Health Education
Yorkshire and the Humber

QUALITY MANAGEMENT VISIT

DONCASTER & BASSETLAW HOSPITALS NHS FOUNDATION TRUST

DAY 1 – WEDNESDAY 21 MAY 2014 – DONCASTER ROYAL INFIRMARY
DAY 2 – THURSDAY 22 MAY 2014 BASSETLAW HOSPITAL

In attendance – day 1

David Eadington	Deputy Postgraduate Dean and Chair	Days 1 & 2
Kevin Sherman	Associate Postgraduate Dean	Days 1 & 2
Tony Arnold	Head of School of Medicine	Day 1 only
Ian Wilson	Deputy Head of School of Medicine	Day 1 only
Paul Renwick	Deputy Head of School of Surgery	Day 1 only
Alison Smith	Head of School of Emergency Medicine	Day 1 only
Simon Clark	Head of School of Paediatrics	Days 1 & 2
Hannah Shore	SIM Lead – Paediatrics	Day 1 only
Karin Schwarz	Exam Lead – Paediatrics	Day 2 only
Julie Platts	Quality Manager	Days 1 & 2
Lynda Price	Quality Officer	Days 1 & 2

Specialties Visited:

Medicine	- Bassetlaw Hospital site only
Surgery	- Doncaster Royal Infirmary site only
Emergency Medicine	- DRI site only
O&G	- both sites
Paediatrics	- both sites

This report has been agreed with the Trust.

The Trust Visit Report will be published on the PGDME 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	**21/05/2014**
First Draft Submitted to Trust	**16/06/2014**
Trust comments to be submitted by	**30/06/2014**
Final Report circulated	**11/07/2014**

NOTABLE PRACTICE

GMC DOMAIN 6 – SUPPORT AND DEVELOPMENT

The national innovation award given to the Bassetlaw 7 day working initiative is a very welcome recognition of the improvements achieved there over the last two years

GMC DOMAIN 5 – DELIVERY OF THE CURRICULUM

School: Surgery

The ENT and General Surgeons run regionally and nationally recognised Master Classes for Trainees with expert senior faculty from the Trust and elsewhere.

GMC DOMAIN 6 – SUPPORT AND DEVELOPMENT

All Schools

The Director of Education sits on the job planning committee which sets out clear tariffs for educational roles across the Trust. HE IS ALSO an active member of the Management Board ensuring training issues are considered in operational discussions. The College Tutors have a single job description across the Trust in conjunction with NACT guidelines.

GMC DOMAIN 5 – SUPPORT AND DEVELOPMENT

School of Paediatrics

There is an eight week programme to deliver training regarding common paediatric conditions.

CONDITIONS

Condition 1 (continues from condition 2 from the 2013 routine Trust QM report)

GMC DOMAIN – Domain 1 – PATIENT SAFETY - Clinical Supervision

School – Medicine

Site – Bassetlaw

As reported at the last routine visit, the SAS grade tier in medicine continues to support core and foundation trainees out of hours successfully. There are however some vacancies on this rota and this has led to reports of Foundation and Core Trainees feeling unsupported during the day, as the priority is (correctly) to ensure middle grade out of hours cover. The Trainees highlighted that the Acute Medicine consultant often carries the Registrar bleep during the day and this is helpful, but on the base wards there may be less immediate backfill. An example was provided of an F1 Trainee carrying out a Gastroenterology ward round alone that resulted in delays in investigations and authority to discharge. Trainees feel that the lack of senior decision-making COULD result in patients remaining in hospital for up to a week longer than necessary.

There was concern expressed about clinical supervision of the Trainees working on the stroke wards with very variable senior cover and lack of Trainees allocated resulting in serious understaffing and potential patient safety risks. There were also concerns about the level of support provided from SAS doctors to Trainees on the stroke wards.

Action To Be Taken:

Audit the clinical supervision available to foundation and core trainees with particular reference to SAS supervision on the stroke wards and develop an action plan to address gaps.

Audit the core and foundation trainee allocation across medicine at Bassetlaw Hospital and develop an action plan to ensure there is an equitable distribution.

