

Improvement Plan

Trust:	Royal Papworth Hospital NHS Foundation Trust			Meeting Dates:	
Improvement Plan Lead:	Dr Zilley Khan / Dr Nicola Jones / Dr Ian Smith		Date to be received by	28 th August 2023	
Priority areas for improvement:	Agreed actions and by whom:	Agreed Measures of success (including target completion date):	Review date	Progress against success measures	
Foundation Programme	Dr Debra Thomas				
<p>Medicine F2 : Red – Induction (this is a deterioration from last year when pink)</p> <p><u>Background</u> The quality of our induction and information given to trainees was the main concern. Previously this has related to the EPR system used at Royal Papworth and informally this appears to be an ongoing issue. Despite a session at induction concentrating on this, trainees do not feel prepared when starting on the wards.</p>	<p><i>i. 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 – has been an action for last 3 years and still concerns remain and in fact are worse this year.</i></p> <p><i>The Trust Board are asked to take note of the issues for trainees who need to adapt to several EPR systems as they rotate through different hospitals. When procuring the hospital's</i></p>	<p><i>Improved satisfaction with induction</i></p> <p><i>Aug 2024</i></p>	<p><i>Feb 2024</i></p>	<p><i>Next GMC Survey RPH Placement feedback questionnaire</i></p>	

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	<p><i>next EPR system one that is intuitive and easy for new users to navigate will be particularly valuable to this staff group</i></p> <p><i>ii. I would suggest asking one of the educational fellows to take a lead on induction – and be the “induction champion”.</i></p>			
<p>Medicine F2 : RED – Overall Satisfaction Deterioration from last year when pink</p> <p><u>Background</u> Relates to teaching – some teaching sessions cancelled/poorly attended and some knock-on post pandemic / difficulty running hybrid sessions / meeting rooms difficult to secure / training not suitable at HLRI as unable to wear scrubs.</p> <p>Relates to experience /usefulness to future career – as below but actually improved from last year</p> <p>Finally relates to whether trainees feel valued and would recommend working at RPH to colleagues. Lack of rest facilities remains an issue and I believe contribute to dissatisfaction along with lack of</p>	<p>i. Educational fellows to support trainees with covering foundation curriculum etc (see overall experience below) and providing SIM days regarding this. Satisfaction relates to teaching quality both organised and informal - need to encourage the clinical education fellows in each directorate to lead on delivering the more informal bedside session to trainees.</p> <p>ii. Foundation core teaching to change this year – once a week but also one session planned per 4/12. Will be a whole day and concentrate on core topics but also some</p>	<p><i>Improved overall satisfaction</i></p> <p><i>Aug 2024</i></p>	<p><i>Feb 2024</i></p>	<p><i>Next GMC Survey RPH Placement feedback questionnaire</i></p>

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<p>locker space, lack of changing space, difficulty getting parking etc</p>	<p>supportive sessions covering portfolio but also well-being etc.</p> <p>iii. Trainees do not feel valued at Papworth compared to other hospitals – as the number of trainees expand this can only get worse and we need to tackle this.</p>			
<p>Medicine F2 : RED – Supportive environment New concern</p> <p><u>Background</u> These questions relate to the working environment being supportive and doctors are treated fairly, are valued and are listened too.</p>	<p>i. All trainees have a nominated ES and CS – training of new ES is being delivered inhouse. We need to continue to support ES and ensure they are properly remunerated for this role. Ensure all trainers attend trust values and behaviours training</p> <p>ii. Ensure trainees all aware of GOSW and how to contact</p> <p>iii. Consider using one of the educational fellows as a FT “well being champion”</p>	<p><i>Improved rating of supportive environment</i></p> <p><i>Aug 2024</i></p>	<p><i>Feb 2024</i></p>	<p><i>Next GMC Survey RPH Placement feedback questionnaire</i></p>

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<p>F1 and F2 trainees FACILITIES Red for F2 and pink for F1 (outliers)</p> <p><u>Background</u> This relates to the lack of doctors' mess and rest facilities / facilities at night There is a sense from the FT I interact with that the lack of facilities especially compared to other trusts in the area makes trainees feel under valued and may contribute to other negative responses to the survey. The trust should prioritise this in the next 12 months</p>	<p>i. Creation of a doctors mess/rest area – now achieved, not evaluated</p> <p>ii. Also to consider: Provision of facilities at night specifically hot food and drinks Locker provision Access to parking permits especially for shift work Access to rest facilities post long shifts</p>	<p><i>Improved satisfaction with facilities</i></p> <p><i>Aug 2024</i></p>	<p><i>Feb 2024</i></p>	<p><i>Next GMC Survey</i> <i>RPH Placement feedback questionnaire</i></p>

