

East of England April 2013 Dean's Report

Deanery Name:	East of England Multi-Professional Deanery
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ACTION PLAN (This action plan will be published on the GMC website)															
Item number	Deanery-Wide/ Specialty-Wide/ Local Education Provider	Programme specialty	Description of concern/good practice	When was the concern/good practice identified? (DATE: month/year)	Concerns ONLY RAG in October 2012	How was the concern/good practice identified? i.e. GMC Visit, Deanery Visit, NTS data, etc	Actions taken (October 2012)	Further actions taken (October 2012)	Monitoring, evidence and outcomes (October 2012)	Update April 2013 What was the outcome, what action's remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY New status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
EOE0112-3	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Obstetrics and Gynaecology	The conditions of the recent visit by the School of Obstetrics and Gynaecology. The conditions of the visit were as follows: 1. Consider establishing "faculty group" or similar (eg education committee) with trainee involvement to improve training locally. 2. Develop trainee forum plus lead trainee 3. Management training for senior trainees 4. Develop local teaching programme with protected time to include FY2s 5. Allow release for regional teaching programme 6. Encourage educational supervisors to attend local training 7. Improve departmental induction; consent training, skills training for FY2s 8. Involve trainees in Rota design 9. Develop existing forum where trainers can discuss progress of trainees – early warning system for "trainees in difficulty".	January 2011	Green	School Visit 19 January 2011	These conditions have now been fulfilled. Action plan proceeding as outlined with regard to: establishment of O&G Forum; management training for senior trainees; local teaching and induction programmes. Trainees appropriately engaged in making changes within the department.	School Re-Visit to O&G Department to take place on 30 May 2012.  GMC Trainee Survey confirms progress in this area with no outliers in this specialty. There has been continued improvement within the Department.	The School of O&G revisit showed improvements in the Department including good clinical support and handover, improvements to induction programmes and the rota - including trainee led changes. The GMC Trainee Survey 2012 shows one negative outlier for this specialty relating to local teaching.  An action plan was requested by 28.09.12. Monitoring will continue through the Deanery quality management framework.	Issue resolved June 2012.  Action plan received in October 2012. Issues identified addressed.	Oct-12	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School of O&G	Royal College of Obstetrics and Gynaecology  1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College.
EOE0112-5	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	General Surgery	Curriculum provision within general surgery must be reviewed including access to induction, access to regional training and maximising surgical training opportunities such as appropriate operating list access.	March 2011	Green	Deanery Visit 17 March 2011	In December 2011, a thorough review of surgical training at the Trust showed that the issues regarding surgery and the release of Registrars to surgical training had been resolved.	Monitoring will occur through School visits, action plan updates and local and GMC surveys.	The GMC survey 2012 shows that general surgery is a red outlier for local and regional teaching and that overall satisfaction in surgery F1 is also a negative outlier.  This is being monitored through the School's visiting programme.  A Deanery Quality Improvement visit to the Trust will take place in May 2013 when progress will be reviewed. The deanery is awaiting a response from the Trust via its College Tutor's QM1 report.	A Deanery Quality Improvement visit to the Trust will take place in May 2013 when progress will be reviewed.  The negative outliers will also be reviewed following receipt of the 2013 GMC Survey results.  August 2013 update The 2013 GMC NTS showed some improvement in the results for General Surgery with a possible deterioration in Surgery F1. However a Foundation School visit to the Trust on 18/04/13 did not find any evidence to triangulate the findings of the NTS other than concerns around patient tracking which was a Trust wide issue which is now a required action for the Trust. In view of this, the School of Surgery will carry out a formal visit to the Trust and HEEoE will be also conducting a Quality Review visit. The outcome of these will be reported in the October DR.  See appendix A	Jul-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Surgery / College Tutor and Director of Medical Education	Royal College of Surgeons Tutor and Head of School  1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE0112-1	Bedford Hospital NHS Trust	All	The Trust should take steps to achieve effective trainee engagement and be able to provide evidence of the effectiveness of this. (one year)	May 2011	Green	Deanery Visit 12 May 2011	Trainee representatives invited to attend Medical and Dental Education Committee meetings.  Clinical Tutor Fora re-launched.	Monitoring will occur through School visits, action plan updates and local and GMC surveys.  The Deanery will also revisit the Trust on 10 May 2012.	This remains a continuing condition. Trainees have been informed of the Senior Resident programme and encouraged to apply. Faculty groups to be established. The Deanery will continue to monitor this via its quality management processes and updates from the Trust.	Action plan update to be received in May 2013 when progress will be reviewed.	May-13	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Green	DME and Deputy Clinical Tutor	N/A
EOE0112-19	Norfolk and Norwich University Hospitals NHS Foundation Trust	N/A	The Trust must formalise processes for the selection, appraisal and recognition of educational supervisors. (6 months)	June 2011	Green	Deanery Visit 28 June 2011	Proposal for the selection, appraisal and recognition of educational supervisors put forward by the Trust.	The Trust has implemented the appropriate selection and training of educational supervisors and as at 31/12/12, 298 consultants had been trained. The Trust is also rolling out appraisal of educational supervisors within their enhanced appraisal system to support revalidation of consultants and, as part of this, job planning to recognise the necessary time for educational supervision will be included.  Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust has put forward a proposal to be implemented from the next job planning/appraisal cycle to run 2012/13: 1. the selection of educational supervisors will be performed by the Specialty Tutor/Educational Lead within each department. 2. appraisal of educational supervisors will take place within the annual consultant appraisal including a specific section in the appraisal preparation form about educational supervision. 3. clear guidance has been received that consultants undertaking educational supervision should be allocated 0.125PA per trainee within their job plan subject to satisfactory appraisal of the role. The deanery has provided guidance as part of the educational equity and excellence programme.  The Deanery will be conducting a Quality Improvement Visit to the Norfolk & Norwich University Hospital in June 2013 to review progress on these actions.	The Trust has implemented the appropriate selection and training of educational supervisors and, as at 31/12/12, consultants had been trained. The Trust is also rolling out appraisal of educational supervisors within their enhanced appraisal system to support revalidation of consultants and, as part of this, job planning to recognise the necessary time for educational supervision will be included.	Dec-12	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Trust Senior Management Team including Clinical Tutor and College Tutor	N/A
EOE0112-20	Basildon and Thurrock University Hospitals NHS Foundation Trust	Emergency Medicine	The levels of non-Registrar middle grade support for doctors in training in the Emergency Department continue to cause concern, particularly for the Foundation trainees. A visit by the School of Emergency Medicine is due soon and will report further. The Trust is required to thoroughly investigate the reported concerns within the Emergency Department and develop an action plan if appropriate. (3 months)	July 2011	Red	Deanery Visit 28 July 2011	The Trust has reviewed the levels of staffing and approved an increase in consultant and middle grade numbers. Following visit, Trust sought immediate feedback from FY2s/GPST trainees undertaking night shifts who reported supervision as good/adequate. Comprehensive feedback also sought from all doctors in A&E including middle grades and night shift doctors in Sept/Oct 2011 confirming that supervision is good despite heavy workload. Following actions undertaken: Planned increase in A&E staffing numbers including 4 additional middle grades. Review of night middle grade cover. FY2 and GPSTs not left unsupervised in A&E at any time. Actions to be monitored at next School of EM visit.	Trust to provide confirmation and evidence that these actions have occurred and have resolved the issue.  Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust has confirmed the progress made in EM and the appointment of 2 new full time consultants with 2 additional middle grades in A&E from 1900 to 2200 thus increasing the clinical supervision in this department at its busiest. The Trust has confirmed that FY2/GPST trainees are not left unsupervised in the A&E at any time. This is substantiated by the positive report from the GP School visit in February 2012.	25 January 2013 - EM School visit confirmed that the Trust is actively investigating options to fill vacant posts.  The Deanery has asked for a progress update on the action plan by May 2013. The results of the GMC Survey will also be reviewed in July 2013 following their publication.  August 2013 update In April 2013 HEEoE still considered that this item remained of concern pending receipt of the action plan required in May. In view of the satisfactory nature of the action plan received in May and the outcome of the Risk Summit concerning BTUHT, HEEoE agrees that the RAG status should now be amber.  A further visit from the School of EM and Ede Foundation School with representation from the GMC will take place on 25/07/13. The findings of the visit will be reported in the October DR.	Oct-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Red	Trust Senior Management Team including Clinical Tutor and College Tutor	College of Emergency Medicine  1)The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College.

