

## QUALITY MANAGEMENT VISIT REPORT

<b>TRUST</b>	<b>NORTHERN LINCOLNSHIRE &amp; GOOLE HOSPITALS NHS FOUNDATION TRUST</b>
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<b>DAY</b>	<b>SITE</b>	<b>DATE</b>
<b>1</b>	<b>DIANA PRINCESS OF WALES HOSPITAL</b>	<b>24/03/2014</b>
<b>2</b>	<b>SCUNTHORPE HOSPITAL</b>	<b>25/03/2014</b>

**SPECIALTIES VISITED:**

- Foundation
- Emergency Medicine
- 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.

<b>Date of First Draft</b>	<b>28/03/2014</b>
<b>First Draft Submitted to Trust</b>	<b>16/04/2014</b>
<b>Trust comments to be submitted by</b>	<b>02/05/2014</b>
<b>Final Report circulated</b>	<b>28/05/2014</b>

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### DAY 1

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## NOTABLE PRACTICE

NOTABLE PRACTICE 1		
<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>	<b>Induction</b>	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Emergency Medicine	All	Scunthorpe General Hospital
New Trainees shadow senior colleagues in the Emergency Medicine Department and their roles are backfilled to enable them to do this. This was commended by the Trainees as providing them a good start in the department and a valuable learning opportunity.		

## CONDITIONS

Condition 1 (continues from Condition 1 in the report of October 2013)		
<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>	<b>Clinical Supervision</b>	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Foundation	All	Both
Medicine	All	Both
Surgery	All	Both
A change had been implemented in the week before the visit to ensure that FY1 Trainees in surgery no longer took GP calls. It is disappointing that this has taken so long to implement when urgent action was called for in the last report. Calls are now taken by a “single point of access” nurse. Trainees who were working in primary care communicated that this change had not been communicated to colleagues working in community. Due to unfamiliarity with admission protocols, it was reported that there were initial teething problems, with the example of a child under 5 being admitted under surgery being cited		
<b>Action To Be Taken:</b> Trust must ensure that all staff are aware of the issue of FY1 trainees not taking GP calls within the trust and primary care. They should ensure that the single point of access team is aware of relevant admission protocols, specifically to ensure that children under 5 are not admitted under surgery <ol style="list-style-type: none"><li>1) Appraise the situation in 2 months’ time to ensure the policy that FY1 doctors are not taking GP referral calls has been sustained and appropriate admissions are taking place</li></ol> <b>In view of the progress that has been made the RAG rating has been down rated from a Red Star to Amber.</b>		
<b>RAG Rating:</b>		<b>Timeline: 31/07/2014</b>
<b>Evidence/Monitoring:</b> Written confirmation that the new processes have been sustained in terms of FY1 doctors not taking GP referral calls and evidence that children under 5 years of age are not being admitted.		

**Condition 2** (continues from Condition 2 in the report of October 2013)**GMC Domain:** 1 – PATIENT SAFETY**Concern relates to:** Handover**School:** **Trainee Level Affected:** **Site:**

Foundation All Both

Medicine All Both

Overall, Handover has improved at the Trust since the last visit and there were accounts of clinical care being improved because of this. The Consultant-led 8.30am Handover in Medicine at SGH is good and has been expanded to include discussion about management of long stay patients and allocation of Trainees where there are gaps due to absence. The Consultants explained that they take the opportunity at the end of the handover to discuss a clinical learning point. However, there were infrequent reports of inappropriate comments being made by Consultants about Trainees that were off sick at SGH, intimating they should be at work. This trainee perception was fed back to trainers involved in the handover during the visit.

There appeared to be some disconnect between the handovers in Medicine at Scunthorpe and shift patterns. As an example, during weekdays Trainees reported there is lack of co-ordination with handover as there is an 8.30 am general handover and then another AAU handover at 10 am with ward round taking place in between the two. Trainees felt this approach was disjointed and caused problems with differing decisions being made about patient care.

As reported in the October 2013 report there are still concerns regarding handover in Medicine at DPOW Hospital and it would be appropriate to adopt the principles of the Scunthorpe handover, particularly to address the issues of patients not included in the MAU handover.