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<p>Medicine F2 and F1 Pink – Adequate experience (improvement from last year when F2 red outlier)</p> <p><u>Background</u> 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. 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.</p>	<p>i. Educational supervisors who will point the trainees in the direction of appropriate learning opportunities specifically for procedures within their speciality, required by their curriculum or tailored to the individuals Personal development.</p> <p>ii. SIM days and 1 teaching session per month (lead by the fellows) to concentrate on acute / general medical scenarios – can practise skills on sim man if needed</p> <p>iii. Support for SL for courses such as basic USS from ES and FTPD</p>	<p>Improved satisfaction with adequate experience Aug 2024</p>	<p>Feb 2024</p>	<p>Next GMC Survey RPH Placement feedback questionnaire</p>
<p>Anaesthesia</p>	<p>Dr Ganesh Ramalingam</p>			
	<p>Anaesthetic and ICU training programme was reviewed by Dr</p>		<p>5 Jan 2024</p>	<p>Next GMC Survey</p>

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<p>Anaesthetics trainee covering ICU during their out of hours shifts. To remove Anaesthetic trainee covering ICU routinely during their placement</p>	<p><i>Klein, Dr Jones, Dr Ramalingam, Dr Cagova.</i> <i>Suggested to reorganise the rota.</i> <i>For further discussions with Directorate leads</i></p>	<p><i>Roadmap by Nov 2024</i></p>		<p><i>RPH Placement feedback questionnaire.</i></p>
<p>GAPs in the Anaesthetic and ICU rota leading significant burden to the trainees covering ICU out of hours. The gaps arise short notice cancellation of fellows from overseas.</p>	<p><i>Recruitment drive to prevent any gaps.</i> <i>Current ongoing discussions with Deanery & Other local Hospitals for recruiting trainees who wish to do cardiac block for 3 months.</i></p>	<p><i>Currently on going.</i></p>	<p><i>5 Jan 2024</i></p>	<p><i>Next GMC Survey</i> <i>RPH Placement feedback questionnaire.</i></p>
<p>Anaesthetic Trainee’s post call rest room Trainee rest areas whilst doing night shifts.</p>	<p><i>Discussions with Chief Executive to enable appropriate use of Basement on call rooms.</i> <i>Discussions with Directorate manager & ICU Nursing leads.</i></p>	<p><i>Nov 2024</i></p>	<p><i>5 Jan 2024</i></p>	<p><i>Next GMC Survey</i> <i>RPH Placement feedback questionnaire.</i></p>

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Cardiology	Dr Paul Bambrough			
Facilities	<i>Creating doctors mess. Trust executive / estates level.</i>	<i>Already in process at a Trust level</i>	<i>Aug 2024</i>	<i>GMC survey RPH Placement feedback questionnaire</i>
Work load	<i>Increasing staffing (extra foundation and trust doctors) from Aug 2023. Cardiology departmental level PB/DB</i>	<i>Completed</i>	<i>Aug 2024</i>	<i>Next GMC survey RPH Placement feedback questionnaire</i>
Respiratory Medicine	Dr Uta Hill			
Respiratory Medicine: Work Load- rating 43.75	<i>This is a low rating. The following measures are being introduced to address this: 1. Expansion of trainees at Foundation level in several</i>	<i>- Regular review of work load experienced by trainees at meetings with educational supervisors (at least 3 monthly)</i>	<i>Aug 2024</i>	<i>Next GMC survey RPH Placement feedback questionnaire</i>