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EOE0112-22	West Hertfordshire Hospitals NHS Trust	General Surgery	Patient tracking in particular of surgical outier patients must be addressed (Action plan to be provided within one month and full implementation of plan to be assessed at the April 2012 visit).	October 2011	Amber	Deanery Visit 10 October 2011	Trialling of clinical portal to address patient tracking in Surgery. System to be introduced in early 2012.	Dean's revisit will take place in April 2012 with GMC representation.  Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust confirmed the following actions: - Issue addressed immediately by the Trust - Handover policy being revised - Plans to restructure junior doctors' firms - Trust expanding bed capacity by 48 beds  See further details below in Dean's revisit section.	Action plan update required May 2013.  <b>August 2013 update</b> This issue was part of a wider one concerning handover in general in the Trust and a recent School of Medicine visit demonstrated considerable improvement in this area. However, the anticipated action plan update due by the end of May 2013 was not forthcoming because of the resignation of the current surgical tutor. A new surgical tutor has now been appointed and therefore the School of Surgery will be carrying out a School visit to the Trust. The outcome of this will be reported in the October DR.	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Medical Director, Clinical Tutor and College Tutors	Royal College of Surgeons Surgical Tutor  1)The Regional Advisor sits on the Specialty Training Committee.  2) The annual specialty report from the School to the College.
EOE0112-23	West Hertfordshire Hospitals NHS Trust	Emergency Medicine	The lack of middle grade/senior cover on site in the Emergency Department after 12 midnight should be addressed as soon as possible with written communication within a month. Furthermore we recommend an immediate review of staffing at all levels against national standards – immediate action to be confirmed within one month. It should be noted that this condition is sufficiently serious that if not sufficiently addressed, it would be necessary for London Deanery to remove their trainees from the Emergency Department. The time periods stated are to balance the immediate service need and impact on patient safety with the patient safety risks associated with this  N.B. As was advised to the Trust on the day, this is a specific scenario that must be raised with the GMC immediately in line with their concerns policy. The GMC have subsequently exercised their right as the regulator to enhance the requirements of this condition.	October 2011	Green	Deanery Visit 10 October 2011	1) GMC informed of patient safety issues and Deanery concerns.  2) Trust recruited short term middle grade locum cover with immediate effect.  3)Visit by John Heyworth on 27 November 2011 recommended expansion of consultant numbers in Emergency Medicine to 10 whole time equivalents which was accepted by the Trust and was to be supported by substantive middle grade support.  Trust planning to offer attractive in house training programmes for specialty doctors to enhance the quality of middle grade staff supervision at all times, especially at night.	Dean's revisit will take place in April 2012 with GMC representation.  Monitoring will also occur through School visits, action plan updates and local and GMC surveys.	The Trust took immediate steps regarding the transfer of patients from the AAU. The handover policy is being revised with a streamlining of handover in that Unit. There are also plans to restructure the junior doctors' firms and the Trust is expanding its capacity by 48 beds requiring a detailed review of the facilities and staffing levels.  Progress will be monitored by the Deanery. The Trust has been asked to provide a formal update on its action plan by the end of October.	Action plan update required May 2013.  <b>August 2013 update</b> As a result of a decision taken by the Trust Board, an electronic handover system has been purchased which should finally provide a solution to this issue. This will be monitored through HEECoE quality management processes and reported on further in the October DR.	Oct-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Medical Director, Clinical Tutor and College Tutors	College of Emergency Medicine  1)The Regional Advisor sits on the Specialty Training Committee.  2) The annual specialty report from the North West Thames Foundation School Director attended the visit.
EOE0112-24	West Hertfordshire Hospitals NHS Trust	N/A	To support the engagement of all College Tutors, the Trust are required to review the appointment of all tutors as part of their planned review in conjunction with appraisal by the relevant Head of School. (One year)	October 2011	Green	Deanery Visit 10 October 2011	Current recommendation of 0.125 SPA per trainee being met. Associate Medical Director planning to introduce system of appraisals for ES by CTs, FTPDs and Clinical Tutor - to be embedded within next 6 months.	Dean's revisit will take place on 26 April 2012 with GMC representation.	The Trust's Medical Education Department continues to carry out its Departmental Education Reviews with the current College Tutors.  The Trust will provide an update on this condition in its action plan by the end of October 2012.	Action plan update required May 2013.	May-13	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Green	Clinical Tutor	N/A
EOE0112-25	West Hertfordshire Hospitals NHS Trust	N/A	E&D training – the figures provided are currently unacceptable. The Trust must either provide more accurate audit data to show training levels nearing 100% or, if not, address the levels of this training. (3 months)	October 2011	Green	Deanery Visit 10 October 2011	Provision of e-learning module by Medical Education Centre has improved compliance.  Current level of compliance included in quality matrix at 94% on 30 November 2011.	This will be monitored through the Dean's revisit which will take place in April 2012 with GMC representation.	The Trust has now provided evidence that 100% of its educational and clinical supervisors have completed E&D training.	Issue resolved November 2012. Trust has confirmed 100% compliance with E&D training.	Nov-12	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Medical Director / Clinical Tutor	N/A
EOE0112-26	West Hertfordshire Hospitals NHS Trust	Clinical Radiology	The repeatedly reported Radiology culture could not be sufficiently triangulated during this visit but is sufficiently concerning to be included. The Medical Director or his nominated Deputy must investigate this and report findings, and if required an action plan. (Investigation 1/12 if required action plan in 3 months)	October 2011	Green	Deanery Visit 10 October 2011	Trust's internal reviews have not identified a problem. Need for further evidence. Divisional Lead has written to all junior doctors and has informed them that concerns can be reported to himself or via the Medical Education Centre (Appendix 4 of Action Plan).	This will be monitored through the Dean's revisit which will take place in April 2012 with GMC representation.	The Trust has put in place a series of measures to address undermining in the Department of Radiology including open sessions with the juniors and a mandatory training programme on bullying and harassment. The message continues to be reinforced via the various fora and monitoring of the situation is ongoing. However, in the light of the GMC survey outliers results 2012, the action plan implemented by the Trust will be monitored closely to determine progress.	Trust Divisional Lead has written to all trainees informing them that concerns can be reported to himself or through the Medical Education Centre.  <b>August 2013 update</b> The Trust has undertaken appropriate action with regard to the counselling and retraining of a particular radiologist as well as reminding the consultant body that any queries regarding the necessity for a particular investigation must be undertaken on a consultant to consultant basis. At a School of Medicine visit in June, the trainees reported no further experiences of undermining or bullying. HEECoE continues to monitor this matter closely.	May-13	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Amber	Clinical Director of Radiology and Medical Director	N/A
EOE0112-27b	Cambridge University Hospitals NHS Foundation Trust	Plastic Surgery	Whilst recognising the positive response to the suggestion of consultant undermining, the Deanery requires evidence of the actions taken as a result of the review, the outcomes and re-evaluation. (3 months)	November 2011	Red	Deanery Visit 10 November 2012	Action plan to be received by 10-Feb-13	Monitoring will occur through School visits, review of action plans and local and GMC surveys.	Plastic surgery however remains a red outlier. The Trust is taking steps to address this through a series of measures led by the Director of Medical Education and the Clinical Director in this specialty, including trainee feedback and meetings with consultants. The School of Surgery will visit the Trust in early 2013 when it will review the outcome of these initiatives. The Deanery will continue to monitor in the meantime should any problems arise.	The School of Surgery visited the Trust on 1 March 2013. Issues previously highlighted in Plastic Surgery are significantly better although not completely resolved. The Trust has been asked to provide an action plan by July 2013.	Jul-13	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Red	Medical Director / Clinical Tutor / DME	N/A
EOE0112-28	Cambridge University Hospitals NHS Foundation Trust	Plastic Surgery	The concerns in Plastic Surgery year on year are sufficient that the Deanery requires a formal action plan of how these will be addressed and follow up. (3 months)	November 2011	Red	Deanery Visit 10 November 2011 and GMC Trainee Survey 2011	Action plan to be received by 10-Feb-12.	Monitoring will occur through School visits, review of action plans and local and GMC surveys.	The Trust is taking these concerns very seriously and has made a series of changes which have led to the reduction in the number of outliers in plastic surgery from 8 in 2011 to 5 in 2012. The School of Surgery will continue to monitor further progress through its quality management processes. A School visit to the Trust is planned for early 2013 (see above).	The School of Surgery visited the Trust on 1 March 2013. The improvement action plan already instituted by the Department of Plastic Surgery to address red outliers in the GMC survey should continue. The Trust has been asked to provide an updated action plan by July 2013.	Jul-13	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Red	Medical Director / Clinical Tutor / DME / Head of School of Surgery / Royal College of Surgeons Tutor and TPD for Plastic Surgery	Royal College of Surgeons Tutor for local action.  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.
