

QUALITY MANAGEMENT VISIT REPORT

TRUST	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
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DAY	SITE	DATE
One	Bradford Royal Infirmary	26/02/2015

List of visitors:

Mr Jon Hossain	Deputy Postgraduate Dean
Professor Michael Gough	Head of School – Surgery
Dr Tony Arnold	Head of School – Medicine
Dr Catherine Dickenson	Head of School – Foundation
Mr James Spencer	Associate Postgraduate Dental Dean
Mrs Ghazala Ahmad-Mear	Associate Postgraduate Dental Dean
Mrs Denise Creasey	Dental Care Professional Tutor
Mr Martin Cope	Training Programme Director
Mr Alan Sutton	Lay Chair
Mrs Julie Platts	Quality Manager
Mrs Alison Poxton	Quality Administrator

SPECIALTIES VISITED:
<ul style="list-style-type: none"> • Surgery • Medicine (including Clinical and Medical Oncology) • Dental

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	06/03/2015
First Draft Submitted to Trust	23/03/2015
Trust comments to be submitted by	30/03/2015
Final Report circulated	13/04/2015

Summary

The panel appreciated that the visit was well organised by the medical education team and the update from the DME was very useful. There was generally good engagement from trainees and trainers.

There are specific comments regarding the specialities visited as follows:

Medicine – Foundation, Core and GP

The trainees described having good access to educational resources with simulation training and simulated ward rounds in place for them to access. All the trainees who attended the visit would recommend their posts.

Foundation Year 1 trainees highlighted they would be willing to undertake out of hours' shifts to increase their level of exposure to acutely sick patients to prepare them more effectively for foundation year 2 posts. In addition, the foundation year 1 trainees should be receiving their ALS training earlier on in their training.

Medicine – Higher Trainees

The feedback from trainees was they are receiving excellent training, are well supported and their workload is acceptable. Ward rounds on MAU and Elderly are consultant led and the trainees are getting access to regional teaching and simulation training. They described being actively encouraged to maximise opportunities for research, audit and projects. The trainees would all recommend to a colleague and feel they are more skilled and better doctors for their experience in the department.

One trainee, who worked as a foundation year 2 in 2008, described a big improvement since then with more consultants leading ward rounds and a speciality registrar on a twilight shift. Overall, the trainee feels the service is now safer for patients.

Surgery – Foundation Trainees

There were very few trainees who attended and in view of the issues relating to contact with their clinical supervisors there will be a revisit in the next few months. A date will be agreed shortly with the DME and Foundation School Director. An ACF is on an inappropriate timetable (3 months academic and three months clinical) and is finding there is not enough time to focus on research.

Surgery – Core and Higher Trainees

The trainees feel well supported by their clinical and educational supervisors and would recommend their posts. There is a good case mix, access to educational resources and they feel they work as part of a team. However, there were reports from trainees that if they wish to access the simulation centre to practice their skills in the evenings, they have to personally pay a technician 2 hours' overtime to gain access. The DME offered to look into this matter following the visit.

Dentistry

Dental core and LDF trainees described having a comprehensive induction that included the regional CITY course, shadowing, trust induction and in-house departmental induction that enabled them to feel prepared for their role. The trainees found the simulation training as part of the extended departmental induction useful. They described receiving good training, feedback and supervision with no expectation that they provide cross cover for medical patients. The trainees reported receiving consent training with formal teaching organised once per week. An excel spreadsheet is used for recording handover and this works effectively. All the trainees would recommend the department to family and friends to be treated and their posts to colleagues.

The dental trainees did highlight that they felt disadvantaged when the tracheostomy care clinical skills training took place as medical trainees were given precedence for places.

The following concerns were highlighted during the visit:

CONDITIONS

Condition 1		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Terminology	
School:	Trainee Level Affected:	Site:
All	All	BRI
<p>There were instances of trainees using outdated pre-MMC terminology such as SHO. This is deemed a patient safety risk by the GMC and HEYH as it can cause confusion about the level of competence of doctors on the first on call rota.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Continue to review policies, name badges, rotas to ensure current terminology is in use 2) Circulate further reminders to all staff about the GMC requirement to use current terminology 		
RAG Rating:		Timeline: 30/10/2015
<p>Evidence/Monitoring:</p> <p>Copies of emails and letters</p>		

Condition 2		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Trust Induction	
School:	Trainee Level Affected:	Site:
Foundation + GP	FY2 + Core	BRI
<p>Foundation trainees whose first job was in a GP placement suggested a mini induction on their return to Bradford Royal Infirmary as some passwords had expired that took around two months to reset. Trainees described sharing logins with locum doctors on occasions to enable them to access blood results and discharge patients.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Investigate the provision of a relevant Trust induction for trainees who have spent time in a community placement 2) Remind trainees they must not share their log in details under any circumstances 3) Develop and instigate a protocol to ensure that locum doctors have log in details to enable them to carry out their role 		
RAG Rating:		Timeline: 31/07/2015
<p>Evidence/Monitoring:</p>		

- 1) Induction materials for trainees returning to BRI after a community placement
- 2) Reminder emails about protecting the security of log in details
- 3) Locum login detail protocol