RAG Rating:		**Timeline:** 31 July 2014

Evidence/Monitoring:

Audit and action plan of Clinical Supervision provision for Foundation and Core Trainees in Medicine

Audit of the allocation of Trainees, and recommendations for more equitable distribution.

Condition 2 (Continues from Condition 3 from the 2013 QM visit report)

GMC DOMAIN 1 – Patient Safety - Induction

Schools – Emergency Medicine, Surgery, Medicine, Surgery and Obstetrics and Gynaecology

Site – Doncaster Royal Infirmary and Bassetlaw Hospital

The issues reported at the last visit regarding trainees not receiving access codes, smart cards and ID badges was no longer a problem. In addition Trainees who arrived at irregular times usually received adequate Trust induction (though there was one paediatric trainee who arrived for the first shift who no-one was expecting and the Clinical Supervisor was on annual leave).

The F1 Trainees in EM who were interviewed suggested resuscitation training as part of the Trust induction would prepare them more adequately for the first few weeks in the post.

Paediatric Trainees reported most of the generic Trust induction was irrelevant to them, for example, e-prescribing. In addition, Paediatric Trainers voiced concerns that it was unclear which Trainees had attended the Trust Induction and would like a register providing this information.

Core O&G Trainees at Bassetlaw reported that they did not receive a formal departmental induction although there was an opportunity to shadow the outgoing trainees.

Action To Be Taken:

Investigate the inclusion of resuscitation training for EM F1 Trainees into the Trust induction

Review the induction package to ensure it is relevant to all Trainees with particular reference to Paediatric Trainees.

Ensure Trainers are provided with information about Trainee attendance at the various elements of Trust induction

Review the departmental induction procedures for O&G Trainees commencing in post at Bassetlaw Hospital and instigate more formal arrangements.

RAG Rating:		Timeline: 30 September 2014

Evidence/Monitoring:

- Induction programmes
- Trainee attendance registers at Trust Induction provided to Trainers
- Departmental induction material for O&G at Bassetlaw Hospital

Condition 3 (continues from Condition 4 in the 2013 Trust Visit report)

GMC DOMAIN 1 – PATIENT SAFETY - Handover

School – Emergency Medicine Site – Doncaster RI

School Paediatrics - Site: Both

Trainees: All

Trainees in Emergency Medicine continued to report that handover is variable and not always documented other than a record in an individual patient's file. As described in the 2013 QM visit report there is a proforma that should be completed but it was highlighted that SAS doctors do not regularly comply with the process.

Paediatric trainees reported there are a number of Consultants who do not attend handover meetings, and that morning handover was consistently later than scheduled. These concerns have been reported to the relevant trainee forum but it was felt by those interviewed that the concerns raised had not been adequately addressed.

Action To Be Taken:

Audit the use of the proforma document by Trainees and SAS doctors in EM and introduce monitoring to ensure that documented handover takes place.

Audit the attendance of Consultants at Paediatric Handover meetings and the timing of morning handover.

Investigate the issue of Paediatric handover being reported to the Trainee forum but not then successfully addressed

RAG Rating:		**Timeline: 31 July 2014**

Evidence/Monitoring:

EM handover proforma audit and monitoring of usage

Audit of attendance by Consultants at Paediatric Handover meetings, and timeliness of the meetings.

Condition 4 (continues from condition 6 from last time)

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School – Foundation Site – Doncaster RI

F1 trainees felt unsupported and were being allowed to work independently within the SAU Department. There were reports of patients having to wait for several hours before being seen by a more senior colleague that potentially resulted in urgent investigations being delayed.

Action To Be Taken:

1) Trust to consider allocating dedicated consultant time to acute admissions work
2) Audit the time taken between inpatient admission to assessment by a senior member of the clinical team.

RAG Rating:		**Timeline:** 30 September 2014

Evidence/Monitoring:

- Result of review of reallocation of consultant time
- Audit of admission to assessment timeline

Condition 5

GMC DOMAIN 6 SUPPORT AND DEVELOPMENT

School – Paediatrics

Site: Doncaster Royal Infirmary and Bassetlaw Hospital

Foundation and Core Trainees

Paediatric trainees reported significant difficulties in obtaining validation of completed WPBAs, with at least 6 consultants reported as not completing these in time for ARCPs.

