Health Education
Yorkshire and the Humber

QUALITY MANAGEMENT VISIT REPORT

TRUST	Mid Yorkshire NHS Trust

DAY	**SITE**	**DATE**
Tuesday	Pinderfields	21st July 2015

Mr Peter Taylor	Deputy Postgraduate Dean
Mrs Sarah Kaufmann	Head of School, O&G
Mr Tom Farrell	Training Programme Director, O&G
Mr Trevor Rogers	Head of School, Medicine
Mr Michael Nelson	Associate Postgraduate Dean
Ms Trish Walker	Undergraduate Partnerships & Placements Manager
Ms Trudie Roberts	Director Leeds Institute of Medical Education
Mrs Linda Garner	Quality Manager
Miss Jane Burnett	Quality Manager
Mrs Alison Poxton	Quality Administrator

SPECIALTIES VISITED:

- Obstetrics and Gynaecology
- Medicine

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	**08/09/2015**
First Draft Submitted to Trust	**08/09/2015**
Trust comments to be submitted by	**25/09/2015**
Final Report circulated	**23/09/2015**

SUMMARY

Medicine

All trainees reported that the work intensity guarantees a wide experience of clinical medicine and this is a major advantage of working in Mid Yorks. The trainees provided the following specific feedback:

Foundation and Core

Following the routine QM visit in February, there are now regular in-reach ward rounds on MAU/EAU (Pinderfields) for Respiratory Medicine and Care of the Elderly Medicine, but the Foundation and Core trainees are not included and may have to pick up the job list. There are now fixed teaching sessions with a video link between Pinderfields and Dewsbury. In addition, there is regular useful feedback with workplace based assessments but these opportunities are limited by the workload pressures.

Higher

The trainees reported that training for HST at Mid Yorks is good and they had a useful Trust induction. Trainees said there was no expectation for them to complete practical procedures with which they were not familiar and competent. There is always support form anaesthetists and radiologist to carry out chest drains, etc. The trainees confirmed they have access to a clinical supervisor whilst on duty.

Obstetrics and Gynaecology

The panel felt there was clear evidence of progress and that the Trust had made serious attempts to resolve the key concerns in Obstetrics and Gynaecology following the last QM visit in February. The response to the conditions and the changes made have impacted positively on the Trainees, for example:-

- The Trainees reported no problems in being able to attend teaching sessions and mentioned the cross site teaching using video link in which most Trainees were participating.
- All Trainees reported no issues with handover and felt that concerted efforts had been made to produce an accurate, dedicated handover. Both Foundation and Core and Higher Trainees felt supported during the handover which occurs at every shift. The Trainees were confident they would be made fully aware of the situation with all patients.
- The Trainees appreciated that the Trust had tried hard to fill rota gaps and did not feel under pressure to fill gaps in rotas unless they wished to.
- Consultant cover in acute Gynaecology appears to be under control.

Overall they were a relaxed, happy group of trainees who would recommend their post for training.

However, there still remained concerns regarding staffing. For example, although the Trainees enjoyed a good relationship with the midwives, most of them (the midwives) were very junior. The trainees reported that a lot of senior midwives had recently left the Trust. The panel felt there was room for development in terms of more work being done by non-doctors.

The following concerns were raised:

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.6 Staffing)**	Organisations must make sure that there are enough staff members, and that learners have appropriate working patterns and workload, for patients to receive care that is safe and of a good standards, while creating learning opportunities.	
HEYH Condition Number	1	
LEP Site	Pinderfields	
Specialty (Specialties)	Medicine	
Trainee Level	All	
Concern 1	Trainees report there are insufficient staff (FY2 and CT1/2) on duty (9pm – 2am) to provide a safe level of patient care.	
Concern 2	Trainees in Gastroenterology report that there are insufficient staff (FY2 and CT1/2) on duty (9am to 5pm) to allow them to attend programmed teaching sessions which are essential to meet curriculum requirements. This seems to be based on a local decision that one ST3 must remain on the ward.	
Evidence for Concern	The number of patients on MAU/AAU (Pinderfields) and the number of staff available to see and review patients is of concern to the trainees. In addition patients are moved off the unit without a clear line of communication for ongoing care. This is a particular problem after 17:00 and at weekends. The trainees felt that there was no overall clinical leadership. There are often a large number of patients to clerk with a large number of associated jobs (investigations, cannulas, ECGs etc) often with little support as the clinical support team (phlebotomists) have limited hours and capacity. The Trust has to regularly rely upon a large number of temporary and semi-permanent medical staff (locums) of variable quality who do not always materialise The intensity of work on ward 41 is also a challenge with jobs often left for the on-call team. The MAU in Dewsbury appears to be less of an issue (but trainee representation from Dewsbury was limited) The Foundation and Core trainees acknowledge that the work intensity means that they gain a lot of clinical experience but much of the work has limited educational value. Opportunities to attend clinics, after the introduction of a rota, are limited by the inevitability of the amount of work that will be left to complete at the end of the day. There are also severe limitations to the number of rooms in OPD to allow trainees to see patients. They acknowledged the attempts at allowing trainees to attend clinics, but the improvement has been negligible. The Foundation and Core trainees would not recommend a friend or member of their family to come to Pinderfields if they had to spend a long time on AAU/MAU.	
Action 1	Review staffing levels in MAU/AAU and develop an action plan to address the deficiencies.	**3 months**
Action 2	Review rotas and make appropriate modifications that will allow trainees to meet their curriculum requirements.	**3 months**
Evidence for Action 1	Copy of review and action plan	**3 months**
Evidence for Action 2	Copy of the results of the diary study an action plan	**3 months**
Evidence for Action 3	3.1 Review report and summary of rota and timetable modifications 3.2 ARCP outcomes for trainees	**- 3 months** **- Next ARCP**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	
Further Review		
Resources	http://www.jrcptb.org.uk/assessment/workplace-based-assessment http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns	
Question Reference	Trainer 7 Trainee 7	

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.4 Feedback)**	Organisations must promote and encourage a culture that both seeks and responds to feedback from learners and trainers on compliance with standards of patient safety and care, and education and training.	
HEYH Condition Number	2	
LEP Site	Mid Yorkshire	
Specialty (Specialties)	Medicine	
Trainee Level	All	
Concern 1	Trainees do not know how to provide feedback on the quality of patient care to the Trust.	
Evidence for Concern	The trainees had many ideas that could be used to help with the organisation of care in what they acknowledge to be a pressured and very busy organisation. They did not feel that they had the opportunity to contribute.	
Action 1	Ensure that trainees and trainers are reminded to complete Trust surveys or other methods of collecting feedback.	**Immediate**
Evidence for Action 1	1. 1 Written confirmation that staff have been reminded 1. 2 Audit of staff participation in surveys by staff group	**- Immediate** **- 12 months**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	
Further Review		
Resources		
Question Reference	Trainer 5 Trainee 5, 6	

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.13 Handover)**	Handover of care must provide continuity of care for patients and maximise the learning opportunities in clinical practice	
HEYH Condition Number	3	
LEP Site	Pinderfields	
Specialty (Specialties)	Medicine	
Trainee Level	All	
Concern 1	Handover is not attended by senior members of the team.	
Concern 2	Handover is not supported by appropriate documentation.	
Evidence for Concern	There are 2 handover systems which vary in utility and safety. There is a system on AAU/MAU (Pinderfields) which appears to be a bed list with patient name, bed number, diagnosis and job list which is entirely managed by the trainee doctors. When the patient leaves AAU/MAU this is deleted. There is no manual or electronic transfer of information to the receiving ward or responsible clinical team. The trainees described frequent examples where a patient's follow up is delayed because they are almost 'lost' to the system. An example of a patient with a dangerously high potassium level was not reviewed for 48 hours. Again, this is exacerbated after 17:00 and at the weekends. There is a more effective e-handover system on the wards used at weekends, but the movement of patients from EAU/MAU (perceived by the trainees as sometime inappropriate and without medical agreement) is not accompanied by transfer of information.	

