

QUALITY MANAGEMENT VISIT

NORTHERN LINCOLNSHIRE & GOOLE HOSPITALS NHS FOUNDATION TRUST

DAY 1 – SCUNTHORPE GENERAL HOSPITAL, 11TH OCTOBER 2013

**DAY 2 – DIANA PRINCESS OF WALES HOSPITAL, GRIMSBY
14TH OCTOBER 2013**

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	31/10/13
First Draft Submitted to Trust	01/11/13
Trust comments to be submitted by	14/11/13
Final Report circulated	29/11/13

VISITING PANEL MEMBERS DAY 1 – SCUNTHORPE GENERAL HOSPITAL:

Mr Jon Hossain	Deputy Postgraduate Dean (Chair)
Mr Ray Cuschieri	Associate Postgraduate Dean
Mr Kevin Sherman	Associate Postgraduate Dean
Dr Tony Arnold	Head of School – Medicine
Dr Simon Clark	Head of School - Paediatrics
Dr Rum Thomas	Training Programme Director - Paediatrics
Lucy Hathaway	Business Manager
Sarah Walker	Quality Manager
Carly Batchelor	PA to Deputy Postgraduate Dean & Senior Business Manager
Sarah Gibson	Programme Support Co-ordinator
Laura Tattersall	Quality Officer
Barbara Welch	Recruitment Officer
Amanda Fisher	Education Commissioning Manager (Observer)

Specialties Visited:	Foundation
	GP
	Paediatrics
	Surgery
	Medicine

VISITING PANEL MEMBERS DAY 2 – DIANA PRINCESS OF WALES HOSPITAL, GRIMSBY:

Mr Jon Hossain	Deputy Postgraduate Dean (Chair)
Dr Michael Nelson	Associate Postgraduate Dean
Dr Alison Pittard	Associate Postgraduate Dean
Dr Gavin Anderson	Deputy Foundation School Director
Dr Tony Arnold	Head of School - Medicine
Dr Simon Clark	Head of School - Paediatrics
Dr Rum Thomas	Training Programme Director - Paediatrics
Dr Mark Purvis	Head of Postgraduate School of Primary Care & Director of Postgraduate GP Education
Dr Roger Higson	Training Programme Director - GP
Lucy Hathaway	Business Manager
Sarah Walker	Quality Manager
Sarah Gibson	Programme Support Co-ordinator
Laura Tattersall	Quality Officer
Rachel Cadwallader	Programme Support Administrator

Specialties Visited:	Foundation
	GP
	Paediatrics
	Surgery
	Medicine

NOTABLE PRACTICE

GMC DOMAIN 1- PATIENT SAFETY

All Schools

The Trust has developed an algorithm to follow regarding the reporting and management of serious untoward incidents (SUIs) which involve how they would manage trainee involvement.

GMC DOMAIN 1 – PATIENT SAFETY - Handover

Schools of Obstetrics & Gynaecology & Paediatrics

The handover in Obstetrics & Gynaecology at Grimsby was reported as good, very structured with senior input and felt very safe. One trainee reported that it was the best handover they had ever experienced.

The handover in Paediatrics also received positive feedback with consultant presence 7 days a week. All handovers are archived and printed out to hand over.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Paediatrics

The panel were impressed with the use of the Nurse Practitioners within Paediatrics on the Neonatal and General Paediatric Units. Which provide a very effective multidisciplinary team working environment.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

Foundation School, Medicine & Surgery

Foundation and Core doctors, in Medicine and Surgery at both sites, continue to take GP admission calls, and A&E referrals for a specialist opinion. This not an appropriate practice, especially A+E calls for Foundation specialty trainees (in any specialty). This occurs at all times of the day on both sites and is leaving trainees feeling overwhelmed and unsupported. This was a Condition at last year's Quality Management visit.

Action To Be Taken:

The Trust must implement a process that ensures that Foundation trainees (all specialties) are not taking any GP admission & A&E specialist opinion calls. Out of hours Core trainees in Medicine and Surgery can take calls with appropriate supervision and protocols to follow, particularly for the broad surgical cover of many specialties.

RAG Rating:

Red*

Timeline: 31st December 2013

Evidence/Monitoring: Written confirmation of the new process, and evidence of its application – most simply by the DME meeting the Foundation trainees after two months to establish the new position. If this condition remains unresolved this will result in a re-visit which may include GMC representation.

