed actions and by whom:	Agreed Measures of success (including target completion date):	Review date	Progress against success measures	
Anaesthetics: Red - Supportive Environment	<p>1. Individual questions in this section have been analysed in detail as a part of learning from feedback. These results are regularly feedback to all consultants in the department to stress the importance of Trainee support.</p> <p>2. To add detailed questions about supportive environment to the ongoing RPH Anaesthetic training Survey.</p> <p>3. To facilitate and Improve Anaesthetic trainees concerns whilst doing ICU shifts. Create a more collaborative working environment with ICU Trainees.</p> <p>4. Enhance ICU induction. Develop full day of departmental induction.</p>	<p>1. Completed - Presented to the department.</p> <p>2. To start from current batch of Anaesthetic trainees - Oct 2022.</p> <p>3. Measures of success a. Improved feedback in the RPH survey. b. Improved feedback in NTS survey 2023.</p>	Nov 2022		
Lead: Dr Ganesh Ramalingam					

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<p>Anaesthetics: Red - Facilities:</p> <p>This is essentially focussed on 2 key issues:</p> <p>1. No Rest room post Night shifts - Only 1 room available to book for all staff within in the Trust.</p> <p>2. No Trainee common room for anaesthetic trainees.</p> <p>Lead: Dr Ganesh Ramalingam</p>	<p>1. To raise this issue with the directorate both for post call rest facilities and Anaesthetic trainee's room.</p> <p>2. The trainees are encouraged to book that single room well in advance to ensure availability.</p>	<p>1. Continue to review provision of a doctor's mess.</p> <p>2. Review provision and booking of suitable rest facilities post shift.</p> <p>3. Improved feedback in the RPH survey.</p> <p>4. Improved feedback in NTS survey 2023.</p>	Dec 2022		
<p>Anaesthetics: Red - Educational Governance</p> <p>Key issue - Unhappy or unable to get any educational opportunities whilst in ICU shifts.</p>	<p>1. A clear document structure is now in place to include expectations for this training module.</p> <p>2. A document listing required paperwork needs to be completed for the cardiothoracic anaesthetic</p>	<p>1. Completed, discussed with trainees starting in Aug 2022.</p> <p>2. Completed and in place.</p>	August 2023		

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	module as per new curriculum. 3. Systems and plans in place to improve training for the Anaesthetic trainees whilst in ICU.				
Lead: Dr Ganesh Ramalingam					
Anaesthetics: Pink - Educational Supervision	All trainees are allocated a named clinical and educational supervisor. All trainees to be notified of supervisors at induction. All educational supervisors will be reminded of the requirement to meet regularly with their supervisees and to use these meetings as an opportunity to share individual feedback on performance and provide guidance for personal development.	Improved satisfaction in exit interviews and GMC survey 2023.	August 2023		
Likely related to change to new anaesthetic curriculum resulting in changes in the paperwork.					
Lead: Dr Ganesh Ramalingam					
Intensive Care Medicine: Red - Handover	Raise the importance of handover time being protected and free of all but clinically urgent interruptions at weekly Critical Care Area	Improved satisfaction in exit interviews and GMC survey 2023.	Dec 2022		
Designated time and space is provided					

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for twice daily handover of intensive care patients. However, these are frequently interrupted. Lead: Dr Lenka Cagova	multidisciplinary team meeting.				
Intensive Care Medicine: Red – Feedback Performance of trainees is discussed during fortnightly consultant meetings and all trainees have a named educational supervisor. Lead: Dr Lenka Cagova	1. All educational supervisors will be reminded of the requirement to meet regularly with their supervisees and to use these meetings as an opportunity to share individual feedback on performance and provide guidance for personal development. 2. All intensive care consultants will be reminded of the importance of providing feedback to trainees and completing online supervised learning events and requests for multi-source feedback.	Improved satisfaction in exit interviews and GMC survey 2023.	Dec 2022		
Intensive Care Medicine: Pink - Clinical Supervision out of hours	All trainees will be encouraged to contact the on call intensive care	1. Monitoring of any concerns escalated to FICM tutor.	Dec 2022		

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RPH Critical Care Area has dedicated out of hours cover from a consultant in intensive care medicine who undertakes an evening ward round of all patients and is on site until at least 22:00 or later and is directly contactable following this and available to return if needed. Lead: Dr Lenka Cagova	consultant to discuss any queries or concerns. Any failure to respond or provide support should be escalated to the FICM tutor.	2. Improved satisfaction in exit interviews and GMC survey 2023.			
Respiratory Medicine and Cardiology F1/F2: Red - Facilities This relates to the lack of doctors' mess and rest facilities.	A committee had been formed, chaired by the Guardian of Safe Working to attempt to address this including getting junior doctor involvement, raising funds and planning work. Currently the following are in place: 1. 5 day beds and a number of reclining chairs available to enable staff who are on-call and want to rest, particularly during night shifts and want to use their break time to rest. These are located in various	Feedback will be assessed at the monthly junior doctors' forum meetings and the GMC survey results 2023.	August 2023		

