

QUALITY MANAGEMENT VISIT

BARNSELY HOSPITAL NHS FOUNDATION TRUST

25TH MARCH 2013

VISITING PANEL MEMBERS:

Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Dr Catherine Dickinson	Foundation School Director
Dr John Peacock	Associate Postgraduate Dean
Dr Tony Arnold	Head of School - Medicine
Dr Tom Farrell	O&G Training Programme Director
Dr Kirsty Baldwin	Locality Lead for Postgraduate GP Education
Dr Chris Myers	GP Associate Postgraduate Dean
Sarah Walker	Quality Manager
Lynda Price	Quality & Assurance Officer
Joanne Baker	Programme Support Co-ordinator

Specialties Visited:	Foundation GP Higher Medicine – Respiratory & Geriatric Medicine 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	02/04/13
First Draft Submitted to Trust	03/04/13
Trust comments to be submitted by	17/04/13
Final Report circulated	24/04/13

NOTABLE PRACTICE

- The previous consent issues that had been identified in radiology gastroenterology have improved.

CONDITIONS

Condition 1

GMC DOMAIN – PATIENT SAFETY – Work Intensity

All Specialities

The Trust reported that an Exception Reporting System had been implemented however it was found that this is not currently functioning as expected. There appears to be a number of barriers to implementation, with a number of trainee groups interviewed being either not aware of, or reluctant to use the system.

Action To Be Taken:

The trainees need to be made aware of the exception reporting process.

RAG Rating: [REDACTED]

Timeline: Immediate

Evidence/Monitoring: The Trust to submit the information that has been transmitted to the trainees and the exception reports by speciality. Please note absence of exception reports will be scrutinised.

Condition 2

GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity

School of Medicine

Middle grade medicine rota remains high intensity, currently 1 in 9 or less. The Trust need to move towards a less frequent on-call rota eg. 1 in 11. There may be other registrars in the hospital that could be utilised.

Action To Be Taken:

The trust to develop proposals to reduce this ratio.

RAG Rating: [REDACTED]

Timeline: Proposals within 3 months to be actioned in 2014

Evidence/Monitoring: Trust to submit rota proposals

Condition 3**GMC DOMAIN 1 – PATIENT SAFETY****School of Medicine**

Currently trainees deal with ward referrals with no consultant input unless contacted by the trainees.

Action To Be Taken:

The Trust to review the current system in place and produce a policy which provides for appropriate senior supervision of ward referrals.

RAG Rating:



Timeline: 1 month from receipt of report

Evidence/Monitoring: The supervision policy

Condition 4**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT - Educational Supervision****Foundation School**

There are concerns over continuity of support as Foundation trainees are allocated 3 Educational Supervisors over a 12 month period.

Action To Be Taken:

From August 2013 all foundation trainees should have a single Education Supervisor allocated for a 12 month period.

RAG Rating:



Timeline: August 2013

Evidence/Monitoring: Allocations

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

The F1 urology post will continue until August 2013. The current supervisory arrangements are not acceptable.

Action To Be Taken:

For those time periods in the week when a urology middle grade or consultant is not available a named general surgeon should be available to support the F1. In the event that the named consultant cannot be identified the trainee will be removed.

RAG Rating:



Timeline: Immediate

Evidence/Monitoring: Details of named consultant/s and the rota

Condition 6**GMC DOMAIN 1 – PATIENT SAFETY - Consent****Foundation School & GP School**

Some F2/GP VTS trainees are being expected to take consent for a variety of procedures including termination of pregnancy, without prior evidence of training, this is not acceptable. All trainees who are taking consent should have evidence in their portfolio of appropriate training for the specific procedure.

Action To Be Taken:

- 1 Trainees to be informed that they are empowered to refuse to take consent if they have not been appropriately trained.
- 2 Audit of consents undertaken by the Medical Education Department which establishes that those trainees taking consent were appropriately trained. This audit should specifically include TOP< and minor gynaecological procedures.

RAG Rating:**Timeline 1:** Immediate **Timeline 2 :** 3 months**Evidence/Monitoring:** Communication to trainees and audit results**Condition 7****GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING - Rotas****Foundation School**

Surgical rotas remain problematic. The trainees are being requested often at short notice to fill gaps in the rota.

Action To Be Taken:

The surgical rotas to be communicated at least 3 months in advance.

RAG Rating:**Timeline:** 1 month from report

Evidence/Monitoring: Written confirmation from the Trust that this has been resolved and the rota for the subsequent 3 months.

Condition 8**GMC DOMAIN 1 – PATIENT SAFETY****Foundation School**

The FY2 in T&O has limited senior support when reviewing patients out of hours. This is currently provided by A&E consultants when available. The T&O registrar (non-resident) provides limited support.

Action To Be Taken:

The T&O department should produce agreed policies for escalation defining when the registrar should be contacted and under what circumstances the registrar should be expected to attend on site.

RAG Rating:**Timeline:** 4 weeks from the report

Evidence/Monitoring: Escalation Policies and evidence that this has been communicated to the FY2 and all T&O consultants and Specialty Registrars

Condition 9**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****Foundation School & School of Surgery**

The phlebotomy provision within the Surgical Directorate remains problematic. Foundation trainees are being regularly subjected to this repetitive non-educational task. This is compounding EWTD compliance for this group of staff. The Trust to provide details of plans that will ensure that no trainee will routinely perform more than 5 venepunctures per day.