	E-Handover is usually very effective BUT the frequency of locums causes problems, especially if they have not been given access. Some locum doctors do not or cannot use the e-handover system and handover verbally, which duplicates work and increases workload and risk.	
Action 1	Introduce a handover system that meets GMC, College and Specialty standards	**6 months**
Action 2	Make appropriate changes to working arrangements to allow relevant staff to attend handover	**3 months**
Action 3	Introduce a reliable method of documenting the handover - discussion and actions for responsible individuals. If this involves IT, there must be easy access in all clinical areas	**3 months**
Action 4	Appoint an appropriate senior member of staff to lead the handover	**3 months**
Action 5	Evaluate effectiveness of handover	**6 months**
Evidence for Action 1	1.1 Production of handover policy 1.2 Staff training completed 1. 3 Handover introduced 1. 4 Introduction evaluated 1. 5 Handover policy explained to new starters	**2 months** **3 months** **4 months** **6 months** **Induction**
Evidence for Action 2	Summary of revised work arrangements	**3 months**
Evidence for Action 3	4.1 Copies of handover documentation 4. 2 Description of e-handover system	**3 months**
Evidence for Action 4	Confirmation of arrangements for leadership of handover	**3 months**
Evidence for Action 5	Evaluation of handover system	**6 months**
RAG Rating		
LEP Requirements	• Upload copy of documents to QM data base • Confirm changes with link APD	
Further Review		
Resources	bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf	
Question Reference	Trainer 15 Trainee 13	

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.14 Experience)**	Organisations must make sure that all work undertaken by learners involves opportunities to be taught and get feedback on performance, and gives an appropriate breadth of clinical experience.	
HEYH Condition Number	4	
LEP Site	Pinderfields	
Specialty (Specialties)	Medicine	
Trainee Level	Higher	
Concern 1	Whilst the post offers the potential for a broad experience trainees are unable to take advantage of them by their timetables and clinical duties	
Evidence for Concern	Higher Trainees receive little or no feedback on their performance after on-call as it is difficult to attend post-take ward rounds.	
Action 1	Review and amend trainee timetables or work schedules to allow them access to more educational opportunities in the department.	**3 months**
Evidence for Action 3	Copy of new timetables identifying new educational opportunities.	**6 months**
RAG Rating		

LEP Requirements	• Upload copy of documents to QM data base • Confirm changes with link APD
Further Review	
Resources	
Question Reference	Trainee 14, 15

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.11 Rotas)**	Organisations must design rotas to: a) make sure learners have appropriate supervision b) support learners to develop professional values, knowledge, skills and behaviours (KSB) required of doctors working in UK c) provide learning opportunities that meet the requirements of the curriculum and training programme d) give learners access to ES e) minimise the effect of fatigue	
HEYH Condition Number	5	
LEP Site	Mid Yorkshire	
Specialty (Specialties)	Medicine	
Trainee Level	Higher (Gastroenterology)	
Concern	Trainees are provided with duty rotas which do not provide them with sufficient opportunities to meet the requirements of their curriculum mandatory training.	
Evidence for Concern	There is a requirement for Gastroenterology Higher Trainees that two trainees must be on the ward at all times. This precludes attendance at a minimum of mandatory training days.	
Action	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of the patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	**3 months**
Evidence for Action	Copies of rotas	**3 months**
Evidence for Action	Summary of the review the impact of any changes made	**6 months**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD	
Further Review		
Resources	http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns http://careers.bmj.com/careers/advice/view-article.html?id=20001163#	
Question Reference	Trainee 11	

GMC Theme	**LEARNING ENVIRONMENT AND CULTURE**	
Requirement **(R1.7 Clinical Supervision)**	Organisations must make sure that at all times there is senior medical supervision of learners by a named doctor who can provide ongoing clinical supervision; advising or attending during the session as needed. Foundation doctors must always have on-site access to a senior colleague who has the knowledge, skills and experience to deal with problems that may arise during the session.	
HEYH Condition Number	6	
LEP Site	Pinderfields	
Specialty (Specialties)	Obstetrics and Gynaecology	
Trainee Level	Higher	
Concern 1	Trainees reported that they are sometimes expected to provide clinical care in Gynaecology out-patient clinics without access to appropriate	

	support from a consultant.	
Evidence for Concern	There is a requirement that all Trainees have access to supervision within out-patient clinics, and that this supervision should be from a named Consultant. Support from an Acute Consultant is not appropriate.	
Action 1	Provide Trainees with a named Clinical Supervisor within out-patient clinics.	**Immediate**
Evidence for Action 1	Copy of senior cover rota	**Immediate**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM database • Item must be reviewed and changes confirmed with link APD	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4___Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf	
Question Reference	Trainer 8	

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: Mr Peter Taylor** **Title: Deputy Postgraduate Dean** **Date: 23/09/2015**	**Signed on behalf of Trust** **Name: Mr Andrew Jackson** **Title: Director of Medical Education** **Date: 23/09/2015**

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 Reponses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012