

QUALITY MANAGEMENT VISIT REPORT

TRUST	
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DAY	SITE	DATE
ONE	Scunthorpe General Hospital (SGH)	26 March 2015
TWO	Diana Princess of Wales Hospital, Grimsby (DPOW)	27 March 2015

Mr Jon Hossain (Chair)	Deputy Postgraduate Dean
Dr Ian Wilson	Deputy Head of School – Medicine
Dr Mike Hayward	Trust Link APD
Dr Ray Cuschieri	Associate Postgraduate Dean
Dr James Thomas	School Lead for Quality Assurance – GP
Mr Paul Renwick	Deputy Head of School - Surgery
Dr James Dodman	Training Programme Director - Anaesthetics
Dr Narendra Pai	Training Programme Director - Anaesthetics
Dr Karin Schwarz	Training Programme Director - Paediatrics
Mrs Julie Platts	Quality Manager
Mrs Alison Poxton	Quality Administrator

SPECIALTIES VISITED:
<ul style="list-style-type: none"> • Medicine • Surgery • Paediatrics • Anaesthetics

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.

Date of First Draft	14/04/2015
First Draft Submitted to Trust	20/04/2015
Trust comments to be submitted by	30/04/2015
Final Report circulated	24/05/2015

General Comments

The visiting panel appreciated that the visit was well organised and found the update from the DME and other members of the senior team useful. It was noted that there is a new senior team who appreciate that board level engagement for education needs to be prioritised. There have been high level meetings with NLAG and HEYH to establish an improved working relationship to support this.

The panel also felt that some consultants need to work together more effectively. The panel suggests that a unit, rather than a team based approach could be considered

The chair of the visit and other panel members felt that the video link for the surgery panel during day one was very successful. All levels of trainees along with trainers participated from DPOW via the link and were able to easily join in the discussions.

The following are specialty-related comments:

Anaesthetics

ACCS, core and higher trainees in anaesthetics felt valued and would return to work at the Trust as a consultant. They described a friendly department with their training tailored to their specific differing curriculum requirements. All trainees interviewed felt they had improved their skills as a result of working at the Trust. The panel visited the department and were impressed with an education board that clearly laid out the trainee names, their level and when their appraisal was due.

Medicine

There has been good progress with handover since the last visit. This is felt to be working well at SGH.

Paediatrics

The trainees gave positive feedback overall and described a significant amount of teaching. The GP trainees interviewed described having a worthwhile experience in their placement.

Surgery

Induction was said to be good, handover generally works well, trainers are supportive and WBAs are completed successfully.

The following areas of concern were identified:

CONDITIONS

Condition 1		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Induction	
School:	Trainee Level Affected:	Site:
Surgery	Foundation	DPOW and SGH
Medicine	Foundation	DPOW and SGH
Foundation Year one trainees reported that their 2 day shadowing opportunity had not worked well as the trainee who they should have been shadowing was not present. A variety of reasons were given such as annual leave, sick leave or that they had been moved to another ward. The majority of trainees at both sites were affected in this way.		
In addition, the trainees felt there was too much time allocated to generic lectures rather than hands on experience with the trainee they should be shadowing.		
Action To Be Taken:		
1) Medical Education department to ensure that the FY1 trainees commencing in August 2015 have a FY1 trainee in place to offer shadowing experience.		

2) Review the contents of the work shadowing induction, taking into account trainee feedback.		
RAG Rating:		Timeline: 31/07/2015
Evidence/Monitoring: Revised work shadowing programme that responds to trainee feedback		

Condition 2		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Induction	
School:	Trainee Level Affected:	Site:
Surgery	Foundation, Core and GP	DPOW and SGH
<p>A large proportion of trainees interviewed and some trainers commented that the Trust induction is too long and includes information not relevant for some specialities.</p> <p>There were also reports of allocation of log in information being patchy, for example at SGH only one out of the eleven surgery trainees interviewed in foundation and core posts had both essential passwords when starting in post. However, all medical trainees and higher trainees in surgery had the relevant information. At DPOW there were also reports of trainees taking up to one week to receive their PACS logins.</p>		
Action To Be Taken:		
Review the Trust induction to ascertain if all elements are required.		
Trust wide review into allocation of log in details and the subsequent development of a robust action plan to ensure all trainees receive these immediately on their arrival at the Trust		
RAG Rating:		Timeline: 31/07/2015
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1) Trust induction review details 2) Review of login allocation action plan 		

Condition 3		
GMC Domain:	1 PATIENT SAFETY 3 EQUALITY AND DIVERSITY	
Concern relates to:	Clinical Supervision	
School:	Trainee Level Affected:	Site:
Emergency Medicine	Foundation and Core	DPOW and SGH
<p>At both DPOW and SGH FY2 and core trainees are discharging patients from the emergency medicine department without senior review.</p> <p>In addition, at SGH, trainees felt there was a lack of clarity about patient management when working with other teams and a chaotic environment generally. They described sick patients spending long periods in</p>		

the department and an undermining culture towards trainees, predominately from nursing staff.

