

QUALITY MANAGEMENT VISIT

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

15TH JULY 2013

VISITING PANEL MEMBERS:

Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Dr Diana Fothergill	Head of School - Obstetrics & Gynaecology
Dr Mark Purvis	Director of General Practice
Dr Lynne Caddick	Deputy Foundation School Director
Dr Tom Farrell	Training Programme Director
Dr Ian Wilson	Deputy Head of School - Medicine
Gary Dyke	Associate Postgraduate Dean
Sarah Walker	Quality Manager
Lynda Price	Quality Officer
Jemma Leckonby	Programme Support Officer
Lisa Newton	PA to Deputy Postgraduate Dean

Specialties Visited:	Foundation
	GP
	Medicine
	Obstetrics & Gynaecology

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	23/07/13
First Draft Submitted to Trust	24/07/2013
Trust comments to be submitted by	07/08/2013
Final Report circulated	29/07/2013

NOTABLE PRACTICE

GMC DOMAIN - ALL

Foundation School

The Foundation Year 1 (FY1) trainees reported that the A&E 2 day Induction was the 'best induction ever'.

The Foundation Year 2 (FY2) trainees highly commended the ethos in Maxillo-facial towards training and development.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Medicine

The Medicine trainees reported that there is an excellent training environment for higher Medicine trainees and they are well supported by the consultants in a safe environment. There is also a good balance between training and it is apparent that the service has been enhanced by the increase in the medical registrars over the last few years.

GMC DOMAIN - ALL

School of General Practice

Induction was found to have noticeably improved and trainees reported that they find it useful. There was reduced duplication in hospital Induction and trainees really valued the electronic Trust Induction. Handover was reported as notably good practice in Paediatrics to gold standard.

Trainees thought that the Medical Staff Co-ordinator was 'brilliant' in co-ordinating the rota to allow access to study leave in Medicine for the Elderly.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY - Induction

School of Obstetrics & Gynaecology and Foundation School

A number of departments had Departmental Induction issues:

1. Obstetrics & Gynaecology – The absence of any workload reduction for trainers at Induction limited the ability to deliver the program.
2. Foundation – trainees reported concerns with Departmental Induction in Surgery, Obstetrics & Gynaecology, MAU, ENT and Plastic Surgery.

Action To Be Taken:

1. Induction to the Department should be timely (within 2 weeks) and with evidence of allocated time for trainers and trainees in the timetable and reduction of service commitments.
2. The Trust to provide evidence of Departmental Induction with attendance registers in the above mentioned areas.

RAG Rating:



Timeline: 31 August 2013

Evidence/Monitoring:

1. Timetable demonstrating allocated time for Departmental Induction.
2. Attendance registers for the above mentioned areas.

Condition 2

GMC DOMAIN 1 – PATIENT SAFETY - Handover

All Schools

There are a number of mixed messages received from trainees in relation to handover processes. Core and higher Medicine trainees seemed content with the current processes and there were no patient safety concerns.

Foundation trainees in Surgery reported satisfactory handover arrangements.

Obstetrics & Gynaecology trainees confirmed that handover takes place, but this is not consultant supported in the morning, possibly requiring revisions to job plans to facilitate.

There was however considerable confusion amongst Foundation trainees in relation to the role and efficacy of handover. There were concerns from the Diabetic Team and the Care of the Elderly trainees, the latter having unilaterally opted to provide their own arrangements.

GP VTS trainees reported that sub ST3 grades were not included fully into the handover arrangements within the A&E Department.

Action To Be Taken:

Whilst it is clear there has been progress with handover a number of areas of concern remain.

1. Appoint a single Trust Clinical Lead with responsibility for handover.
2. Review handover arrangements for Foundation, Obstetrics & Gynaecology and A&E and ensure that these are clarified and included in the Induction process.