Condition 2**GMC DOMAIN 1 – PATIENT SAFETY - Handover****Schools of GP, Medicine, Foundation & Surgery**

There are still concerns regarding handover in several specialities at both sites. In Surgery it is felt to be non-existent, whilst sporadic and unstructured in Medicine - and on the Medical Admissions Unit (MAU) at Scunthorpe it appears to be non-existent. When not on-call trainees are not given any handover, and rely on ad-hoc arrangements to discover the location and status of patients. This was a condition at last year's Quality Management visit and remains unresolved.

The panel are aware of the development of the on-line handover system, however this has been in development for a considerable amount of time and cannot yet be relied upon, a system needs introducing before this has been rolled out. There are examples of good handover practice within the Trust in Paediatrics and Obstetrics & Gynaecology

Action To Be Taken:

The Trust to ensure that a handover process is implemented for Surgery and Medicine without delay and guarantee that all trainee doctors start their shift with a handover. It is recommended to adopt the model used by Paediatrics and Obstetrics & Gynaecology, whilst the electronic system is further developed, if wider implementation is still intended

RAG Rating:

Red*

Timeline: 31st December 2013**Evidence/Monitoring:** Confirmation and details of the handover process in each speciality.

If this condition remains unresolved this will result in a re-visit which will include GMC representation.

Condition 3

GMC DOMAIN 1 – PATIENT SAFETY - Induction

Schools of GP, Paediatrics, Medicine & Foundation

The trainees recognise the importance of Trust as well as departmental and specialty induction, but felt that the emphasis on the essentials required at the start of their attachments could be improved.

There is a lack of organisation of IT access including passwords and log in details which trainees reported as taking at times up to 2 weeks to organise. Locums are not given IT login details which results in them using other people's login details.

Trainees on both sites have difficulty in accessing protocols/guidelines on the intranet (apart from the antibiotic policy). It is not known as to whether they exist or not. Trainees are importing documents from other Trusts which has governance implications

There was a lack of a departmental induction for General Surgery, Urology, ENT and Obstetrics and Gynaecology on both sites. One Foundation Year 2 (FY2) trainee was on call on their first day for Obstetrics & Gynaecology with no departmental induction.

Trainees covering multiple specialties out of hours have no clear guidance on supervision arrangements, or for instance which site is accepting ENT. There is no clarity on paediatric surgical and vascular surgical emergencies.

Action To Be Taken:

- 1) The Trust to review the Trust induction.
- 2) The Trust must ensure that all trainees and locums receive IT logins/passwords etc. at induction in a timely fashion
- 3) The Trust must ensure that all protocols/guidelines are consolidated in one place on the intranet.
- 4) The General Surgery, Urology, ENT and Orthopaedics must implement a departmental induction. This must cover what is required of trainees when covering multiple surgical specialties out of hours and clearly describe the supervision arrangements
- 5) Rotas are to ensure that FY2 trainees are not put on call on their first night until after they have had a departmental induction

RAG Rating:



Timeline: 1), 2) 4) & 5) 31st January 2014 - 3) 31st December 2013

Evidence/Monitoring:

- 1) A copy of the reviewed induction materials.
- 2) Written confirmation that all trainees and locums received IT logins at induction.
- 3) Details of where on the intranet the protocols/guidelines are stored.
- 4) Surgery departmental induction materials.
- 5) Written confirmation

Condition 4

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

Foundation School

There are concerns regarding the shadowing process at both sites, this does not appear to have been fully implemented. Shadowing for Foundation trainees is a National Directive which has been fully funded by the Deanery to guarantee its delivery.

The Foundation Year 1 (FY1) trainees were not able to shadow anyone on both sites for their first day on the ward as there was a lack of staff, hence they often became the ward doctors - in most cases they were put to work before having any departmental induction and with no IT access. This deteriorated further when the CT/ST Induction was being undertaken, with no junior or senior trainees to supervise and/or support the FY1s. In some departments it appeared that the FY1 trainees ran the ward for the first week in August.

There was a lack of explicit clinical supervision of FY1 on the wards, with some areas lacking for up to a week.

