

## QUALITY MANAGEMENT VISIT

### HARROGATE & DISTRICT NHS FOUNDATION TRUST

7<sup>TH</sup> NOVEMBER 2013

#### VISITING PANEL MEMBERS:

Mr Jon Hossain	Deputy Postgraduate Dean (Chair)
Dr Simon Clark	Head of School – Paediatrics
Mr Kevin Sherman	Associate Postgraduate Dean
Dr Jeremy Till	Training Programme Director – Emergency Medicine/ACCS
Mr Craig Irvine	Deputy Foundation School Director
Dr Alison Pittard	Associate Postgraduate Dean
Dr Simon Frazer	Director of Medical Education, Bradford Teaching Hospitals
Dr David Rose	Deputy Director of Postgraduate GP Education
Emma Jones	Senior Business Manager
Sarah Walker	Quality Manager
Joanne Baker	Programme Support Co-ordinator
Julie Platts	Regional Manager (Dental)
Emily Downes	Programme Support Officer

<b>Specialties Visited:</b>	<b>Foundation GP Medicine Paediatrics</b>
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This report has been agreed with the Trust.

The Trust Visit Report will be published on the Deanery Website

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

Date of First Draft	13/11/13
First Draft Submitted to Trust	20/11/13
Trust comments to be submitted by	04/12/13
Final Report circulated	20/12/13

## **NOTABLE PRACTICE**

### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

#### **School of Medicine**

The Medicine trainees reported that they felt empowered working in the Trust, that they are listened to and able to change things.

### **GMC DOMAIN 3 – EQUALITY & DIVERSITY**

#### **School of Paediatrics**

The Equality & Diversity training for consultants is delivered face to face.

### **GMC DOMAINS 1 – PATIENT SAFETY & 6 – SUPPORT & DEVELOPMENT**

#### **Foundation School**

Foundation trainees in medicine and surgical specialities reported that the ward based pharmacists go above and beyond their duty. They provide excellent educational opportunities, checking the prescribing and suggest alternative management solutions.

### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

#### **School of GP**

The GP trainees, both in speciality and foundation training, gave positive feedback on support from their GP trainers. They are able to send a computer screen message to their trainer which gets an immediate response.

### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

#### **Schools of GP, Medicine & Foundation**

The GP trainees praised the support they received from the clinical support workers and clinical outreach nurses. They also felt that relationships between themselves and nursing staff are good, with nurses willing to work alongside trainees.

The Foundation trainees reported that the Clinical Support Workers provided excellent support. However this provision is only for weekends and out of hours. They also felt that the Cardiology nurses go above and beyond their normal nurse function.

## CONDITIONS

### Condition 1

#### GMC DOMAIN 5 – CURRICULUM DELIVERY

##### School of Medicine

Work pressures are impacting on the Gastroenterology trainees learning and development. They are not getting the opportunities to develop their higher skills by attending clinics, endoscopy lists etc or being released for training with some senior trainees reporting that they are only getting to 30% of their training days. Instead trainees are being rostered to provide cross cover.

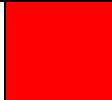
Current gaps in the rota and leave being booked at short notice are impacting on the problems. Whilst it is acknowledged that the Rota Co-ordinator is doing their best, it appears that they do not fully recognise the importance of the different grades/specialities and is not replacing like for like on the rota.

##### Action To Be Taken:

The Deanery would recommend a 1:9 rota

- 1) The Trust to review the impact on training and ensure that trainees are being released
- 2) The Trust to review the ward based approach and consider using other options instead, eg. a team based approach, consultant cover, use of nurse practitioners
- 3) The Rota Co-ordinator to be given some clinical input when planning the rotas.
- 4) Trainees reminded of the policy for booking leave
- 5) Implementation of the action plan to be reviewed at the next Quality Management visit

**RAG Rating:**



**Timeline:** 1) & 2) 31<sup>st</sup> January 2014 3) & 4) 31<sup>st</sup> December 2013 & 5) Date to be arranged

##### Evidence/Monitoring:

- 1) Review findings and action plan
- 2) Review findings and action plan
- 3) Written confirmation that this has been implemented
- 4) Copy of the communication sent to the trainees

**Condition 2****GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity****Schools of Medicine & Foundation**

The Core trainees in Cardiology reported that they are regularly working beyond their hours. They are routinely starting their shift at 8 am, however they are not rostered to start until 9 am. Consultants are expecting them to start at 8 am as this is when the ward round commences. Trainees have been informed that they are to leave at 4 pm however this does not happen as there is no cover provision to enable them to do so.