EOE0112-29	Southend University Hospitals NHS Foundation Trust	All	Departmental induction within all departments must occur in a timely manner. (Domain 1) (6 months)	December 2011	Green	Deanery Visit 12 December 2011	Action plan to be received by 9-Mar-12	To be determined after receipt of action plan.	Hospital and departmental induction are monitored by the Medical Education Placement Manager. The GMC survey 2012 shows 3 green outliers for induction with only 1 red outlier in paediatrics. A School of Paediatrics visit to the Trust in July 2012 indicated that work is in progress to fine tune the induction programme. The School will continue to monitor the situation and is planning a revisit early in 2013 to review progress.	School of Paediatrics revisit planned for Summer 2013.  Action plan update required May 2013.	Aug-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Clinical Tutor/DME	N/A

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EOE0112-30	Southend University Hospital NHS Foundation Trust	Clinical Oncology, Respiratory Medicine, Obstetrics and Gynaecology	The concerns regarding training in clinical oncology, respiratory medicine and O&G must all be addressed as a matter of priority and will be formally reviewed through School visits. [Domain 1 & 5] (6 months)	December 2011	Amber	Deanery Visit 12 December 2011	Action plan to be received by 9-Mar-12	To be determined after receipt of action plan.	Clinical oncology continues to experience problems but there are positive indicators of progress. Respiratory Medicine has improved significantly although it is still a red outlier for workload and work intensity in the GMC survey 2012. Undermining is no longer an outlier. The issues in O&G remain problematic. The Head of School is liaising with the Trust and will be organising a visit within the next few months to review progress.	On-going issues remain outstanding. Clinical Oncology & Respiratory Medicine. There is evidence of improvement through monitoring for Respiratory Medicine. A School of Medicine Visit is planned for May 2013 when progress will be reviewed.  <b>August 2013 update</b> The School Medicine carried out a visit to further review clinical oncology and respiratory medicine on 09/07/13. This demonstrated that the respiratory medicine concerns had been successfully addressed. However the clinical oncology issues required continuing attention. The Trust is to provide HEEoE with an action plan by 30/09/13.  Unfortunately, due to illness, the College Tutor for O&G in this Trust was unable to provide the required action plan. The Trust Clinical Tutor has therefore been asked to provide the Deanery with a progress report and in the circumstances.	Jul-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Clinical Tutor/DME Head of School	All relevant Royal Colleges  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.
EOE0112-33	Deanery-Wide	Core Psychiatry Training, Old Age Psychiatry, Psychiatry of Learning Disability, Child and Adolescent Psychiatry, Forensic Psychiatry, General Psychiatry	GMC Trainee Survey 2011 confirmed School of Psychiatry concerns regarding the quality and outcomes of the training programmes. In particular, it identified high levels of negative outliers across all domains and training programmes. Overall satisfaction with training in Psychiatry was amongst the lowest in the UK.	2011	Green	GMC Trainee Survey 2011 and Deanery Quality Management Framework	The Head of School of Psychiatry undertook a specialty specific end of post survey confirming the areas of concern, in particular concerns around structured educational supervision and the quality of the academic training programme.  The Head of School therefore: 1) requested action plans from appropriate College Tutors/TPDs to address negative outliers in their Trust/programme.  2) A specialty specific faculty development programme will be implemented in the early part of 2012 aimed at clinical and educational supervisors including good practice in supervision and feedback, the conduct of ARCPs and familiarity with the Royal College's new e-portfolio.  3) The School will develop a mentoring scheme for all trainees.  4) The School will further develop a psychiatry specific end of post e-survey.  In addition, the Deanery has	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	1. All FPs (core and advanced) submitted Scheme-specific action plans. These were discussed at the School's Board meetings and all actions were monitored and completed. 2. Post and Scheme specific survey carried out at the point of ARCPs. Findings mitigated GMC survey scores in part. 3. School organised (with Deanery funding) Royal College's Educational and Clinical Supervisors' Courses between April and June 2012. 4. Mentoring scheme implemented for CT1s across the School (completed Sept 2012) with trained mentors. Roll out across CT2/3 underway during autumn 2012. 5. All educational supervisors are required to act as ARCP panel members at least once every three years. 6. Deanery visits are being scheduled with first one due to take place in November 2012.	The Deanery is continuing its round of Deanery Performance and Quality Reviews to Trusts. It has already visited one of its Mental Health Trusts with a very satisfactory outcome. It will visit the remaining Mental Health Trusts during the course of 2013. The outcomes will be published in due course.  The Deanery will also review the results of the GMC Survey 2013 when they are available.	Dec-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Psychiatry / TPDs / College Tutors  Postgraduate Dean and Deputy Dean for Psychiatry	Royal College of Psychiatry through Head of School (joint appointment between Deanery and College).  Engagement with College Tutors and Mental Health Trusts.
EOE0112-34a	Deanery-Wide	Endocrinology and Diabetes Mellitus, Geriatric Medicine, Clinical Pharmacology and Therapeutics, Plastic Surgery, Rheumatology, Otolaryngology, Paediatrics	The GMC Trainee Survey 2011 identified a significant excess of negative outliers in these specialties across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2011	Green	Deanery Quality Management Framework and GMC Trainee Survey 2011	Relevant Heads of School and TPDs requested to investigate these findings and provide the Deanery with an appropriate action plan to address any confirmed areas of genuine concern.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	Analysis of NTS outcomes 2012 and reports from School visits indicate improved performance in all these specialties other than:	<b>Issue resolved in all specialties bar Geriatric Medicine and Plastic Surgery.</b>	Jun-12	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Heads of School and TPDs	Relevant Royal Colleges through Heads of School / Regional Advisors / College Tutors
EOE0112-34b	Deanery-Wide	Endocrinology and Diabetes Mellitus, Geriatric Medicine, Clinical Pharmacology and Therapeutics, Plastic Surgery, Rheumatology, Otolaryngology, Paediatrics	0	2012	Red	Deanery Quality Management Framework and GMC Trainee Survey 2011	Relevant Heads of School and TPDs requested to investigate these findings and provide the Deanery with an appropriate action plan to address any confirmed areas of genuine concern.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	1. Geriatric Medicine where the results are skewed by findings at Watford both through deanery visit outcomes and NTS results  2. Plastic Surgery  School of Surgery visits are planned to review all surgical training including Plastic Surgery at the two principal units – Addenbrooke's and the Norfolk and Norwich early in 2013. The Lister Hospital which also has Plastic Surgery Trainees will be visited in November 2012.	<b>Geriatric Medicine:</b> The School of Medicine visited the Trust in November 2012. Progress has been made, with a business case agreed to address staffing issues in Care of the Elderly for implementation August 2013.  <b>Plastic Surgery:</b> The School of Surgery visited all 3 Trusts in 2013. Improvements have been made at all 3 Trusts. Action plans have been requested by July 2013. The Deanery will continue to monitor progress through its quality management processes and the GMC survey results 2013.	Jul-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Heads of School and TPDs	1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.