Action To Be Taken:

- 1) The Trust must ensure that there are sufficient staffing levels on the wards to enable all new FY1 trainees to be able to shadow. Leave of existing FY1 trainees should be restricted unless it is compensatory rest after on call.
- 2) FY1 trainees should not be left on the wards unsupervised, when other trainees are being inducted. There must be explicit supervision. Newly qualified FY1 doctors need effective supervision throughout the first week including Trust induction for other grades of new starters.

RAG Rating: 

Timeline: 1) & 2) 31st December 2013

Evidence/Monitoring:

- 1) Staffing rotas for Foundation trainee shadowing period and written confirmation of the prohibition of leave in the shadowing period
- 2) Written confirmation from the Trust that FY1 trainees are supervised at all times.

Condition 5

GMC DOMAIN 1 – PATIENT SAFETY - Consent

Schools of Medicine, Foundation & GP

Some trainees at both sites are inappropriately taking consent for a range of procedures which they are not competent in or for which they have received training. FY2 trainees in Trauma and Orthopaedic are consenting for a range of procedures with no training and the Foundation trainees at Scunthorpe are consenting for endoscopy and radiology procedures (eg. angiograms, drainages etc).

Action To Be Taken:

The Trust must ensure that trainees are not expected to take consent unless they have received training and are deemed competent in the procedure.

RAG Rating: 

Timeline: 31st December 2013

Evidence/Monitoring: Written confirmation from the Trust that trainees are not taking inappropriate consent and copies of the consent training logs.

Condition 6**GMC DOMAIN 1 – PATIENT SAFETY****School of Medicine**

There are many medical outliers scattered across numerous wards throughout the Grimsby site. The Trust IT systems do not reliably identify patients' location within the Trust and track patient moves. A hand written white board on the MAU is used to document outliers, but not all trainees are aware of this mechanism. Trainees are unable to robustly locate patients within the Trust, this is a major patient safety issue. When on an outlying ward nurses have difficulty in locating the team responsible for the care of the patient. On a surgical ward they call medical and surgical juniors. The trainees informed the panel of one potential serious incident directly related to this. The Trust is aware of this issue and apparently building work is planned to provide a ward for medical outliers, however trainees and many consultant staff are unaware of this initiative.

The process for the management of medical outliers is not clear.

Action To Be Taken:

The Trust must ensure that there is a robust process in place for identifying where medical outliers are within the hospital and that this is communicated to all relevant parties. This should be via the PAS. When extra capacity is available there again should be a clear process

The Trust to determine who manages the medical outliers and that this is explicit

RAG Rating:**Timeline:** 30th November 2013**Evidence/Monitoring:**

- 1) Confirmation of the process in place for identifying the location of medical outliers.
- 2) Decision on who manages the medical outliers.

Condition 7**GMC DOMAIN 3 – EQUALITY & DIVERSITY****School of Medicine**

There was concern regarding a report of undermining from a consultant on the MAU at the Scunthorpe site.

Action To Be Taken:

The Trust to investigate the allegations.

RAG Rating:**Timeline:** 30th November 2013**Evidence/Monitoring:** A copy of the investigation findings and action plan.

Condition 8**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Medicine & Foundation**

Trainees at both sites are regularly working beyond their contracted hours. In Scunthorpe some of the trainees have been instructed to do so. In Grimsby they are told to complete a monitoring form, however this form is reported to have a clause at the bottom on which the trainee declares that working beyond hours is by their choice. The Trust was unable to provide a copy of their hours monitoring documentation.

Some of the issues stem from the rotas with no overlap to allow for handover, which necessitates the trainees staying late. Others are related to staffing issues, or trainees being instructed to stay until the end of a post take ward round.

Action To Be Taken:

- 1) The Trust to provide a copy of their hours monitoring documentation and diaries.
- 2) The Trust to ensure that a monitoring/exception reporting process is implemented.

RAG Rating:**Timeline:** 31st December 2013**Evidence/Monitoring:**

- 1) A copy of the hours monitoring documentation and diaries.
- 2) A copy of the monitoring/exception reporting process and copies of the information submitted by trainees.

