

QUALITY MANAGEMENT VISIT

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

9 APRIL 2013

VISITING PANEL MEMBERS:

Dr David Eadington	Deputy Postgraduate Dean (Chair)
Dr Catherine Dickinson	Foundation School Director
Dr Rob Cruickshank	Head of School - Anaesthetics
Dr Bill Hall	GP Associate Postgraduate Dean
Mr Mark Gibson	Deputy Foundation School Director
Dr Ian Wilson	Head of School – Medicine (West)
Dr Rhiannon Davies	GP Educator for Trainee Quality Management
Sarah Walker	Quality Manager
Lynda Price	Quality Officer
Sarah Gibson	Programme Support Co-ordinator
Anne Brown	Education Co-ordinator
Amanda Cartwright	Programme Support Co-ordinator

Specialties Visited: **FOUNDATION**
 GP
 ANAESTHETICS
 MEDICINE

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	22/04/13
First Draft Submitted to Trust	30/04/13
Trust comments to be submitted by	14/05/13
Final Report circulated	08/05/13

NOTABLE PRACTICE

GMC DOMAINS – ALL

School – Emergency Medicine/Foundation/General Practice

Very positive feedback was received from all trainees in A&E who felt that they had received an outstanding Trust induction, had protected teaching which recognised different curricula and different learning needs, and that their consultants were supportive.

GMC DOMAIN – ALL

School – Anaesthetics & Obstetrics & Gynaecology

Anaesthetic trainees reported positive feedback in general; demonstrating that the Trust has made marked improvements compared to last year's GMC findings.

Positive feedback was also received from O&G trainees, regarding specific teaching.

GMC DOMAINS – 5 DELIVERY OF APPROVED CURRICULUM

School – General Practice/Medicine/Foundation

Trainees provided excellent feedback regarding the ambulatory care area in MAU; it is a high turnover training environment offering good development for trainees.

GMC DOMAINS – 1 PATIENT SAFETY

School – Foundation and General Practice

The Trust has developed a consent training package, 'Obtaining Consent', which they have piloted successfully with Foundation and Surgery trainees. It will be included from now on in the Foundation mandatory training programme.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY - Handover

School of Medicine

There appear to be issues with the morning handover in Acute Medicine on the Halifax site. The evening handover is reported to be consistent and well organised, however the morning handover meeting is felt to be disorganised and practise varies according to which consultant is present.

Action To Be Taken:

The Trust to review the current system and implement a handover system that mirrors the one used at the Huddersfield site.

RAG Rating:



Timeline: November 2013

Evidence/Monitoring: Handover Policy

Condition 2

GMC DOMAIN 1 – PATIENT SAFETY - Consent

Foundation School

The Trust has put considerable effort into correcting the consent issue that was a condition last year, but it appears that the work is still not completely embedded in practice in some areas. There are still issues for some Foundation Year 2 (FY2) trainees taking inappropriate consent. Foundation Year 1 (FY1) trainees are not taking consent, but some still reported that they have felt quite pressurised to do so. Endoscopy lists figure in the feedback, a common finding.

Action To Be Taken:

- i) To communicate to FY2 trainees that they are only to consent for procedures after they have received training. The Trust to reinforce the policy to all consultants and ward managers.
- ii) The Trust to continue to cascade the recently piloted 'Obtaining Consent' training to all Foundation trainees.

RAG Rating:



Timeline: i) Communication, immediate
ii) 'Obtaining Consent' to be delivered to as many relevant current junior staff as possible by end of July 2013

Evidence/Monitoring: The Trust to share the information transmitted to the trainees and consultants on ceasing to take inappropriate consent.

A copy of the consent training log detailing Foundation trainees' attendance.

Condition 3**GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity****Foundation School**

Colorectal surgery Foundation trainees reported that they were continuing to work beyond their contracted hours. This was a Recommendation at last year's Quality Management visit; therefore it has now been made a Condition. The Trust plan to address this by reallocating the work of the registrars to ensure that trainees do not regularly have to work late.

Action To Be Taken:

Implement the changes to the registrars' rota and appoint/realign additional registrar. Hours monitoring to be carried out to review the impact of the changes.

RAG Rating:**Timeline:** August 2013

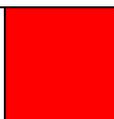
Evidence/Monitoring: Confirmation from the Director of Medical Education that these changes have been implemented. Monitoring findings.

