

VisitQUALITY MANAGEMENT VISIT

AIREDALE NHS FOUNDATION TRUST

20TH JUNE 2013

VISITING PANEL MEMBERS:

Mr Jon Hossain	Deputy Postgraduate Dean (Chair)
Mr Kevin Sherman	Associate Postgraduate Dean
Mr Craig Irvine	Deputy Foundation School Director
Bret Claxton	Associate Postgraduate Dean
Dr Rhiannon Davies	GP Tutor
Dr Kirsty Baldwin	Locality Lead for Postgraduate GP Education
Sarah Walker	Quality Manager
Lynda Price	Quality Officer
Sarah Rowson	Programme Support Officer
Laura Henson	Programme Support Administrator

Specialties Visited:	Foundation
	GP
	Anaesthetics

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	24/07/13
First Draft Submitted to Trust	26/07/2013
Trust comments to be submitted by	09/08/2013
Final Report circulated	22/08/2013

NOTABLE PRACTICE

GMC DOMAIN - ALL

School of Anaesthetics

Excellent feedback was received from Anaesthetics trainees regarding all aspects of their posts. Clinical supervision was reported as excellent and appropriate, with plenty of opportunities to undertake solo lists. The consultants are found to be helpful and supportive. The IT provision within theatres was exceptional and trainees are able to log on to printers anywhere in the theatre suite to print.

GMC DOMAIN 1 PATIENT SAFETY - Induction

Schools of Anaesthetics, Emergency Medicine & Foundation

The Trust Induction received positive feedback from the Foundation trainees. Trainees reported that Departmental Induction for Paediatrics, Anaesthetics and Emergency Medicine is good. One Anaesthetic trainee reported that it was the 'best Induction they had ever been to'.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of GP

GP Haematology training is felt to be excellent. The access the trainees have to clinics and teaching is greatly valued and the GP School would like this to continue.

GMC DOMAIN 5 – CURRICULUM DELIVERY

Foundation School

The Trauma meeting is highly regarded by FY2 trainees who feel fully involved in it.

CONDITIONS

Condition 1

GMC DOMAIN - ALL

Foundation School

There was a lack of engagement with very few Foundation trainees attending the visit. There have been red flags in the GMC survey for Surgery for the last two years and unfortunately, the panel were not able to explore this due to low attendance figures.

Action To Be Taken:

The Deanery to undertake a targeted visit in Foundation with reference to Surgery during the second foundation placement, with a minimum of 50% attendance of FY doctors in Surgery.

RAG Rating: [REDACTED]

Timeline: 31 December 2013

Evidence/Monitoring: Triggered Visit Report

Condition 2

GMC DOMAIN 1- PATIENT SAFETY – Clinical Supervision

Foundation School

Foundation Year 2 (FY2) trainees reported that they are still being expected to undertake ward rounds on Coronary Care on their own. This was a condition at last year's visit and although the Trust felt that this had been addressed, this issue still remains caused by the absence of a Cardiology Registrar on OOP.

The Foundation Year 1 (FY1) trainees reported that they are regularly expected to undertake ward rounds on their own as the other trainees, who would normally be supervising them have been moved elsewhere in the Trust to cross cover for a gap.

Action To Be Taken:

- 1) The Trust must ensure that no FY2 doctors are undertaking ward rounds on Coronary Care on their own. If there is no middle grade support to supervise the FY2's then a consultant or another more senior doctor must undertake the Coronary Care ward round.
- 2) The Trust must identify who is supervising FY1 trainees on ward rounds.

RAG Rating: [REDACTED]

Timeline: 31 August 2013

Evidence/Monitoring: Confirmation from the Trust of ward round arrangements and supervision.

Condition 3**GMC DOMAIN 3 – EQUALITY & DIVERSITY****School of GP**

Trainees are feeling pressurised to undertake internal locum cover and reported that they have been told it is their duty of being a doctor to stay and provide locum cover rather than have their time off.

Action To Be Taken:

The Trust to investigate these allegations and ensure that all staff are aware that trainees should not be pressurised into providing locum cover.

RAG Rating:**Timeline:** 31 August 2013**Evidence/Monitoring:** Investigation findings and a copy of the confirmation sent to staff.**Condition 4****GMC DOMAIN 1 – PATIENT SAFETY - Handover****School of GP & Foundation School**

There are issues around the Medical morning handover. GP Medicine trainees reporting that they are regularly expected/feel obliged to stay beyond their 9 am finish time. The handover takes place on the ward round on a patient by patient basis. If the ward round goes on beyond 9 am trainees frequently stay.