EOE0112-35	Deanery-Wide	Core Medical Training	The GMC Trainee Survey 2011 identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2011	Amber	Deanery Quality Management Framework and GMC Trainee Survey 2011	Head of School of Medicine requested to investigate these findings and provide the Deanery with an appropriate action plan to address any confirmed areas of genuine concern.	Monitoring will occur through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	The Head of School has carried out a programme of School visits to Trusts and a systematic review, the findings from which are being addressed through the School's quality management processes.	Monitoring is ongoing. The Deanery will review the outcomes of the upcoming GMC Trainee Survey and will respond appropriately.	Jul-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School of Medicine	Royal College of Physicians / Regional Advisors / College Tutors
EOE0112-36a	Deanery-Wide	Core Surgical Training	The GMC Trainee Survey 2011 again identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK. The Deanery had already been actively addressing concerns regarding the size and quality of its core surgical training programme as a result of national requirements.	2011	Green	GMC Trainee Survey 2011	The Deanery through its School of Surgery and Specialty Training Committee in Surgery is in the process of recommending the reduction of core surgery posts in line with national recommendations. This review of the training programme is being informed by outcomes of the Deanery Quality Management Framework and the Royal College of Surgeons SMART criteria. It is anticipated that this process together with improved rotations should lead to improvements in the overall quality of our core surgical training programme.	Monitoring will continue through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	The situation has improved based on quality measures (SMART criteria). However although the overall number of posts has been reduced there are still problems with some posts in achieving the SMART criteria despite these being widely publicised and promulgated (including a letter to all chief executives, medical directors, directors of medical education and surgical tutors). A further local trainee survey aimed specifically at the SMART criteria is planned for the core programme. Visits are also planned to the two largest trusts.	Monitoring is ongoing. The Deanery will review the outcomes of the upcoming GMC Trainee Survey and will respond appropriately.	Jul-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School / TPD Core Surgery	Royal College of Surgeons / Regional Advisors / College Tutors  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.

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EOE0112-37	Deanery-Wide	Obstetrics and Gynaecology	The GMC Trainee Survey 2011 identified a significant number of negative outliers in this specialty across domains, LEPs and programmes with low ratings of overall satisfaction compared to other training programmes in the UK.	2011	Red	Deanery Quality Management Framework and GMC Trainee Survey 2011	Head of School of O&G developed action plan in response to the GMC Survey 2010 which included: 1) Awareness raising at medical director and clinical tutor level in LEPs where undermining identified. Local action plans requested. 2) Commissioned educational module focussing on feedback. 3) Establish functional trainees' committee and increase trainee representation at board and STC level. 4) QA of above via Deanery School visits.	Deanery and School visits and annual surveys.  Feedback module delivered as a pilot to College Tutors in April 2011. Further dates for delivery of feedback module arranged January - May 2012. Evaluation of module in progress.	There have been improvements in the GMC Survey results since 2011 from 39 red outliers to 23 red outliers. The Head of School of O&G has written to each Trust with a red/pink outlier for undermining in the GMC survey 2012 requesting an action plan by the end of October. These will be monitored by the Head of School reporting to the Deputy Postgraduate Dean for Quality.  The RAG status was upgraded to Red in line with the GMC guidelines determining the new RAG ratings.  The School of O&G continues to liaise with its faculty to address these issues. A further report on progress will be available for the April DR.	The feedback module has now been utilised in other specialties and LEPs to address issues around bullying and undermining where they have been identified. Although initial impressions have been favourable, the Deanery will need to continue to gain feedback on the effectiveness of this intervention.  The Deanery will review the results of the GMC Survey 2013 and will respond to any concerns appropriately.	Jul-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of O&G	Royal College of Obstetrics and Gynaecology  Head of School has presented talk on bullying and undermining to RCOG College Tutors' meeting and has written an article for the RCOG Trainee newsletter. RCOG has major concerns over issue as nationally a problem for the specialty.
EOE0112-38	Hinchingbrooke Health Care NHS Trust	Emergency Medicine	A significant amount of GMC Trainee Survey 2011 red outliers in Emergency Medicine at the Trust.	2011	Amber	GMC Trainee Survey 2011	Deanery Targeted Visit with GMC representation took place on 11 January 2012.	Deanery Targeted Visit including GMC representation took place on 11 January 2012. Draft report and recommendations received by Deanery from Head of School of Emergency Medicine on 16 January 2012 (awaiting ratification).	The January visit identified areas of good practice and areas of concern. The Trust has put in place measures to address the latter. A School revisit took place on 17 July 2012 with the following outcomes: - improvements in staffing levels but clinical supervision remains inadequate. - the teaching programme needs to be improved to match the regional norm and trainees released to attend this. - study leave must be granted - handover needs to improve - protocols should be easily accessible. - There must be a clearly defined membership of the trauma team and team leadership must be provided by experienced ATLS qualified medical staff.  An action plan was due by 1 October 2012 which will be monitored by the Head of School. The Dean's Visit to the Trust will take place on 29 November 2012.	The positive changes identified in the School of Emergency Medicine Visit in July 2012 were corroborated by the findings of the Deanery Performance and Quality Review Visit to the Trust in November 2012.  August 2013 update The matter is closed because the actions required were confirmed as addressed in the DPQR visit report of November 2012.	Nov-12	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Postgraduate Dean and Head of School of Emergency Medicine	Royal College of Emergency Medicine  1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE0112-41	Basildon and Thurrock University Hospitals NHS Foundation Trust	Anaesthetics	The GMC Trainee Survey identified a substantial number of negative outliers from anaesthetic trainees of all grades with particular concern around clinical supervision, feedback, undermining and departmental induction.	2011	Amber	GMC Trainee Survey 2011	These findings had also been identified by the Trust itself and their action plan included: 1) further training of all educational and clinical supervisors; 2) the establishment of an anaesthetic educational faculty group to quality control training and 3) the introduction of competency assessments.	The East of England School of Anaesthesia will undertake a targeted visit to the Department of Anaesthetics within six months to assess the impact of the Trust action plan and to make further recommendations if necessary. This visit will require appropriate representation from the London School of Anaesthetics since all anaesthetic trainees at Basildon Hospital are on London Deanery training programmes.	There have been improvements in anaesthetics at Basildon as this specialty is no longer an outlier at this Trust in the GMC Survey 2012.	The Head of School of Anaesthesia is planning to undertake a visit to the Trust in 2013 to monitor progress against these outcomes and address any issues through the School's quality management processes. The GMC Survey results 2013 will also be reviewed and responded to appropriately.  August 2013 update Although the GMC NTS demonstrates improvement in negative outliers over the last two years, the plan is for a joint Heads of School of Anaesthesia Visit to be conducted to this Trust in conjunction with representatives from the London School of Anaesthesia later on this year to review training in this specialty.	Jul-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Anaesthesia	Royal College of Anaesthetics  Externality for this visit will be sought from the Royal College of Anaesthetics.
