

Project name:	WCH Deanery Visit Summary of Key Action Points - Trust Board January 2012 (Appendix 1)
Outcome(s)	To ensure that the Trust implements the specific actions set out by the Deanery regarding WCH
Milestones/ outcomes	
1	Report on specific case reviews
1.1	Case review summaries to be completed
1.3	First draft report written
1.4	Report circulated to consultant team
1.5	Comments received
1.6	Final draft report prepared and submitted to Deanery
2	Governance process reviewed
2.1	Feedback from junior doctors obtained on current governance process to include: current meeting structure for junior doctors, information received on Trust procedures, local department clinical induction.
2.2	Review findings from junior doctors on changes required
2.3	Outcome of review to be implemented to improve governance process and escalation
3	Trainee assessment process defined
3.1	List of core competencies to be defined
3.2	List of competencies to be defined for all specialties
3.3	First draft competency framework written and circulated for comments to address key medical and emergency competencies
3.4	Final framework agreed
3.5	Draft Trust procedure to be developed to support delivery of agreed framework
4	All rotas reviewed
4.1	All current rotas obtained
4.2	All rota templates reviewed with specialty rota master
4.3	New rota designed for medicine
4.4	Consultation with junior doctors complete
4.5	New rotas implemented
5	Consideration of whole system review of emergency and acute medicine
5.1	Emergency flow and elective flow project plan to be reviewed to identify timescales for change and new ways of working for West Cumberland Hospital
5.2	Medical and Emergency Consultant Team to be involved to review emergency and elective project proposals
6	Additional cover for A&E
6.1	Business case approved for clinical fellow positions at WCH
6.2	Posts advertised
6.3	Interviews complete
6.4	New starter in posts
6.5	Additional cover for F2/OOH emergency doctor cover proposals defined (NB: from 5/12/11 meeting)
7	Review critical care outreach gaps in nurse practitioners
7.1	Current staffing state for critical care outreach understood
7.2	Proposals on additional resource/nurse input clarified
7.3	Document circulated to stakeholders on proposals for comments
7.4	Comments received
7.5	Final draft written in conjunction with any nursing review implications
7.6	Action plan based in recommendations defined
8	NIV Service reviewed
8.1	Trust Respiratory lead and expert input required to develop NIV service
8.2	Outcomes on next steps required clarified
8.3	Action plan based on the review defined
9	Facilitated consultant meeting with A&E staff on perceptions held
9.1	Agenda and outcomes agreed
9.2	Meeting note sent to staff regarding meeting
9.3	Meeting held
9.4	Meeting evaluation document prepared and circulated to all participants
10	Handover process defined
10.1	Doctor to doctor handover process implemented
10.2	SOP for handover process written based on the acute physicians best practice on hand over
10.3	Circulated to all consultants for comments

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10.4	All comments received
10.5	Final SOP written
10.6	All staff involved in handover trained in SOP
11	Cardiology model reviewed in context of trainees at WCH
11.1	Lead clinician identified
11.2	Current model understood and defined
11.3	Limitations of current model in context of trainees at WCH understood
11.4	Recommendations to address any impact on WCH site developed
11.5	Meeting with deanery to review next steps
12	Junior doctor induction review
12.1	Current content for Trust, Speciality and WCH level induction defined
12.2	Standard for Trust and Local induction defined
12.3	Review current content against the standard
12.4	Additional induction content prepared where necessary
13	Junior doctor tasks reviewed to identify and minimise inappropriate tasks
13.1	Feedback to be received on junior doctor tasks through a focus group
13.2	List of junior doctor tasks identified highlighting tasks which are commonly viewed inappropriate
13.3	Action plan to respond to tasks which can be undertaken by other roles
14	Accommodation instructions written and circulated
14.1	Current accommodation documentation to doctors clarified regarding accomodation
14.2	Documentation re-written and circulated
15	Escalation processes defined for junior doctors, nurses and other healthcare staff, linking explicitly to the MEWS escalation process
15.1	Current excalation processes understood
15.2	New esclation processes defined and confirmed in SOP for handover
15.3	Escalation SOP written
15.4	Policy document circulated to key stakeholders
15.5	Comments received
15.6	Final draft issued
15.7	All staff affected trained
16	Working patterns overnight in ED for F2 reviewed
16.1	Consultants in A&E to review their current working pattern and provide additional cover for OOH
16.2	Furture working pattern to be defined through integrated emergency floor project
17	Clinical and operational management accountability clarified for WCH and how this links to NCUH
17.1	Organisational chart defined
17.2	roles and responsibilities clarified
17.3	Structure circulated to all staff and junior doctors on induction