Cardiology and General Surgery Foundation trainees (Foundation Year 2 (FY2)) reported that they are also regularly staying behind.

**Action To Be Taken:**

- 1) The Trust to monitor hours in General Surgery FY2 and Core Cardiology
- 2) The Trust to review the Core Cardiology rota and amend the start and finish times accordingly
- 3) The Trust to review the rotas for FY2 General Surgery and amend accordingly

**RAG Rating:****Timeline:** 31<sup>st</sup> January 2014**Evidence/Monitoring:**

- 1) Monitoring results
- 2) A copy of the reviewed rotas
- 3) A copy of the reviewed rotas

### Condition 3

#### GMC DOMAINS 1 – PATIENT SAFETY - Handover & 6 – SUPPORT & DEVELOPMENT

##### Schools of Medicine, GP & Foundation

There is not a full handover from night to day in Medicine for all teams. The Acute Team hands over the care of patients admitted during that session to the following Acute Team. There is no formal mechanism to handover deteriorating ward patients to the daytime team; if there is an issue trainees tend to ring a peer on the following shift. It is an ad hoc method, with no consultant supervision and trainees may not be aware of what has happened to their patients over night until the afternoon.

The GP trainees also reported these same concerns with handover in Medicine. They reported that there is no written handover in A&E. There is a handover of ill patients in beds within the department but there is a risk in that once a patient has been accepted by a ward they are not included in the handover, so if they deteriorate while waiting to be moved from A&E to the ward there would be a lack of knowledge about the patient.

The current handover practice in Surgery is informal, from Foundation doctor to Foundation doctor. Foundation trainees felt that more senior involvement is required as there is a lack of feedback on how they have dealt with patients. There are some middle grades who get all the juniors together to discuss patients but this is not happening daily with all consultants.

The handover in Paediatrics is currently electronic and is archived on the C drive with no register of attendance.

##### Action To Be Taken:

- 1) The Trust must ensure that there is a formal, recorded, auditable handover process in Medicine, GP A&E and Surgical Foundation specialities, which includes a register
- 2) The Trust to undertake an audit of the newly implemented handover systems in each speciality
- 3) The Trust must ensure that a register of attendance is implemented in the Paediatric handover. The Trust must also ensure that the archives are saved on a server and backed up

**RAG Rating:**



**Timeline:** 1) & 3) 28<sup>th</sup> February 2014 & 2) 31<sup>st</sup> July 2014

##### Evidence/Monitoring:

- 1) Written confirmation of the handover process in Medicine, GP A&E and Surgical Foundation specialities
- 2) Audit results and action plan
- 3) Copies of the Paediatric handover register and written confirmation of where on the system the handover records are saved and details of the back-up process

**Condition 4****GMC DOMAIN 8 – EDUCATIONAL RESOURCES****All Schools**

Trainees reported a lack of IT access in the library out of hours and at weekends. Although they are able to access the library facilities they are not able to access the IT room.

The Foundation trainees also feel there is a requirement for additional access to computers in Surgery and Medicine to assist in speeding up discharges etc.