Foundation trainees in Medicine reported that no handover takes place at the morning shift change over, they would simply pick up a set of ward jobs.

FY2s are routinely taken off their base ward to fill gaps. This results in them being on a ward they are not familiar with, usually without a handover. They are moved to different wards in an ad hoc manner.

There remain some issues with the handover in Obstetrics & Gynaecology to Hospital @ Night. There appears to be no way of linking up the handovers on Labour Ward and Hospital @ Night Hub. It has improved since the last visit. Currently the trainee stays on the Labour Ward and rings through to the Hospital @ Night Hub which is suboptimal.

Action To Be Taken:

- 1) The Trust to investigate the late finishes and produce an action plan to address this.
- 2) The Trust to ensure that medical handover is implemented at morning shift change and starts and finishes within the shift times, ideally before the start of the ward round.
- 3) The Trust to investigate the use of FY2s to fill gaps on the ward and produce an action plan to ensure that these are kept to a minimum and when these do occur a full handover is given.
- 4) The Trust to review the current handover arrangements ensuring that there is adequate handover in Obstetrics and Gynaecology to Hospital @ Night

RAG Rating:**Timeline:** 30 September 2013**Evidence/Monitoring:**

- 1) 3) & 4) A copy of the action plan.
- 2) Confirmation from the Trust that handover has been implemented and details of the process.

Condition 5**GMC DOMAIN 1 – PATIENT SAFETY - Induction****Foundation School**

Although trainees reported that they received a good Trust Induction, the Departmental Induction was variable and dependent on speciality. Trainees in Elderly Medicine and Surgery specialities reported that Departmental Inductions are poor.

Action To Be Taken:

Departments to review their Departmental Induction materials ensuring that a formal Departmental Induction takes place for all trainees.

RAG Rating:**Timeline:** 31 August 2013**Evidence/Monitoring:** Departmental Induction materials for each Department and attendance log.**Condition 6****GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****Foundation School**

Medicine trainees are getting study leave however they reported that they are expected to undertake their PDP days on zero days.

Action To Be Taken:

The Trust should ensure that trainees who undertake PDP days on zero days are given a day in lieu for this.

RAG Rating:**Timeline:** 31 August 2013**Evidence/Monitoring:** Confirmation from the Trust that this is occurring and a copy of the communication sent to the trainees.

Condition 7**GMC DOMAIN 1 – PATIENT SAFETY - Consent****Foundation School & School of GP**

The Consent Passport received positive feedback, however some of the FY2s have not been able to attend due to rota patterns. The consent course is not being repeated therefore they cannot consent. GP Trainees also reported that they are consenting without the appropriate training, some were not aware that consent training was available in the Trust.

The GP trainees on the Endoscopy Unit reported that there are trainees consenting but not all have procedure specific forms and are using the old consent forms.

Action To Be Taken:

- 1) The Trust to ensure that all trainees receive appropriate consent training.
- 2) The Consent Passport Training to be repeated throughout the year to enable trainees to access this.
- 3) Old consent forms to be destroyed.

RAG Rating:**Timeline:** 1) & 3) 31 August 2013 & 2) 30 September 2013**Evidence/Monitoring:**

- 1) Confirmation from the Trust that all trainees are appropriately trained.
- 2) Dates of the Consent Passport Training.
- 3) Confirmation from the Trust that all old forms have been destroyed.

Condition 8**GMC DOMAIN 5 – CURRICULUM DELIVERY****School of GP**

Medicine and Obstetrics & Gynaecological trainees reported that they are not being released for half day teaching. The Obstetric & Gynaecological trainees also reported that they are not being given any opportunities to attend clinics.

Action To Be Taken:

- 1) The Trust must ensure that all trainees are released to attend training.
- 2) Obstetrics & Gynaecology trainees should be given the opportunity to attend clinics as this is a valuable part of training which is most relevant to primary care.

RAG Rating:**Timeline:** 30 September 2013**Evidence/Monitoring:**

- 1) Confirmation from the Trust that trainees are released to attend training.
- 2) Confirmation that Obstetrics and Gynaecology trainees are attending clinics.

