

DEANERY ACTION PLAN

June 2013

DEANERY QUALITY VISIT REPORT – MAY 2013

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Issue	Recommended Action	Outcome	Accountability	Timescale	Risk
Emergency Care, CIC					
1	Ensure that consultant cover provided to CT3 and ST4 level trainees out of hours is of suitable standard and provides the appropriate level of support and supervision.	<p>CT3 and ST4 level trainees to have appropriate out of hours support in emergency medicine.</p> <p>Dr Anita Basu works Mon13:-17:00 & Tues – Fri 09:00 – 17:00 . Dr Ruth Read works Mon – Wed 08:00 – 16:00 & Thur 08:00 – 12 :00. Additionally Anita works wed night on-call & I work tues night on-call . Fri 17:00 – Mon 09:00 is covered by locum consultants all of whom are ED consultants in substantive posts in the Northeast and are EM trainers .</p> <p>Therefore currently the only time that middle grade trainees are supervised by non-substantive Consultants is mon & thurs 17:00 – 08:00 .</p> <p>We have appointed Dr. E. Farrow , who gains her CCT in EM on 31st July 2013 , so one of the two weekday agency locum consultants will be replaced when she starts.</p> <p>We have again advertised for 3 substantive consultants , but cannot guarantee whether we will be successful at recruiting. There is a national crisis in EM recruitment .</p>	Dr Ruth Read	15 July	High

		Review short term use of agency locum cover mid week to provide support to trainees.	Achieved see above notes.	Dr Ruth Read	15 July	High
		Provide long term plan for appointment of substantive consultant posts for department of emergency medicine.	Long term plan produced and discussed short and long term actions at a specially convened meeting in June. Clinical Business Unit Board to lead on development and report progress to Medical Education & Training Committee.	Dr Ruth Read	15 July	High
2	CT1s must have an agreed formal induction and teaching programme with backfill to allow attendance.	Review the induction and teaching programmes currently provided for CT1s. Explore possibilities of providing teaching through other means, e.g. tele-teaching which would not breach EWDT compliance.	The CT1's have had a formal induction .They are sent information regarding the post , the rota etc prior to starting in ED here . On arrival they have a 1 hour introduction to the department /local rules etc. We have then run introduction sessions/teaching for an hour or two each morning over the next 10 days. We have been advised to re-timetable the delivery of these sessions by the School. We are discussing the possiblity of linking teaching to northumbria via tele-links. This option should be confirmed by 5 th July.	Dr R Read	15 July	High
Anaesthetics						
3	The department should develop joint protocols with base specialties for	<ul style="list-style-type: none"> ▪ Review and develop joint protocol for referral and escalation of patient care to ICM. ▪ Review policy for critical care 	Critical incident reports and feedback are now forming part of the agenda for anaesthetic governance meetings. The operational policy of the ICUs is such that where time allows referral should be made directly from referring team	Dr G Fitzsimmons	11 June	High

	<p>referral and escalation of patient care to ICM, particularly the policy for critical care engagement with medical patients.</p>	<p>engagement with medical patients.</p> <ul style="list-style-type: none"> Ensure all senior medical and training grade staff are informed and aware of protocol for referral and escalation of patient care. 	<p>consultant to the duty ICU consultant. Where time does not allow, the aforementioned should nevertheless take place at the earliest possible opportunity. Whilst not explicit in the policy it would be intuitive, given the escalation policy of the trust (where this is explicit), that the most senior resident doctor from the referring team has attended the patient and makes the referral. This would normally therefore be the Speciality Trainee or equivalent.</p> <p>Referral criteria may be found in the trust use of the early warning score, though patients causing concern alone regardless of score may merit referral, again by the most senior attending doctor, to the resident doctor responsible for critical care.</p> <p>Clearly the criteria for referral may be wide ranging hence the need for consultant input in such cases at the earliest possible opportunity. This is in keeping with recommendations from CEPOD for medical and surgical patients and from the Intensive Care Society and Royal Colleges. This information has been widely circulated to all senior and training grade doctors.</p>			
4	<p>A room for the registrars to use as an office should be identified.</p>	<ul style="list-style-type: none"> Review the current space within Anaesthetics. Explore the possibility of re-organising current office space to accommodate room for 	<p>This has been identified within a planned re-organisation of theatre offices.</p>	<p>Dr G Fitzsimmons</p>	<p>15 July</p>	<p>Moderate</p>

