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**Public Board Meeting, 31 May 2012**

**Deanery Issues – Progress Report** - this report provides a summary of the key findings presented by the Deanery following the joint (GMC) visit on 26 April 2012.

**Presented by:** Dr Colin Johnston, Medical Director, Director of Patient Safety

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**1. Purpose**

- 1.1 This report provides detail of the informal feedback provided to the Trust following a re-visit by the Deanery and GMC on 26 April 2012.
- 1.2 The Deanery has not yet provided the formal report of the findings of the visit.

**2. Background**

- 2.1 The re-visit by the Deanery and GMC on 26 April 2012 was undertaken to determine whether the issues raised during a similar inspection visit on 10 October 2012 had been fully addressed.
- 2.2 Professor Simon Gregory, Post Graduate Dean, provided informal feedback to the Trust at the end of the visit.
- 2.3 The visiting team consisted of representatives from the Deanery, led by Professor Gregory, representatives from the General Medical Council (GMC) and representatives from the Midlands and East Strategic Health Authority.
- 2.4 The assessment methodology consisted of a triangulation of original sources of information, review of further evidence submitted prior to the visit and provided on request during the visit, together with observations and discussions with staff and trainees.
- 2.5 The programme for the visit is attached for information.

**3. Feedback received**

The visit focused on areas in which conditions had previously been imposed on the Trust:

- 3.1 **Methotrexate** – the Deanery was satisfied that the Trust took immediate action to address this concern and the evidence provided confirmed no subsequent breach – this condition is therefore closed.
- 3.2 **Patient Handover** – whilst surgical and paediatric outlier issues had been very well addressed and evidence provided, the reviewers concluded that the issue in medicine relating to patient tracking was not yet resolved. There was evidence of continuing inappropriate movement of patients in AAU and ICU. The reviewers concluded this issue remained a continued ‘GMC cause for concern’. Subsequent to the visit the Medical Director sent an updated action plan for this issue to the Deanery and this has

been accepted as providing assurance that actions are being implemented.

- 3.3 **Experience of trainees** – The reviewers heard evidence that the trainees found the Emergency Department to be a very positive experience as a training rotation: they appeared calm, relaxed and confident – the reviewers concluded the trainees were a credit to themselves and the organisation.
- 3.4 **Middle Grade Cover** – FY2s interviewed reported they experienced no night shifts without middle grade supervisors and that the quality of middle grade cover had improved significantly.
- 3.5 **Training** – FY2s reported that supervision was appropriate and training available. They received 2 x half day induction sessions and 2 x half day supervised sessions and reported feeling confident to begin their rotations.
- 3.6 **Trauma Team** – FY2s reported they felt the Trauma team structure to be supportive and would recommend the rotation to others.
- 3.7 **Condition 4: Engagement of tutors** – the reviewers noted this was a minimum 1 year condition, therefore the visit was at the midpoint. They were pleased to report good progress and were confident this condition would be cleared at the end of the period.
- 3.8 **Condition 5: Equality and Diversity Training** – The reviewers saw evidence of 95 – 96% of trainees receiving training, which was good progress although the requirement was 100%. The reviewers will require further evidence of progress within 3 months of the visit.
- 3.9 **Radiology** – The reviewers were disappointed to note they found further examples of issues relating to trainees' engagement with radiology. Whilst the review found that there were no issues in A&E, trainees reported problems in other areas of the hospital.
- 3.10 **Progress against recommendations** made at the previous visit:
  - 3.10.1 **Trust Board engagement:** The Dean had received personal assurance on this and evidence was provided that the Board had reviewed progress on the issue.
  - 3.10.2 **Serious incident training** – The reviewers found evidence of progress and trainees reported there were Patient Safety Grand Rounds and other forums, although not all could attend. However the trainees reported that the forums happened regularly and were a good opportunity to handle issues raised.
  - 3.10.3 **Medical Tutors** – The reviewers concluded there was significant progress, including in greater empowerment of tutors and improvements in their appraisal rates. The reviewers noted the new study leave policy and advised it was likely there would be a doubling of the current study leave funding per trainee to £800.
  - 3.10.4 **Systems to monitor evidence** – The reviewers reported that the quality matrix was excellent and an exemplar but noted there were problems uploading data onto the matrix relating to IT issues. The reviewers found

that IT issues had surfaced in a number of areas and concluded this was an area that needed to be addressed by the Trust.

**4. Concluding comments** - The reviewers found a genuine shift in ethos and learned that the Trust was a more attractive rotation for middle grades. The reviewers agreed the wisdom of appointing two consultants at the beginning of April and appointing two more consultants at a later date. The reviewers were pleased to note that a commitment to appointing a minimum of 10 consultants had been made by the Board.

**5. Next Steps** – Professor Gregory confirmed that random visits would continue and the Deanery would be required to provide regular reports to the GMC until it determines they are no longer required. Conditional approval will continue, with a review at the end of the year following the October 2011 visit. Providing good progress continued, this review may take the form of an evidence review rather than visit.

## **6. Conclusion**

The visiting team concluded that the Trust had fully engaged with the concerns expressed following the October visit and that it had made robust and timely progress, particularly in the emergency department. The reviewers remained concerned about handover but acknowledged this was an issue that the Trust had been concerned with prior to the October visit. This action plans to address this issue are being monitored through the Division and the Deanery Sub Group and progress reviewed at the Clinical Quality Advisory Committee.

The reviewers were advised that an immediate mandate had been imposed by the Acting Divisional General Manager for Acute Medicine that no patients should be moved without reference to a doctor.

The visiting team were provided with the detail of the review of IT systems underway in the Trust, noting that a phased improvement programme was being developed to address Trust-wide IT issues.

The issues relating to radiology will be further reviewed to determine whether underlying risk management practices relating to unnecessary referrals are negatively influencing the perspectives of trainees.

**7.** The Board is asked to:

Note the progress reported to the Trust informally and to note that a formal report is awaited.

**Dr Colin Johnston**

Medical Director, Director of Patient Safety  
31 May 2012