

QUALITY MANAGEMENT RE-VISIT

AIREDALE HOSPITAL NHS FOUNDATION TRUST

THURSDAY 9 JANUARY 2014

VISITING PANEL MEMBERS:

| | |
|-------------------|--------------------------------------|
| Mr Jon Hossain | Deputy Postgraduate Dean (Chair) |
| Dr Andrew Brennan | Associate Postgraduate Dean |
| Dr Craig Irvine | Deputy Director of Foundation School |
| Mrs Julie Platts | Quality Manager |
| Ms Lynda Price | Quality Officer |

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.

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|-----------------------------------|------------|
| Date of First Draft | 11/01/2014 |
| First Draft Submitted to Trust | 17/01/2014 |
| Trust comments to be submitted by | 07/02/2014 |
| Final Report circulated | 12/02/2014 |

NOTABLE PRACTICE

GMC DOMAIN 1 – PATIENT SAFETY – Consent Taking

School & Level of Trainee - Foundation – FY1 and FY2

The electronic consent passport was considered to be beneficial by all the Trainees interviewed to enable them to keep an ongoing record of their progress in this area. The panel were of the opinion this was notable practice that could be shared with other Trusts.

CONDITIONS

Condition 1

GMC DOMAIN 3 – EQUALITY AND DIVERSITY

Foundation – FY1

Foundation doctors reported that one Consultant undermines individuals in all training grades and professions. Inappropriate comments have been made during open ward rounds. Concerns were also expressed regarding communication with patients and relatives.

Action To Be taken

The Trust was informed of the undermining/patient care issues at the visit and Mr Hossain will confirm this in writing.

RAG Rating:



Timeline: 7.2.2014

Evidence/Monitoring: Action Plan from the Trust on how the Consultant involved in the undermining/patient care issues will be managed and monitored.

Condition 2

GMC DOMAIN 1 – PATIENT SAFETY - Clinical Supervision

School – Foundation

The winter pressures ward was felt by Foundation Trainees and Trainers to be a potentially unsafe environment in terms of patient safety. Escalation options were not always clear due to multiple teams with patients on the ward. Management plans were not always clear. Patient numbers on the ward increased from 16 to 30 in a very short space of time without adequate planning and communication. Overall, Trainees felt the winter pressures ward could lead to patient risk.

However, it should be noted, that Trainees felt that nursing staff on the winter pressures ward are providing an excellent service and this has a significant positive impact on the delivery of patient care.

The problems described are in contrast with the MAU ward where Trainees reported patients are well managed and foundation doctors have a named Clinical Supervisor to escalate concerns to.

Action To Be Taken:

The Medical Director to report potential patient safety concerns and operating difficulties regarding the winter pressures ward to the Chief Operating Officer at the Trust. Foundation doctors to be included in future communications when changes are made in patient care management and a relevant induction is organised.

RAG Rating:



Timeline: 21 February 2014

Evidence/Monitoring: Action plan with an implementation timetable on how the issues relating to patient safety concerns and operational difficulties on the winter pressures ward will be managed

Condition 3**GMC DOMAIN 1 PATIENT SAFETY - Clinical Supervision****School – Foundation**

Foundation doctors reported their overall heavy workload was a problem and this significantly hampered training. They reported they were regularly “*fire fighting and pulled from what they were doing to cross cover*”. Their rotas were felt to work well generally during out-of-hours shifts but during the day were often fragmented and unpredictable. The Trainees felt that a more stable environment during the day would provide a better training experience.

There was a recognition that the Trust and HEYH are already working towards improving service provision by appointing and training six ANPs with LETB pump prime funding.

Action To Be Taken:

The Trust to carefully monitor Foundation doctor working hours, rotas and where they are working for the next three months and take into account how the ANPs are impacting on this.

RAG Rating:**Timeline: 30 March 2014**

Evidence/Monitoring: Trust to provide a report on Foundation doctors working hours and patterns by 31 March 2014.

Condition 4**GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****School – Foundation**

It was reported that for FY1 Trainees in Gastroenterology there is ineffective locum consultant cover in terms of clinical supervision as, for example, Foundation doctors are performing ward rounds without clear supervision.

It was also reported that Foundation Trainees in Orthogeriatrics are formulating management plans and are declaring patients safe for discharge. This is due to there being a gap in middle grade cover and when substantive Consultants are absent there is no consistent cross cover or back fill to provide clinical supervision in their absence.

Action To Be Taken: Trust to continue with plans to appoint a substantive Gastroenterologist and ensure there is adequate clinical supervision for Foundation Trainees when Consultants in Orthogeriatrics are absent. .

RAG Rating:**Timeline: 31 July 2014**

Evidence/Monitoring: Action plan and evidence that Foundation doctors are being adequately supervised by 31 July 2014

Condition 5

GMC DOMAIN 1 – PATIENT SAFETY - Handover

School – Foundation

The improvements in handover since the last visit were noted, particularly evening medical handover and the morning multidisciplinary process in MAU.

However, there must be a robust process to safely hand over patients who have deteriorated overnight especially on surgical wards, as Trainees are discovering this information by reading patient notes rather than through a formal handover process.

At present two of the surgical FY1 Trainees are working on a project to suggest the transfer of medical handover best practice to surgical wards and the panel felt this should be encouraged.

RAG Rating:



Timeline: 31 July 2014

Evidence/Monitoring: Trust to provide an action plan of a robust handover system that includes the transfer of information for patients who have deteriorated overnight.

RAG guidance can be found at Appendix 1.

RECOMMENDATIONS

The Trust to review the practice of FY2 Trainees being asked to attend PDP days when they have 'zero' days on their rota.

The Trust to review the inductions provided in Elderly Medicine and Surgery. It was reported that the Foundation Trainees were only given a written induction document in Elderly Medicine and the Surgical induction for the December 2013 rotation was provided by the rota co-ordinator, with no input from clinicians.

FINAL COMMENTS

The number of Foundation doctors who attended the triggered visit equated to around 75% of the overall cohort and this attendance was commended.

All Trainees were generally happy and said the Trust provided a friendly place to work with the overwhelming majority stating they would recommend the posts. Foundation Trainees have a named Educational Supervisor who they meet regularly. There was particular praise regarding the training experience in MAU, Elderly Medicine and at the Hospice.

It was noted that following the comments at the last QM visit Cardiology ward rounds are now consultant-led 5 days per week with a plan for 7 days in the near future.

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 Dean (Panel Chair)

Date: 12/02/2014

Signed on behalf of Trust

Name: Dr Andrew Catto

Title: Director of Medical Education

Date: 12/02/2014

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