Action To Be Taken:

- 1) FY2 and core trainee should not discharge patients from an Emergency Department unless there are explicit follow up plans in place (for example attend fracture clinic in the morning), or patients are aware how to seek further care if their condition deteriorates.
- 2) The Emergency Department must adopt the requirements on Foundation trainee discharge decisions set out in the recent Deanery guidance letter. FY1 trainees must not discharge any patient independently. FY2 trainees must work within a clearly defined structure for obtaining advice from a senior colleague for named symptoms or clinical scenarios. .
- 3) Trust to develop/revise a protocol on EM trainees working with other teams in terms of patient management.
- 4) Trust to investigate the claims of an undermining culture in the EM department.

RAG Rating:



Timeline: 31/07/2015

Evidence/Monitoring:

Evidence of implementation of the HEYH guidance on FY2/core trainees discharging patients from EM
Protocol relating to EM trainees working with other teams regarding patient management

Review of undermining claims in the EM department, including trainee feedback and evidence this has been acted upon, for example, targeted training

Condition 4

GMC Domain:

6 SUPPORT AND DEVELOPMENT

School:

Trainee Level Affected:

Site:

All

All

DPOW and SGH

Trainees described difficulties in receiving expenses for travel reimbursement. They also reported that rooms available for trainees working out of hours are very basic and overpriced. The panel noted that the DME in his presentation had described purchasing new accommodation to work towards addressing this situation.

There were also issues around parking on the DPOW site. Trainees are classified as non-permanent staff and are therefore allocated to a car park remote from the main hospital. Trainees had to walk some distance alone possibly in the dark and it felt unsafe.

Action To Be Taken:

- 1) Review and improve reimbursement of expenses claims procedures
- 2) Continue to review standards of trainee accommodation, both new and current
- 3) Investigate and resolve the trainee parking issue at DPOW.

RAG Rating:



Timeline: 31/12/2015

Evidence/Monitoring:

Revised expense claims process

Review of accommodation standards

Confirmation of new parking arrangements

Condition 5		
GMC Domain:	1. PATIENT SAFETY	
Concern relates to:	Handover	
School:	Trainee Level Affected:	Site:
Medicine	Foundation and Core	DPOW
<p>Trainees reported that senior leadership is absent during handover and that the timing of ward rounds by other consultants clashed with it. They did not feel handover was effective from a patient safety or educational perspective.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Review handover processes including the senior leadership element of this and establish a consistent approach to attendance by senior members of the team 2) Review the timing of handover and ward rounds with relevant adjustments made to improve trainees' access to both 		
RAG Rating:	[REDACTED]	Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <p>Revised handover process for medicine</p> <p>Correspondence regarding revising handover and ward round timings and evidence that Medical Consultants are taking a team approach to this issue</p>		

Condition 6		
GMC Domain:	6. SUPPORT AND DEVELOPMENT	
School:	Trainee Level Affected:	Site:
Surgery	Foundation and Core	DPOW and SGH
Medicine	Foundation and Core	DPOW and SGH
<p>Trainees reported spending a large proportion of their time on repetitive, non-educational tasks, for example, taking blood samples. Although there is a phlebotomy service both trainees and trainers reported they work to strict guidelines that severely limit the value of the service. Instances were provided of phlebotomists only being able to take three blood samples on a busy ward or leaving notes to say the 'patient unavailable' when a patient could be very easy to locate.</p> <p>Some nurses are able to take blood but the Trust does not seem to be taking full advantage of this</p> <p>It was reported that the phlebotomy service in the oncology department was excellent and the panel suggest that this good practice could be shared across the Trust.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) A Trust wide review of how and by whom blood samples are taken with an action plan to improve the service. 2) Review the good practice in terms of the phlebotomy service in the oncology department to 		

ascertain what can be utilised across the remainder of the Trust.

- 3) Evidence that trained nurses are being encouraged to take on phlebotomy duties
- 4) Trust to provide written evidence that demonstrate trainees are taking less time performing phlebotomy

RAG Rating: [REDACTED] **Timeline: 31/10/2015**

Evidence/Monitoring:

Results of the Phlebotomy Review

Areas of good practice that can be shared from the Oncology Department

Evidence that trainees are spending a reduced amount of time on phlebotomy tasks.