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<p>Lead: Dr Martin Goddard / Karen Panesar</p>	<p>designated office spaces. 2 sleep pods are available on a first come first served basis.</p> <p>2. A shared mess space is planned with rest facilities, access to PCs and limited catering facilities.</p>			
<p>Respiratory Medicine: Pink - Clinical Supervision</p> <p>Respiratory trainees at all work closely alongside consultants on the wards, outpatient and ambulatory care setting and when undertaking procedures. There is always a specialist consultant on call. However, trainees also require a nominated clinical supervisor and although these were allocated this did not appear to be well communicated to trainees. Further, respiratory FYs take part in the hospital-at-night rota and cover cardiothoracic and cardiology night shifts. They are supported by the ALERT Specialist nurse team and senior specialty trainees. However, particularly FY1 trainees may feel less well prepared during these shifts.</p> <p>Lead: Dr Uta Hill</p>	<ol style="list-style-type: none"> 1. To ensure that ES and/or named CS are properly communicated to trainees. 2. To ensure that respiratory FY trainees have adequate induction to CT surgery and cardiology prior to on-call shifts as part of the Hospital at night rota. 3. Participation of FY1 trainees in covering night shifts as part of the Hospital at night team is being reviewed. 	<ol style="list-style-type: none"> 1. Training leads/Medical staffing to make trainees aware of who their ES/named CS is before they start placements. This process is currently being reviewed. 2. Exit interviews and the GMC survey 2023. 	<p>Every 3 months</p>	

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<p>Respiratory Medicine: Pink - Local Teaching</p> <p>There is specific teaching for FY, IMT and StRs (either at local level, such as twice weekly Foundation teaching, or cross campus for internal medicine trainees or regionally for StRs). It has at times been difficult for the FY trainees to attend teaching due to clinical commitments, however we have recently introduced a bleep free period (educational fellows to collect bleeps) and we have also ensured that all clinical teams are aware of the bleep free period. Attendance of training days for IMTs and STs is being monitored through ESs. We have also recently introduced monthly teaching sessions for all respiratory trainees. Unfortunately, the joint respiratory grand round and the journal club (cross campus events together with CUH respiratory teams) are currently paused but due to restart imminently.</p> <p>Lead: Dr Uta Hill</p>	<ol style="list-style-type: none"> 1. Ensure all respiratory trainees are able to attend their designated teaching. 2. Gain feedback on local teaching from respiratory trainees. 	<ol style="list-style-type: none"> 1. Monitoring of attendance through ESs and educational fellows. 2. Medical education team actively involved in promoting awareness of protected teaching sessions for the junior doctors to the wider Multidisciplinary teams. This includes attending matron, ward sisters meeting, through Newsbite e-communication and other appropriate forums. 3. Gain feedback through exit interviews. 	<p>July 2023</p>	
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<p>Respiratory Medicine: Pink - Overall Satisfaction</p> <p>This outcome relates to trainees overall experience in respiratory medicine. Two questions particularly relate to whether trainees gain all their competencies at RPH and whether their post will further their career. There is thus overlap with the domain of adequate experience as RPH is a tertiary referral hospital. The experience which trainees gain from their work is predominantly around specialised medicine. It will be key for ESs to ensure expectations and educational opportunities are highlighted to trainees when they start. An additional factor is the involvement of FY and IMT trainees in the Hospital at Night on call rota and hence their reduced time for normal day shifts and the consequent lack of continuity of care and sense of being part of a team. More senior trainees may find that they cover ward duties (given that their juniors are away) and then may not be able to attend clinics or other experiential learning such as bronchoscopy lists.</p> <p>Lead: Dr Uta Hill</p>	<p>ESs will outline opportunities at RPH to trainees at the beginning of posts.</p>	<ol style="list-style-type: none"> 1. Monitoring through ESs 2. Exit interviews/ end of post questionnaires at change over. 	<p>July 2023</p>	
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<p>Respiratory Medicine: Pink - Adequate Experience</p> <p>Since RPH is a tertiary specialist referral hospital, trainees will be exposed to highly specialised cardiothoracic medicine and surgery. However, there are simulation training sessions especially for FY trainees and IMTs to ensure that their curriculum is covered wherever possible and they can gain competencies in core procedures.</p> <p>Lead: Dr Uta Hill</p>	<ol style="list-style-type: none"> 1. ES and named CS to signpost educational opportunities to trainees at the beginning of posts. 2. Continuation of simulation training/VR for Foundation trainees to ensure curriculum and core procedures are covered. 	<ol style="list-style-type: none"> 1. Medical Education team to focus on supporting junior doctors with medical education fellows and specialist nurses mentoring and regularly catching up with trainees. 2. Detailed exit questionnaire. 3. GMC survey 2023 	<p>August 2023</p>	
<p>Cardiology: Red - Local Teaching</p> <p>Lead: Dr Paul Bambrough</p>	<ol style="list-style-type: none"> 1. Cardiology departmental teaching changed to two weekly sessions, one specifically covering ECG. 2. Hospital wide teaching modified to include protected junior doctor teaching time. 	<ol style="list-style-type: none"> 1. Medical education team actively involved in promoting awareness of protected teaching sessions for trainees to the wider multidisciplinary teams. Attending matron, ward sisters meeting and wider communication through Trust wide communication channels. 2. End of post survey. 	<p>April 2023</p>	