Condition 3		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Handover	
School:	Trainee Level Affected:	Site:
Medicine	Foundation, Core and GP	BRI
<p>Trainees reported that the 8.00 am MAU handover is not working in practice from their perspective and was described as 'chaotic' and sometimes outlying patients are missed. However, they do report that an effective registrar to registrar handover occurs separately.</p>		
<p>Action To Be Taken:</p> <p>Review handover practices on MAU and develop an action plan to ensure 1st on call doctors are included in a combined handover of acutely sick patients.</p>		
RAG Rating:	[REDACTED]	Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <p>Revised handover process document for MAU that ensures 1st on call doctors are fully included</p>		

Condition 4		
GMC Domain:	6 SUPPORT AND DEVELOPMENT	
School:	Trainee Level Affected:	Site:
Medicine	Higher	BRI
<p>The trainees work intensely busy night shifts that involve taking a high level of responsibility for patient care and decision making but, due to timings of their rota, do not attend the post-take ward round the following morning. As a consequence, they are not receiving feedback from clinical supervisors on their performance.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Investigate solutions to allow trainees to attend post-take ward rounds 2) Develop an action plan to ensure that higher trainees are present at post -take ward rounds 		
RAG Rating:	[REDACTED]	Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Investigation of solutions 2) Action plan to ensure trainees are receiving good quality feedback on their performance on night shifts 		

Condition 5		
GMC Domain:	5 DELIVERY OF CURRICULUM	
School:	Trainee Level Affected:	Site:
Medicine	Core	BRI
<p>Core trainees expressed concern at their inability to attend clinics due to too much ward based work and that these are not always included in their rotas. An additional pressure is that the majority of clinics are based at St Luke's Hospital which is a shuttle bus journey away. At present most trainees will not meet their current curriculum requirements of 12 clinics per year (24 in two years).</p> <p>In more general terms, the core trainees feel that there is very little 'stratification' between their duties and those of foundation trainees and would welcome more responsibility to better prepare them for ST3 posts.</p>		
<p>Action To Be Taken:</p> <ul style="list-style-type: none"> • Educational supervisors and trainees to monitor eportfolios to ensure that mandatory curriculum requirements in terms of attendance at clinics are being met. If there are concerns about compliance this should be reported to the College Tutor who should report on concerns. • Trust to develop an action plan to ensure the trainees have sufficient clinics in their rotas to meet mandatory curriculum requirements and measures are instigated to ensure they can attend. • Clinical tutor to review the roles of core medical trainees and make recommendations as to how they could be provided with more responsibility. 		
RAG Rating:		Timeline: 30/06/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) CMT Rotas with required amount of clinic attendances included 2) College Tutor report on concerns about compliance with mandatory curriculum requirements for clinic attendance. 3) Review of CMT roles and recommendations for change to provide a higher level of responsibility 		

Condition 6		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Consent	
School:	Trainee Level Affected:	Site:
Medicine	Foundation, Core and GP	BRI
Surgery	Foundation, Core and GP	BRI
<p>There were numerous reports of trainees feeling under pressure to take consent for procedures for which they were not competent and/or had not received consent training. This was particularly the case for radiology procedures, for example interventional radiology for vascular access. As part of the safe site surgery protocols patients are not allowed to leave the ward until they have been consented and have a wrist band in place.</p> <p>In addition, there did not appear to be a clear procedure on consent training in the specialties reviewed, particularly medicine.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) Review the process for trainees taking consent for radiology and it is suggested that the radiology department is given the responsibility of making sure that the arrangements for consent meet GMC standards: i.e. Doctors in training must take consent only for procedures appropriate for their level of competence. They must act in accordance with the GMC guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, it's risks and alternative treatment options. 2) Issue a clear statement on the Trust's strategy for consent training 		
RAG Rating:	■	Timeline: 30/06/2015
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1) Consent training statement 2) Consent training materials with emphasis on consenting for radiology procedures 		

Condition 7		
GMC Domain:	1 DELIVERY OF CURRICULUM	
School:	Trainee Level Affected:	Site:
Medicine	Core	BRI
<p>Core medical trainees are not clear about the formal PACES courses that are organised within the school of medicine and lines of communication to alert them as to when and where this is taking place.</p> <p>There was no evidence that current bedside PACES teaching was taking place although trainees said this was in the process of being arranged. It is recognised that such training has taken place for previous trainee cohorts.</p> <p>The trainees expressed concern at the lack of general guidance around MRCP examinations and preparation.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Liaise with the school of medicine on the channels of communication with trainees with particular reference to formal PACES courses in the region, and the guidance given to Core Medical trainees on MRCP examination preparation 2) Develop an action plan to deliver preliminary bedside PACES teaching to all CMTs 		
RAG Rating:	■	Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Reminder correspondence about PACES teaching in the region 2) PACES bedside teaching action plan and evidence of its delivery 3) MRCP examination guidance 		