Condition 9**GMC DOMAIN 1 – PATIENT SAFETY – Induction****School of GP**

Trainees covering Gynaecology and Medicine reported that they had received no induction, as when they started at the Trust they went straight on to nights. There were concerns as they were expected to attend a cardiac arrest call within 5 minutes of starting on nights; however they had not received an induction around this and had no familiarity with the location of crash trolleys, type of defibrillators etc.

Action To Be Taken:

Trainees not to go straight on to nights when starting in the Trust, without an adequate induction.

RAG Rating:**Timeline:** 31 August 2013

Evidence/Monitoring: Confirmation from the Trust that trainees are not on call when they first start at the Hospital without an induction.

Condition 10**GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****All Schools & School of Medicine**

The current Director of Medical Education (DME) within the Trust has demitted office. There are no succession plans.

The post of Medical College Tutor has remained vacant for 3 years. This has been reported in previous visits with no action.

Action To Be Taken:

- 1) The Trust to recruit to both of these posts. An interim DME has to be in post immediately and there must be a clear timeline for a substantive DME.
- 2) The Medical College Tutor post has to be recruited to by the time of the re-visit in December or Health Education England Yorkshire & the Humber will have to consider whether medical trainees are being adequately supervised and given pastoral support.

RAG Rating:**Timeline:** 1) 31 August 2013 & 2) 31 December 2013

Evidence/Monitoring: Confirmation of recruitment for both positions and interim arrangements for DME position.

RAG guidance can be found at Appendix 1.

RECOMMENDATIONS

As recommendations are not a condition of training they will not form part of our response to the GMC.

Recommendation 1

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Anaesthetics

Educational Supervision was reported as good, however the trainers have more than 2 trainees each and as yet are only allocated Supporting Professional Activity (SPA) time for 2 trainees within their Job Plans.

Action To Be Taken:

The Trust need to support the trainers and look at reviewing their Job Plans to ensure that they have the locally agreed number of SPA's per trainee.

RAG Rating:



Evidence/Monitoring: Confirmation from the Trust on SPA arrangements in Job Plans.

Recommendation 2

GMC DOMAIN 1 – PATIENT SAFETY

Foundation School

Although the Foundation trainees reported that they felt Hospital @ Night was working well, they would like the MEWS score to be a mandatory field on the iPod bleeps to help prioritise tasks.

Action To Be Taken:

The Trust to review the information sent out on the iPod bleeps.

RAG Rating:



Evidence/Monitoring: A copy of the action plan.

Recommendation 3

GMC DOMAIN 7 MANAGEMENT OF EDUCATION TRAINING

Foundation School

Individuals have requested monitoring of their hours to due to regular late finishes but this has not taken place.

Action To Be Taken:

Trust to undertake monitoring of hours in Foundation trainees to ensure ETWR/New Deal compliance

RAG Rating:



Evidence/Monitoring: copy of monitoring report

Timeline for recommendations is 12 months.

FINAL COMMENTS

The Trust are to be commended on their engagement with the Revalidation process, it is recognised that the Deanery receive the information in a timely manner.

All trainees reported that the trainers are friendly and that they enjoyed working at Airedale.

The evening handover in Medicine appears to have been strengthened since last year's visit.

All Anaesthetic trainees would highly recommend their posts. Core Anaesthetic trainees did report that there is a limited exposure to obstetrics, but they were able to meet curriculum requirements.

FY1 trainees appreciated the newly instituted teaching programme, which they find valuable.

The Deanery would like to recognise that the ARCP process in Foundation within Airedale has gone well and are aware there has been a changeover in the team and also changes to the process.

All FY2 trainees who are doing Medicine reported that they would not recommend the post to a colleague, due to the fact that they were constantly moved from their specialty to plug gaps.

The panel found nothing to support previously reported red flags in the GMC survey for GP around handover and study leave. Most of the trainees reported that they find their posts highly valuable with the good in house training and support.

The GP trainees in Medicine and Obstetrics and Gynaecology reported that they would not recommend their jobs due to the issues with Departmental Induction and being expected to go straight onto nights without an induction.

There is an issue around the workforce in Medicine which is affecting the trainees. Trainees are plugging gaps and are being taken away from their trainers. Gaps in rotas tiers are filled with juniors rather than seniors causing, in some instances, trainees to work without clear direct supervision.

The panel were unable to make any comment on the red flags in the Foundation aspect of the GMC survey.

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 Postgraduate Dean
(Panel Chair)**

Date: 26/07/2013

Signed on behalf of Trust

Name: Dr Janet Baker

**Position: Director of Postgraduate
Medical Education**

Date: 15/08/2013

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