**Action To Be Taken:**

- 1) The Trust must ensure that trainees are able to access the IT room in the library at all times
- 2) The Trust to provide additional access to computers within Surgery and Medicine

**RAG Rating:****Timeline:** 28<sup>th</sup> February 2014**Evidence/Monitoring:**

- 1) Written confirmation of the IT access in the library out of hours and at weekends
- 2) Written confirmation of additional computer provision

**Condition 5****GMC DOMAIN 1 – PATIENT SAFETY - Induction****Schools of Medicine & Foundation**

Some senior Medicine trainees reported that they were unable to access the electronic prescribing system as they had not been issued with password/login details at induction. This resulted in them being unable to prescribe in some instances for at least one month and having to ask junior colleagues to do it for them. It appears to affect those trainees that do not start with the August intake.

The Foundation trainees reported that they found the electronic prescribing system slow, and the battery life of the computers on wheels is short. They are writing the medication details on paper and altering this later on the system which gives way for the potential of transcribing errors. They are also transferring the information from the ward pharmacy system to the discharge system, again with the potential for transcribing errors between the two systems.

**Action To Be Taken:**

- 1) The Trust must ensure that all trainees are issued with log in details to access the prescribing system at induction, within one week of starting at the Trust
- 2) The Trust is aware of the issues with the electronic prescribing system and transferring information and the system company are currently writing an update to enable system compatibility. The Trust must ensure that this is implemented

**RAG Rating:****Timeline:** 1) 31<sup>st</sup> December 2013 & 2) 31<sup>st</sup> July 2014**Evidence/Monitoring:**

- 1) Written confirmation that this has been implemented
- 2) Confirmation that the updates for the system have been implemented and all required systems are compatible

**Condition 6****GMC DOMAIN 1- PATIENT SAFETY – Clinical Supervision****School of Medicine**

There is a lack of clinical supervision on Friday afternoons for core trainees in Cardiology as there is no registrar/consultant presence. If required trainees are able to access a Medical Registrar for advice.

**Action To Be Taken:**

The Trust must review their governance arrangements and ensure that Cardiology trainees have access to a Cardiology registrar/consultant at all times

**RAG Rating:****Timeline:** 31<sup>st</sup> January 2014**Evidence/Monitoring:** Written confirmation of Cardiology rota and clinical supervision provision.**Condition 7****GMC DOMAIN 3 –EQUALITY & DIVERSITY****School of GP, Paediatrics & Foundation**

Although it is apparent that there has been some improvement regarding undermining within the Radiology Department some GP trainees in Medicine, A&E and Obstetrics & Gynaecology felt that there were difficulties in Radiologists accepting referrals from junior doctors. These trainees reported that on occasion the Radiologists are rude to them and will only speak to middle grades and consultants. There were concerns that learning opportunities are missed due to a lack of dialogue between junior doctors and Radiologists.

Trainees reported that the midwives can be challenging and have escalated their concerns/incidents through their Educational Supervisors and the Junior Doctor Forum. All aware how to raise concerns and had done and handled appropriately.

There were also concerns raised regarding undermining comments being made by one obstetric consultant to staff and patients.

**Action To Be Taken:**

- 1) The Trust must investigate the concerns within the Radiology Department, Midwifery and Obstetric Department
- 2) The Trust must discuss with the School of Radiology the referral process

**RAG Rating:****Timeline:** 31<sup>st</sup> December 2013**Evidence/Monitoring:**

- 1) A copy of the investigation findings and action plans for each area
- 2) A copy of the referral process

**Condition 8****GMC DOMAIN 1 – PATIENT SAFETY - Consent****Foundation School**

FY2 trainees reported that when on call there is an expectation to consent for procedures even if they had not been trained.

Currently Foundation Year 1 (FY1) trainees are not trained on how to consent for endoscopy procedures, and are therefore unable to consent patients.

**Action To Be Taken:**

- 1) The Trust must inform all trainees that they are empowered to refuse to take consent if they have not been appropriately trained. The Trust to remind all staff of this requirement
- 2) The Trust to investigate how they could train FY1 doctors in obtaining consent for endoscopy procedures

**RAG Rating:****Timeline:** 1) 31<sup>st</sup> December 2013 & 2) 28<sup>th</sup> February 2014**Evidence/Monitoring:**

- 1) A copy of the communication set to trainees and staff
- 2) Written confirmation of FY1 endoscopy consent training

**Condition 9****GMC DOMAIN 1 – PATIENT SAFETY****School of Paediatrics**

There are concerns regarding the arrangements for the management of surgical patients on the Paediatric ward. In other hospitals these patients would normally be managed Paediatric doctors however in this Trust they are managed by the Surgical team.