EOE0112-43	Deanery-Wide	N/A	The GMC ARCP/RITA Outcomes Survey Report 2011	2011	Green	GMC ARCP/RITA Data Collection 2011	The report appears to indicate that the Deanery has a low level of overall "adverse" outcomes compared to the rest of the UK. The Deanery undertook an in-depth analysis in those specialties that had either a "positive" or "negative" outlier. This demonstrated no evidence of any systematic failure of adherence to national or deanery guidance on the conduct of ARCPs/RITAs or the criteria for the award of a given outcome. However, the Deanery is in the process of developing and rolling out of a programme of specialty specific training in the conduct of ARCPs/RITAs for all panel members across all specialties. This programme will now be enhanced and accelerated through the Deanery's new 'Equity and Excellence Initiative'. The Deanery is also enhancing its own internal quality control procedures to reduce the numbers of ARCP outcomes 5.	Monitoring will occur through quarterly data returns to the Quality Management Team. This will also be monitored through the GMC ARCP/RITA Outcome Survey.  The Deanery will also seek to improve the quality and relevance of the feedback received from the external assessors attending its ARCP/RITA panels and their review of outcomes by the introduction of a standard reporting form for external assessors.	The Deanery awaits the outcome analysis of the data submitted to the GMC and will respond appropriately.  The Deanery is planning to complete a trend analysis on its ARCP outcomes during 2013.	Dec-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Senior Management Team  Quality Management / Secondary Care and Community Care Teams / Associate Postgraduate Dean for Faculty Development	All Colleges - through the provision of externality to the ARCP/RITA process.	



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EOE1012-01	Mid Essex Hospital Services NHS Trust	Anaesthetics, Emergency Medicine, General (internal) Medicine, Otolaryngology	The Trust has reported actions to investigate and address the reported undermining by consultants across a number of specialties. The Trust is asked to provide a formal report on their actions to ensure that this issue has been sufficiently investigated and addressed, and ongoing monitoring is in place. [domains 1 & 6] (2 months)	January 2012	Green	Deanery Visit 19 January 2012	The Trust has taken steps to address undermining as follows: 1. all training leads have been made aware of this issue and asked to share with their department. They have been asked to ensure undermining behaviour is discussed with new trainees at local induction including lines of reporting. It now forms part of the local induction checklist. 2. It was raised in the Clinical Tutor's welcome to new trainees during corporate induction and has been included in the Clinical Tutor's welcome to F1s during PIPP and reiterated by the FTPDs in their welcome to each foundation year. 3. Audit of induction (due September 2012) will include questions as to whether or not this was covered. Monitoring remains ongoing.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	Trust action plan and action plan update received in March 2012 and August 2012 respectively.	Addressed with consultants and issue highlighted as part of induction and via internal forum. Trust has developed mechanism to monitor internal action plan. The Deanery is satisfied with progress to date and has requested an action plan update by May 2013.	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Senior Management Team	All relevant Colleges/Heads of School  1) The Regional Advisors sit on the Regional Specialty Training Committees. 2) The Heads of School provide an annual specialty report to their respective Colleges. 3) Deanery reports on updates to the Heads of School.
EOE1012-04	James Paget University Hospitals NHS Foundation Trust	All	The Trust must urgently consider how to better harness the trainee voice and engage better with the Senior Residents (Recommendation in April 2011 report).	January 2012	Green	Deanery Visit 20 January 2012	The Trust is committed to increasing the involvement of the Senior Residents with the intake to the local programme including matching the Senior Resident with an appropriate Divisional Director. This will be monitored by the DME. Confirmation was also received that there are many opportunities for trainees to meet within the Trust and that the Medical Director will in future attend open fora.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	Trust action plan received in March 2012. The Deanery will continue to monitor through its quality management framework.	Action plan received. Issues satisfactorily addressed. Action plan update to be received in May 2013.	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Trust Senior Management Team	N/A
EOE1012-05	James Paget University Hospitals NHS Foundation Trust	Rehabilitation Medicine	The Trust must urgently review the utilisation of their Rehabilitation Ward and Ward 9 and ensure that the clinical supervision of trainees working on these wards is appropriate (New Condition)	January 2012	Green	Deanery Visit 20 January 2012	The Director of Medical Education visits Ward 9 on a regular basis as part of Medicine's management audit. Admission criteria continue to be enforced. The Trust has reviewed the nursing team make up for Ward 9. A very experienced senior nurse has been seconded to the ward and is being proactive about maintaining and improving quality and ensuring high standards of care. Trainee feedback has been positive. The Rehabilitation Ward now has twice weekly consultant ward rounds and the consultant is available outside these visits for urgent queries.	The Deanery will continue to monitor progress via its quality management framework. Monitoring will also occur through School visits, revisits, action plan updates and local and GMC surveys.	Trust action plan received in March 2012. The Deanery will continue to monitor through its quality management framework.	Action plan received. Issues satisfactorily addressed. Action plan update to be received in May 2013.	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Senior Management Team & Head of School of Medicine	Royal College of Physicians  1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.
EOE1012-06	Colchester Hospital University NHS Foundation Trust	N/A	The Trust must ensure 100% current E&D training for trainers and be able to provide evidence of this. [domain 3] (3 months)	March 2012	Amber	Deanery Visit 01 March 2012	The Trust has implemented an e-learning package to deliver this training to all trainers.	The e-learning package is being rolled out.	Monitoring will occur through update of the action plan.	The Trust is to provide evidence of compliance with E&D training by May 2013.	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Trust Senior Management Team including Director of Medical Education	N/A
EOE1012-08	Colchester Hospital University NHS Foundation Trust	N/A	All consultants involved in the front line care of children (including paediatrics and EM) must have valid level 3 safeguarding training, and be facilitated to access this. [domain 3] (3 months)	March 2012	Amber	Deanery Visit 01 March 2012	The Trust has reviewed the training status of trainers regarding Safeguarding children and evidence of compliance with this. As of October 2012, three consultants were identified as not having current training and these have been contacted individually by the Medical Director so that their training can be updated.	Update of these consultants' training.	Action plan update from the Trust.	The Trust is to provide evidence of compliance with E&D training by May 2013.  <b>August 2013 update</b> HEEOE monitors the compliance to this requirement through the quality matrix which requires the Trust to provide an annual return showing the status of training of the Trust's trainers. The report from this Trust indicates that all of their trainers now meet this requirement	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Trust Senior Management Team including Medical Director	N/A
EOE1012-09	West Hertfordshire Hospitals NHS Trust	Emergency Medicine	The following concerns were identified at a DPQR to the Trust in October 2011:  The lack of middle grade/senior cover on site in the Emergency Department after 12 midnight should be addressed as soon as possible with written communication within a month. Furthermore we recommend an immediate review of staffing at all levels against national standards – immediate action to be confirmed within one month. It should be noted that this condition is sufficiently serious that if not sufficiently addressed, it would be necessary for London Deanery to remove their trainees from the Emergency Department. The time periods stated are to balance the immediate service need and impact on patient safety with the patient safety risks associated with this.  Actions undertaken: 1) GMC informed of patient safety issues and Deanery concerns. 2) Trust recruited short term middle grade locum cover with immediate effect. 3) Visit by John Heyworth on 27 November 2011 recommended expansion of consultant numbers in Emergency Medicine to 10 whole time equivalents which was accepted by the Trust and was to be supported by substantive middle grade support. 4) the Deanery to survey all other EM departments across the Deanery regarding the supervision of foundation trainees working in EDs.  Trust planning to offer attractive in house training programmes for specialty doctors to enhance the quality of middle grade staff supervision at all times, especially at night.	October 2011	Green	Deanery Visit	The Deanery with representation from the GMC and North Thames Foundation School revisited in April 2012. The visit outcomes were as follows:  1) the staffing levels required to ensure patient safety were achieved. 2) Trainees were appropriately supervised. 3) The teaching programme was being developed. 4) On-call access to other specialty registrars for the EM Department was readily available.  The Deanery survey of EDs across the deanery confirmed that no other concerns regarding the supervision of foundation trainees in EDs were a cause for concern.	This will continue to be monitored by the School of Emergency Medicine, the Foundation School and the Deanery.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	Monitoring continues to occur through the Deanery's quality management processes. The outcomes of the GMC Survey 2013 will be reviewed in July 2013 and responded to accordingly.  <b>August 2013 update</b> The GMC NTS 2013 showed minor improvement in Emergency Medicine in this Trust. However, the concerns regarding senior cover for foundation trainees working within the AAU has been addressed but the situation continues to be monitored due to the nation-wide difficulty in recruiting and retaining EM doctors	Jul-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Emergency Medicine and Foundation School Director	Royal College of Emergency Medicine  1) The Regional Advisor sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.  The North West Thames Foundation School Director attended the visit.