RAG Rating:



Timeline: 1) 30 November 2013 & 2) 31 December 2013

Evidence/Monitoring:

1. Confirmation and details of clinical lead.
2. Induction materials and attendance registers.

Condition 3

GMC DOMAIN 1 – PATIENT SAFETY - Consent

Foundation School and School of Obstetrics & Gynaecology

Foundation trainees reported being asked to participate in a wide variety of consent procedures supported by the Trust intranet list. It is not clear that the trainees were made aware of the supporting educational processes with these consent documents. There also appeared to be inappropriate procedures being consented by the Foundation trainees ie total hip replacement which the panel were informed is against Trust policy.

The Obstetrics & Gynaecology and Foundation trainees had been involved in part 2 termination documentation and in the case of Foundation with no supporting training or information.

Action To Be Taken:

1. The Trust to ensure that Foundation trainees are not expected to consent for inappropriate procedures and inform them that they are empowered to refuse to take consent if they have not been appropriately trained. Each department should agree with trainees at induction which consents are expected in the post.
2. The panel do not think it is appropriate for FY2 trainees to participate in part 2 termination documentation and this should cease.

RAG Rating:



Timeline: 31 August 2013

Evidence/Monitoring:

1. Copy of communication sent to trainees.
2. Confirmation from the Trust that FY2 involvement in part 2 termination documentation has ceased.

Condition 4

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of GP and Foundation School

The GP VTS trainees reported some concerns covering ENT and availability of support out of hours.

The Foundation trainees in Medicine, specifically relating to Care of the Elderly out of hours, expressed some concerns regarding availability of support. Whilst the second 'twilight' registrar is seen as a partial solution to this problem, the relative inability to contact this person (no bleep) limits access.

Action To Be Taken:

1. Provision of Escalation Policies for ENT and Care of Elderly support out of hours, including indications for contacting the consultant on call.
2. Clarification of contact for the 'twilight' registrar.

RAG Rating:



Timeline: 30 September 2013

Evidence/Monitoring:

1. A copy of the Escalation Policies.
2. Confirmation of the contact arrangements for the 'twilight' registrar.

Condition 5**GMC DOMAIN 1 - PATIENT SAFETY – Clinical Supervision****School of Obstetrics & Gynaecology**

Obstetrics & Gynaecology trainees reported some reluctance to seek consultant support out of hours as consultants were on call rather than shift working overnight. The workload pressure on the O&G consultants would seem to be supported by the observation that the labour ward is only covered for 60 hours resident consultant cover. The trainees are very aware overnight that consultants on call are expected to provide following day full service, which inevitably influences decisions regarding overnight escalation.

Action To Be Taken:

The Trust to review the out of hours support and consultant staffing levels to provide more accessible availability.

RAG Rating:**Timeline:** 31 October 2013**Evidence/Monitoring:** Review findings and action plan.**Condition 6****GMC DOMAIN 5 – DELIVERY OF CURRICULUM****Schools of Medicine, GP and Foundation School**

The revised CMT training requirements (JRCPTB) have put pressure on these trainees in achieving release for 22 clinics (in 24 months) and mandatory practical skills training.

FY2 in-house training is currently a mixture of departmental, some highly commended, and whole group. Attendance at the whole group meeting is poor.

GP half day release is not currently achieving the required 70% standard.

Action To Be Taken:

1. The Trust to nominate a Physician to monitor CMT release for the curricula requirements.
2. The Trust to identify whether they will continue with whole F2 training or put the onus back onto departments and focus attention on those departments that were not previously regularly providing departmental teaching.
3. GP Director will work with local trainers to further develop modular training for GP VTS trainees.

RAG Rating:**Timeline:** 1) 31 January 2014, 2) 31 October & 3) 30 November 2013**Evidence/Monitoring:**

1. A report on progress to be provided for 6 month period.
2. Confirmation of Trust decision and action plan.
3. Modular training materials.