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<p>Cardiology: Pink - Reporting Systems</p> <p>Lead: Dr Paul Bambrough</p>	<p>Hospital official reporting systems (both positive and 'negative') to be emphasised in induction and less formal support networks and contacts to also be stated.</p>	<p>1. Future GMC survey responses.</p> <p>2. Exit survey.</p>	<p>August 2023</p>	
<p>Cardiology: Pink - Supportive Environment</p> <p>Lead: Dr Paul Bambrough</p>	<p>Ongoing implementation of culture of compassion, excellence and collaboration. Encourage all staff to engage with this programme to ensure local environment is as supportive to trainees and other staff alike.</p>	<p>1. Future GMC survey responses.</p> <p>2. Exit survey.</p>	<p>August 2023</p>	
<p>Cardiology: Pink - Induction</p> <p>Lead: Dr Paul Bambrough</p>	<p>Induction has been modified over the course of the year including ward tours, registrar, consultant and nurse led components and lab orientation and STEMI scenario.</p>	<p>1. Future GMC survey responses.</p> <p>2. Exit survey.</p>	<p>August 2023</p>	
<p>Cardiology: Pink - Adequate Experience</p> <p>Lead: Dr Paul Bambrough</p>	<p>Increased exposure to clinics, lab sessions and ward echocardiography emphasised, especially for IMT trainees.</p>	<p>Future GMC survey responses.</p>	<p>August 2023</p>	
<p>Cardiology: Pink - Educational Governance</p> <p>Lead: Dr Paul Bambrough</p>	<p>We will highlight this to all trainees on induction, raise it with the ESs to bring it up at induction meeting and also encourage exceptional reporting on educational matters and raise with GOSW and medical education team members.</p>	<p>Future GMC survey responses.</p>	<p>August 2023</p>	

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<p>is a combined lunchtime teaching programme for foundation trainees and IMTs.</p> <p>Lead: Prof Andres Floto</p>	<p>delivered by IMTs.</p>			
<p>Medicine F1/F2: Red - Facilities</p> <p>This relates to the lack of doctors' mess and rest facilities.</p> <p>Lead: Dr Debra Thomas</p>	<p>1. See response earlier in improvement plan.</p> <p>2. There is a sense from the Foundation Trainees that the lack of rest facilities, especially compared with other Trusts makes trainees feel under valued which may contribute to other negative responses in the survey such as comments relating to training and raising concerns. The trust is prioritising this in the next 12 months.</p>	<p>Progress achieved through GOSW and associated committee.</p>	<p>August 2023</p>	
<p>Medicine F2: Red - Reporting Systems</p> <p>Raising concerns Culture of learning from concerns</p>	<p>There appears to be a gap in knowledge and understanding of how to raise concerns and the positive culture of learning from errors, near misses and SIs.</p> <p>1. Ensure the risk team have one session in each FT teaching block to discuss raising concerns / Datix etc.</p>	<p>Future GMC survey responses.</p>	<p>August 2023</p>	