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EOE1012-10	West Hertfordshire Hospitals NHS Trust	Acute Internal Medicine, General (internal) Medicine	<b>Original Condition 15.2.</b> Patient tracking in particular of surgical outpatients must be addressed (action plan to be provided within one month and full implementation of plan to be assessed at the April 2012 visit). <b>Ongoing condition:</b> Whilst the tracking of surgical outpatients has been addressed, there continue to be significant concerns with regard to medicine in general. This condition continues to be extant [domain 1]. An updated action plan is required within one week of receipt of this report. N.B. As was advised to the Trust on the day, this is a specific scenario that must be raised with the GMC immediately in line with their concerns policy. The GMC have subsequently exercised their right as the regulator to enhance the requirements of this condition.	April 2012	Red	Deanery Visit 26 April 2012	The Trust has taken immediate steps regarding the transfer of patients from the AAU. The handover policy is being revised with a streamlining of handover in that Unit. There are also plans to restructure the junior doctors' firms and the Trust is expanding its capacity by 48 beds requiring a detailed review of the facilities and staffing levels.  Progress will be monitored by the Deanery. The Trust has been asked to provide a formal update on its action plan by the end of October.	A School of Medicine visit is planned for 23 November 2012 to monitor progress against the action plan, paying particular attention to issues identified in relation to the AAU.	To be determined after the School visit.	School of Medicine visit on 24 November 2012 identified areas of concern in the AAU. In particular, issues regarding patient safety consequent on the excessive workload and staffing levels within the Unit were highlighted.  Trust put forward a proposal to ensure that there are consultants leading handover at all times. In addition the Director of Nursing issued an edict to ensure that no patient could be moved out of AAU without informing the medical team.  Progress has been made including the recent appointment of additional Acute Physicians for the Acute Admissions Unit as well as agreed commissioning of a bespoke electronic patient tracking system. The Trust Task Force group will also continue to meet regularly to ensure that progress continues to be maintained.  A revisit will take place in summer 2013 to review progress.	Aug-13	Amber	Head of School of Medicine	Royal College of Physicians  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.	
EOE1012-11	West Hertfordshire Hospitals NHS Trust	Clinical Radiology	Condition 15.6. The continued reporting of a culture of undermining in the Radiology Department is a serious concern. [Domain 1]. The Medical Director is asked to investigate urgently and report his findings directly to the Postgraduate Dean. An action plan is required in accordance with paragraph 6.2.	April 2012	Amber	Deanery Visit 26 April 2012	The Trust has put in place a series of measures to address undermining in the Department of Radiology including open sessions with the juniors and a mandatory training programme on bullying and harassment. The message continues to be reinforced via the various fora and monitoring of the situation is ongoing. However, in the light of the GMC survey outliers results 2012, the action plan implemented by the Trust will be monitored closely to determine progress.	An update will be provided to the Deanery by the end of October. The Deanery will continue to monitor this via School visits and its quality management framework.	To be determined	Divisional Lead has written to all trainees informing them that concerns can be reported to himself or through the Medical Education Centre. The Trust is to provide an action plan update by the end of May 2013.  The Deanery will also monitor closely the results of the GMC Survey 2013 and will respond appropriately to the outcomes.  <b>August 2013 update</b> A visit by the School of Medicine on 14 June 2013 has identified that this matter has been resolved. Therefore the RAG status is green.	Jul-13	Amber	Trust Senior Management including Medical Director and Director of Medical Education	N/A	
EOE1012-13	West Hertfordshire Hospitals NHS Trust	N/A	Condition 15.4 remains extant as it was a 12-month condition. Engagement of College Tutors. To support the engagement of all College Tutors, the Trust is required to review the appointment of all tutors as part of their planned review in conjunction with the appraisal by the relevant Head of School.	April 2012	Amber	Deanery Visit 26 April 2012	The Trust's Medical Education Department continues to carry out its Departmental Education Reviews with the current College Tutors.  The Trust will provide an update on this condition in its action plan by the end of October 2012.	An update will be provided to the Deanery by the end of October. The Deanery will continue to monitor this via School visits and its quality management framework.	Monitoring will continue through the Deanery's Quality Matrix and Quality Management reporting mechanisms.	Improved engagement with College Tutors through the Medical Education Board and Departmental Education Reviews. Further reviews to be undertaken.	May-13	Green	Trust Medical Director, Director of Medical Education and Clinical Tutor	N/A	
EOE1012-14	Bedford Hospital NHS Trust	General (internal) Medicine	Condition 14.3. The identified confidentiality (privacy and dignity) issues at handover and ward-rounds should be addressed. [domain 1]	May 2012	Amber	Deanery Visit 10 May 2012	The Trust has taken steps to ensure that all consultant physicians including AAU conduct ward rounds and handover in a confidential manner. The importance of this has been stressed to all physicians and has been discussed at their monthly meetings as well as with the new cohort of trainees in August 2012.	The Deanery will continue to monitor the situation through its quality management processes and address any further concerns appropriately. A School of Medicine visit to the Trust to review progress with this action plan will take place in November 2012.	To be determined upon receipt of progress report at the end of November 2012.	Action plan to address concerns approved. An update is to be provided by the Trust in May 2013.	May-13	Amber	Head of School of Medicine	Royal College of Physicians  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.	
EOE1012-15	Bedford Hospital NHS Trust	General (Internal) Medicine, General Surgery, Paediatrics, Emergency Medicine	Condition 14.5. Trainees should be able to access educational opportunities in line with their approved curricula. [domain 5]	May 2012	Amber	Deanery Visit 10 May 2012	The Trust will continue to encourage all trainees to attend educational sessions where possible, and keep a record of attendance. Bleep free time for this activity must be implemented.	The Trust has been asked to provide an update to the Deanery by 10 November 2012.	To be determined upon receipt of progress report at the end of November 2012.	Action plan to address concerns approved. An update is to be provided by the Trust in May 2013.	May-13	Amber	Director of Medical Education & all Clinical and Educational Supervisors	N/A	
EOE1012-16	Bedford Hospital NHS Trust	All	Condition 14.7. The Trust should take steps to achieve effective trainee engagement and be able to provide evidence of the effectiveness of this. [domain 6]	May 2012	Amber	Deanery Visit 10 May 2012	The Trust has informed its trainees of the Senior Resident programme and encouraged them to apply. Invitations and interviews were held in August. It is also looking into the establishment of faculty groups by October 2012.	The Deanery will continue to monitor this through the Trust's action plan update of November 2012 (as above).	To be determined upon receipt of progress report at the end of November 2012.	Action plan to address concerns approved. An update is to be provided by the Trust in May 2013.  <b>August 2013 update</b> The Trust reports and has provided evidence that trainees are encouraged to participate and attend Trust Education meetings	May-13	Amber	Director of Medical Education	N/A	
EOE1012-17	Bedford Hospital NHS Trust	Paediatrics	The findings of the recent School of Paediatrics visit are of sufficient concern that they must form part of the conditions of the overall Deanery visit. In particular, there must be no outpatient clinics where trainees are not supported by a consultant present (the Trust reports that this has ceased as of this week) [domain 1 - patient safety]. Furthermore, the conditions regarding the children's assessment unit, handover and paediatric resuscitation are key patient safety issues. An action plan has been received. There must be monthly updates on this action plan with a further School visit in August 2012. The Trust should be aware that if that visit is not satisfactory, the Deanery may move trainees to other hospitals and ask the GMC to consider the appropriateness of continued approval of the paediatric unit as a training environment.	May 2012	Amber	Deanery Visit 10 May 2012	A School of Paediatrics revisit took place on 31.07.12. Although there was some evidence of progress with the Trust's action plan and good leadership from the College Tutor, it is clear that major concerns remain and the Deanery has significant anxieties regarding paediatric training at Bedford. If there is no sustained progress with the Action plan and a definite long term vision for training, the Head of School will be recommending to the Dean that Paediatric trainees be withdrawn from the Trust from March 2013.  The School of Paediatrics conducted a further visit to the Trust on 19.12.12. This demonstrated considerable progress with: 1. more engagement of consultants across the department 2. robust handovers supervised by the consultants 3. enhanced presence of the Consultant of the Week in the department 4. robust consultant support and supervision of the outpatient clinics.	In view of the significant improvements in the delivery of paediatric training at Bedford, the Deanery will continue to send trainees to this Unit. However, the Department must sustain progress which will be monitored at the next School of Paediatrics visit in Summer 2013.	To be determined following Paediatric revisit in Summer 2013	To be determined following Paediatric revisit in Summer 2013.	Aug-13	Green	Head of School of Paediatrics	Royal College of Paediatrics and Child Health  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.	

