

QUALITY MANAGEMENT VISIT**BARNSELY HOSPITAL NHS FOUNDATION TRUST****29 April 2014****VISITING PANEL MEMBERS:**

Dr David Eadington	Deputy Dean and Chair
Dr Michael Nelson	Associate Postgraduate Dean
Dr Ben Jackson	Lead for Postgraduate General Practice Education - South
Dr Tony Arnold	Head of School of Medicine
Miss Sarah Kaufmann	Associate Postgraduate Dean
Miss Fiona Bishop	Associate Postgraduate Dean

Administrators

Lynda Price
Janet Rutter
Sarah Gibson

Specialties Visited: **Medicine**
 Surgery

This report has been agreed with the Trust.

The Trust Visit Report will be published on the Health Education Yorkshire and Humber 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	06/05/14
First Draft Submitted to Trust	12/05/14
Trust comments to be submitted by	27/05/14
Final Report circulated	17/06/14

NOTABLE PRACTICE

Several groups of trainees commented on the excellent local teaching programmes that are provided in several departments. Induction in Emergency Medicine and Orthopaedics was also highly praised.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY

School: Medicine

Handover within the MAU is viewed as effective, although it is verbal and leaves no documentary trail. Handover of base ward patients however is entirely informal, and is dependent on trainees contacting their relevant counterpart. No examples of adverse events were given.

Action To Be Taken:

The Trust should consider creating a more robust base ward handover process, ideally an IT based solution that allows trainees to leave handover information.

RAG Rating:



Timeline: 30 December 2014

Evidence/Monitoring: Feedback from DME to APD

Condition 2

GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity

School: Medicine

The middle grade rota in medicine continues to be too small with a maximum of 8 Trainees and sometimes down to 5 members, despite all the Trust's efforts to attract suitable staff. A rota frequency of 1 in 11 remains the Deanery target for intense rotas. Specialty experience of these trainees is inevitably reduced by the added acute medicine duties.

Action To Be Taken:

The Trust is advised to seek further staff using the Medical Training initiative with either the Glasgow or London Colleges; both have clear recruitment processes and selection criteria. The Deanery will sponsor suitable job descriptions as showing equivalence for training. The Trust is free to use the funding from unfilled posts for this.

RAG Rating:



Timeline: Written progress by 31 December 2014 and completion by 31 March 2015

Evidence/Monitoring: Confirmation of appointments

Condition 3**GMC DOMAIN 1 – PATIENT SAFETY****School: Medicine/Surgery**

The Trust is commended for seeking to establish a Hospital at Night system. However, the trainees are unclear about the detail of what is being planned and there is a risk of them being disengaged from what is happening.

Action To Be Taken:

The Trust has prepared a fact sheet, but the trainees need to be re-engaged with the planning process. The Airedale Trust has had experience of this process, and the DME or Associate MD may be able to offer advice.

RAG Rating:**Timeline:** 31 July 2014**Evidence/Monitoring:** Documentary evidence of trainee involvement in the Hospital at Night system.**Condition 4****GMC DOMAIN 5 – CURRICULUM DELIVERY****School: Medicine**

Outpatient clinic experience is insufficient, particularly for Core Medicine and some Foundation trainees.

Action To Be Taken:

The trainees must have time built into their timetables for getting to clinic each week in order to gain the appropriate experience.

To facilitate this, inappropriate tasks for trainees must be minimised, phlebotomy tasks were given particular mention (we were told that 98% of staff are phlebotomy trained). The Trust is urged to continue supporting its ANP development programme.

RAG Rating:**Timeline:** 31 August 2014**Evidence/Monitoring:** Trainee sample timetables to be supplied to DME from departments, particularly for all Core Medical Trainees.**Condition 5****GMC DOMAIN 1 – PATIENT SAFETY****School: Medicine / Surgery**

Induction, both Trust and Departmental, is still too variable and needs more input from College Tutors.

Action To Be Taken:

Each Department to show what they are doing throughout the year, including for trainees who arrive out of step or start their post on nights. The Trust advised that ward orientation is being reviewed and looking at what happens when trainees rotate to a different specialty.

RAG Rating:**Timeline:** 31 August 2014**Evidence/Monitoring:** Content and process for departmental induction to be supplied to DME via Clinical Leads and College Tutors.

