

**QUALITY MANAGEMENT VISIT**  
**SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST**  
**25<sup>TH</sup> APRIL 2013**

**VISITING PANEL MEMBERS:**

|                        |                                    |
|------------------------|------------------------------------|
| Dr David Eadington     | Deputy Postgraduate Dean (Chair)   |
| Dr Catherine Dickinson | Foundation School Director         |
| Dr Michael Nelson      | Associate Postgraduate Dean        |
| Dr Mike Tomson         | Associate Postgraduate Dean        |
| Dr Ragbir Thethy       | Training Programme Director (West) |
| Dr Andy Godden         | GP Tutor                           |
| Sarah Walker           | Quality Manager                    |
| Lynda Price            | Quality Officer                    |
| Danielle Oxley         | Programme Support Officer          |
| Becky Travis           | Programme Support Co-ordinator     |

|                             |                           |
|-----------------------------|---------------------------|
| <b>Specialties Visited:</b> | <b>Foundation</b>         |
|                             | <b>GP</b>                 |
|                             | <b>Paediatrics</b>        |
|                             | <b>Paediatric Surgery</b> |

**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.**

|  |                 |
|--|-----------------|
| <b>Date of First Draft</b>               | <b>02/05/13</b> |
| <b>First Draft Submitted to Trust</b>    | <b>02/05/13</b> |
| <b>Trust comments to be submitted by</b> | <b>16/05/13</b> |
| <b>Final Report circulated</b>           | <b>23/05/13</b> |

## **NOTABLE PRACTICE**

### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

#### **All Schools**

All trainees spoke highly of the strong clinical support they receive from all the consultants. It is clear that there is a strong supportive culture.

### **GMC DOMAIN 1 – PATIENT SAFETY**

#### **School of Paediatrics**

There is an excellent handover system in medical paediatrics.

### **GMC DOMAIN 1 – PATIENT SAFETY**

#### **All Schools**

The trainees were very complimentary about the Trust Induction they had received. They felt that the content and delivery was very good, and some trainees felt it was the best induction they had received.

### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

The Deanery is very grateful for the excellent cooperation from the Trust in creating the new information pathways to support revalidation for trainees

## **CONDITIONS**

### **Condition 1**

#### **GMC DOMAIN 1 – Patient Safety - Handover**

#### **School of Surgery – Paediatric Surgery**

The surgical handover to surgical sub-specialities (night to morning) is inconsistent. The overnight doctor cannot attend all handover meetings, but relevant information still needs to be fed back. Locum staff do not normally have computer logins to use the online patient list. No specific incidents were reported, but there is a potential risk to patient safety.

#### **Action To Be Taken:**

The Trust must develop a process to ensure that all relevant information has been handed over to the relevant medical/nursing staff. The Trust must enable locums to have access to the handover system and sheet.

**RAG Rating:**



**Timeline:** August 2013

**Evidence/Monitoring:** DME must update on any changes to handover process, and provide confirmation that locums have access to the computerised patient list system.

**Condition 2****GMC DOMAIN 1 – Patient Safety - Consent****Foundation School**

Foundation Year 1 trainees feel that there are times when they are expected to take consent. Foundation Year 2 trainees feel that they are expected to consent for certain procedures, particularly in radiology/anaesthetics which they have not received training for. This was a condition last year, and although the Trust feel that this is now communicated at Induction, there remains a lack of clarity around consent.

**Action To Be Taken:**

The DME must confirm that all trainees are given a copy of the consent policy and that they are expected to follow it. Trainees must report instances where they feel coerced into gaining consent to the DME. The DME and MD must then take appropriate action.

**RAG Rating:****Timeline:** August 2013**Evidence/Monitoring:** The DME must provide written confirmation that there have been no breaches of the consent policy.**Condition 3****GMC DOMAIN 1 – Patient Safety - Induction****School – Paediatrics**

The generic Trust wide Induction has been successfully implemented, but the system requires some modification to include paediatric specific content.

**Action To Be Taken:**

The Trust should explore the option of modifying the system and implement a specific paediatric module.

**RAG Rating:****Timeline:** August 2013**Evidence/Monitoring:** Feedback on progress

**Condition 4****GMC DOMAIN 5 – Delivery of Curriculum****Paediatric & GP Schools**

Trainees need opportunities to attend outpatient clinics, and previously this time was structured into the rota. Current difficulties with rota have made this almost impossible.

**Action To Be Taken:**

The Trust must review the arrangement of ward work to enable trainees to attend clinics (two clinics a month should be a minimum).