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	<p><i>respiratory services as these have also increased their inpatient numbers to ensure improved work load</i></p> <p>2. Employment of clinical fellows in several respiratory areas again to enhance work load.</p> <p>3. Review of inpatient services currently in place with a view to assess whether employment of advanced nurse practitioners may also help to ensure fairer distribution of</p>	<ul style="list-style-type: none"> - Feedback gathered from trainees - Review by GMC 		
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	<p><i>work load for inpatients.</i></p>			
<p>Respiratory Medicine : Facilities – rating 56.00</p> <p>This relates to the doctors’ mess and rest facilities.</p>	<p><i>Rating is improved from last year (42.5):</i></p> <ul style="list-style-type: none"> - <i>Further work continues to ensure that new doctors’ mess meets requirements and resting facilities adequate</i> 			<p>This item had been rated very poorly (42.5) in the GMC 2022 survey, as there was no adequate facilities for a doctors’ mess and rest facilities. However, over the past year this has been rectified and a suitable doctors’ mess has been created (junior doctors were involved in planning the work). It is good to see improved rating in 2023.</p>
<p>Respiratory Medicine : Clinical Supervision- rating 99.00</p> <p>Respiratory trainees at all levels (FY, IMT and SpR) work closely along side 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 educational supervisor and these are</p>	<p><i>Rating is much improved from previous year (87.0).</i></p> <ul style="list-style-type: none"> - <i>Still need to work on reducing participation of respiratory FY1 trainees in covering night shifts in other specialities – this is being reviewed.</i> 	<p>-</p>		<p>This item had been rated less well (87.00) in the GMC 2022 survey. Hence, we have put a number of measures in place to improve clinical supervision in and out of hours for our trainees over the past year- allocation of clinical supervisors at the beginning of every attachment, enhanced local inductions to specialties to introduce trainees to ALERT team, specialist nurses and advanced nurse practitioners who can provide help in addition to senior medical staff.</p>

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<p>allocated at the beginning of each attachment.</p>				
<p>Respiratory Medicine : Local Teaching- rating 68.67 There is specific teaching for Foundation trainees, internal medicine trainees and specialist trainees (either at local level- such as twice weekly Foundation teaching, or cross campus- for internal medicine trainees or regional for specialist trainees). It has at times been difficult for the Foundation trainees to attend due to clinical commitments; however we have recently introduced a bleep free period (educational fellows to collect bleeps) and ensured that all clinical teams are aware. Attendance of training days for IMTs and STs is being monitored through educational supervisors. We have also recently introduced monthly</p>	<p><i>Rating is much improved from previous year (51.3).</i></p> <ol style="list-style-type: none"> <i>1. Continue to ensure that all respiratory trainees are able to attend their specific teaching</i> <i>2. Continue to provide local teaching and Gain feedback on local teaching from respiratory trainees</i> 			<p>This item had been rated lower in the past year (51.33 in GMC survey from 2022). We had introduced a number of programmes to enhance local teaching – twice weekly Foundation training, simulation training, Hub days.</p>

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<p>specialised cardiothoracic medicine and surgery. However, there are simulation training sessions especially for Foundation trainees and IMTs to ensure that their curriculum is covered and they can gain competencies in core procedures.</p>	<p><i>trainees at the beginning of post. Continuation of simulation training/VRE for Foundation trainees to ensure curriculum and core procedures are covered.</i></p>			
<p>Respiratory Medicine: Resources to train- rating 45.00</p> <p>This relates to the fact that there is a lack to find break out rooms/smaller meetings rooms in the ward areas but also in the admin areas of the hospitals which could be used to teach and deliver training. The Education team has to spend a significant amount to find and book rooms for teaching programmes. As the HLRI has now been opened, it is now possible to use some rooms there for teaching purposes.</p>	<p><i>This is a low rating. The following measures are being introduced to address this:</i></p> <ol style="list-style-type: none"> <i>4. There has been extensive discussion with the ward managers and room booking team to ensure that some areas can be used to deliver teaching sessions.</i> <i>5. The Education Team has been very helpful in facilitating room</i> 			<p><i>Next GMC survey RPH Placement feedback questionnaire</i></p>

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	<i>bookings in the HLRI building to deliver teaching sessions.</i>			
Cardiothoracic Surgery	Mr Shakil Farid			
On trainer survey: Professional Development	<ol style="list-style-type: none"> 1. Introduction of more in house and regional educational courses for the trainers 2. Have budget for Educational supervisors so that they can avail external courses on educational supervision. 		Aug 2024	Next GMC survey RPH Placement feedback questionnaire
Trainee survey	There have not been sufficient responses to make a comment. Perhaps in future the trainees should be		Aug 2024	Next GMC survey RPH Placement feedback questionnaire

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	<i>encouraged to fill up the survey.</i>			
HEE review of progress against deliverables		Date reviewed and by whom		Further recommendations
Improvement Plan to submitted to Health Education England by:				
Dr Zilley Khan / Dr Nicola Jones / Dr Ian Smith				