Condition 9**GMC DOMAIN 1 – PATIENT SAFETY****School of Medicine**

The Grimsby MAU appears to be heavily reliant on locum consultants who are reticent about discharging patients, and with a lack of decision making regarding patient management plans particularly regarding resuscitation status. MAU consultants, including the locum consultants continue to have responsibility for medical patients when they move off the MAU

Action To Be Taken:

The Trust must review the staffing of the MAU, and minimise the use of locums. The MAU consultants should not remain responsible for patients who have moved to a specialty or a base ward, these patients require an effective handover to the ward team. .

RAG Rating:**Timeline:** 31st December 2013**Evidence/Monitoring:** Details of staffing review and action plan.

Condition 10**GMC DOMAIN 1 – PATIENT SAFETY****Foundation School**

At the Grimsby site there are times when an FY1 Psychiatry trainee is acting as a member of the Critical Care Outreach Team on a locum basis.

Action To Be Taken:

The Trust to ensure that this practice ceases immediately.

RAG Rating:**Timeline:** 31st October 2013**Evidence/Monitoring:** Written confirmation from the Trust that this practice has ceased.**Condition 11****GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****School of Surgery**

Out of hours the Surgical trainees provide cross cover for all specialities, in Urology the core trainees are aware who they should contact however the higher trainees do not. There is no clarity on which site is accepting ENT.

Action To Be Taken:

The Trust must ensure that all trainees know who to contact out of hours in each speciality.

RAG Rating:**Timeline:** 30th November 2013**Evidence/Monitoring:** A copy of the communication sent to trainees.**Condition 12****GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****Foundation School**

FY2 trainees in surgery at Scunthorpe reported there being occasions when they have been expected to discharge patients in A&E without being seen by a registrar.

Action To Be Taken:

The Trust must ensure that FY2 trainees are not discharging patients without prior senior review, or at a minimum a discussion with a more senior surgeon if a physical review is difficult, for instance by the registrar being in theatre.

RAG Rating:**Timeline:** 31st January 2014**Evidence/Monitoring:** Written confirmation from the Trust that this practice has ceased.

Condition 13**GMC DOMAIN 1 & 3 – PATIENT SAFETY – Clinical Supervision & EQUALITY & DIVERSITY****Foundation School**

The FY2 Surgical trainees, on both sites, feel very unsupported when on-call. They reported being pressurised by the A&E department to see these patients as a priority even when dealing with very sick patients on the ward. If patients are breaching the 4 hours waiting time in A&E some consultants have been known to send patients to the ward without being reviewed with no management plan, or treatment instituted.

Action To Be Taken:

The Trust to investigate the concerns within the A&E department and ensure that trainees are not pressurised into seeing patients and that patients are not moved without the appropriate review being carried out.

RAG Rating:**Timeline:** 31st December 2013**Evidence/Monitoring:** Investigation findings and action plan.**Condition 14****GMC DOMAIN 5 – CURRICULUM DELIVERY****Foundation School**

There is no formal teaching for FY2 trainees at Scunthorpe. Trainees are able to attend departmental teaching or other teaching that is available, but they are not aware of what teaching is available in the Trust. The formal teaching is not mandatory and therefore there is some concern over accessing it. The Foundation trainees should be given fair access to departmental teaching/education on the same basis as other training and non-training grades.

Action To Be Taken:

The Trust must ensure that departmental teaching is provided for all FY2s and monitor that FY2 trainees are attending.

RAG Rating:**Timeline:** 31st March 2014**Evidence/Monitoring:** Confirmation of formal teaching available and attendance figures.

Condition 15**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Medicine**

Whilst it was apparent that there had been some improvement there are still concerns regarding the recognition of educational supervision time in job plans. The trainers in Scunthorpe reported that it was documented in their job plans however this was not being recognised. This was a condition in 2011 and 2012.

Action To Be Taken:

The Trust to ensure that educational supervision is recognised and Educational Supervisors are given appropriate time.

RAG Rating:**Timeline:** 31st December 2013**Evidence/Monitoring:** Written confirmation from the Trust that educational supervision is recognised.**Condition 16****GMC DOMAIN 1 – PATIENT SAFETY – WORK INTENSITY****School of Medicine**

The acute resident on-call registrar rota should never be more frequent than 1 in 11. With the use of the staff grade posts (4) the Grimsby rota is compliant with this. However, there are concerns regarding the Scunthorpe rota which is still '1 in 9'. This is too onerous, and reduces the time available for day-time training to below a critical level.