There were reports of Foundation trainees not attending clinics due to lack of space in outpatient clinic rooms.

Action To Be Taken:

Trust to ensure that all Educational and Clinical supervisors have completed the relevant training and that they understand their role in supervising WPBAs and other aspects of eportfolio.

Trust to monitor compliance with delivering WPBA requirements needed for ARCP outcomes

Review the attendance of Foundation trainees at clinics and ensure that they receive some exposure to outpatients.

RAG Rating:		**Timeline:** 30 December 2014

Evidence/Monitoring:

Log of which Educational Supervisors/Clinical Supervisors have received training.

Audit of Paediatric Trainees' compliance with WBAs and their ARCP outcomes

Copy of outpatient attendance by paediatric foundation trainees.

Condition 6 (continuing from condition 9 from the 2013 Trust QM report).

GMC DOMAIN 7 – Work Intensity

Schools – Surgery – Foundation and Core

Site – Doncaster RI

1. Foundation and core doctors feel under considerable work pressure and are regularly staying late, often by two hours.
2. The trainees were not aware of the exception reporting process.
3. Trainees reported a high level of repetitive tasks of low educational value i.e. venepuncture, cannulations and estimated they were carrying out around 20 such procedures per shift.

Action To Be Taken:

Trust to review exception reports and identify solutions to consistently non-compliant posts.

Develop an action plan to reduce the number of non-educational tasks are carried out by foundation and core trainees in surgery.

Ensure that all trainees have a better distribution of duties, to include clerking in of patients

RAG Rating:		**Timeline:** 30 September 2014

Evidence/Monitoring:

Copy of the exception reporting audit and list of non-compliant posts.

Copy of action plan to reduce the amount of non-educational tasks carried out by trainees

Condition 7

GMC DOMAIN 3 – Equality and Diversity

There were sporadic reports of undermining behaviour that have been acknowledged by the Trust and are being acted upon. HEYH is willing to assist with discussions if the Trust would find this helpful.

Action To Be Taken:

The Director of Education to work with the Educational Supervisors in relevant departments to address the issues and will be picked up at DME/APD Quarterly meetings.

Condition 8

GMC DOMAIN – PATIENT SAFETY

All Schools - All Trainees

Concern was expressed that the processes for storing information in patients' records represents poor clinical practice. Trainees highlighted that different parts of the current admission record are clipped into the records in random order, and finding information that should be a simple task can take fifteen minutes. Trainees said that locum doctors, who are unfamiliar with the system, encountered significant difficulties locating relevant information.

Several trainees commented being used to working with a separate 'current admissions' file in other Trusts, which is filed into the main record once the admission is complete.

Action To Be Taken:

Trust to review the organisation of medical records to streamline access to patient information.

RAG Rating:		**Timeline:** 30 September 2014

Evidence/Monitoring:

Evidence that records are streamlined and there is a dedicated section for DARs etc.

Condition 9

GMC DOMAIN 6 SUPPORT AND DEVELOPMENT

School of Surgery – Higher Trainees

Concern was expressed about recent changes to the rota that timetabled two clinics, two administrative sessions and two sessions for endoscopy as trainees felt this would reduce the surgical material available to them.

Action To Be Taken:

Trust to review the rota to ensure that there is sufficient surgical operating time available to ensure trainees meet the requirements of the curriculum.

RAG Rating:		**Timeline:** 30 September 2014

Evidence/Monitoring:

Rota detail

Trainee logbooks

Condition 10

GMC DOMAIN 1 PATIENT SAFETY

School – Obstetrics and Gynaecology

Bassetlaw

The department is quiet compared to many others; this has benefits for non-clinical work such as exams and audit. Handover is effective.

There were reports of some variations among clinicians in the application of clinical guidelines (eg for pre-eclampsia), and of laparoscopic surgery practice. The trainees expressed a range of opinions on whether these variations had actually affected patient care – more senior trainees expressed less concerns. Most of the trainees would be happy for a family member to be treated in the department.

Action To Be Taken:

The DME to work with the Educational Supervisors to re-examine the specific concerns raised.

