

## QUALITY MANAGEMENT VISIT REPORT

<b>TRUST</b>	Harrogate and District NHS Foundation Trust
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<b>DAY</b>	<b>DATE</b>
Tuesday	3 February 2015

### Visiting Panel Members:

Mr Jon Hossain (Chair)	Deputy Postgraduate Dean
Mr Paul Johnson	Associate Postgraduate Dean
Miss Sarah Kaufmann	Associate Postgraduate Dean
Dr Tahira Naeem	Deputy Training Programme Director for Obstetrics & Gynaecology
Dr Sue Chatfield	Training Programme Director, Paediatrics
Prof Sunil Bhandari	Deputy Head of School
Mr Paul Renwick	Deputy Head of School
Ms Linda Garner	Quality Co-ordinator
Ms Alison Poxton	Quality Administrator

### SPECIALTIES VISITED:

- Paediatrics
- Obstetrics and Gynaecology
- Medicine
- Surgery

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.

<b>Date of First Draft</b>	<b>12/02/15</b>
<b>First Draft Submitted to Trust</b>	<b>09/03/15</b>
<b>Trust comments to be submitted by</b>	<b>24/03/15</b>
<b>Final Report circulated</b>	<b>07/04/15</b>

## SUMMARY

The visit was well organised by the Trust and the turnout of Foundation, Core, Higher trainees, and Trainers was excellent. The panel thanked the Director of Medical Education for a very informative presentation and it was noted that the DME was also a member of the Senior Management Team, thus providing valuable educational input at Senior Management level.

The Trust should be commended for providing a safe hospital environment for training. The trainees would be happy to have their families treated there and felt the nursing staff were supportive, particularly in relation to dealing with relatives' enquiries in general surgery. However, although the Panel understand a room on one of the elderly wards has been allocated to trainees for this purpose, it appears this room is now being misused as a nurses' rest room.

The Trust induction was well liked, with one Trainee describing it as "one of the best inductions they had received". It was reported to be not too onerous and the consultant involvement was appreciated.

The panel noted the innovative use of the IT based Patient Tracker system. The potential for this system in terms of being able to efficiently and effectively prioritise patients was recognised.

Handover systems in O&G labour ward were felt to be a particularly positive example with a consultant led handover occurring every morning of the week. All the Higher Trainees felt their Supervisors were very supportive, approachable and very willing to teach.

All trainees reported being released to attend teaching sessions. Foundation and GP trainees were able to attend clinics and theatres if requested. In particular, it was noted that the T&O trainees were getting exposure to elective procedures with an appropriate number of cases. O&G trainees are being exposed to gynaecological surgery with trainees operating above their expected level of training whilst in a learning and supervised environment which is of benefit to the trainees. This Trust support from an educational and pastoral perspective was commended by the panel.

The panel were made aware that the term "SHO" is still an existing part of the Trust's terminology, particularly by the trainees themselves. The term SHO could potentially refer to a wide range of training grade doctors, and unfairly raise expectations of level of experience and competence. It is understood that the Trust are currently having the term 'SHO' removed from rotas, name badges and any other documentation. The panel recommend that the Trust monitor this situation to ensure all staff are clear of the level of the trainee who is working with them.

In terms of Faculty development, the Panel recommend the Trust raise awareness amongst their Trainers of:-

- GMC requirement for all Clinical Supervisors and Educational Supervisors to be fully accredited by July 2016. Any non-accredited supervisors at this point will be unable to train
- The Deanery blended learning programme that has replaced MIAD
- Trainee involvement with SUI and form R/exception reports

The majority of the trainees reported that the hospital felt cold in terms of temperature and felt that it was not conducive to a learning environment and taken to extremes could impact on patient experience. This was particularly the case in corridors between ward areas.

The consultants and trainees felt very well supported by the DME and the staff in the education department.

It was noted that the education department was very well utilised by all groups of staff.