**RAG Rating:****Timeline:** November 2013**Evidence/Monitoring:** Confirmation from the Trust that trainees are attending clinics.**Condition 5****GMC DOMAIN 5 – Delivery of Curriculum****GP School**

It appeared that GP trainees are not always being released to attend the education sessions. It is recognised that there are pressures on the rota but these need to be addressed without impacting on attendance at education.

Some progress has been made, with the Trust attempting to make locum cover for the F1/F2 and GPs absence, but the paediatric trainees reported that there can be difficulty getting to the half day Tuesday teaching - the rota may not allow them off the ward.

**Action To Be Taken:**

The Trust must review arrangements for ward cover to ensure that attendance at required education for all trainees is achievable. The Trust must monitor trainee attendance at education.

**RAG Rating:****Timeline:** September 2013**Evidence/Monitoring:** Report to be provided on monitoring findings.

**Condition 6****GMC DOMAIN 5 – Delivery of Curriculum****GP School**

The panel noted that there was confusion over trainee entitlement to curriculum support. The trainees felt that at times they were expected to use annual leave for required teaching sessions. The Trust reported that trainees are allocated curriculum support as indicated, but some trainees were insistent that this had not occurred.

**Action To Be Taken:**

The Trust must ensure that GP trainees have access to the educational opportunities provided for the delivery of the curriculum and that appropriate leave is provided.

**RAG Rating:****Timeline:** August 2013

**Evidence/Monitoring:** Confirmation from the trust that communication on curriculum support allocations has been sent to trainees.

**Condition 7****GMC DOMAIN 1 – Patient Safety - Workload****School of Paediatrics**

Trainees feel that there is not sufficient staff on duty providing out of hours cover at night and weekends. They are always well supported by the consultants who will always come in if called, however it was felt that some duties do not require consultant input. The Trust are looking at developing an out of hours support programme, including reconfiguring the nursing cover out of hours and increasing consultant input during the evening.

**Action To Be Taken:**

The Trust must develop and implement the Hospital at Night programme or equivalent scheme.

**RAG Rating:****Timeline:** August 2013

**Evidence/Monitoring:** Feedback on the Hospital at Night Programme

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 6 – Support & Development**

The panel felt that in order to deliver the Deanery expectations in relation to training the Director of Medical Education's (DME) job plan provides insufficient Planned Activities.

#### **Action To Be Taken:**

The Trust should consider including more time for the role in the DME job plan. Appointment of a new deputy is welcomed.

**RAG Rating:**



**Evidence/Monitoring:** A copy of the DME's revised Job Plan

### **Recommendation 2**

#### **GMC DOMAIN 6 – Support & Development**

It was noted at last year's visit that although job plans make reference to the Educational Supervisor role they do not formally reflect the time commitment. The Trust is urged to take a more proactive approach to consultant job planning (including examining departmental job planning to reflect varying responsibilities).

#### **Action To Be Taken:**

PAs should be formally recognised in job plans for educational time.

**RAG Rating:**



**Evidence/Monitoring:** Proportion of Educational Supervisor Job Plans with identified time for training duties

### **Recommendation 3**

#### **GMC DOMAIN 8 – Educational Resources**

##### **School of Paediatric Surgery**

The various patient administration IT systems do not link together efficiently, trainees found the greatest time losses were in neonatal surgery. Better integration of these systems would avoid unnecessary duplication and improve trainee efficiency.

#### **Action To Be Taken:**

IT systems should be reviewed and seek opportunities to make systems more compatible with each other.

**RAG Rating:**



**Evidence/Monitoring:** Confirmation from the Trust of what changes are made.

Timeline for recommendations is 12 months.

## **FINAL COMMENTS**

Overall the visit gave a positive impression of training in the Trust, and demonstrated that there had been considerable progress made towards meeting last year's conditions. Progress has been made for both consent and handover, but feedback is still mixed, and these deserve further attention.

Meeting much of this report's content will involve practical measures to improve the working efficiency of the junior staff.

The Deanery welcomes the Trust's close attention to patient safety and revalidation. Trainer accreditation will be a growing topic over the next two years, and it is important to start the internal debates required over consultant job planning, so that proper recognition of the training time required is made more explicit. Being both important and easily measurable, this is likely to soon become a central quality standard.

### **Approval Status**

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

**Signed on behalf of Health Education  
Yorkshire and the Humber**

**Name: Dr David Eadington**

**Title: Deputy Postgraduate Dean  
(Panel Chair)**

**Date: 17<sup>th</sup> May 2013**

**Signed on behalf of Trust**

**Name: Dr Derek Burke**

**Position: Medical Director**

**Date: 23<sup>rd</sup> May 2013**

## 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