Condition 7**GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****Foundation School**

Foundation Surgical trainees reported consistently working over hours, this appeared to be within the culture of the department, there being an expectation of early starts and attendance at ward rounds often commencing at 6 pm. The trainees and trainers were unaware of any exception reporting system.

Action To Be Taken:

1. The DME to review working practices for Foundation trainees in Surgery.
2. Trust to develop and implement (via Induction) an exception reporting system.

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

1. Review findings and action plan.
2. Exception reporting system and Induction materials.

Condition 8**GMC DOMAIN 8 – EDUCATIONAL RESOURCES****School of Medicine**

Medical trainees reported deficiency of computers within the out-patient setting.

Action To Be Taken:

The DME to review availability of computers in the Out-Patient Department and report on the availability for trainees.

RAG Rating:**Timeline:** 31 October 2013**Evidence/Monitoring:** Report on computer availability.

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 3 – EQUALITY & DIVERSITY

Schools of GP and Obstetrics & Gynaecology.

There was some suggestion from GP VTS trainers that there was awareness of ‘subtle’ undermining of GP VTS trainees by staff not necessarily recognising the strengths of this grade of staff.

Action To Be Taken:

The DME to keep these observations under review.

RAG Rating:



Evidence/Monitoring: Confirmation of monitoring findings.

Recommendation 2

GMC DOMAIN 8 – EDUCATIONAL RESOURCES

School of GP

GP Programme Directors were concerned at the level of admin support for their service.

Action To Be Taken:

The Deanery and Trust to review the current funding streams to support GP within the Learning & Development Agreement.

RAG Rating:



Evidence/Monitoring: Confirmation of review findings and action.

Timeline for recommendations is 12 months.

FINAL COMMENTS

The panel were impressed with the number of trainees that were made available to attend the visit.

The Trust has an excellent Educational Centre which provides an outstanding learning environment and facilities for trainees.

Foundation trainees in Dermatology and Breast Surgery reported very low intensity and work limited educational opportunities within these areas. We were advised that the Dermatology post will not continue beyond July 2013.

FY1 trainees reported a very good handover in Obstetrics & Gynaecology, ENT, Maxillo-facial and Plastic Surgery and the Paediatrics trainers were found to be very supportive and trainees are able to do hands on supervised training.

The FY2 GP trainees reported excellent GP teaching and trainees in Plastic Surgery are thoroughly enjoying their placement. The ICU trainers received very good feedback. FY2 trainees found the Elderly Medicine consultants to be very supportive.

The CMT trainees reported high intensity workload with recognition of the support that was received in Bradford but nonetheless the balance of service and training was weighted so heavily to service this was discouraging progression within the speciality.

The panel found that the previous bullying and harassment concerns within Obstetrics & Gynaecology have been tackled locally and the situation appears to have resolved. The split building working for Obstetrics & Gynaecology trainees led to concerns of timeliness and security.

GP trainees reported that Departmental Induction was felt to be relevant and has appropriate levels of clinical content especially in Obstetrics & Gynaecology. The GP trainers reported that they found the jobs in A&E and Paediatrics to be valuable with good feedback.

There appears to be variation between specialties in the allocation of Supporting Programmed Activities (SPA) allocation for Educational supervision and other educational activities. The benefits of trainer engagement in the education process are clearly recognised by the Trust but the lack of uniformity may cause difficulties for future implementation of educational initiatives.

Previously there were concerns in GP Medicine with handover, where trainees had raised concerns there was evidence that the Trust had reacted to the concerns and were taking action to resolve this and were keeping the trainees informed.

All trainees at the visit reported that they would recommend their post.

Approval Status

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

Signed on behalf of Health Education Yorkshire and the Humber

Name: Dr Peter Taylor

Title: Deputy Postgraduate Dean (Panel Chair)

Date: 24 July 2013

Signed on behalf of Trust

Name: Dr Simon Frazer

Position: Director of Education

Date: 25 July 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