## CONDITIONS


<b>Condition 1</b>		
<b>GMC Domain:</b>	1 Patient Safety	
<b>Concern relates to:</b>	Clinical Supervision	
<b>School:</b> Obstetrics and Gynaecology, Respiratory, Cardiology, General Surgery	<b>Trainee Level Affected:</b> Foundation, Core and Higher	<b>Site:</b> Harrogate & District NHS Foundation Trust
<p>Clinics in General Surgery, Respiratory, and Obstetrics and Gynaecology were taking place without direct explicit consultant supervision. For example there were instances reported with clinics being run by middle grade ST4 and Foundation trainees in Obstetrics and Gynaecology (including ante-natal clinics) without a consultant present (an ST4 is a pre-membership Obstetrics and Gynaecology registrar). The trainees reported discussing cases at the next opportunity with the consultant (normally the next day) or approaching the on call team.</p> <p>Cardiology trainees reported instances where there was no-one more senior than an F1 present within the trust. This appeared to be occurring on a Friday afternoon. However, the panel understand that the Trust have plans in place to address this.</p> <p>Urology FYs reported being rostered to cover wards and cystoscopy clinics; Trainees reported clerking patients in urology clinics prior to cystoscopy without any feedback. This represents a loss of a learning opportunity</p>		
<b>Action To Be Taken:</b>		
<ol style="list-style-type: none"><li>1) The Trust to develop a framework of supervision within out-patient clinics. All unsupervised clinics must cease.</li><li>2) The Trust to implement and monitor clinic supervision plans.</li><li>3) The Trust must ensure that Foundation doctors in clinic are directly supervised by a more senior doctor (middle grade or consultant) present in the clinic.</li><li>4) The Trust to ensure that senior supervision is available and that feedback is provided to trainees.</li></ol>		
<b>RAG Rating:</b>	■	<b>Timeline: 30/06/2015 for evidence, 31/09/205 for action plan</b>
<b>Evidence/Monitoring:</b>		
<ol style="list-style-type: none"><li>1) Copy of supervision framework/s</li><li>2) Written confirmation that unsupervised clinics have ceased</li><li>3) Evidence of result of monitoring</li></ol>		

<b>Condition 2</b>		
<b>GMC Domain:</b>	1 Patient Safety	
<b>Concern relates to:</b>	Clinical Supervision	
<b>School:</b> Gastroenterology	<b>Trainee Level Affected:</b> Foundation	<b>Site:</b> Harrogate & District NHS Foundation Trust
<p>Gastroenterology trainees felt that in-patient management plans were often formulated at FY2 level and had variable consultant input. This resulted in the trainees sometimes feeling a lack of confidence in managing patients which was compounded by the discomfort felt on approaching consultants regarding this.</p>		
<p><b>Action To Be Taken:</b> The Trust to examine consultant time on the ward with a view to increasing this.</p>		
<b>RAG Rating:</b>		<b>Timeline:</b> 30/04/2015
<p><b>Evidence/Monitoring:</b> Copy of rotas illustrating increased consultant time on the ward.</p>		

<b>Condition 3</b>		
<b>GMC Domain:</b>	1 Patient Safety	
<b>Concern relates to:</b>	Clinical Supervision	
<b>School:</b> Surgery	<b>Trainee Level Affected:</b> Foundation	<b>Site:</b> Harrogate & District NHS Foundation Trust
<p>Surgical foundation trainees reported that their work based placed assessments were being performed by middle grades or other trainees. There was no consultant input, other than the induction meeting and supervisor reports. The trainees would value more time with their supervisors.</p>		
<p><b>Action To Be Taken:</b> The Trust to review current consultant supervision with regard to Workplace Based Assessments.</p>		
<b>RAG Rating:</b>		<b>Timeline:</b> 31/7/2015
<p><b>Evidence/Monitoring:</b> Job planning to allow consultants to perform work based assessments with their trainees.</p>		