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EOE1012-18	Bedford Hospital NHS Trust	General (internal) Medicine	The consistent longstanding issues within the Department of Medicine, reinforced by the GMC Trainee Survey 2011, must be addressed as a matter of priority including consultant supervision, outpatient learning opportunities and access to educational opportunities. An action plan to consider these issues should be received in line with this report which will be followed up by a School of Medicine visit.	May 2012	Amber	EOE1012-19	The Trust has put in place steps to address the concerns raised at the Dean's Revisit to the Trust in May 2012. The action plan provided by the College Tutor is satisfactory. However, the School of Medicine will review the outcomes of these initiatives at its monitoring visit to the Trust on 13 November 2012 and will update the Dean on progress. Monitoring will continue.	A School of Medicine visit to the Trust will take place on 13.11.12.	To be determined after the School visit.	Action plan to address concerns approved. An update is to be provided by the Trust in May 2013.  <b>August 2013 update</b> This falls outside the reporting period but HEEOE has no current concerns regarding this particular specialty following the successful implementation of their action plan. This was supported by minor improvement in the GMC NTS survey results 2013.	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Green	Head of School of Medicine	Royal College of Physicians  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.
EOE1012-19	West Suffolk NHS Foundation Trust	Cardiology	The significant concerns in both service delivery and education provision within the Cardiology department as outlined in the School of Medicine report of 06/07/12 must be addressed and the conditions consequent upon that visit are a requirement within the action plan of this visit. (12 months) [domains 1 & 5].	July 2012	Red	Deanery Visit 09 July 2012	An action plan is being prepared by the Trust in response to the report from the School of Medicine. A higher level action plan built on current service change action will be prepared by the Trust and sent to the Deanery by the end of November 2012.	Implementation and delivery of this action plan will be monitored through a further visit from the School of Medicine focussing on cardiology training (date to be determined).	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	An action plan was received that satisfactorily addressed the concerns raised. However, the School of Medicine is revisiting to review progress in April 2013.  <b>August 2013 update</b> The School of Medicine conducted a review visit in April 2013 which demonstrated compliance with the requirements of the previous visit which are sustainable. HEEOE considers this matter closed. This will continue to be monitored through our routine QM processes.	Apr-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School of Medicine	Royal College of Physicians  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.
EOE1012-20	West Suffolk NHS Foundation Trust	N/A	The current inadequate development and support of educators (other than foundation programme educational supervisors) should be addressed as a matter of priority. (6 months) [domain 6].	July 2012	Amber	Deanery Visit 09 July 2012	The Trust has provided an action plan to address this concern which includes: 1) arranging regular meetings for educational supervisors (non Foundation) 2) Ref Terms of Reference of the PETB, formalising the structure for feedback and action to encompass a diagrammatic representation of relationship between PETB, Educational Supervisors, Clinical Supervisors and trainees. This is set to commence at the beginning of November 2012 with a target for completion of January 2013.	The Deanery will review the situation upon receipt of the Trust's formal action plan update which is due on 18.01.13.	Monitoring will continue through the Deanery's Quality Matrix and Quality Management reporting mechanisms.	An action plan was received that satisfactorily addressed the concerns raised. An action plan update is required in May 2013.  <b>August 2013 update</b> The School of Medicine visit identified that the Trust had put in place an appropriate training programme for their educational supervisors which is being rolled out. The Trust is confident that it is on track to meet the requirements of the GMC by 2016.	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Senior Management Team	N/A
EOE1012-23	Hinchingbrooke Health Care NHS Trust	General Surgery	Foundation trainees had written a letter, anonymously, to raise clinical concerns in colorectal surgery at the Trust.  The Deanery conducted a Significant Event Review into its handling of training concerns at Hinchingbrooke in January 2012. The following points were agreed at an extraordinary meeting of the Quality Management Board: 1) When Trusts inform the Deanery informally of concerns, the Deanery will henceforth request formal notification and ensure that its actions and responses to that are formal. 2) This will ensure an audit trail of concerns, evidence and actions. 3) These will be formally considered by the Deanery Quality Management Board, as will review and follow-up action. 4) Given the GMC's new Cause for Concern Procedure, the Deanery would also inform the GMC of these concerns as appropriate.  The Deanery also ensured the following: - Direct engagement with Medical Director, Clinical Tutor, and FTDP - Liaison with SHA Medical Director and Director of Nursing  The Higher Surgical Trainee had already been moved from colorectal surgery.	August 2011	Amber	Anonymous trainee feedback	A triggered School of Surgery visit with GMC representation was carried out in January 2012 which ratified the decision to withdraw trainees from the colorectal posts pending the appointment of two new permanent colorectal surgeons and a repeat visit by the School of Surgery to carry out a review of training opportunities.	Further review by the School of Surgery after the appointment of 2 new consultant colorectal surgeons.	Monitoring will occur through School visits, revisits, action plan updates and local and GMC surveys.	Review of progress pending appointment of 2 new colorectal surgeons. Progress report required May 2013.	May-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Head of School of Surgery and Deanery Senior Team	Royal College of Surgeons  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.
EOE1012-24	Hinchingbrooke Health Care NHS Trust	Cardiology	Serious concerns regarding the clinical supervision of cardiology trainees at this Trust had been raised. A School of Medicine visit to assess progress in relation to this took place on 20 July 2012. The Head of School made a number of recommendations and requirements which must be met by the next visit to the Trust on 29 November 2012. Failure to meet these requirements will result in a recommendation to the Dean for the immediate withdrawal of both training posts and their associated funding as the Department of Cardiology is currently not a suitable environment for cardiology ST3+s.  The Deanery will continue to monitor the situation in the meantime.	July 2012	Green	School of Medicine Visit & Deanery's assessment processes	The Deanery will review progress against the requirements of the visit report at a revisit to the Trust on 29 November 2012.  There has been demonstrable improvement in the delivery of the cardiology curriculum since the last School of Medicine visit and it is now appropriate for trainees at this level. The action plan provided by the Trust in response to the recommendations of the School of Medicine visit was met in full.  The Trust's constructive response to, and delivery of, the requirements of the Cardiology visit is commendable.	To be determined after School visit in November 2012.	To be determined after School visit.	The concerns raised in this specialty have been resolved. The Trust's constructive response to, and delivery of, the requirements of the School of Medicine Visit to assess the delivery of Cardiology training is commendable.  <b>August 2013 update</b> The School of Medicine carried out a visit to the Trust in November 2012 which demonstrated that the Trust had complied with the requirements of their previous visit in July 2012 with the provision of satisfactory clinical supervision in cardiology out of hours. The Trust had also in place an action plan for the recruitment of 2 new substantive consultant cardiologists. A timescale for this to be in place by October 2013 was agreed. Achievement of this will be the subject of further monitoring by the School of Medicine. In the meanwhile, HEEOE considers this matter to be closed.	Nov-12	Stage 4: Closed – Solutions are verified, evidence that there has been sustained improvement over an appropriate time period.	Green	Head of School of Medicine	Royal College of Physicians  1)The Regional Advisor sits on the Specialty Training Committee.  2) The Head of School provides an annual specialty report to the College.  3) Deanery reports on updates to the Head of School.

