

QUALITY MANAGEMENT VISIT REPORT

TRUST	Leeds Teaching Hospitals NHS Trust
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SITE	DATE
LGI and SJUH	10 November 2014

VISITORS

Dr Peter Taylor	Deputy Postgraduate Dean (CHAIR)
Dr Mark Gibson	Deputy Foundation School Director
Dr Gavin Anderson	Deputy Foundation School Director
Dr Michael Nelson	Associate Postgraduate Dean
Mr Paul Renwick	Deputy Head of School of Surgery
Mr Tony Browning	Associate Postgraduate Dean
Mrs Julie Platts	Quality Manager
Mrs Alison Poxton	Quality Administrator

SPECIALTIES VISITED:
<ul style="list-style-type: none"> • Foundation Surgery • Foundation Medicine


This report has been agreed with the Trust.

The Trust Visit Report will be published on Health Education Yorkshire and the Humber's Website

Conditions that are RAG rated as Amber, Re and Red* will be reported to the GMC as part of HEYH's Reporting process, the reports are published on the GMC website.

Date of First Draft	10/11/2014
First Draft Submitted to Trust	28/11/2014
Trust comments to be submitted by	05/12/2014
Final Report circulated	19/12/2014

CONDITIONS

Condition 1 (continues from Condition 1 in the report of 2 & 3 March 2014 and condition 1 from the QM revisit on 16 June 2014)		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Handover	
School:	Trainee Level Affected:	Site:
Surgery	Foundation	LGI and SJUH
Medicine	Foundation	LGI and SJUH
Nov 14 - There was general improvement in handover with the exception of Surgery at SJUH where F1 trainees described handover being based on their own professionalism in finding out from colleagues, usually nurses, who the acutely sick patients were rather than formal procedures managed by the departments.		
Action To Be Taken:		
1) Develop an action plan for instigation of formal handover procedures in foundation surgery at SJUH		
RAG Rating:		Timeline: 31/03/2015
Evidence/Monitoring:		
Feedback from Foundation Trainees at the routine Trust visit in March 2015 Surgery ward handover process detail.		

Condition 2 (continues from Condition 3 in the report of 2/3 March 2014 and 16 June 2014)		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Induction	
School:	Trainee Level Affected:	Site:
Surgery	Foundation	SJUH
Nov 14 - It was noted from the DME's update that there was a Trust-wide induction procedure launched in July 2014 that was disseminated to CSU Clinical Directors, Educational leads and speciality Lead Clinicians. The trainees reported they had accessed the Trust induction successfully and it had been useful. However, trainees at all levels across both sites reported receiving incorrect logins in August 2014 that took several days to resolve. Trainees at both sites described several incidents of password sharing to allow access to IT systems. The Trainers/Trust explained to the panel there had been an issue with the IT log-in issuing software that has now been dealt with and should not recur.		
LGI - Surgery and LGI/SJUH Medicine		
In terms of Departmental Induction there were examples from each programme of good departmental inductions from trainees.		

SJUH - Surgery

Trainees raised concerns that none of them had received a departmental induction, apart from trainees in Breast Surgery and this had left them unsure on occasions about what was expected of them in the initial stages of their post.

Action To Be Taken:

- Develop the current good practice in Foundation Medicine and Foundation Surgery (LGI) to include Foundation Surgery at SJUH.

RAG Rating:



Timeline: 31/03/2015

Evidence/Monitoring:

- 1) SJUH Foundation trainees in surgery departmental induction material
- 2) Departmental induction attendance Registers
- 3) Trainee feedback at the routine QM visit in March 2015.

Condition 3 (continues from Condition 5 and 6 in the report of 2/3 March 2014 and condition 4 in the QM revisit report of 16 June 2014)

GMC Domain:	1 PATIENT SAFETY
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Concern relates to:	Clinical Supervision
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School:	Trainee Level Affected:	Site:
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Surgery	Foundation	LGI and SJUH
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Nov 14 - Since the revisit in June 2014 to the Trust have worked hard to engage further with senior clinicians and senior nursing staff and reinforced FY1 doctors' roles and responsibilities in escalating concerns. Overall, at the revisit, clinical supervision of trainees had improved with the following issues still apparent:

Surgery – LGI

Trainees described difficulty accessing senior support for surgical patients with a medical condition out of hours. However, only one specific example was provided that related to the palliative treatment of a rapidly deteriorating patient. During the panel chair's feedback to the Trust it became apparent that the DME was already aware of the incident and the panel felt that if a plan had been developed of how the patient was to be cared for overnight then the trainee would have been able to successfully manage the patient's care independently.

On the surgical out of hours' rota at SJUH, foundation trainees still described difficulties in accessing senior clinical support usually due to their theatre commitments. The Psychiatry trainees felt particularly vulnerable as they were in a Psychiatry setting during the day but then could be working, for example, on a very busy Urology ward out of hours' rota having received no induction. However, the Psychiatry trainees do value the opportunity to be involved and said they feel much better supported when working on the surgical admissions unit.

The trainees described providing clinical cover for up to twelve wards with patients. There

were also reports of trainees regularly staying 2 to 3 hours late to enable them to complete their ward-based tasks.

Action To Be Taken:

- 1) Ensure clinical supervision arrangements and escalation of concerns in Surgery at SJUH are reviewed and revised plans implemented.
- 2) Ensure care plans are in place for very sick patients so trainees are aware of what is required of them if a patient's condition deteriorates overnight.
- 3) Develop an action plan to ensure an adequate level of senior support is allocated to Psychiatry trainees on out of hours rotas and that there is a robust escalation route for surgical trainees who have a patient with a medical condition that needs review.
- 4) Review the number of wards Foundation trainees are allocated to at SJUH with a view to reducing these in number and develop clear pathways of which patients they are responsible for.