<b>Condition 4</b>		
<b>GMC Domain: 3</b>	Equality, Diversity and Opportunity	
<b>Concern relates to:</b>	Undermining	
<b>School:</b> Obstetrics and Gynaecology, Gastroenterology	<b>Trainee Level Affected:</b> Foundation and Core	<b>Site:</b> Harrogate & District NHS Foundation Trust
<p>The panel are concerned that in Obstetrics and Gynaecology the nature of feedback following clinical incidents had been critical, not constructive. The trainee reported that this concern involved more than one consultant. The panel felt that receiving feedback was of critical importance to a Trainee, but that feedback should be delivered in an educational manner rather than by apportioning blame.</p> <p>Trainees reported the dysfunctional behaviour of some consultants in Obstetrics and Gynaecology, for example; often disagreeing with each others management plans. The more junior core and foundation trainees found this difficult to deal with.</p> <p>In Gastroenterology undermining had been experienced by Trainees at a sub consultant level. The deanery is happy to support the trust in these issues (for instance coaching).</p>		
<p><b>Action To Be Taken:</b></p> <ol style="list-style-type: none"> <li>1) The Trust must investigate the concerns in relation to Obstetrics and Gynaecology and to develop a feedback system that takes into account the need to avoid a blame culture.</li> <li>2) Trust to investigate issues relating to the sub consultant tier in Gastroenterology</li> <li>3) Trust to invest in Consultant team building in Obstetrics and Gynaecology</li> </ol>		
<b>RAG Rating:</b>	■	<b>Timeline: 30/09/2015</b>
<p><b>Evidence/Monitoring:</b></p> <ol style="list-style-type: none"> <li>1) Evidence of Consultant training in giving effective feedback</li> <li>2) Survey/audit of trainee experience</li> <li>3) Evidence that consultants in Obstetrics and Gynaecology and sub consultant level in Gastroenterology involved have been approached about such behaviours</li> </ol>		

<b>Condition 5</b>		
<b>GMC Domain:</b>	1 Patient Safety	
<b>Concern relates to:</b>	Induction	
<b>School:</b> Cardiology, Elderly Medicine, Obstetrics and Gynaecology, Paediatrics	<b>Trainee Level Affected:</b> Foundation and Core	<b>Site:</b> Harrogate & District NHS Foundation Trust
<p>Both Foundation and Core Trainees felt that the local speciality induction they received was limited and would benefit from being held over a longer time-span with more content. For example;</p> <p>Elderly Medicine trainees only received a three hour induction with very little departmental induction.</p> <p>Cardiology trainees felt they had not received any form of local induction and reported having to pick up protocols as they occurred, but that often these protocols were outdated e.g. Intranet (2012), particularly with regard to antiplatelet therapy.</p> <p>Paediatric trainees reported overcrowding at neo-natal induction resulting in a lack of confidence in their abilities in neo-natal resuscitation.</p> <p>Some Obstetrics and Gynaecology and Paediatric trainees reported not receiving e-log ins to EPRO at the time of induction.</p>		
<p><b>Action To Be Taken:</b></p> <ol style="list-style-type: none"> <li>1) The Trust to review the content of the local speciality inductions and to ensure that all related documentation is up-to-date and relevant.</li> <li>2) The Trust to distribute induction information in a timely manner</li> </ol>		
<b>RAG Rating:</b>		<b>Timeline:</b> 30/09/2015
<p><b>Evidence/Monitoring:</b></p> <ol style="list-style-type: none"> <li>1) Copy of induction process</li> <li>2) Copy of timetabled induction information</li> </ol>		

