

QUALITY MANAGEMENT VISIT

THE ROTHERHAM HOSPITALS NHS FOUNDATION TRUST

15TH MAY 2013

VISITING PANEL MEMBERS:

Mr David Wilkinson	Director of Education & Quality/Postgraduate Dean (feedback only)
Ms Sharon Oliver	Director of Education & Quality/Learning Development (feedback only)
Mr Jon Hossain	Deputy Postgraduate Dean (Chair)
Mr Ray Cuschieri	Associate Postgraduate Dean
Dr Diana Fothergill	Head of School – Obstetrics & Gynaecology
Dr Alison Smith	Head of School – Emergency Medicine
Dr Sue Chatfield	Training Programme Director - Paediatrics
Dr Jackie Tay	Training Programme Director – Obstetrics & Gynaecology
Dr Iolanthe Fowler	GP Tutor
Dr Martyn Colman	GP Tutor
Emma Jones	Senior Business Manager (feedback only)
Sarah Walker	Quality Manager
Lynda Price	Quality Officer
Janet Bell	Programme Support Assistant
Julie Platts	Regional Manager, Dental
Barbara Vickers	PA to Locality Lead for Postgraduate GP Education
Louise Seaward	PA to Deputy Postgraduate Dean

Specialties Visited:	Foundation
	GP
	Emergency Medicine
	Obstetrics & Gynaecology
	Paediatrics

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	23/05/13
First Draft Submitted to Trust	30/05/13
Trust comments to be submitted by	14/06/13
Final Report circulated	14/06/13

NOTABLE PRACTICE

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

Foundation School

The Orthopaedic Trainees reported that they are getting plenty of opportunities to attend theatre and clinics.

GMC DOMAIN 5 – CURRICULUM DELIVERY

School of Paediatrics

Paediatric Trainees are very happy with the teaching and reported that there is an excellent, structured, formal teaching programme in place, where training occurs every day.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Emergency Medicine

The implementation of the management training programme which occurs 4 times a year. A trainee is rotated to spend a full day with a consultant. This is unique in the deanery

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

All Schools

The trainees gave positive feedback regarding the Medical Education Centre. They felt the department is excellent with good support provided from the staff, particularly pastoral support.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY

All Schools

There are concerns regarding the Electronic Patient Record (EPR) system, it is reported as being very slow and there have been instances where tests have had to be requested twice, both by EPR and by paper form. There are also issues with requesting treatment/tests. Until a patient is registered on the EPR system, no tests or treatment can be requested. There has been an example of an incident where an x-ray could not be requested for a new born child with respiratory distress as they were not registered on the EPR system. Patients are only able to be added to the EPR system in one part of the hospital, which also impacts on the issues. There are issues with blood samples, when requesting bloods the EPR prints out a label, as this takes a while to print, bloods will be taken and then the label is matched to the blood specimen away from the patient introducing risk of incorrect samples. There has been an incident when the label printed out the next day resulting in incorrect dated labels. There was also a report that due to a mix up the EPR generated a set of results for a sample which had not yet been taken (samples were requested the following day). There have also been double prescribing incidents. Time is spent using the system rather than treating patients, trainees reported that they feel it is affecting their ability to work efficiently and therefore potentially affecting the safety of their practice.

Locums do not have access to EPR therefore they are asking trainees to give them access and smart cards, a clear breach of information governance.

The Trust did report that tests could still be requested the previous way using forms.

Action To Be Taken:

The Trust to review the EPR system ensuring that a robust system is in place and that Locums are provided with the IT access they require in order to carry out their job effectively. The Trust must ensure that all trainees and Locums are aware that they can request urgent tests etc. using forms for patients not registered on EPR.

RAG Rating:



Timeline: July 2013

Evidence/Monitoring: A copy of the review and action plan and a copy of the communication sent to the trainees and Locums to be forwarded within three months.

Condition 2**GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****Foundation School & School of GP**

The GP and Foundation Trainees reported that clinical supervision during the day was good, but there has been a lack of on-site supervision out of hours. There have been occasions where the Foundation Year 2 (FY2) was the most senior member of staff on site for the medical team. This has resulted in the FY2 'acting up' to a registrar and holding the bleep with no on site clinical supervision.

Action To Be Taken:

The Trust must urgently review the senior cover provision and ensure that there is adequate senior on-site support available at all times.

RAG Rating:**Timeline:** July 2013**Evidence/Monitoring:** A copy of the review and action plan to be forwarded within one month.**Condition 3****GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****Foundation School**

General Surgery Trainees' rota is reported to be non-compliant. Trainees reported that they regularly work beyond their contracted hours, starting early and finishing late. Some of this may be down to the EPR. Early starts are caused by the morning ward round starting at 7.50 am, when the trainees are not rostered to start until 8.15 am.

Action To Be Taken:

The Trust to review the current rota and ensure that it is compliant.

RAG Rating:**Timeline:** July 2013**Evidence/Monitoring:** A re-visit to be undertaken with the Foundation School in October

Condition 4**GMC DOMAIN 3 – EQUALITY & DIVERSITY****Foundation School**

Within General Surgery there appears to be a culture of belittling and undermining of the junior doctors, which is endemic.

Action To Be Taken:

- 1) The Trust to investigate the claims by further discussion with the trainees.
- 2) Trust policies and procedures to be brought to the attention of trainees and trainers in the department.
- 3) DME to receive feedback from the Foundation Trainees by 31st July 2013.

RAG Rating:**Timeline:** end of July 2013**Evidence/Monitoring:** A re-visit to be undertaken with the Foundation School in October**Condition 5****GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****Foundation School**

Having discussed the proposed changes regarding the national reduction of surgery posts with the Trainers, there does not appear to be a plan in place for the loss of the 2 surgery posts.

