

QUALITY MANAGEMENT VISIT REPORT

TRUST	Calderdale and Huddersfield NHS Foundation Trust
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DAY	SITE	DATE
	Calderdale Royal Hospital	February 12 2015

SPECIALTIES VISITED:

- Paediatrics
- Obstetrics and Gynaecology
- Emergency Medicine
- Surgery

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, Red 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	23/02/2015
First Draft Submitted to Trust	16/03/2015
Trust comments to be submitted by	27/03/2015
Final Report circulated	18/03/2015


CONDITIONS


Condition 1		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	WORK INTENSITY	
School:	Trainee Level Affected:	Site:
Obstetrics and Gynaecology	CORE / HIGHER	
<p>Higher Trainees level ST3 – 4 are seeing new patients without consultant supervision due to Consultant gaps in the rota. There is no adjustment made to the clinics to reflect variations in trainee experience / competency. The number of clinics requiring middle grade support is very high in comparison to similar sized units.</p>		
<p>Action To Be Taken:</p> <ul style="list-style-type: none"> • Review and reduce the involvement of registrars in clinics • Ensure that if Consultants are absent their outpatient clinics are either cancelled or covered by another consultant 		
RAG Rating:		Timeline: 30/04/2015
<p>Evidence/Monitoring:</p> <ul style="list-style-type: none"> • Timetable of clinics assuring reduction in clinic numbers • Copy of policy disseminated throughout the Trust in relation to alternative actions should a consultant not be present 		


Condition 2		
GMC Domain:	5 – CURRICULUM DELIVERY	
Concern relates to:	COMPETENCIES	
School:	Trainee Level Affected:	Site:
Obstetrics and Gynaecology	CORE / HIGHER	Both
<p>It was reported that GP trainees may be attending theatre sessions five days in a row, but core trainees not being allocated the opportunity.</p> <p>The ASTM Higher trainees had concerns that they would not meet their curriculum competencies at the end of the year at the Trust due to lack of cases and opportunities. These trainees reported they were often unable to attend the relevant clinics due to workload pressures.</p>		
<p>Action To Be Taken:</p> <ul style="list-style-type: none"> • Trust to revise the rotas to ensure that core trainees are able to attend theatre sessions • Trust/School of O&G to review the ASTM trainees' ePortfolios to establish progress against curriculum competencies and take action to include theatre sessions in rotas 		
RAG Rating:		Timeline: 31/05/2015
<p>Evidence/Monitoring:</p> <ul style="list-style-type: none"> • Rotas to be supplied to HEYH confirm amendments as above • Samples of ePortfolios used to ensure the competencies are being reviewed 		


Condition 3		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	TRUST INDUCTION	
School:	Trainee Level Affected:	Site:
Paediatrics	FOUNDATION / CORE / GP	Both
<p>The trainees report they had not received training for the Badger system (electronic neonatal admissions system). They also expressed concern that they had not received badges/log ins for February starters even though they had been in post for over one week.</p> <p>Trainees who started in December had a shorter induction than those commencing in August/February and felt unsure of what was expected of them for the first few days.</p> <p>Local safeguarding guidelines are accessible on line but trainees felt it would be helpful if these were provided in hard copy at induction.</p>		
<p>Action To Be Taken:</p> <ul style="list-style-type: none"> • Instigate training on the badger system as part of induction training • Investigate why trainees have not been allocated badges and login details and create an action plan to address this 		
RAG Rating:		Timeline: 31/05/2015
<p>Evidence/Monitoring:</p> <ul style="list-style-type: none"> • Copies of 'Badger system' training materials and attendance register • Action plan to ensure trainees receive badges and login details on arrival at the Trust 		


Condition 4		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	WORK INTENSITY	
School:	Trainee Level Affected:	Site:
Paediatrics	FOUNDATION / CORE / GP	
<p>The Foundation, Core and GP trainees described attending teaching sessions (8am on Tuesdays) when their start time is not until 8.30 am. Handover often commences at 5 pm which is the trainees finish time.</p> <p>It was noted that for trainees with arranged child care this caused them to feel under pressure. Core community trainees described being 'pulled across to the Trust to cover service'. The Higher Trainees concerns were around not achieving their core competencies due to service requirements taking precedence at times over educational objectives.</p>		
<p>Action To Be Taken:</p> <ul style="list-style-type: none"> • Timetable teaching sessions within normal working hours • Timetable handover within normal working hours 		
RAG Rating:		Timeline: 31/05/2015
<p>Evidence/Monitoring:</p> <ul style="list-style-type: none"> • Copy of teaching sessions timetable • Copy of rotas including handover times 		


Condition 5		
GMC Domain:	5 – DELIVERY OF CURRICULUM	
Concern relates to:	TEACHING	
School:	Trainee Level Affected:	Site:
Paediatrics	FOUNDATION / CORE / GP	
The trainees reported that although the teaching sessions provided were of a high standard it was difficult to attend these due to work intensity.		
Action To Be Taken: Trust to ensure that procedures are put in place to ensure that trainees are able to attend the teaching sessions provided.		
RAG Rating:		Timeline: 31/05/2015
Evidence/Monitoring: Sample of rotas confirming action above completed.		