Action To Be Taken:

Phlebotomy action plan in surgical wards to reduce dependence on Foundation doctors
FY2 to undertake an audit of who is actually taking the bloods.

RAG Rating:**Timeline:** 3 months

Evidence/Monitoring: The action plan, with timelines and the audit report

Condition 10**GMC DOMAIN 1 – PATIENT SAFETY - Supervision****School of O&G**

There are clear concerns amongst the trainees and apparent barriers to clinical escalation. Key escalation policies, agreed by all the consultant staff in the department, are not currently in place. This is unacceptable.

Action To Be Taken:

Escalation policies for key O&G critical management issues, agreed by all the consultant staff in the department should be made available to trainees. The policies should specifically involve reference to when a consultant should be contacted and when the consultant should be expected to attend on site and the appropriate timeframe (30 mins).

RAG Rating:**Timeline:** 4 weeks**Evidence/Monitoring:** Policies and evidence of distribution to trainees**Condition 11****GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****School of O&G**

There were concerns regarding the safety of discharge arrangements within the unit. ST2s and below, should not be discharging without senior review.

Action To Be Taken:

- 1 Provision of agreed departmental discharge arrangements including appropriate escalation for patient categories.
- 2 Audit of consultant involvement in discharge process

RAG Rating:**Timeline 1:** 4 weeks **Timeline 2:** 3 months**Evidence/Monitoring:** O&G Department Discharge Policy, and audit**Condition 12****GMC DOMAIN 1 - PATIENT SAFETY - Handover****School of O&G**

Handover arrangements remain inconsistent. Handover should be led by the consultant body and embedded into routine practice.

Action To Be Taken:

Undertake an audit of all handover for a 3 month period to commence on receipt of the report.

RAG Rating:**Timeline:** 3 months**Evidence/Monitoring:** Handover Audit report

Condition 13**GMC DOMAIN 3 – EQUALITY, DIVERSITY & OPPORTUNITY****School of O&G**

There are clear concerns regarding widespread undermining in this speciality.

Action To Be Taken:

Trainee feedback to Medical Education Department on named consultant and senior nursing staff to be collated by DME and fed back to speciality.

Aggregated individual trainee feedback to form part of consultant appraisal leading to Revalidation.

RAG Rating:**Timeline:** 3 months**Evidence/Monitoring:**

Confirmation from the DME that trainee feedback on O&G consultants and senior nurses had been received and feedback to the specialty

Confirmation from the Medical Director that the aggregated comments from trainee feedback will be incorporated into consultant appraisal

Condition 14**GMC DOMAIN 7 - MANAGEMENT OF EDUCATION & TRAINING****School of O&G**

Higher Trainees are expected to attend Friday afternoon teaching in their free time.

Action To Be Taken:

Confirmation should be given to the trainees from the department, that attendance at the mandatory Friday teaching is a part of their working week, not their rota'd free time.

RAG Rating:**Timeline:** Immediate

Evidence/Monitoring: Confirmation from the Trust/Department that trainees should attend the Friday half day teaching as part of the working week.

Confirmation that communication to this effect has been sent to the O&G higher trainees.

Condition 15

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of O&G

There were concerns regarding consultant presence on the gynae wards and labour ward on a daily basis. Some consultants clearly do perform regular ward rounds but this is not universal.

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: Immediate

Evidence/Monitoring:

The rota.

The communication that has informed the trainees of the rota.

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 1 – PATIENT SAFETY - Handover

School of Medicine

Continued review of the handover arrangements within medicine to ensure improving compliance.

Action To Be Taken:

Trust to undertake an audit of handover.

RAG Rating:



Timeline: Audit information to be available in 6 months.

Evidence/Monitoring: Report of audit findings

Recommendation 2

GMC DOMAIN

Foundation School

Availability of 'Up-to-date' is regarded as very positive step, and an excellent information resource to support training grade doctors.

Action To Be Taken:

The Trust to widely disseminate the availability of 'Uptodate' as an information resource for all trainees...

RAG Rating:



Timeline: As soon as practicable

Evidence/Monitoring: Evidence of communication

FINAL COMMENTS

In view of the nature of the seriousness of the concerns in O&G, a timely and complete response to the above conditions in relation to O&G will be required.

There will be an early return visit, to review progress in 3-6 months, if necessary supported by GMC representation.

Approval Status

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

- 1 The supervisory arrangements for the Urology F1 trainee should be actioned immediately. Failure to do so will result in removal of the trainee.
- 2 The rota arrangements for a daily consultant presence for ward cover in O&G should be discussed and put in place at the earliest opportunity, but certainly within 2 weeks of the receipt of the final version of this report.
- 3 Arrangements for preventing unsupervised patient discharging by FY2/GPVTS should be put in place immediately. Failure to do so will result in an immediate revisit with GMC representation.

**Signed on behalf of Yorkshire and the Humber
Postgraduate Deanery**

Name: Dr Peter Taylor

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

Date: 3rd April 2013

Signed on behalf of Trust

Name: Dr Jean-Pierre Ng Ping Cheung

Position: Director of Medical Education

Date: 8th April 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