Condition 6**GMC DOMAIN 5 – CURRICULUM DELIVERY****School: Medicine and Surgery**

F1 Trainees are not doing any overnight on call duties at Barnsley. The trainees recognise that this detracts from their experience in acute care, and expressed anxiety about future rotas with more responsibility. Psychiatry and Palliative Care trainees do on call as part of the Medical rota.

Most medicine placements in other Trusts include one or two weeks of nights within the four months, weeks being split into three weekend and four week nights.

Action To Be Taken:

Trust to consider extending all F1 trainee rotas to include overnight on call work

RAG Rating:**Timeline:** 31 August 2014 (subject to discussions with incoming trainees)

Evidence/Monitoring: Documentary evidence that including F1 trainees on the out of hours rota has been considered.

Condition 7**GMC DOMAIN 3 – EQUALITY AND DIVERSITY****School: Surgery**

There were reports that non-medical theatre staff are not sympathetic to junior trainees working in theatre, with patient throughput pressures being too dominant.

Action To Be Taken:

The importance of trainees gaining operative exposure needs to be fed back to the theatre staff.

Greater use of the Skills Lab would help in preparing trainees for working in theatre.

RAG Rating:**Timeline:** 31 August 2014

Evidence/Monitoring: Documentary evidence that non-medical theatre staff to be advised about the importance of junior trainees gaining theatre experience.

Evidence that junior trainees are being encouraged to use the skills lab to prepare for working in theatre.

Condition 8**GMC DOMAIN 6 – SUPPORT AND DEVELOPMENT****School: Medicine**

F1s in Medicine commented that when in MAU they may never do any actual clerking of patients as jobs are always delegated downwards. The Trust needs to ensure that tasks are distributed evenly, not just to F1s, and thus create a suitable balance between opportunities to clerk and task completion

Action To Be Taken:

The Trust must ensure that delegation of routine jobs is equitable between all staff, and that all trainees get adequate opportunities to clerk acute patients.

RAG Rating**Timeline:** 31 August 2014

Evidence/Monitoring: Feedback to DME from trainee forum

Condition 9**GMC DOMAIN 3 – EQUALITY AND DIVERSITY****School: All**

Tensions were described between trainees and the radiology department. Some Foundation trainees avoid going there to request scans, and some radiologist behaviours (a minority) were described as being inappropriate. There is a mismatch of expectations.

Action To Be Taken:

The Radiology Department should deliver some sessions (with a facilitator) to discuss with the Foundation trainees how to make best use of the Department. Senior staff on the wards will also need to consider how trainees can better understand the reasons for their requests.

RAG Rating:**Timeline:** 30 December 2014**Monitoring:** Documentary evidence that the facilitated sessions have taken place**Condition 10****GMC DOMAIN 3 – EQUALITY AND DIVERSITY****School: Medicine and Surgery**

There were isolated reports of undermining behaviour towards trainees, supported by the very small number of issues being fed back from the current ongoing GMC Survey.

Action To Be Taken:

Visit Chair will discuss with Medical Director to allow appropriate feedback.

NB: There is no RAG rating for this condition

Final Comments

There was good engagement in preparing for this visit, and the Trust has tried to take action against all the previous conditions, with evidence of success in all except 1 (Condition 2). There was good trainee and trainer attendance.

Trainees describe the Trust as friendly, with supportive senior staff. The trainees are very appreciative of very good local teaching programmes in various specialties, including the induction in some departments.

There has been improved trainee support on medical wards, the 'twilight trainee' in medicine has reduced service pressure, the Winter Ward was valuable in managing outliers, and the protected time for the senior surgeon on call has improved clinical supervision in acute surgery. There is still development required in the surgical infrastructure.

FY1s in Trauma and Orthopaedics would now positively recommend the Department, confirming the progress in supervision made since last year.

RAG guidance can be found at Appendix 1.

Approval Status

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

Signed on behalf of HEYH

Name: Dr D Eadington

Title: Deputy Postgraduate Dean

Date: 12/05/14

Signed on behalf of Trust

Name: Dr Ye Myint

Title: Acting Director of Medical Education

Date: 05/06/14

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