Condition 6		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	HANDOVER	
School:	Trainee Level Affected:	Site:
Emergency Medicine	FOUNDATION/CORE/HIGHER	Both
The protocol for patient handover needs to be formalised and documented.		
Action To Be Taken: <ul style="list-style-type: none"> • Develop protocol for formal documented patient handover • Disseminate this throughout the Trust to all relevant employees 		
RAG Rating:		Timeline: 31/05/2015
Evidence/Monitoring: HEYH to receive a copy of new Handover protocol and correspondence sent to employees		

Condition 7		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	CLINICAL SUPERVISION	
School:	Trainee Level Affected:	Site:
Emergency Medicine	FOUNDATION/CORE/HIGHER	Both
FY2 Trainees could not clearly define which patients they are able to discharge without Senior involvement. A protocol is required to outline which patients FY2 trainees can and cannot discharge without Senior support.		
Action To Be Taken: <ul style="list-style-type: none"> Trust to ensure that induction process includes clear definition of ED discharge policy for all trainees, but particularly FY2s Trust to ensure that no FY1 trainee can discharge a patient without senior involvement (CT3 or higher) School to develop discharge policy guidance that includes College guidelines on patient discharge from Emergency departments 		
RAG Rating:		Timeline: 30/04/2015
Evidence/Monitoring: Confirmation of new induction process		

Condition 8		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	Consent	
School:	Trainee Level Affected:	Site:
Surgery	FOUNDATION Y1	
Trainees reported they were regularly asked to consent for procedures outside of their competency i.e. flex-sigmoidoscopy. The trainees generally refuse to consent if they felt it to be inappropriate.		
Action To Be Taken: Instigate consent taking training for common procedures.		
RAG Rating:		Timeline: 30/04/2015
Evidence/Monitoring: Consent taking training materials and timetable.		

Condition 9		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	DEPARTMENTAL INDUCTION	
School:	Trainee Level Affected:	Site:
Surgery	FOUNDATION	
There is not a consistent departmental induction process. All trainees regardless of start date must receive the same, and effective, departmental induction.		
Action To Be Taken: Departmental induction to be formalised and documented.		
RAG Rating:		Timeline: 31/03/2015
Evidence/Monitoring: Copy of new induction process.		

Condition 10		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	WORK INTENSITY	
School:	Trainee Level Affected:	Site:
Paediatrics	CORE	Both
Trainees reported they have no outpatient clinics included in their rotas. Rotas must be reviewed in order for all trainees to attend a complete range of clinical experiences.		
Action To Be Taken: Revise clinics timetable and rotas.		
RAG Rating:		Timeline: 31/05/2015
Evidence/Monitoring: Copy of revised timetable and rotas.		

Condition 11		
GMC Domain:	1 – PATIENT SAFETY	
Concern relates to:	WORK INTENSITY	
School:	Trainee Level Affected:	Site:
Surgery	CORE	Both
Trainees reported they have no clinics included in their rotas. Rotas must be reviewed in order for all trainees to attend a minimum of 1 clinic/week.		
Action To Be Taken: Revise clinic timetable and rotas.		
RAG Rating:		Timeline: 31/05/2015
Evidence/Monitoring: Copy of revised timetable and rotas.		

RAG guidance can be found at Appendix 1.

FINAL COMMENTS

The visiting team appreciated that the visit was well organised by the Medical Education Department, with senior management support, and the update from the DME was useful.

EMERGENCY MEDICINE

The built in whole day simulation training available to trainees (F1s – CT3s) every four months is highly valued. The 'in situ' simulation training is also held in high regard and should continue to occur for future trainees. The trainees were complimentary about the induction they receive and describe the consultants as 'supportive'.

SURGERY

All trainees remarked they feel the Consultants are genuinely interested in their training and felt valued as trainees. It is noted by the panel that the 'Admission Avoidance Clinic' is a very positive training opportunity with high consultant presence. It was reported there is a varied case mix, good teaching and a journal club that three or four consultants regularly attend.

OBSTETRICS AND GYNAECOLOGY

Trainees at Foundation level are happy and feel that the teaching sessions are 'fantastic' with scheduled weekly teaching sessions; a journal club and CTG meetings; however, they are regularly unable to attend these as service provision takes priority over training.

The Foundation, Core and GP trainees reported they had had a good trust induction, thorough handover processes, consultants are supportive and helpful and there were no reports of undermining. Despite the rota being stretched recently and reports of more timely WBA feedback being required, they would all recommend their posts to a colleague.

The higher trainees reported excellent supervision and support on the labour ward with consultants willing to help but also encouraging trainees to work independently wherever possible. They also described good inductions and handover processes. However, the general mood amongst the higher trainees was surprisingly negative, with a lot of concerns about incomplete curriculum delivery and some hints (but poorly evidenced) about patient safety issues. The out of hours' provision was described as 'only a hairs breath from falling apart'. One trainee is responsible for rota coordination and it seems that this trainee is spending too much time performing what should be a Trust managerial task. The Trust should examine the distribution of workloads within the department. HEYH plan to revisit O&G in June/July to check if conditions 1 and 2 of this report have been addressed.

PAEDIATRICS

The Paediatric trainees reported that they have excellent support from middle grades and consultants both during the day and out of hours. The trainees who started in August had thorough inductions both Trust and departmental.

There is a culture of support for WBAs and although the department has been very busy recently due to rota gaps and winter pressures the Foundation, Core and GP trainees have no concerns about achieving their curriculum requirements.

Trainees attend some clinics and are encouraged to attend ones that have not been scheduled for them if staffing levels allow. There is also a wide range of informal teaching, for example bedside training in the neonates unit. Advanced Nurse Practitioners were 'an enormous help' and neonatal nurses are very well trained.

A Higher Trainee who lives in Preston highlighted that she is allocated an on call room free of charge which is the first time this has happened at any Trust she has worked at. All trainees would recommend the posts to colleagues.

Approval Status

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

Signed on behalf of HEYH

Name: Dr David Eadington

Title: Deputy Postgraduate Dean

Date: 18/03/2015

Signed on behalf of Trust

Name: Dr Andrew Lockey

Position: Director of Medical Education

Date: as per email of 16/03/2015

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