

QUALITY MANAGEMENT VISIT REPORT

TRUST	Sheffield Children's Hospital NHS Foundation Trust
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DAY	Tuesday	DATE	18 th November 2014

VISITING PANEL MEMBERS:

Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Dr Kash Purohit	Trust Link APD
Dr Maya Naravi	Emergency Medicine Head of School
Dr Mike Hayward	Associate Postgraduate Dean
Dr Sue Chatfield	Training Programme Director
Dr Kevin Sherman	Associate Postgraduate Dean
Mr Paul Renwick	Deputy Head of School
Julie Platts	Quality Manager
Linda Garner	Quality Co-ordinator
Kim Maskery	Quality Administrator

SPECIALTIES VISITED:


- Paediatrics
- Paediatric Surgery
- Emergency Medicine

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	02/12/14
First Draft Submitted to Trust	15/12/14
Trust comments submitted on	29/01/15
Final Report circulated	06/02/15

CONDITIONS

Condition 1		
GMC Domain: 7	Management of Education and Training	
Concern relates to:	Rotas	
School: Emergency Medicine	Trainee Level Affected: Foundation, GP and Core	Site: Sheffield Children's Hospital
<p>It was acknowledged that in general the rotas were well organised and issued in good time. Time off for teaching sessions is able to be negotiated. However, the panel were concerned that there appeared to be a large disparity between the higher and junior trainees' rotas. For example; the higher trainees work one in four weekends, while the junior trainees work 6 in 9 weekends, which equates to 70% of working hours being out of hours working.</p>		
Action To Be Taken: Whilst the panel acknowledged that planned changes to the rota were due to be made in February 2015, the evidence of these changes will need to be reviewed.		
RAG Rating:		Timeline: February 2015
Evidence/Monitoring: 1) Copy of altered rotas		

Condition 2		
GMC Domain: 1	Patient Safety	
Concern relates to:	Consent	
School: Paediatrics	Trainee Level Affected: Higher	Site: Sheffield Children's Hospital
<p>The panel acknowledged that there were no concerns with the junior trainees who were only expected to gain consent for procedures undertaken by themselves e.g. blood samples. However, the higher Trainees expressed concerns regarding consent. For example; in radiology the need for a general anaesthetic during an MRI scan will be discussed with parents by the trainee. As the risk factor is the general anaesthetic itself, parents will often ask to speak to the Consultant Anaesthetist. This conversation will be noted in the medical notes, but not in the formal consent document. The only formal consent on record is the Trainees'.</p>		
<p>Action To Be Taken:</p> <p>Ensure that the consent form reflects the need for parents to discuss risk factors with Consultant Anaesthetists by including a section that highlights the date this has taken place.</p>		
RAG Rating:		Timeline: 31 st January 2015
<p>Evidence/Monitoring:</p> <p>1) Copy of revised consent form</p>		

Condition 3		
GMC Domain: 1	Patient Safety	
Concern relates to:	Clinical supervision	
School: Paediatric Surgery	Trainee Level Affected: Foundation	Site: Sheffield Children's Hospital
<p>Foundation doctors raised concern that nursing and other colleagues' expectations about their level of experience and competence was sometimes higher than their ability level. An example was given by F1 trainees that they felt staff expected them to be able to perform at the level of a core trainee when answering bleeps out of hours. The term 'SHO' was felt to compound this problem as it could potentially refer to a wide range of training grade doctors. The Higher Trainer who co-ordinates the rota confirmed that F1 doctors are always supervised on the ward when on call but F2 doctors are not</p>		
<p>Action To Be Taken:</p> <p>The Trust must ensure the term 'SHO' is removed from rotas, name badges and any other documentation so it is clear to all staff the level of the trainee who is working with them.</p> <p>F2 trainees must be supervised when working out of hours.</p>		
RAG Rating:		31st January 2015
<p>Evidence/Monitoring:</p> <p>Copy of Rotas</p>		

Condition 4		
GMC Domain: 1	Patient Safety	
Concern relates to:	Clinical Supervision	
School: Emergency Medicine	Trainee Level Affected: Core	Site: Sheffield Children's Hospital
<p>Whilst it is clear that Trainers are supportive and approachable, it was acknowledged that CT1s were expected to be on call overnight, despite not always having dealt with a paediatric emergency. It was acknowledged that support was available off-site, but the panel felt it inappropriate that a CT1 should have this responsibility. The panel understands that changes are planned and are due to take place in the near future.</p>		
<p>Action To Be Taken:</p> <p>Changes to rotas to take place to demonstrate that CT1s should not be on call overnight until there is documented evidence in their training portfolio that they are competent to handle common paediatric emergencies solo.</p>		
RAG Rating:		Timeline: 31 st January 2015
<p>Evidence/Monitoring:</p> <p>1) Copies of newly revised rotas to reflect changes</p>		

RAG guidance can be found at Appendix 1.

FINAL COMMENTS

- The Trust should be commended for providing a culture of supportive education. All the consultants were reported to be approachable and the trainees would have no hesitation in asking for support and enjoyed the sense of value derived from the positive team culture.
- Both Trust and Department induction appear to be working well. The trainees felt confident and comfortable that in the first few days of starting they felt equipped for their role.
- In terms of education resources the panel noted that one room was provided for 17 doctors and felt this could potentially create a space issue.
- The paediatric trainees spend six months in surgery which was generally felt to be too long. The panel recommend that the School of Paediatrics review this in order to gain a better balance.
- The trainees appear to be getting all the curriculum based teaching required. However, the Paediatric ICU training is reported as being minimal and the panel felt that training delivery should be reviewed to allow the learning of ICU skills and procedures.
- The panel recommend the Trust raise awareness amongst their Trainers of the 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 visit was well organised by the Trust and the turnout of Foundation and Core trainees, and Trainers was excellent.
- The standard of administrative support in terms of rota organisation was deemed to be excellent.

Approval Status

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

Signed on behalf of HEYH

Name: Peter Taylor

Title: Deputy Postgraduate Dean

Date: 2/12/14

Signed on behalf of Trust

Name: Lee Breakwell

Position: Director of Medical Education

Date: 20/01/14

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