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<p>Lead: Dr Debra Thomas</p>	<ol style="list-style-type: none"> 2. Ensure second session with educational fellows to discuss previous near misses / SIs within the Trust which are also available on the intranet. 3. Hub days available for serious events, encourage all can book. 4. Ask risk /governance team to start resending three monthly updates/newsletters on recent near misses / SIs etc. 			
<p>Medicine F2: Red - Adequate experience</p> <p>This is something we suffer with by being a specialist cardiothoracic hospital with no acute admissions and no access to acute unselected take so it may be a case of reining in current expectations at induction. It should be noted that trainees rate the exposure to practical procedures as especially poor, again a reflection of the above as we would not be routinely performing for example lumbar punctures and joint aspirations at Royal Papworth.</p>	<ol style="list-style-type: none"> 1. This is supported by the ESS who will point the trainees to appropriate learning opportunities specifically for procedures within their speciality, required by their curriculum or tailored to the individual's Personal development. 2. SIM days and 1 teaching session per month (lead by the fellows) to concentrate on acute / general medical scenarios including practicing skills on the SIM Man as required. 	<ol style="list-style-type: none"> 1. Post teaching surveys 2. Post placement surveys 3. Future GMC survey responses. 	<p>August 2023</p>	

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<p>However, there are lots of opportunities for trainees to perform procedures under supervision including cardioversion lists in cardiology and it is important we point trainees towards these opportunities. In addition, post pandemic training opportunities have been reduced as full activity has not resumed in all areas.</p> <p>Lead: Dr Debra Thomas</p>				
<p>Medicine F2: Red - handover</p> <p>Continuity of care; MDT members; Learning experience</p> <p>Lead: Dr Debra Thomas</p>	<p>We remain uncertain as to why this question has flagged since most services are consultant led but may reflect that handovers at senior level may not involve trainees. We will discuss with the ALERT specialist nurse team regarding evening handover and huddles (and whether these are occurring as required). We will explore the opportunity for a teaching case night time discussion.</p>	<p>Future GMC survey responses.</p>	<p>August 2023</p>	

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<p>Medicine F2: Pink - Overall Satisfaction</p> <p>This remains an unclear issue since there has been significant disruption and movement of trainees due to the pandemic which may have impacted on this domain (it has not previously been an area of concern). In addition, face to face teaching sessions previously cancelled have been reinstated, but procedures are more limited due to the pandemic, clinics remain virtual in many cases and there is the acknowledgement regarding the lack of rest facilities for trainees.</p> <p>Lead: Dr Debra Thomas</p>	<ol style="list-style-type: none"> 1. Educational fellows will support trainees as above. 2. Rest facilities remain an issue which we believe contributes to poor performance in this domain along with the lack of locker space, changing space, difficulty with parking, lack of desk space and the 'chat' with fellow trainees. 	<p>Future GMC survey responses.</p>	<p>August 2023</p>	
<p>Medicine F2: Pink – Induction</p> <p>The quality of our induction and information given to trainees was the main concern. Previously this has been related to the EPR system used at RPH and informally this appears to be the ongoing issue again. Despite 4 hours at induction concentrating on this, trainees do not feel prepared when starting on the wards.</p>	<ol style="list-style-type: none"> 1. Improve Induction (specifically IT and EPR induction) to ensure trainees feel confident using these systems and have all necessary system access with training prior to commencing work. This has been an action for the last 3 years and still concerns remain. 2. We will explore an educational fellow taking ownership of 	<ol style="list-style-type: none"> 1. Ongoing allocation of important enhancements of educational practice with named educational fellow. 2. Post placement survey. 3. Future GMC survey responses. 	<p>August 2023</p>	

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<p>Lead: Dr Debra Thomas</p>	<p>enhancing IT training.</p> <p>3) Junior doctor booklets all to be updated.</p>			
<p>Medicine F2: Pink - Educational Governance</p> <p>Raising Education and training concerns.</p> <p>Lead: Dr Debra Thomas</p>	<p>The basis of this concern remains uncertain since we have regular meetings with fellows and the GOSW.</p> <p>We will highlight this to all trainees on induction, raise it with the ESs to bring it up at the induction meeting and also encourage exceptional reporting on educational matters.</p>	<ol style="list-style-type: none"> 1. Future GMC survey responses. 2. All Papworth trainees have satisfactory ARCP 22-23. 	<p>August 2023</p>	
<p>Medicine F2: Pink - Feedback</p> <p>Formal and informal feedback; Assessment of progress</p> <p>Lead: Dr Debra Thomas</p>	<p>All trainees had an ARCP and all passed whether local or central. All received feedback throughout all rotations at RPH formally via the CS and ES reports, TAB and PSG feedback.</p> <p>Discuss at next faculty meeting around more informal feedback on ward rounds etc.</p>	<ol style="list-style-type: none"> 1. Ongoing regular catch up with educational fellows. 2. Complete post placement survey. 3. Triangulation with future GMC survey responses. 	<p>August 2023</p>	
<p>HEE review of progress against deliverables</p>		<p>Date reviewed and by whom</p>	<p>Further recommendations</p>	

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HEE review of progress against deliverables	Date reviewed and by whom	Further recommendations
Improvement Plan to submitted to Health Education England by:		
Dr Clive Lewis		