		registrars. Identify funding source to provide facility.				
Acute Medicine						
5	Ensure that a college/specialty tutor for medicine is appointed for the August changeover.	Appoint educational lead for Medicine for August 2013.	As part of the reorganisation of the medical education infrastructure, a review has taken place of the Educational Lead roles within the Trust. The lead is confirmed.	Dr C Tiplady	15 July	High
		Review and update current job descriptions in line with Northumbria posts.	In line with Northumbria, new job descriptions have been created for the role of specialty tutors, including medicine.	Dr C Tiplady	15 July	High
		Advertise and appoint to new appointments.	Specialty tutor posts advertised and interviews taking place week commencing 8 July 2013.	Dr C Tiplady	15 July	High
6	Ensure all CMT posts from August have a designated and appropriately trained educational supervisor.	All CMT doctors at Whitehaven to have named and appropriately trained educational supervisors.	Named Educational and Clinical Supervisors are in place for CMT Trainees for August 2013 . ES will be provided by substantive staff only Educational Supervisors attached. Long term plan attached and approved by Trust Board and Emergency Care and Acute Care Physicians on 4 June.	Dr D Burke/Mr P Armstrong	11 June	High
		Provide long term plan for appointment of substantive consultant posts for department of acute medicine.	The Trust has interviewed for substantive Cross site Consultant posts for Acute Medicine, 2 appointable with offer	Dr D Burke Mr P Armstrong	4 June	High

7	A job plan timetable that is agreed and signed by TPD. If any posts or supervisors need to change over the year, this is informed to the TPD in advance of any changes.	Ensure all job plans are signed by Training programme Director.	All timetabled CMT Job Plans will be agreed and signed off by the Training Programme Director in advance of	Dr D Burke Mr P Armstrong	15 July	High
		Ensure any changes to Educational Supervisors or posts are agreed by Training Programme Director.	Educational Supervisors are aware that any changes made to supervisors or posts must be agreed by the Training Programme Director in advance of changes being made.	Dr D Burke Mr P Armstrong	15 July	High
8	Foundation doctors at WCH.	All foundation doctors at Whitehaven to have named clinical and education supervisors.	Confirmed at Trust Board Development session on 4 June (Medicine) as a priority. Signed off 7 June. Surgery also confirmed.	Dr D Burke Mr P Armstrong	7 June	High
		Ensure there is a clear process naming the responsible consultant for patients post admission to medicine. This is to ensure ongoing clinical supervision and patient safety. This process must be widely publicised and details of it written down and accessible to all staff including locums.	Implemented 3 June. All junior doctors have received a letter. All senior staff received a letter and were invited to the Trust Board Development session on 4 June.	Dr D Burke/Mr P Armstrong	3 June	High
		In order to improve work, intensify a cross Trust bleep policy, e.g. where only one senior nurse is allowed to bleep doctors from each ward.	Implemented in 2012.	Dr D Burke Mr P Armstrong Chris Platton	2012	High

9	General issues	Jenkin 2 ward needs urgent overhaul of management training of nurses and clinical prioritisation.	Team based approach introduced on 3 June.	Dr D Burke	3 June	High
		Consideration of increasing ward clerk availability/time also to improve work intensity.		Dr D burke	15 July	High
10	Induction and competency framework	There should be a trust standard for induction of locums and check on competency with clear process for escalation.	<p>The Trust has a standard that locums attend corporate induction and also specialty induction. This standard will be enhanced so that 100% of compliance is in place for both within one day and one week respectively.</p> <p>Competency checks for long term locums are by the normal recruitment process. A period of shadowing is also in place. Competency checks for short term locums is done by the Agency and again by shadowing on joining the Trust. An escalation policy has been put in place.</p>	Damian Gallagher	15 July	High