Health Education
Yorkshire and the Humber

QUALITY MANAGEMENT REVISIT

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

25 JULY 2014

VISITING PANEL MEMBERS:

Dr David Eadington (Chair)	Deputy Postgraduate Dean
Dr Tony Arnold	Head of School - Medicine
Dr Ian Wilson	Deputy Head of School, Medicine
Dr Trevor Rodgers	Deputy Head of School, Medicine
Dr Ben Jackson	Locality Lead for General Practice
Dr Rory O'Connor	Training Programme Director
Dr Krystyna Walton	SAC representative
Mrs Julie Platts	Quality Manager
Ms Lynda Price	Quality Officer
Ms Suzy Brain England	Lay Representative

Specialties Visited: Oncology

Rehabilitation Medicine

This report has been agreed with the Trust.

The Trust Visit Report will be published on the HEYH Website

Conditions that are RAG rated as Amber, Red and Red* will be reported to the GMC as part of the HEYH reporting process, the reports are published on the GMC website.

Date of First Draft	**24/07/2014**
First Draft Submitted to Trust	**08/08/2014**
Trust comments to be submitted by	**22/08/2014**
Final Report circulated	**23/09/2014**

CONDITIONS

Condition 1 (Condition 18 in June 2013 and condition 9 in February 2014)

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of Medicine and Foundation

In recent QM visits Foundation and Core Medical Trainees expressed concern about the arrangements for cover, and particularly for responding to cardiac arrests, at Weston Park Hospital. At the revisit, it was reported that patients who require intense chemotherapy are now being treated in the Haematology department in the RHH building and this will ensure more robust cover arrangements in the event of them becoming acutely sick.

The Trust has audited recent cardiac arrest callouts - the great majority are to expedite care escalation, only one was a genuine full arrest event.

Action To Be Taken:

Continue to review the out of hours cover arrangements at Weston Park Hospital

As higher risk patients are being treated in the RHH building this condition has been down rated to amber.

RAG Rating:		**Timeline:** 30 March 2015

Evidence/Monitoring:

The Trust to continue to provide evidence of robust out of hours clinical support arrangements across the Royal Hallamshire Hospital site to the Link APD

Condition 2 (continues from condition 10 in February 2014 QM visit report)

GMC DOMAIN 1 – PATIENT SAFETY – work intensity and DOMAIN 5 DELIVERY OF

THE CURRICULUM

School of Medicine – Oncology (at the Royal Hallamshire site, Weston Park)

At the QM visit in February 2014, the Higher Trainees reported various issues with work intensity. The trainees cover numerous peripheral clinics and said it can be difficult to access advice from Consultants.

At the revisit, service pressures remain high, but the Department has been reviewing how implement changes that will reduce the pressures on trainees. It was reported that ST3 Trainees are no longer attending peripheral clinics without senior support.

There were also signs of improvement in relation to work intensity, but the over-reliance of the service on the trainees continues to be a contributor to negative feedback with complaints at the revisit about 'huge clinics' that are 'difficult to manage'. Trainees also continued to report there did not seem to be any reference to the seniority of trainees when patients are allocated. However, some trainees did also say that the case mix was a 'fantastic learning opportunity'.

The trainees who have rotated to Hull and East Yorkshire described much smaller clinic numbers with teaching/WPBA opportunities better available to them.

During the discussions with trainers and at the feedback session with the DME, it was agreed that all the opportunities for learning need to be capitalised upon by the development of teaching clinics, and more regular rotation into other units.

Action To Be Taken:

Develop the concept of teaching clinics with fixed capacity, specified case content and protected time for WPBAs.

Allocate patients at clinics appropriate to the seniority of the trainee.