The panel are aware of the development of the on-line handover system that may improve the consistency of handover across the Trust.

**Action To Be Taken:**

- 1) Implementation of the Medicine Handover that has been developed at Scunthorpe to Medicine at DPOW Hospital
- 2) The Trust to continue to implement the e-handover system to ensure consistent handover practices across the Trust
- 3) The Trust to review the number of handovers in Medicine at Scunthorpe and how ward rounds are managed in conjunction with these

**In view of the progress that has been made the RAG rating has been down rated from a Red Star to Red.**

**RAG Rating:**  **Timeline: 31/07/2014****Evidence/Monitoring:**

- 1) Confirmation and details of the handover process in each speciality
- 2) Evidence from rotas that handovers and ward rounds are not overlapping and causing confusion for Trainees
- 3) Confirmation that inappropriate comments are not being made in Handover meetings relating to Trainees who are not present

**Condition 3** (continues from Condition 3 in the report of October 2013)**GMC Domain:** 1 – PATIENT SAFETY**Concern relates to:** Induction**School:** **Trainee Level Affected:** **Site:**

Foundation All Both

Medicine All Both

Overall the main Trust induction works well across all specialties at both sites. It was noted that this process is missed for those Trainees who start at intermediate points. Trust systems that require training and passwords were a particular problem for this group. As highlighted in the last QM visit report, accounts of Trainees having to borrow a password from a colleague for up to two weeks, contrary to information governance. The Trust pointed out that there were induction resources available online, but those Trainees interviewed who were caught in this situation were unaware of this. The problem of protocols/guidelines being readily available on the intranet (that was discussed in the October 2013 Trust QM visit report) still appears to be an issue.

As reported in the previous Trust QM visit report the provision of departmental induction was variable. Trainees said that although there was a departmental induction in MAU this was not the case across other areas of Medicine.

Foundation Trainees whose first placement is in GP or Psychiatry did not receive a Trust or departmental induction when they started their second placement back within the acute trust. This left them feeling unsupported.

Also the junior doctors seen did involve trainees who we did not see at the previous visit, in fact we did see doctors who at the time of the previous visit were not working in the acute trust (in GP and Psychiatry) so were able to gain a much clearer picture.

**Action To Be Taken:**

- 1) The Trust to review the Trust induction for Trainees who have an intermediate start date and for Foundation Trainees whose first placement is in a community setting
- 2) The Trust must ensure that all trainees and locums receive IT logins/passwords etc. at induction in a timely fashion
- 3) The Trust must ensure that all protocols/guidelines, including induction information, are consolidated in one place on the intranet and are publicised to Trainees
- 4) Implement a Trust-wide review of departmental induction to ensure all Trainees receive this training
- 5) If Trainees are moved to new wards they must receive basic induction information prior to commencing patient care

**RAG Rating:**   \* **Timeline: 31/07/2014****Evidence/Monitoring:**

- 1) A copy of the reviewed induction processes for Trainees starting at intermediate points or whose placement is in the community
- 2) Written confirmation that all trainees and locums received IT logins at induction
- 3) Details of where on the intranet the protocols/guidelines are stored and how this is publicised to Trainees
- 4) Results of Trust wide departmental induction review and a plan to ensure all Trainees receive this
- 5) Confirmation that Trainee inductions are taking place when they are asked to cover other wards

**Condition 4** (continues from Condition 5 in the report of October 2013)**GMC Domain:** 1 – PATIENT SAFETY**Concern relates to:** Consent**School:** **Trainee Level Affected:** **Site:**

Foundation All Both

Medicine All Both

Consent taking for Foundation Year One Trainees appeared generally well organised.

However, as reported last time, some trainees at both sites are still inappropriately taking consent for a range of procedures which they are not competent in nor for which they have received training, for example, liver biopsy and cardiac pacing.

Trainers highlighted that there is a 30 minute slot about consent taking in the Trust Induction and an email has been sent to Trainees with a list of procedures that they can consent for and that they must not consent for procedures outside of the list. However, the Trainees interviewed appeared unaware of both these initiatives.