<b>Condition 6</b>		
<b>GMC Domain:</b>	1 Patient Safety	
<b>Concern relates to:</b>	Handover	
<b>School:</b> Medical and Surgery and Paediatrics	<b>Trainee Level Affected:</b> Foundation and Core	<b>Site:</b> arrogate & District NHS Foundation Trust
<p>The panel noted that handover systems in Obstetrics &amp; Gynaecology were felt to be particularly positive with a consultant led handover occurring every morning of the week.</p> <p>However, there are concerns about the consistency and robustness of handover in Medicine. The Trainees reported that the Monday–Thursday handover involved only what was felt to be important. The quality of information depended on who had been on duty prior to them. Handover on Fridays at 5pm is done via a PC using a long word document. Doctors from different specialities all contribute, and Trainees report a wait of up to an hour before they are able to input. The panel feel this system is unwieldy and open to error.</p> <p>Paediatric trainees demonstrated confusion regarding who should be present at handover, reporting that nurses are not present at either morning or evening handover.</p> <p>Surgical trainees report that a general surgical consultant is not always present at handover. The T+O trauma handover was however consultant led. The panel felt that is necessary to have senior involvement at handover, both from a patient safety and teaching perspective.</p>		
<b>Action To Be Taken:</b>		
The Trust to ensure that a clear, formal, recorded and auditable internal handover system is developed to include senior involvement.		
<b>RAG Rating:</b>		<b>Timeline:</b> 31/05/2015
<b>Evidence/Monitoring:</b>		
<ol style="list-style-type: none"> <li>1) Written confirmation of the handover principles</li> <li>2) Audit outcome and resulting action plan</li> </ol>		

<b>Condition 7</b>		
<b>GMC Domain:</b>	5 Delivery of Curriculum	
<b>Concern relates to:</b>	Workload	
<b>School:</b> Medicine	<b>Trainee Level Affected:</b> Foundation / Core / Higher	<b>Site:</b> Harrogate & District NHS Foundation Trust
<p>Concerns were expressed regarding the rota system.</p> <p>Medical trainees reported often having to cross-cover another specialty, with existing clinics not taken into consideration. A ST4 trainee reported being shifted across specialties, resulting in a lack of exposure to their parent specialty.</p> <p>Trainees felt they were often working below their level of operating and importantly not achieving competencies appropriate to their level of training.</p> <p>The trainees overall felt that the Rota co-ordinator was regularly redeploying medical staff to fill gaps, to minimum numbers but was unaware of the clinical implications of these decisions.</p> <p>The panel felt there was good exposure to general medicine, but speciality training may be compromised due to cross cover.</p>		
<b>Action To Be Taken:</b>		
The Trust to ensure more clinical input is provided in rota co-ordination with elective endoscopy lists and being targeted to higher trainees		
<b>RAG Rating</b>		<b>Timeline: 30/09/2015</b>
<b>Evidence/Monitoring:</b>		
<ol style="list-style-type: none"> <li>1) Written confirmation of clinical involvement in rota system</li> <li>2) Copy of Rotas showing higher trainees allocated to endoscopy and clinics and core trainees allocated to clinics</li> </ol>		



<b>Condition 8</b>		
<b>GMC Domain:</b>	5 Delivery of Curriculum	
<b>Concern relates to:</b>	Learning environment	
<b>School:</b> Medicine and Surgery	<b>Trainee Level Affected:</b> Core and Higher	<b>Site:</b> Harrogate & District NHS Foundation Trust
<p>There was a general feeling that Trainees access to specialised procedures could be improved.</p> <p>General surgical trainees reported that the amount of clinics they were expected to attend prevented them from performing surgical techniques in operation lists. This meant they were not achieving indicative numbers in their log book. They should attend 3 or 4 lists per week, which should include day case surgery.</p> <p>Respiratory Medicine Higher trainees are not gaining access sufficient to endoscopy lists, due to excessive ward work. This ward work also prevents core medical trainees attending clinics</p> <p>Higher medical trainees should be aware that despite being in specialties they still need to be encouraged and reminded of achieving their GIM curriculum requirements</p>		
<b>Action To Be Taken:</b>		
In order to fulfil curriculum requirements the Trust should ensure that all trainees gain sufficient access to appropriate procedures within each speciality.		
<b>RAG Rating:</b>		<b>Timeline: 30/09/2015</b>
<b>Evidence/Monitoring:</b>		
<ol style="list-style-type: none"> <li>1) Copy of timetable</li> <li>2) Review of trainee logbooks/theatre records/endoscopy records describing numbers of procedures achieved over a six month period</li> </ol>		

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:** Jon Hossain

**Title:** Associate Postgraduate Dean

**Date:** 07/04/15

#### Signed on behalf of Trust

**Name:** Helen Law

**Title:** Director of Medical Education

**Date:** 07/04/15

## 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