Action To Be Taken:

The Trust must ensure that the Scunthorpe rota becomes compliant with a 1 in 11. Consideration should be given to the employment and deployment of staff grade posts to expand the rota, as occurs in Grimsby.

RAG Rating:**Timeline:** 31st December 2013**Evidence/Monitoring:** Written confirmation of the rota arrangements and measures taken.

Condition 17**GMC DOMAIN 5 – CURRICULUM DELIVERY****School of Medicine**

Although the Core Medical trainees are released for attendance at the PACES weekend courses ran by the Deanery/School, there is little or no informal bedside PACES teaching, in particular at the Grimsby site. There is a plethora of suitable clinical material in the hospitals, and this opportunity is currently being wasted. Success at the examination is crucial for progression to registrar posts, and the provision of good teaching can be an important factor in attracting junior trainees.

Action To Be Taken:

The Trust to ensure that a programme is organised and implemented.

RAG Rating:**Timeline:** 31st December 2013**Evidence/Monitoring:** Training programme details.

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 8 – EDUCATIONAL RESOURCES****Foundation Schools**

Scunthorpe trainees do have access to a doctors' mess however there are no lockers available to store their belongings securely

Action To Be Taken:

The Trust to consider exploring funding options available with the Deanery.

RAG Rating:**Evidence/Monitoring:** Communication with the Deanery.

Recommendation 2**GMC DOMAIN 6 SUPPORT & DEVELOPMENT****School of Paediatrics**

There is a consultant ward round every day on the Paediatric ward however this is not the same for the Neonatal Unit.

Action To Be Taken:

The Trust to consider implementing a consultant ward round on the Neonatal Unit.

RAG Rating: 

Evidence/Monitoring: Written confirmation from the Trust.

Recommendation 3**GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****School of Paediatrics**

Both sites work in isolation from each other.

Action To Be Taken:

The Trust to consider working more as a single department and consider cross-cover between the sites.

RAG Rating: 

Evidence/Monitoring: Written confirmation from the Trust.

Recommendation 4**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of GP**

GP Dermatology trainees at the Grimsby site reported that they are taking more of a passive role in the clinics. They would welcome the opportunity to provide more service and the service would also support this which would provide more training opportunities.

Action To Be Taken:

The Trust to review the training opportunities in the Dermatology clinics.

RAG Rating: 

Timeline: 31st March 2014

Evidence/Monitoring: Details of the review and action plan.

Timeline for recommendations is 12 months.

FINAL COMMENTS

Most trainees reported that the staff are friendly and supportive at both sites and it was apparent that there was good engagement with trainees and trainers.

Most trainees at Scunthorpe reported excellent teaching opportunities.

The feedback from the Paediatric trainees at both sites was exemplary, both reported as having excellent, supportive consultants, consultant led ward rounds and a comprehensive teaching programme. Induction received positive comments, helping trainees to fit in. The Paediatric trainees also reported receiving excellent support from the Postgraduate Medical Education Centre. The panel felt that Paediatrics demonstrated a good functioning department and this could be used as an example of good practice.

GP trainees at Grimsby are generally happy, with the exception of Medicine placements. The GP trainees at Scunthorpe reported exemplary teaching in medical elderly and good levels of support for all trainees.

Surgery trainees at Grimsby are very positive about the training they receive with outstanding opportunities in benign and upper colorectal surgery and feel well supported by the consultants. As the Trust receive over 300 referrals for breast surgery this would provide an excellent training opportunity.

The Medicine trainees at Grimsby appreciate the fact that the hospital is small and friendly with good consultant supervision. It is one of a few hospitals that they can experience training in both acute and specialty medicine due to the unselected take.

Foundation trainees at Scunthorpe feel that morale is low and whilst some trainees would recommend their posts, those in Surgery and Obstetrics and Gynaecology would not.

Trainees did report that the Trust appears reluctant to accept change. When making suggestions they feel they are often met with the attitude that 'things have always been done this way'. This is disappointing as the trainees are engaged but feel frustrated that they are not being listened to. The repetition and escalation of conditions made at previous visits reinforces this impression. The postgraduate team need support from senior Trust management and from the clinical business units in recognising concerns and responding to them.

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: 29/11/13

Signed on behalf of Trust

Name: Lynn Young

Position: Medical Education Centre Manager

Date: as per email of 26/11/13

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