We would suggest that, as has been implemented in other LEPs, the Trust introduces a “consent passport” that documents that trainees have received procedure specific consent training

**Action To Be Taken:**

- 1) The Trust must ensure that trainees are not expected to take consent unless they have received training and understand the risks involved in the procedure
- 2) The concept of a consent passport to be implemented

**As there are still problems this RAG rating has been uprated to a Red Star.**

**RAG Rating:**  **\* Timeline: 31/07/2014****Evidence/Monitoring:**

- 1) Written confirmation from the Trust that trainees are not taking inappropriate consent and copies of the consent training logs
- 2) The concept of a consent passport to have been considered with evidence that this is starting to be implemented Trust-wide

**Condition 5** (continues from Condition 6 in the report of October 2013)

<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>		
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Medicine	Core	DPOW
Medicine	Higher	DPOW
Foundation	All	DPOW

As reported in the October 2103 Trust QM visit report, there are many medical outliers scattered across numerous wards at the DPOW site. The Trust IT systems do not reliably identify patients' location within the Trust and track patient moves. A hand written white board on the MAU is used to document outliers, but not all Trainees are aware of this mechanism. Unlike the Scunthorpe site, there is no handover where these patients are discussed and allocated to medical teams. When on an outlying ward Trainees said that Nursing staff can have difficulty in locating the medical team responsible for the care of the patient. CMT Trainees highlighted cases of patients being admitted at weekends and not being reviewed until the following Wednesday.

The process for the management of medical outliers at Grimsby is not clear.

**Action To Be Taken:**

- 1) The Trust must ensure there is a robust process in place for identifying where medical outliers are within the hospital and that this is communicated to all relevant parties
- 2) The Trust to determine who manages the medical outliers and that this is explicit

**As there are still problems this RAG rating has been uprated to a Red Star.**

**RAG Rating:**  **\* Timeline: 31/07/2014**

**Evidence/Monitoring:**

- 1) Confirmation of the process in place for identifying the location of medical outliers at DPOW Hospital
- 2) Decision on who manages the medical outliers

**Condition 6** (continues from Condition 8 in the report of October 2013)

<b>GMC Domain:</b>	<b>6 – SUPPORT &amp; DEVELOPMENT</b>	
<b>Concern relates to:</b>	<b>N/A</b>	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Medicine	Core	All
Medicine	Higher	All
Foundation	All	All
Emergency Medicine	All	All

As reported in the October 2013 Trust QM Visit report, Trainees at both sites are regularly working beyond their contracted hours. In addition, at the Scunthorpe site, Higher Trainees in Medicine were extremely unhappy about their inflexible rotas. There were reports that the high levels of sickness absence amongst Foundation trainees were due to stress related to their working patterns and inflexible rota. Again some of the issues stem from the rotas with no overlap to allow for handover, which necessitates the trainees staying late. FY2 Trainees at Scunthorpe talked about shifts finishing at 9.30 pm but Handover not being until 10 pm. Also, Higher Trainees in Emergency Medicine reported that handovers can be scheduled 30 minutes after their shift finish time. The Trust is in the process of appointing a full time rota co-ordinator at the Scunthorpe site.

There were issues of Trainees having to stay late to perform routine tasks, for example, cannulation that could be carried out by other team members. The Trainees said that although Phlebotomists were available, they tended to visit some wards only once per day.

In many cases there examples of consultant ward rounds starting late in the afternoon/early evening necessitating late finishes.

Trainees are uncomfortable with the wording on the hours monitoring form which they feel makes them state that late finishes are done by the trainees choice.

Post Visit note from the Trust: Regarding trainees working beyond their contracted hours - monitoring exercises have taken place but there has been a very poor response rate with many areas receiving less than 75% completion rate. Those areas where we did receive 100% completion rate were compliant. This will be monitored during DME/Trust Link APD quarterly meetings.

