

QUALITY MANAGEMENT VISIT

BARNSELY HOSPITAL NHS FOUNDATION TRUST

RE-VISIT

21 JANUARY 2014

VISITING PANEL MEMBERS:

Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Dr Michael Nelson	Associate Postgraduate Dean
Dr Diana Fothergill	Head of School – Obstetrics and Gynaecology
Mrs Emma Jones	Senior Business Manager
Mrs Julie Platts	Quality Manager
Ms Lynda Price	Quality & Assurance Officer

Specialties Visited: Obstetrics & Gynaecology (O&G)

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	30.01.2014
First Draft Submitted to Trust	14.02.2014
Final Report circulated	17.06.2014

CONDITIONS

Condition 1 (Condition 10 – 25 March 2013)

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of O&G

There were previous concerns amongst the trainees about barriers to clinical escalation and key escalation policies not being in place. The Trust has produced policies and the Trainees interviewed confirmed they were aware of them; these were made available to the panel members. Trainees confirmed that Consultant support is readily available if it is required. It was noted two new Consultants have been appointed since the last QM visit.

There were no red flags in the October 2013 HEYH Trainee survey for the patient safety domain.

Action To Be Taken:

It was reported that the paper format version of the clinical escalation policy is up to date but the on line version needs updating.

RAG Rating:



Timeline: Next Trust routine QM visit in 2015

Evidence/Monitoring: Both versions of the policies to be up to date at the next visit.

Condition 2 (Condition 11 – 25 March 2013)

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of O&G

The previous concerns that had been highlighted regarding the safety of discharge arrangements within the unit were not evident at the re-visit. There were reports of patients being discharged without senior review but this was carried out in a managed way with patient discharge procedures being followed.

There were no red flags in the October 2013 HEYH Trainee survey for the patient safety domain.

Action To Be Taken:

The current good practice in terms of safe discharge procedures to be sustained.

RAG Rating:



Timeline - Next routine review in 2015.

Evidence/Monitoring: Discharge procedures to be reviewed at the next routine QM visit in 2015

Condition 3 (Condition 12 – 25 March 2013)

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of O&G

There were previous concerns regarding consultant presence on the obstetrics and gynaecological wards on a daily basis. At the re-visit it was clear that some consultants do perform regular ward rounds but this is not universal.

There were no red flags in the October 2013 HEYH Trainee survey for the patient safety domain.

Action To Be Taken:

To provide the department's rota, agreed by all consultants, for daily consultant presence in the appropriate clinical areas.

RAG Rating:



Timeline: 29 April 2014

Evidence/Monitoring:

The rota

Communication that the trainees have been informed of this.

Condition 4 (Condition 13 – 25 March 2013)

GMC DOMAIN 1 - PATIENT SAFETY - Handover

School of O&G

There were concerns at previous visits about handover arrangements being inconsistent and not being led by senior colleagues. There has been a handover audit undertaken recently that demonstrates good progress and the 9.00am handover is generally led by a Consultant. On review of the handover audit documentation, the panel members were of the opinion that several of the questions needed rewording, to be more specific about the timing of the handover being commented upon. It was noted that the Trust has plans to do a further more detailed handover audit. There are arrangements in place to roll out the handover good practice that has been developed in O&G across the Trust.

There were no red flags in the October 2013 HEYH Trainee survey for the patient safety domain.

Action To Be Taken:

- 1) Continue with the plans for a more detailed handover arrangements audit and present these to the HEYH QM visitors in April 2014.
- 2) Future handover audits should take into account the suggestion to re-word the questionnaires to improve the clarity of findings.

RAG Rating:



Timeline: 29 April 2014

Evidence/Monitoring: Handover Audit report to be presented to QM visitors in April 2014.

Condition 5 (Condition 14 – 25 March 2014)

GMC DOMAIN 1 - PATIENT SAFETY - Consent

School of O&G

There were concerns at previous visits about consent taking for terminations and minor gynaecological procedures, for which training had not been provided. At the re-visit, trainees reported they still consent for these procedures but have now received the requisite training. Trainees feel empowered to refuse to take consent if necessary.

There were no red flags in the October 2013 HEYH Trainee survey for the patient safety domain

Action To Be Taken:

Maintain current practices of consent taking

RAG Rating:



Timeline: Trust QM visit in 2015

Evidence/Monitoring: Consent taking procedures will be reviewed at the routine Trust QM visit in 2015.

Condition 6 (Condition 15 – 25 March 2014)

GMC DOMAIN 3 – EQUALITY, DIVERSITY & OPPORTUNITY

School of O&G

There have been previous concerns regarding widespread undermining in this speciality. However, there were no reports of undermining at the re-visit but there was feedback that the midwives are very assertive and do not always recognise the different levels of experience of Trainees.

The Head of Department for Midwifery attended the visit and agreed that Trainees need to be supported appropriately and confirmed all Midwives had now attended a bullying and harassment awareness course. She also confirmed that the level of Trainee is included in the rota so midwives are aware of the experience of individuals.

It was reported to the panel that Consultants had also had the opportunity to attend bullying and harassment awareness courses.

There were no red flags in the October 2013 HEYH Trainee survey for the Equality and Diversity domain.

Action To Be Taken:

- 1) Aggregated individual trainee feedback to form part of consultant appraisal leading to Revalidation.
- 2) Trainees and nursing staff to continue to be given the opportunity provide 360 degree feedback for each other.

RAG Rating:



Timeline: 29 April 2014

Evidence/Monitoring:

The evidence that the feedback process is in place to be presented to the QM panel visitors in April 2014.

Condition 7 (Condition 16 – 25 March 2013)

GMC DOMAIN 7 - MANAGEMENT OF EDUCATION & TRAINING

School of O&G

Higher Trainees have been given confirmation, that attendance at the mandatory Friday teaching is a part of their working week, not their rota'd free time. The Trainees should be encouraged to attend simulation sessions whenever possible.

There were no red flags in the October 2013 HEYH Trainee survey for the Management of Education and Training domain.

Action To Be Taken:

- 1) The practice of Higher Trainees attending the Friday teaching session as part of their working week to be maintained.
- 2) Higher Trainees to be actively encouraged to attend simulation training

RAG Rating:



Timeline: Routine QM visit in 2015

Evidence/Monitoring: Feedback from Trainees that they are not expected to use their rota'd free time to attend teaching sessions and they have been given opportunities to attend relevant simulation training.

RAG guidance can be found at Appendix 1.

FINAL COMMENTS

The panel were satisfied there had been significant work undertaken to address the conditions set at the last QM visit on 25 March 2013. A substantial amount of documentary evidence was provided of policies and procedures that have been established to underpin the improvements.

There were reports of Trainees having to stay late to have an exception report signed by a Consultant if they have worked over their scheduled hours. The Trust agreed to let Trainees know there had been a miscommunication about requirements and the form did not need to be signed before the Trainee could leave their shift.

It is recommended that the Trainees are allocated Educational Supervisors from a wider pool of Consultants. The College Tutor should not be an Educational Supervisor if possible. Educational Supervisors to ensure that they sign off WBAs Trainees have completed.

It is recommended that some clinics have patient numbers reduced to afford better Training opportunities.

If the information requested in the action plans at the April 2014 visit is satisfactory then the Amber RAG ratings may be down rated to Green.

Approval Status

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

Signed on behalf of Health Education Yorkshire and the Humber

Name: Dr Peter Taylor

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

Date: 21 January 2014

Signed on behalf of Trust

Name:

Position:

Date:

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