ACTION PLAN (This action plan will be published on the GMC website)															
Item number	Deanery-Wide/ Specialty-Wide/ Local Education Provider	Programme specialty	Description of concern/good practice	When was the concern/good practice identified? (DATE: month/year)	Concerns ONLY RAG in October 2012	How was the concern/good practice identified? i.e. GMC Visit, Deanery Visit, NTS data, etc	Actions taken (October 2012)	Further actions taken (October 2012)	Monitoring, evidence and outcomes (October 2012)	Update April 2013 What was the outcome, what action/s remain and what monitoring mechanisms are in place?	Concerns ONLY Deadline for resolution/date issue was resolved (DATE: month/year)	Concerns ONLY New status	Concerns ONLY RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
EOE1012-25	Deanery-Wide	All	The GMC Trainee Survey 2012 identified a significant number of negative outliers for undermining across a number of specialties and a number of LEPs and programmes making the East of England Deanery a red outlier.	July 2012	Red	NTS data	The Deanery has contacted all its LEPs and programmes asking them to address their negative outliers in their annual report to the Deanery. Moreover, in specialties such as O&G where undermining was identified (both in terms of red and pink outliers), the Head of School has written to the Trusts' Medical Directors asking them to produce an action plan within six weeks. The Deanery will analyse the responses received and will address any remaining concerns through its quality management processes. The Deanery also ensures that undermining is discussed at the Deanery Performance and Quality Review visits to Trusts and, where problems are identified, they form part of the conditions of the visit report. Monitoring remains ongoing.	Monitoring occurs through School visits, action plan updates, local and GMC surveys and Deanery Performance and Quality Reviews.	The Deanery will analyse the responses received and will address any remaining concerns through its quality management processes.	The Deanery is planning to complete a trend analysis on its NTS outcomes during 2013.	Dec-13	Green	All relevant Heads of School & Deanery Senior Management Team	All relevant Colleges 1)The Regional Advisor for each specialty sits on the Specialty Training Committee. 2) The Head of School provides an annual specialty report to the College. 3) Deanery reports on updates to the Head of School.	

East of England April 2013 Dean's Report

April 2013 Deanery report - high risk items															
Item number	Published or confidential?	Programme code	Please list the level of trainees affected	Description of concern	When was the concern identified? (DATE: month/year)	RAG at the time the concern was identified	How was the concern identified? i.e. GMC Visit, Deanery Visit, NTS data, etc.	List the actions taken.	What further actions are planned to address the concern?	Monitoring, evidence and outcomes	Deadline for resolution/date issue was resolved (DATE: month/year)	Status	RAG at the time of reporting	Person responsible	Name and describe engagement with college/faculty/medical school or other healthcare regulators (if any)
EOE0413-01	Published	EOE904, EOE928, EOE922, EOE938, EOE954	All	During the Deanery Performance and Quality Review Visit to the Trust on 24 January 2013, 3 possible new patient safety issues arose, namely: 1. Patient safety concerns regarding EM at both the Lister and OEI sites, in particular the downgrading of Welwyn and the consequent workload and space issues at the Lister. 2. The safety of	Jan-13	Red	Deanery Visit 24.01.2013	The Dean raised these issues with the Chief Executive and Medical Director of the Trust on the day of the visit with a formal letter on 28 January 2013. The Medical Director provided a full reply on 7 February 2013. In light of the patient safety issues as well as being subject to the usual deanery processes, both letters were submitted to the Hertfordshire and South Midlands Area Team Quality Surveillance Group for further consideration. The East of England LETB/ Health Education England representative on that group was charged with ensuring that these concerns have been sufficiently considered and followed up.	To be determined following Hertfordshire and South Midlands Area Team QSG response.	The mechanism for monitoring the Trust response will be determined in the light of the Area Team response. In addition, these concerns were addressed during the School of Medicine Visit to the Trust on 9 April 2013 as included in the October 2012 update section of this spreadsheet.	Oct-13	Stage 2: Implementing Solutions – Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated.	Amber	Area Team QSG Lead/PG Dean/Trust CEO and MD	Herts and South Midlands QSG Area Team/CQC/Heads of School
EOE0413-02	Published	EOE928, EOE797, EOE959, EOE948	All	Concerns were raised regarding clinical quality and performance failures and significant risks to patient safety.	Dec-12	Red	Essex QSG	The Risk Summit was convened due to concerns highlighted by the Clinical Commissioning Group (CCG) regarding patient safety at The Princess Alexandra Hospital NHS Trust (PAH). The purpose of the summit was to quantify and identify the risk to patients and ensure that the group has an opportunity to voice their views and concerns.	Area Director Essex Area Team National Commissioning Board to review the forthcoming financial challenges and the long-term sustainability. Trust to explore Workforce Assurance long term, reviewing staffing levels in the risk to patients and ensure that particular the impact of CIPs. Working between West Essex CCGs and Hertfordshire CCG through the Clinical Forum to be strengthened. CQC to continue openness; strengthen and engagement with CCG & Trust. Trust to review and strengthen organisation governance processes (SI/information reporting). Trust to continue to improve Safeguarding training levels. Trust to continue to improve and demonstrate on the required delivery standard (recovery action plan: mortality, Pressure ulcers, stroke, falls, A&E, cancer waiting times).	These issues are being addressed by the Trust who provided an action plan update to the Deanery at the beginning of April 2013.	Aug-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	PG Dean / Trust Management / Heads of School	Heads of School
EOE0413-03	Published	EOE928, EOE2244	Foundation	Concerns regarding the adequacy of supervision of foundation trainees within the Emergency Medicine Department.	Feb-13	Red	Foundation School visit 28.02.13	The Trust was required to develop an action plan to specifically address the following issues identified: 1. Consistent responses to reasonable requests for senior clinical support within the Emergency Medicine Department were not being provided to Foundation Doctors. This included a lack of consultant input and clinical supervision. 2. Urgent investigation of allegations made of unprofessional and inappropriate behaviour by senior Emergency Medicine consultants. 3. To address the lack of supervision of foundation doctors due to not having a second middle grade doctor.	Monitoring against action plan by Foundation School Director. An initial action plan has been received by the Deanery to address the immediate concerns raised. The GMC has received a copy of the correspondence.	Ongoing monitoring through the usual deanery QM processes - Joint Emergency Medicine & Foundation School visit with GMC representation to be undertaken 25 July 2013	To be determined following receipt of final action plan and visit outcomes	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Management / Foundation School Director	Foundation School Director
EOE0413-04	Published	EOE928, EOE2244	All	High level Deanery Performance and Quality Review was undertaken 7 March 2013. Immediate concerns were identified and an action plan required within 2 weeks. Concerns raised with	Mar-13	Red	Deanery Visit 07.03.13	Issues of immediate concern adequately addressed at feedback meeting with Trust on 25 March 2013 and through the subsequent Trust action plan. A full action plan is required by 7th June 2013 including confirmation of completion of actions on the immediate conditions. A formal update on the action plan is required by 6th September 2013.	To be determined following receipt of full action plan.	Ongoing monitoring through the usual deanery QM processes	Sep-13	Stage 3b: Monitoring Progress – Actions are being implemented, and there is evidence of improvement through monitoring.	Amber	Trust Management / PG Dean / Heads of School	Heads of School and Foundation School Director