Action To Be Taken:

The Trust to ensure that there is a formalised plan in place for the reduction in surgical posts and this is communicated to all relevant staff.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:** A re-visit to be undertaken with the Foundation School in October

Condition 6**GMC DOMAIN 1 – PATIENT SAFETY - Handover****Foundation School**

Handover was a recommendation at last year's QM visit and should have been resolved by February 2013, however issues remain in medicine. There appears to be multiple handover mechanisms taking place, some on an ad hoc basis. The Trust is piloting an electronic handover.

Action To Be Taken:

The Trust to clarify how handover works in each area. Recommendations following the electronic handover pilot.

RAG Rating:**Timeline:** September 2013

Evidence/Monitoring: Confirmation from the Trust that handover issues have been resolved and details of the process in each area to be forwarded within three months

Condition 7**GMC DOMAIN 1 – PATIENT SAFETY - Consent****School of GP**

GP trainees reported that they had received no formal procedure specific consent training and some of them had refused to take consent.

Action To Be Taken:

The Trust must ensure that all trainees required to take consent have formal procedure based consent training that is relevant to their curricula.

RAG Rating:**Timeline:** August 2013

Evidence/Monitoring: Confirmation from the Trust that trainees have undertaken consent training and a copy of the attendance logs.

Condition 8**GMC DOMAIN3 – EQUALITY & DIVERSITY****School of Obstetrics & Gynaecology**

Undermining had been a previous issue but this has now improved on the whole. However there were reports that some nurses in theatre tended to limit training opportunities for trainees, stating that cases were not suitable for training, possibly due to anxieties about the time the case may take. Consultants reported feeling intimidated into falling into line with the views of the theatre nurses.

Action To Be Taken:

- 1) The Trust to investigate the claims by further discussion with the trainees.
- 2) Trust policies and procedures to be brought to the attention of all staff in the department.
- 3) DME to receive feedback from the Obstetrics and Gynaecology Trainees by 31st August 2013.

RAG Rating:**Timeline:** 1) & 2) July 2013 & 3) August 2013**Evidence/Monitoring:**

- 1) Findings from the Trust investigation.
- 2) Copy of communication sent to staff.
- 3) Copy of the feedback received and any identified actions if required.

Condition 9**GMC DOMAIN 1 – PATIENT SAFETY - Induction****School of Paediatrics & School of Emergency Medicine**

Paediatric Trainees reported that the Trust Induction takes a long time to complete and parts of it are not relevant to their specialities. An example was given of having to spend 30 minutes on booking patients into operations. This then impacts on the Departmental Induction as the Trust Induction over runs. There are also difficulties accessing the on line Induction using the Trust IT systems and then remotely accessing this from home but remote access had not been logged on the system so had to do it again.

Emergency Medicine trainees who were on annual leave at the time of induction have not completed the Trust Induction. There were also reports of difficulty in accessing the on-line induction.

Action To Be Taken:

The Trust must ensure that:

- 1) Trainees are able to complete both Trust and Departmental Induction irrespective of start date.
- 2) Access to the on-line induction to be improved.

RAG Rating:**Timeline:** August 2013

Evidence/Monitoring: Confirmation of the improved arrangements to be forwarded within three months.

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 1 – PATIENT SAFETY - Handover

School of Emergency Medicine

There is no formal policy in place for handover. Trainees did describe what happens and there is a reasonable process in place which trainees and trainers are aware of.

Action To Be Taken:

The Trust to ensure that the handover process is documented in a formal policy

RAG Rating:



Evidence/Monitoring: Handover Policy

Recommendation 2

GMC DOMAIN 5 – CURRICULUM DELIVERY

School of Emergency Medicine

Trainees expressed concerns regarding training capacity in ultrasound techniques and the use of conscious sedation in the Emergency Department.

Action To Be Taken:

The Trust should look to develop and improve training in this area

RAG Rating:



Timeline: September 2013

Evidence/Monitoring: Evidence to be included in the next trust report

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 Foundation Orthopaedic Trainees are extremely happy with their post and would recommend their job.

The Foundation Ophthalmology Trainees reported positive feedback for their post saying that they received regular good quality teaching, experience and support.

The Paediatric Trainees felt that the level of clinical support they receive is very good, all colleagues are supportive. But there can be issues with the level of support when using Locums, due to quality of Locum staff. The Paediatric Trainees also reported positively regarding handover, there can be up to 3 handover's per day with consultant presence.

A letter of complaint from Paediatrics Trainees had been sent to the Quality Management (QM) Team by the Trust. This raised issues around rota gaps and workloads. However on discussion with the trainees, these issues were not apparent at the visit. The Trainers have developed a comprehensive action plan to address the issues raised in the trainee letter of complaint, which the QM Team would support.

The overall satisfaction for GP trainees was generally positive.

There were two visits last year to Obstetrics and Gynaecology and the improvements that were seen in October have been maintained. Trainees are happy with the training and teaching provision and reported that they receive good support. Overall they would all recommend the post with some saying that they would like to return as consultants. One trainee had worked here previously and could see that great improvements have been made.

There were concerns in Emergency Medicine following last year's GMC Survey results. In response the trainers developed an action plan and positive feedback was received from trainees at this visit. It appears that most of the issues have been addressed with excellent practice. All the Emergency Medicine Trainees reported that they are satisfied with their job and would recommend it to colleagues. The junior doctors gave simulation training excellent feedback. The Library services were also highly commended. Clinical supervision is generally good

Two of the clinical consultants who are on the Trust working group for EPR met with the panel Chair at the visit over lunch. They described the clinical engagement that takes place with EPR.

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: 10th June 2013

Signed on behalf of the Trust

Name: Dr Alison Cooper

Position: Director of Medical Education

Date: 10th June 2013

Appendix 1

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