RAG Rating:



Timeline: 31/03/2015

Evidence/Monitoring:

- 1) Feedback from Trainees at the routine visit in March 2015
- 2) Clinical supervision arrangements for Foundation trainees on a surgery rotation at SJUH
- 3) Develop an action plan to ensure an adequate level of senior support is allocated to surgical trainees (especially the psychiatry trainees) on out of hours rotas and that there is a robust escalation route for surgical trainees who are managing a patient with a medical condition that needs review.
- 4) Develop clear escalation protocols for surgical trainees who are managing patients with medical conditions.
- 5) Plans for a more manageable number of wards allocated to trainees at SJUH with clear procedure in relation to the patients they are responsible for.

Condition 4 (continues from condition 6 in the QM revisit report of 16 June 2014)

GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Clinical Supervision	
School:	Trainee Level Affected:	Site:
Surgery	Foundation	Both

Nov 14 - The issue highlighted in June 2014 regarding Foundation Trainees who were asked to provide clinical care for paediatric patients still continues to cause some anxiety for the current cohort of trainees. It was recognised that the Trust have developed a training course that commences in December 2014 that should address this issue.

Trainees at LGI reported that there was no information at induction about the Trust's policy relating to paediatric prescribing so they used BNF guidelines. However, they have since

been told this is incorrect as the Trust's guidelines differ.

Action To Be Taken:

- 1) Continue with plans to ensure all Foundation trainees receive formal training in clinical management of paediatric patients.
- 2) Include the Trust's paediatric prescribing guidelines in induction material.

RAG Rating:



Timeline: 31/03/2015

Evidence/Monitoring:

- 1) Training materials
- 2) Attendance registers
- 3) Paediatric prescribing guidelines as part of the Trust induction.

Further Information about conditions from 16 June 2016

Condition 2 from 16 June 2014

There were no reports of any significant difficulties of trainees accessing teaching opportunities at the visit.

Condition 5 – from 16 June 2014 - This condition can be closed.

In June there were reports of significant issues with escalation of patient care concerns to senior colleagues on the surgical high dependency ward at SJUH (Bexley Ward) during the 2 am to 8am period when the F1 Trainees are responsible for covering the ward. At the review trainees were able to confirm that they no longer work in the Bexley Ward during the 2 am to 8 am shift.

RAG guidance can be found at Appendix 1.

FINAL COMMENTS

There was excellent engagement from trainees and trainers at the revisit with the exception of Surgical Trainers at SJUH where there was just one attendee from Breast Surgery.

The information pack provided to the HEYH panel members in advance of the visit was a useful resource as was the presentation from the Director of Medical Education. The panel appreciated the personal involvement and commitment to the Trusts plans by the Chief Executive, Medical Director and other members of the senior and administrative team. The input of the T&O StR who continues to assist in bringing about positive change was again acknowledged. The trainees described supportive, approachable consultants and other colleagues with good access to local teaching.

Trainers in Medicine at LGI describe a significant change in culture over the past few months with a distinctly positive attitude towards education and training. It was noted that the majority of foundation doctors in Medicine would recommend their posts as would the vast majority in surgery at LGI and around half in surgery at SJUH.

The panel were concerned, on reviewing the patient safety training issues, that surgical trainees

on the St James site had little evidence of departmental induction, no robust handover arrangements, and supervision concerns. The almost complete absence of trainers at the visit made it difficult to assess the degree of engagement with the education process. Significant evidence of improvement will be required to confirm an acceptable standard.

The Trust link Associate Postgraduate Dean will continue with planned monthly meetings with the Director of Medical Education to monitor progress.

Approval Status

Approved pending satisfactory completion of conditions set out in this report.

Signed on behalf of HEYH

Name: Dr Peter Taylor

Title: Deputy Postgraduate Dean

Date: 20/11/2014

Signed on behalf of Trust

Name: Dr Jon Cooper

Title: Director of Postgraduate Medical Education

Date: 19/12/2014

RAG Rating Guidance

The RAG rating guidance is based on the GMC RAG rating to ensure a consistent approach. The model takes into account impact and likelihood.

Impact

This takes into account:

- a) patient or trainee safety
- b) the risk of trainees not progressing in their training
- c) educational experience – eg, the educational culture, the quality of formal/informal teaching

A concern can be rated high, medium, or low impact according to the following situations:

High impact:

- patients or trainees within the training environment are being put at risk of coming to harm
- trainees are unable to achieve required outcomes due to poor quality of the training posts/ programme

Medium impact:

- trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement
- patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement

Low impact:

- concerns have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

Likelihood

This measures the frequency at which concerns arise eg. if a rota has a gap because of one-off last minute sickness absence, the likelihood of concerns occurring as a result would be low.

High likelihood:

- the concern occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the concern eg. if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of concerns arising as a result would be 'high'.

Medium likelihood:

- the concern occurs with enough frequency that if left unaddressed could result in patient safety concerns or affect the quality of education and training, eg. if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of concerns arising as a result would be 'medium'.

Low likelihood:

- the concern is unlikely to occur again eg. if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of concerns arising as a result would be 'low'.

Risk

The risk is then determined by both the impact and likelihood, and will result in a RAG Rating, according to the below matrix:

Likelihood	IMPACT		
	Low	Medium	High
Low	Green	Green	Amber
Medium	Green	Amber	Red
High	Amber	Red	Red*

Please note:

* These conditions will be referred to the GMC Responses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012