Condition 7

GMC Domain:	1 PATIENT SAFETY and 5. DELIVERY OF CURRICULUM INCLUDING ASSESSMENT
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Concern relates to:	Clinical Supervision
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School:	Trainee Level Affected:	Site:
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All	Foundation and Core	DPOW and SGH
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There were reports of trainees being supervised by locums and not receiving feedback via WBAs.

Action To Be Taken:

- 1) Trainees should be supervised by trained supervisors. The trust should develop a process to ensure that there are adequate supervisors, which could include trained SAS grade doctors.

RAG Rating: [REDACTED] **Timeline: 31/07/2015**

Evidence/Monitoring:

A list of all trainees matched to Educational Supervisors with confirmation that the latter are in substantive posts.

Evidence of use of the Junior Doctors' forum to ensure WBA completion is achieved

Condition 8

GMC Domain:	1 PATIENT SAFETY
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School:	Trainee Level Affected:	Site:
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Paediatrics	Foundation (FY2)	DPOW and SGH
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Trainees reported that they watch a video on how to perform a baby check before discharge and then they are expected to carry out this task unsupervised. Trainees expressed concern as they did not feel competent to discharge babies without a senior review.

In addition, trainees are given a 30 minute face to face training session on how to deliver babies and then are attending deliveries.

Action To Be Taken:

- 1) Ensure that FY2 trainees are supervised by a senior member of the team when doing baby checks until they feel competent to carry out this task unsupported
- 2) Ensure that trainees are supervised during deliveries

RAG Rating:**Timeline: 31/05/2015****Evidence/Monitoring:**

Evidence of a revision in process regarding clinical supervision of trainees carrying out:

- 1) Baby checks
- 2) Deliveries

Condition 9**GMC Domain:****1 PATIENT SAFETY****School:****Trainee Level Affected:****Site:**

Paediatrics

Foundation and Core

DPOW

The trainees' opinion is that the rota is overly complex and the consultant of the week process is confusing; this was exemplified when a consultant tried to explain it to the visitors. They described patient management plans changing regularly due to the differing opinions of the consultants, with trainees then having to explain and justify the changes to patients and parents.

Action To Be Taken:

- 1) Review and streamline the rota and clarify the arrangements for consultant of the week
- 2) Explore the reasons for the regular changing of management plans and develop an action plan to reduce these in number.

RAG Rating:**Timeline: 31/05/2015****Evidence/Monitoring:**

Rota detail

Reduction in patient management planning changes action plan

Condition 10**GMC Domain:****3 EQUALITY AND DIVERSITY****School:****Trainee Level Affected:****Site:**

Surgery

All

SGH

Medicine

All

SGH

An undermining issue was raised regarding nursing staff in ICU at SGH with concerns raised about them forcing their own opinions and not listening to trainees' views. It was noted by the panel that the most recent CQC report complimented the nursing leadership on ICU for utilising the latest guidelines.

Action To Be Taken:

- 1) Gain feedback from trainees, trainers and nursing staff with regard to undermining incidents
- 2) Depending on feedback address the issue appropriately, including providing training sessions.

RAG Rating:**Timeline: 31/07/2015****Evidence/Monitoring:**

Feedback from staff regarding undermining
Plan to address issues, for example training sessions

Condition 11**GMC Domain:**

5 DELIVERY OF THE CURRICULUM

School:**Trainee Level Affected:****Site:**

Medicine

Core

SGH and DPOW

Core trainees reported it is often difficult to attend clinic as they are so committed to ward duties. There was an example given of a core trainee not attending any clinics in a six month post whilst others described using annual leave days to attend outpatient clinic sessions.

NB: The CMT curriculum states that trainees must attend 12 clinics a year (24 in 2 years), and this is going to increase to 20 clinics per year in the near future

Action To Be Taken:

- 1) Rota clinic attendance into CMT rotas
- 2) Trainees/ES to review number of clinics attended in their eportfolio and report insufficient numbers to the College Tutor. The College Tutor to then ensure that opportunities are provided for trainees to attend the requisite number of outpatient clinics

RAG Rating:**Timeline: 31/07/2015****Evidence/Monitoring:**

Rota detail
College Tutors plans for increased opportunities for CMT to attend outpatient clinics.
Evidence from CMTs that they have attended the requisite clinics

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: Mr J Hossain****Title: Deputy Postgraduate Dean****Date: 14 April 2015****Signed on behalf of Trust****Name: Dr I McNeil****Position: Director of Medical Education****Date: 24 May 2015**

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