**Action To Be Taken:**

- 1) The Trust to provide a copy of their hours monitoring documentation and diaries
- 2) The Trust to ensure that time for handover is built into rotas
- 3) The Trust to review the number of times per day Phlebotomists visit wards

**RAG Rating:****Timeline: 31/07/2014****Evidence/Monitoring:**

- 1) A copy of the hours monitoring documentation and diaries
- 2) A copy of the monitoring/exception reporting process and copies of the information submitted by trainees

<b>Condition 7</b> (continues from Condition 12 in the report of October 2013)		
<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>	<b>Clinical Supervision</b>	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Foundation	F2	Scunthorpe
<p>FY2 trainees in surgery at Scunthorpe reported there were occasions when they have been expected to provide the sole surgical opinion and to discharge patients in A&amp;E without being seen by a senior colleague. Trainees reported the four hour targets are exacerbating this problem.</p> <p>We suggest that the Trust should view FY2 trainees in surgery in the same way as CSTs and follow the advice given by the Head of School of Surgery with regards to patients in EDs; FY2 trainees must not provide the sole surgical opinion for patients in the emergency department and there must be a mechanism for senior review of the patient in person or a clear management plan for the patient to be seen the next day, (for example in fracture clinic). Patients with abdominal pain pose a particularly high risk.</p>		
<p><b>Action To Be Taken:</b></p> <p>The Trust must ensure that FY2 trainees are not discharging patients without prior senior review, or at a minimum a discussion with a more senior surgeon if a physical review is difficult, for instance by the registrar being in theatre.</p> <p><b>As there are still problems this RAG rating has been uprated to a Red Star.</b></p>		
<b>RAG Rating:</b>		<b>* Timeline: 31.07.14</b>
<p><b>Evidence/Monitoring:</b></p> <p>Written confirmation from the Trust that this practice has ceased.</p>		

<b>Condition 8</b> (continues from Condition 13 in the report of October 2013)		
<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>	<b>Clinical Supervision</b>	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Foundation	F2	Both
<p>As reported at the last Trust QM visit, the FY2 Surgical trainees, on both sites, feel very unsupported when on-call. They reported being pressurised and potentially intimidated by the ED department clinical staff and managers to see these patients as a priority even when dealing with very sick patients on the ward.</p>		
<p><b>Action To Be Taken:</b></p> <p>The Trust to investigate the report that trainees are being pressurised into seeing patients.</p> <p><b>As there are still problems this RAG rating has been uprated to a Red Star.</b></p>		
<b>RAG Rating:</b>		<b>* Timeline: 31/07/2014</b>
<p><b>Evidence/Monitoring:</b></p> <p>Investigation findings and action plan.</p>		

<b>Condition 9</b> (continues from Condition 16 in the report of October 2013)		
<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>	<b>Work Intensity</b>	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Medicine	All	Scunthorpe
<p>The acute resident on-call registrar rota should never be more frequent than 1 in 11. However, the Scunthorpe rota is currently '1 in 8'. This is too onerous, and reduces the time available for day-time training to below a critical level.</p>		
<p><b>Action To Be Taken:</b></p> <p>The Trust must consider options that will ensure that the Scunthorpe rota becomes compliant with a 1 in 11. It should be noted that HEYH do have plans to provide an extra StR in August. Staff for (2 more) new posts might be supplied by the Medical Training Initiative scheme,.</p> <p><b>As there are still problems this RAG rating has been uprated to a Red Star.</b></p>		
<b>RAG Rating:</b>		<b>* Timeline: 31/07/2014</b>
<p><b>Evidence/Monitoring:</b></p> <p>Written confirmation of the measures planned, and new rota arrangements .</p>		

<b>Condition 10</b>		
<b>GMC Domain:</b>	<b>5 – DELIVERY OF APPROVED CURRICULUM INCLUDING ASSESSMENT</b>	
<b>Concern relates to:</b>	N/A	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Emergency Medicine	Foundation	Both
Emergency Medicine	Core	Both
<p>Consultants/Higher Trainees/SAS Grade doctors and Locums to be proactive in providing more complex procedures for Foundation and Core Trainees to allow them to achieve competencies, for example, insertion of chest drains.</p> <p>HEYH would be delighted to support mandatory attendance at the Trust's programme of chest drain course.</p>		
<p><b>Action To Be Taken:</b></p> <p>Review how training opportunities are 'flagged up' to allow Trainees to gain the requisite experience to meet curriculum requirements.</p>		
<b>RAG Rating:</b>		<b>Timeline: 31/07/2014</b>
<p><b>Evidence/Monitoring:</b></p> <p>Trainees report at ARCP they are meeting curriculum requirements during A&amp;E placements at NLAG.</p>		

