

QUALITY MANAGEMENT VISIT REPORT

TRUST	Calderdale and Huddersfield
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DAY	SITE	DATE
One	Calderdale Royal Hospital	7 July 2015

Visitors:

Dr David Eadington
Miss Sarah Kaufmann
Miss Jackie Tay
Mrs Ann Brown
Mrs Julie Platts

Deputy Postgraduate Dean
Associate Postgraduate Dean
Head of School, O&G
Education Manager
Quality Manager

SPECIALTIES VISITED:
<ul style="list-style-type: none"> Obstetrics and Gynaecology

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	08/07/2015
First Draft Submitted to Trust	16/07/2015
Trust comments to be submitted by	03/08/2015
Final Report circulated	09/08/2015

SUMMARY

The visit was well organised by the postgraduate team and the update from the College Tutor was appreciated by the panel as was the progress update document.

GP Trainees

The trainees interviewed were generally happy in their posts and would be comfortable for F&F to be treated in the unit. They would also recommend their posts to a colleague. They described supportive consultants and Dr Bhabra was identified for specific praise for her supportive, encouraging manner. The acute gynaecological clinic was highlighted as offering a valuable learning experience for the GP Trainees.

Core Trainees

The trainees have learned a lot in their posts, achieved relevant competencies and met ARCP requirements. A core trainee has been tasked with managing the rota and described being well supported by senior colleagues in this task. There was general agreement that the improved management of the rota was having a positive impact on all trainees.

Higher Trainees

Trainees highlighted improvements since the last QM visit in February 2015 and reported that the red outliers in the GMC NTS survey were a result of morale being at a low point, but that this has resolved to a large extent. The improved morale is because of clinics being less overbooked and increased access to theatre sessions. There is a 1:13 rota with additional MTI doctors included along with locums covering gaps out of hours when required. They described supportive consultants and of being able to attend regional teaching.

Two trainees are completing the same ATSM in Urogynaecology and Vaginal Surgery and the logistics of organising the requisite experience have proved challenging. The School of O&G has recognised this difficulty and will ensure this situation does not arise again.

General comments

There were also discussions around the School assisting the Trust in managing trainees' expectations in terms of potential work intensity and the necessity to build resilience in a busy unit. In addition, all trainees and trainers agreed that cross site working between Calderdale and Huddersfield adds additional pressure, especially as car parking is extremely difficult at most times of day.

The panel felt there are some steps the Trust could consider to organise the service more effectively, including additional nonmedical support ensuring that consultants work effectively together, in pairs for example, to reduce the reliance on StRs and free them up for training opportunities. There were discussion about the positive value of the senior midwives, when available, in ANDU/MAC There are issues around room space for shared consultant clinics, particularly at the Halifax site and this should be reviewed. It may be useful to highlight to Commissioners how current arrangements are creating work intensity issues in the unit, and use the QM visit findings to support requests for alternative resources that reduce overreliance on junior medical staff.

The following areas of concern were identified:

GMC theme	Learning environment and culture	
Requirement	Learners must have protected time for learning while they are doing clinical work, and to attend organised sessions, training days, courses and other learning opportunities. They must have support to undertake this activity whenever possible, especially for activities required by the curriculum. In timetabled educational sessions, foundation doctors must not be interrupted for service requirements.	R1.15 Protected time
HEYH condition number	1	
LEP site	CAH	
Specialty (specialties)	O&G	
Trainee level	Foundation (GP)	
Concern	GP Trainees are not always able to attend their half day release programme. This is sometimes	

	due to compensatory leave following shifts.	
Evidence for concern	Trainees are concerned that they are not meeting their curriculum requirements of attending at least 70 per cent of half day release training sessions. As Paediatrics is their next rotation they do not feel there will be the opportunity to catch up in another busy specialty and may be in danger of a non-1 ARCP outcome. It was reported that the estimated half day release for the Tuesday session is just below 50 per cent.	
Action	Trainees must be released to attend a minimum of 70% of their scheduled mandatory teaching sessions. Steps must be taken to ensure that this is achieved.	Timescale 3 months
Evidence for action	Summary of action taken and confirmation that adequate attendance has been achieved.	Timescale 6 months
RAG rating		
LEP requirements	Upload copy of documents to QM database Confirm changes with link APD	
Further review		
Question reference	Trainer 15 Trainee 22	

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HEYH condition number	2	
LEP site	CAH	
Specialty (specialties)	O&G	
Trainee level	Higher	
Concern	Trainees are not provided with sufficient specialty-based teaching to meet their curriculum requirements. Whilst the department organises teaching sessions outside daytime working trainees are not regularly able to attend.	
Evidence for concern	Trainees and Trainers both confirmed that it is difficult to organise teaching during the daytime due to work intensity. There was a suggestion made that a lunchtime session would be useful as long as video conferencing could be organised to avoid travelling across sites. The panel felt that rescheduling of clinic times, could make a lunchtime session more achievable.	
Action	1. A regular teaching programme must be	Timescale 6 months

	<p>introduced. This must be scheduled at a time that allows maximum attendance. The content of the programme should be jointly agreed with the trainees and aimed towards meeting the requirements of the relevant curriculum. An attendance register should be kept and monitored. Action should be taken to address poor attendance, by both trainees and trainers. The educational impact of the teaching sessions should be regularly evaluated.</p> <p>2. Steps must be taken to improve trainee attendance/reduce the frequency of interruptions.</p> <p>3. Trainees must be released to attend a minimum of 70% of their scheduled mandatory teaching sessions. Steps must be taken to ensure that this is achieved.</p>	<p>3 months</p> <p>3 months</p>
Evidence for action	<p>1. Copy of the teaching programme with confirmation of regular high attendance. Copies of evaluation of educational effectiveness.</p> <p>2. Summary of action taken and confirmation that attendance/relief from interruption has been achieved.</p> <p>3. Summary of action taken and confirmation of improved attendance.</p>	<p>Timescale</p> <p>6 months</p> <p>6 months</p> <p>6 months</p>
RAG rating		
LEP requirements	<p>Upload copy of documents to QM database</p> <p>Confirm changes with link APD</p>	
Further review		
Question reference	<p>Trainer 15</p> <p>Trainee 22</p>	

RAG guidance can be found at Appendix 1.

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: 14 July 2015

Signed on behalf of Trust

Name: Dr Andrew Lockey

Title: Director of Medical Education

Date: 3 August 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