RAG Rating:		**Timeline: 30 September**

Evidence/Monitoring:

Past complaints to be reviewed by Director of Education and Trust colleagues and an action plan developed to address any confirmed potential patient safety concerns.

Condition 11

GMC DOMAIN 5 CURRICULUM DELIVERY AND 6 SUPPORT AND DEVELOPMENT

School – Obstetrics and Gynaecology

Site - Doncaster

Trainees feel well supported, clinical supervision is good, but they can have difficulty getting WPBAs completed in clinic. Handover is effective, both written and online. Family and Friends test was good for obstetrics, less so for gynaecological surgery due to what is perceived as a disorganised service with problems providing continuity of care. No direct safety issues were raised however.

ATSMs for senior trainees are not always well structured.

Action To Be Taken:

- Trust to examine working patterns in Gynaecology, to improve efficiency
- Department to examine ATSM options, and how they are supported
- There is a very different case mix on the two sites. Joint rotations between the two sites could offer trainees more of the advantages of both. The School should lead on discussions with the Trust over piloting some split experience rotational periods

RAG Rating:		**Timeline: 30 September 2014**

Evidence/Monitoring:

Rota detail

Evidence that an examination of ATSM options has taken place with information about how they are supported.

Evidence that consideration has been given to joint rotations between the two sites with an implementation plan if required

Condition 12

GMC DOMAIN 6 – SUPPORT AND DEVELOPMENT

School – Paediatrics - Doncaster Royal Infirmary and Bassetlaw Hospital

The rotas for Paediatric Trainees at both sites were described as chaotic and fragmented.

Action To Be Taken:

Trust to review the rotas and carry out necessary changes to make them more structured.

RAG Rating:		**Timeline: 31 July 2014**

Evidence/Monitoring:

Rota

Condition 13

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School – Paediatrics - Doncaster Royal Infirmary

All Trainees

On the neonatal ward clinical supervision is good, but the 'Consultant of the week' and the Neonatologist sometimes express contradictory opinions about management plans for patients. The trainees reported that this can put them in a difficult position in terms of patient management. There were also comments that 'it is not always clear what the Consultant of the Week is doing' at the Doncaster site.

There were also reports of patients waiting on the ward for several days for senior assessment with an example of a child with classic signs of leukaemia waiting for several days before referral to the Children's Hospital in Sheffield took place.

There were reports of a routine lack of nurse engagement with patients and trainees on the general wards, with only very rare attendance at ward rounds. Trainees felt that nurse attendance on ward rounds would help the multi-professional care of patients. The panel was concerned by these communication concerns.

Action To Be Taken:

Review the Consultant of the week role in particular when managing neonates and the impact on trainees

Audit the timeline from inpatient admission to senior assessment

Review the nursing concerns with the Chief Nursing Officer

RAG Rating:		**Timeline: 31 July 2014**

Evidence/Monitoring:

Outline of Consultant of the week role

Audit of admission to assessment

Feedback on progress with multidisciplinary working (general wards only)

FINAL COMMENTS

The visit was very well organised, with the Director of Education update on Day 1 particularly useful. There was good engagement with all the visiting panels from trainees and trainers.

The seven day staffing of MAU initiative at Bassetlaw is felt to be good practice along with nominated trainees chairing forums to generate action plans of how to improve the training experience at the Trust. The practice of conducting trainee exit interviews was commended.

Overall the trainees reported good clinical supervision, a supportive friendly environment and the majority of trainees would recommend their posts to colleagues. There were references to 'fabulous teaching and education'.

The issues reported at the last visit about Educational Supervisors not having time for supervision allocated in their job plans was no longer raised as an issue.

Almost all O&G trainees would recommend their posts, but the very varied profile of the two units made the panel feel that more joint rotations for Obstetrics and Gynaecological trainees would offer a better balance of opportunities; this will be investigated further by the Head of School for O&G.

Approval Status

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

Signed on behalf of HEYH

Name: Dr David Eadington

Title: Deputy Dean (Panel Chair)

Date: 21/05/14

Signed on behalf of Trust

Name: Dr Alasdair Strachan

Position: Director of Medical Education

Date: as per email of 04/07/14

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 Reponses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012