Condition 4**GMC DOMAIN 1 – PATIENT SAFETY - Clinical Supervision****Foundation School**

Foundation Year 2 orthopaedic trainees reported that there continue to be instances where they feel that they are regarded as providing an orthopaedic opinion out of hours. This had been identified as a Recommendation last year and has therefore been made a Condition. The panel acknowledges that the Trust do not regard this as either policy or practice, but this message needs to be communicated clearly to the A+E department.

Action To Be Taken:

1. Communication to be sent informing trainees and trainers that FY2 orthopaedic trainees should not be providing a specialist orthopaedic opinion, this can only be done by middle grade/consultant staff. If trainees are continuing to experience this they should report it confidentially to their Educational Supervisor or the Director of Medical Education.
2. Director of Medical Education to survey trainees to ensure that this practice has ceased.

RAG Rating:**Timeline:** 1. Immediate

2. By end of July 2013, before change of trainees

Evidence/Monitoring: A copy of the communication that has been sent informing of the above. Survey report detailing findings.

Condition 5**GMC DOMAIN 1 - PATIENT SAFETY – Clinical Supervision****GP & Foundation Schools**

GP and Foundation trainees in medicine reported a lack of organisation and supervision on the outlying wards, and difficulty in obtaining support. There were also concerns with the GP trainees moving between wards too often, so being less familiar with the environment. They reported that they were often too busy to attend teaching, and that as the consultants were also too busy there were lost training opportunities.

Action To Be Taken:

Ward cover arrangements to be reviewed. An action plan developed to address clinical supervision and ward cover issues.

RAG Rating:**Timeline:** November 2013**Evidence/Monitoring:** Action Plan**Condition 6****GMC DOMAIN 1 - PATIENT SAFETY – Departmental Induction****School – All**

While there has been marked improvement to the Trust Induction process, some departmental induction processes remain incomplete.

Action To Be Taken:

Each departmental induction to be reviewed (with College Tutors), and best practice shared so that all improve to the standard of those that are already effective.

RAG Rating:**Timeline;** By end of July 2013, in time for August 2013 changeover**Evidence/Monitoring:** Departmental Inductions

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

Foundation School

Trainees are regularly undertaking non-educational tasks including inappropriate blood taking and cannulation. This occurs particularly at weekends and is more of an issue for the surgery trainees.

Action To Be Taken:

Trust to consider its Clinical Support Worker policy, and whether further investment is indicated.

Action plan on wards to reduce the dependence on Foundation doctors undertaking routine tasks.

RAG Rating:



Evidence/Monitoring: Action Plan

Recommendation 2

GMC DOMAIN 1 PATIENT SAFETY - Workload

Foundation School

The Medicine Foundation Year 2 rota is reported as being rigid. The Oncology Foundation Year 2 trainees are regularly staying late due to the drop in arrangements at the patient centre.

Action To Be Taken: Investigation into the issues raised to be carried out resulting in an action plan.

RAG Rating:



Evidence/Monitoring: Investigation findings and action plan

Recommendation 3

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT - Trainers

School – All

The Trust has made progress in relation to identifying time within Educator Supervisors job plans, which was a condition at the last visit. Evidence on compliance is still required.

Action To Be Taken:

Trust to provide feedback data as to what compliance there is to the job planning formula.

RAG Rating:



Evidence/Monitoring: Data to be reviewed at DME/APD meetings

Recommendation 4

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of Medicine/Foundation

Trainees reported that they are not always receiving feedback from consultants within the MAU Department (Halifax). More educational value could be gained from the senior presence which is already timetabled to be present and working within the department.

Action To Be Taken:

Further direct interaction between consultants and trainees is recommended, without changing the available resources.

RAG Rating:



Evidence/Monitoring: DME to audit the number of WPBAs arising from MAU work

Progress with recommendations will be reviewed at the next visit.

FINAL COMMENTS

Trainee attendance at the visit was excellent, with good interaction.

The overall mood of the trainee feedback was positive and complimentary, and demonstrated that the Trust has made real improvements since the previous Quality Management visit. When asked to give a global assessment of their posts the trainees indicated 7- 8.5 out of 10. This is at the upper end of how trainees report on their posts.

Anaesthetic trainees were particularly complimentary.

The panel were pleased to see the newly re-furnished Lecture Theatre. This now includes new state of the art equipment, providing an excellent learning environment.

The Trust is looking at developing different ways of future working in order to address the workforce reductions/conversions.

Approval Status

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

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

Name: Dr David Eadington

Title: Deputy Postgraduate Dean (Panel Chair)

Date: 8 May 2013

Signed on behalf of Trust

Name: Mr Owen Williams

Position: Chief Executive

Date: 7 May 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