<b>Condition 11</b>		
<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>	<b>Clinical Supervision</b>	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Emergency Medicine	All	DPOW
<p>There were reports of 8 doctors being in the department during weekdays but then only three at weekends when there can be more patients to review.</p> <p>There was an instance reported of a Higher Trainee coming onto shift with 35 patients waiting at 10 pm with only 4 seen. Although Consultants would come into the department from home if there was a serious clinical issue that needed attention there was no assistance forthcoming due to workload.</p> <p>Post visit note: The detailed data provided since the visit dated 22 April 2014 is a positive response to condition 11. Progress will be monitored during the DME/APD quarterly meetings.</p>		
<b>Action To Be Taken:</b>		
Review the rotas to ensure there is a more equitable spread across a 7 day week.		
<b>RAG Rating:</b>		<b>Timeline: 31/07/2014</b>
<b>Evidence/Monitoring:</b>		
Copy of Rota to be supplied.		

<b>Condition 12</b>		
<b>GMC Domain:</b>	<b>5 – DELIVERY OF APPROVED CURRICULUM INCLUDING ASSESSMENT</b>	
<b>Concern relates to:</b>		
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Medicine	Core	Both
<p>There is an issue that Core Medical Trainees are not attending clinics even though this is now a curriculum requirement. Trainees reported that although patients were booked for them to review in clinic, these were regularly cancelled as the CMT could not leave sick patients on the ward. The Trainees said they would then be blamed for not informing the clinic that they could not attend.</p> <p>It was noted that Core Medical Trainees at Scunthorpe are released to attend Generic Study Days successfully.</p> <p>Post Visit note from the Trust: Core Medical Trainees at SGH are released to attend Generic Study Days successfully. We would like to point out that study leave applications to attend Generic Study Days for trainees on all sites and in all specialties are generally approved.(evidence of study leave applications are available). This will be monitored through the DME/APD quarterly meetings.</p>		
<b>Action To Be Taken:</b>		
<ol style="list-style-type: none"> <li>1) Trainers to incorporate into handover that the CMT Trainees should go to clinic</li> <li>2) Consider including more Registrars on the rota to allow flexibility in allowing CMT to attend clinics</li> </ol>		
<b>RAG Rating:</b>		<b>Timeline: 31/07/2014</b>
<b>Evidence/Monitoring:</b>		
Clinic Lists and Rotas to be supplied.		

<b>Condition 13</b>		
<b>GMC Domain:</b>	<b>6 – SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY</b>	
<b>Concern relates to:</b>		
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
All	All	Both
<p>There were examples of the two sites working independently, for example, handover is handled differently. This culture is perceived by Trainees at Scunthorpe who refer the DPOW Hospital as ‘the other Trust’.</p> <p>Trainees still report that the Trust appears reluctant to accept change. When making suggestions they feel they are often met with the attitude that ‘things have always been done this way’. This is disappointing as the trainees are engaged but feel frustrated that they are not being listened to. A comment was made by Higher Trainees at Scunthorpe that they feel they have ‘a lot of responsibility but no authority’.</p>		
<p><b>Action To Be Taken:</b></p> <ol style="list-style-type: none"> <li>1) Identify good practice from one site and implement this Trust wide, for example, Handover at Scunthorpe, timetabled theatre time for FY2 Trainees at DPOW Hospital</li> <li>2) Review the effectiveness of Junior doctor forums</li> </ol>		
<b>RAG Rating:</b>		<b>Timeline: 31/07/2014</b>
<p><b>Evidence/Monitoring:</b></p> <ol style="list-style-type: none"> <li>1) Documented evidence that joint processes are being instigated, for example, handover procedures.</li> <li>2) Feedback from junior doctor forums is listened to and acted upon if appropriate.</li> </ol>		