Condition 8		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	IT Systems	
School:	Trainee Level Affected:	Site:
All	All	BRI
<p>Trainees and trainers in each of the groups interviewed expressed concern about the patient management system within the Trust. According to trainers and trainees the incidence of outlying patients not having a timely review due to the relevant team being unaware of their location occurred on average about once or twice in 6 months. The trainers asked for a robust process to be developed to identify more effectively where their patients are situated and which bed they are located in.</p> <p>Trainees also reported there is a different login required to access the computers on wards to locate which bed individual patients are located in. One group of trainees described needed eleven different login details during one shift to enable them to establish where their team's patients were.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) Patient management process in the Trust to be reviewed 2) A new process developed to ensure every patient's location can be easily identified with particular emphasis on outlying patients without the use of multiple logins 		
RAG Rating:		Timeline: 31/07/2015
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1) Patient management review 2) Revised patient management system 		

Condition 9		
GMC Domain:	5 DELIVERY OF THE CURRICULUM	
School:	Trainee Level Affected:	Site:
Dentistry	Core and LDFT	BRI
<p>The trainees do not find the dental version of the ePDP useful and prefer the RCS elog book. However this does not include the requirement to complete WBAs and, as a consequence, these are not taking place at all.</p>		
Action To Be Taken:		
<p>Review the lack of WBAs for trainees and develop an action plan as to how these can be incorporated into the trainees' experience.</p>		
RAG Rating:		Timeline: 31/07/2015
Evidence/Monitoring:		
WBA completion		

Condition 10		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Clinical Supervision	
School:	Trainee Level Affected:	Site:
Surgery	Foundation	BRI
<p>There have been recent changes to the surgery rota which requires foundation trainees to rotate every two weeks. The feedback from trainees and trainers is that this change has improved compliance with EWTD but there were reports this had reduced the amount of contact time with clinical supervisors and had had a negative impact on continuity of training. Trainers expressed concern about the new arrangements as they felt the trainee did not have sufficient time in the department before they rotated. Trainees reported sometimes never meeting consultants due to shift patterns, annual leave, etc before they moved on.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Review the rota current arrangements for Foundation trainees in surgery 2) Review the clinical supervision foundation trainees are receiving with the aim of increasing continuity of supervision 		
RAG Rating:	[REDACTED]	Timeline: 30/06/2015 (There will be a quality management revisit in May/June to review the clinical supervision arrangements)
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Review of rotas for foundation trainees in surgery 2) Clinical supervision contact time 3) Trainee feedback at the revisit 		

Condition 11		
GMC Domain:	1 PATIENT SAFETY	
School:	Trainee Level Affected:	Site:
Surgery	Core	BRI
<p>The ENT core trainees have heavily overbooked outpatient clinics with 20+ patients to review that place them under much pressure. They were also concerned there are no opportunities for case based discussions due to the volume of patients.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Reduce the number of patients in for ENT core trainees to review in outpatients to a more manageable level. 2) Instigate the practice of including time for CBDs within the outpatient clinic time or shortly afterwards 		
RAG Rating:	[REDACTED]	Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Reduced clinic lists 2) WBA completion (CBD from outpatient clinic cases) 		

Condition 12		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Clinical Supervision	
School:	Trainee Level Affected:	Site:
Surgery	Higher	BRI
<p>It was highlighted that the ENT SAC does not recommend that two higher trainees be in the same theatre at the same time. To facilitate compliance with this recommendation the ENT Fellow is undertaking on call and theatre work that can significantly reduce the amount of time the StR operates.</p> <p>The panel felt it important that the Urology, General Surgery and Vascular are provided with access to daytime sessions in theatre and clinic.</p>		
<ol style="list-style-type: none"> 1) College Tutor/HoS to review the amount of time the ENT StRs are spending operating on patients to ascertain if the requirement that ENT Fellows work on the rota is having a detrimental impact. 2) Following the results of the review, develop an action plan to ensure ENT StRs are receiving sufficient operating opportunities. 3) College Tutor/HoS to also monitor the Urology, General Surgery and Vascular trainees to determine that they are accessing sufficient operating opportunities. 		
RAG Rating:	■	Timeline: 31/07/2015
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1) Review of ENT/Urology/General Surgery and Vascular higher trainees' StR operating time with reference to curricular requirements. 2) Action Plan 		

Condition 13		
GMC Domain:	5 DELIVERY OF THE CURRICULUM	
School:	Trainee Level Affected:	Site:
Surgery	Core	BRI
The trainees feel they carry out a disproportionate number of out of hours' shifts and reported out of a 7 week period they had only spent 2 weeks with their parent specialty. The panel felt this was having a detrimental effect on their training and education in the posts.		
Revise the number of out of hours shifts the core trainees are rostered to attend to ensure they can access education and training opportunities in their placement.		
RAG Rating:		Timeline: 31/07/2015
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1) Rotas with more time allotted to daytime shifts 2) Audit of core trainees attendance at daytime operating lists and clinics 		

Approval Status

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

Signed on behalf of HEYH

Name: Mr Jon Hossain
Title: Deputy Postgraduate Dean
Date: 12/03/2015

Signed on behalf of Trust

Name: Dr Simon Fraser
Position: Director of Medical Education
Date: 13/04/2015

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