**Action To Be Taken:**

The Trust must review the current arrangements and establish which speciality team is the most appropriate to be responsible for the management of these patients.

**RAG Rating:****Timeline:** 31<sup>st</sup> January 2014**Evidence/Monitoring:** A copy of the review findings and action plan.



**Condition 10****GMC DOMAIN 1- PATIENT SAFETY – Clinical Supervision****Foundation School**

The ward cover for Orthopaedics is not robust. The current arrangements are that there is one part time Orthopaedic/Geriatric consultant. There has been an incident when this consultant and the middle grade were on leave at the same time and one patient did not have senior review/management for 10 days. An FY2 saw the patient but was not able to deal with clinical issues. None of the trainees felt able to report the incident as they felt uncomfortable reporting their team. The Foundation trainees and trainers recognise that this is an issue.

**Action To Be Taken:**

- 1) The Trust informed the panel that they were aware of the issue and had taken action regarding cross cover for the single handed Orthopaedic/Geriatric consultant. There has been a reorganisation and restructuring although they have received feedback from the Elderly Medicine Team that it is not working. The Trust must review the current arrangements and ensure that cover is provided
- 2) All trainees to be reminded of their responsibilities regarding the reporting of incidents and how they are an opportunity to learn rather than blame

**RAG Rating:****Timeline:** 31<sup>st</sup> January 2014**Evidence/Monitoring:**

- 1) Review findings and action plan
- 2) A copy of the communication sent to staff

**Condition 11****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****Foundation School**

There are prescribing concerns, as a lot of the ward cover is provided by FY1s who cannot prescribe independently.

**Action To Be Taken:**

Trust to review the current prescribing process and establish what model would be appropriate.

**RAG Rating:****Timeline:** 31<sup>st</sup> January 2014**Evidence/Monitoring:** A copy of the review and action plan.

RAG guidance can be found at Appendix 1.

## **RECOMMENDATIONS**

As recommendations are not a condition of training they will not form part of our response to the GMC.

### **Recommendation 1**

#### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

##### **School of GP**

Some of the Hospital Clinical Supervisors of GP trainees are not fully au fait with the GP Eportfolio system, so that entries relating to their work within the department are not being read by the Clinical Supervisors.

##### **Action To Be Taken:**

The Trust to ensure that all Clinical Supervisors are up skilled and trained in the use of the GP Eportfolio system.

##### **RAG Rating:**



**Evidence/Monitoring:** Written confirmation that this has been actioned.

Timeline for recommendations is 12 months.

## **FINAL COMMENTS**

There was a good turnout of both trainees and trainers at the visit, demonstrating the engagement of the Trust.

The Medicine trainees reported that they found the consultants to be very helpful, friendly, supportive and willing to change things if identified.

A very positive report was received from the Paediatric trainees, with a well run handover which is consultant led 7 days/week. Clinical supervision was reported as excellent and always easily accessible including out of hours.

GP trainees also provided very positive feedback overall with good supervision of patient care and no concerns regarding access to teaching, which was reported as being really good.

The Foundation trainees and trainers reported that they receive excellent administrative support from the Foundation Admin Team.

Overall the feedback received was that of a supportive hospital and a good learning environment. With all trainees recommending their post apart from those in Foundation Orthopaedics and some Gastroenterology trainees.

### **Approval Status**

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

**Signed on behalf of Health Education Yorkshire and the Humber**

**Name: Mr Jon Hossain**

**Title: Deputy Postgraduate Dean (Panel Chair)**

**Date: 20/12/13**

**Signed on behalf of Trust**

**Name: Dr Helen Law**

**Position: Director of Postgraduate Medical Education**

**Date: as per email of 18/12/13**

## 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