<b>Condition 14</b>		
<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>	<b>Clinical Supervision</b>	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Medicine (Gastroenterology)	Core	DPOW
<p>There were again reports from the Gastroenterology CM Trainees that the service is reliant on Locum cover with issues around unsafe practices. Various examples were provided by Trainees, such as outlying patients not being seen for many days, lack of continuity of care due to multiple Locums, lack of management plans, communication issues and difficulty in accessing a senior consultant opinion.</p> <p>None of the Trainees interviewed would wish for their family and friends to be treated at the hospital.</p>		
<p><b>Action To Be Taken:</b></p> <p>Trust to urgently review the patient safety aspects of the Gastroenterology service at DPOW Hospital.</p>		
<b>RAG Rating:</b>		<b>* Timeline: 31/07/2014</b>
<p><b>Evidence/Monitoring:</b></p> <p>A triggered visit from HEYH with an external College representative will take place in the summer to follow up on these concerns raised and review progress.</p>		
<p><b>Post Visit comments:</b></p> <p>These are comments received from the Trust prior to publication of the final report</p> <ul style="list-style-type: none"> <li>• We are very conscious of the points raised in this condition</li> <li>• The Gastroenterology Department in DPOW was looked at by the Royal College of Physicians during a recent review of the Gastroenterology Services in the Trust. The department was appreciated in this report</li> <li>• We also recently had a full JAG re-accreditation</li> <li>• Very serious attempts are underway to have substantial consultant appointed</li> </ul>		

<b>Condition 15</b>		
<b>GMC Domain:</b>	<b>1 – PATIENT SAFETY</b>	
<b>Concern relates to:</b>		
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Medicine	Core	Scunthorpe
<p>Trainees reported that the new stroke unit had been very chaotic during the first few months but has settled down now. However, Trainees said that care could be more proactive, for example, there were problems with out of hours reporting by Radiologists of CT Scans. They said reporting of CT scans could be variable out of hours with no clear cut mechanism in place to ensure this happened in time to enable patients to receive thrombolysis if necessary.</p>		
<p><b>Action To Be Taken:</b></p> <p>Review protocols around reporting of CT Scans out of hours in a set timeframe and implement changes to ensure that all patients who require thrombolysis receive the treatment.</p>		
<b>RAG Rating:</b>		<b>Timeline: 31/07/2014</b>
<p><b>Evidence/Monitoring:</b></p> <p>Documented evidence that Radiologists report on CT Scans out of hours to a set timeframe.</p>		

RAG guidance can be found at Appendix 1.

## **FINAL COMMENTS**

The visit was well organised by the Trust and there was good attendance from both Trainees and Trainers.

Most trainees reported that the staff are friendly and supportive at both sites and it was apparent that there was good engagement with trainees and trainers. There were reports of surgical journal clubs that Consultants are involved with at both sites. There is timetabled theatre time for FY2 trainees at DPOW Hospital and most trainees at Scunthorpe reported excellent teaching opportunities.

The feedback from the Emergency Medicine Trainees was excellent with clinical supervision described as 'brilliant'. The trainees reported they can always find someone for a second opinion. Departmental teaching was said to be good and 'worthwhile'. Simulation training said to be really well organised. A comment was made by a Trainee that she had 'more teaching in a three day induction at NLAG than she ever did at another Trust'. There was a good robust handover with the entire department with the nurse in charge. Trainers and Trainees would be happy for family and friends to be treated in the department. There were some issues around Trainees accessing their ePDP and this needs to be addressed.

Foundation Year 1 Trainees like the Tuesday lunchtime teaching that they deliver themselves but with Consultants' involvement. This group of trainees would recommend their jobs and would be happy for family and friends to be treated at the hospital.

Medical Core Trainees were generally happy with most of the specialties and the PACES training was commended by Trainees at both sites.

Core Medical Trainees described friendly, approachable Consultants who are happy to teach. A Geriatrics Trainee described their supervisor as a 'wonderful teacher'. Others said they had enjoyed their placement.

Cardiology Trainees said they would be happy for family and friends to be treated in the hospital and said it was one of the better Cardiology units in Yorkshire and Humber.

As reported in Condition 14, there will be a triggered visit to Gastroenterology in the summer at the DPOW Hospital site as there are serious concerns raised by the Trainees about patient safety.

## **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: 03/04/2014**

### **Signed on behalf of Trust**

**Name: Dr Asif Naqvi**

**Title: Director of Postgraduate Medical Education**

**Date: 23/05/14**

## 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