Give further consideration to increasing the opportunities to rotate to other units

RAG Rating:		**Timeline: 31 March 2015**

Evidence/Monitoring:

Clinic timetables

Condition 3 (continuation of Condition 6 in 2013 and condition 18 in February 2014)

GMC Domain 1 – PATIENT SAFETY, GMC Domain 5 CURRICULUM DELIVERY

School – Foundation, GP

Rehabilitation Medicine

After the very negative feedback at the previous visit, the GP trainees now report a significant improvement in the placement, where work intensity has improved with some learning opportunities available. No Foundation trainees were present, but the GPVTS trainees believed that the FY trainees would share their view on improvements. Reports from the previous visit that GP and Foundation were responsible for highly dependent patients out of hours was no longer the case, with sufficient clinical supervision provided. The current cohort of trainees does not provide first line cover for the Surgical Spinal Injuries Team.

A new timetable for wider learning has been devised that the trainees welcome, but they expressed concern that this would leave the wards without sufficient clinical backfill cover with the current staffing levels. As outlined by the Clinical Director the appointment and development of Advanced Nurse Practitioner or Physicians Assistants to provide the backfill base ward cover is still in the development stage.

Positive feedback was received from the Higher trainees (mainly in writing ahead of the visit).

During the discussion with Trainers and one of the Clinical Directors one consultant expressed his concern that the focus of the proposed new timetable is too narrow, for example, with no provision for neurological head injury management, which would be important for GP trainees. The panel welcomed the opportunity to discuss this issue, and felt it to be an important step forward that the difference in viewpoints has been raised.

Action To Be Taken:

Trainers and the two Clinical Directors must review the placement content, with the Director of Education present, considering all learning opportunities that the placement can offer, what learning outcomes are expected, and how service work can be maintained while delivering a meaningful training experience.

The ANP/PA strategy to be developed and implemented as quickly as possible to provide base ward backfill

Agreement to be reached between the Trainers/DME on the inclusion of a wider range of rehabilitation medicine opportunities in the revised timetable, including those relevant to GP training.

In view of the findings this condition has been down rated from a red star to red.

RAG Rating:		**Timeline:** 31 March 2015

Evidence/Monitoring:

Rota

ANP/PA strategy document

Revised training timetable to include a wider range of rehabilitation medicine opportunities

Condition 4

GMC Domain 6 SUPPORT AND DEVELOPMENT

School – GP, Foundation

Rehabilitation Medicine

There are very few opportunities for GP Trainees to work in the community during their placement. Trainers agreed there is a spectrum of community opportunities that trainees could be exposed to, such as tissue viability and amputee clinics, or a community based head injury team.

Action to be taken:

Determine the community based opportunities available and build these into the trainees' timetable

RAG Rating:		**Timeline:** 31 March 2015

Evidence/Monitoring:

Timetable

Condition 5

GMC Domain 1 PATIENT SAFETY – Clinical Supervision and Induction

School – Medicine - Rehabilitation Medicine

Level – Higher

Trainees who are currently based in the East Midlands do not always receive a Trust Induction when they are working at STHT and are unclear about supervisory arrangements.

Action to be taken

Review the practice of inducing trainees and allocating supervisors to them when their base is outside of STHT

RAG Rating:		**Timeline:** 31 March 2015

Evidence/Monitoring:

Induction and supervisory information

FINAL COMMENTS

There was good engagement with the panel from both trainers and trainees and the update from the Director of Education at RHH and the Clinical Director at NGH provided helpful background information.

The Oncology trainees were generally happier than they had been at the February visit and described good 'teamwork' in the unit. They acknowledged that the placement offers a wide range of opportunities and that Consultants are approachable when they need to escalate sick patients.

In contrast to the previous visit, the Rehabilitation GP Trainees were now very positive about their training experience with departmental induction taking place, well organised rotas, good senior support and good opportunities for learning.

Management of the Rehabilitation Medicine service is undergoing a restructure within two separate Clinical Directorates. It was apparent from the discussions with Trainers that more work is needed to coordinate input from both Directorates for the benefit of the trainees. At present, although there have been significant improvements; there are still a range of missed opportunities in providing a wide ranging experience in rehabilitation medicine for all levels of trainees.

Approval Status

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

Signed on behalf of HEYH

Name: Dr David Eadington

Title: Deputy Postgraduate Dean

Date: 01/08/2014

Signed on behalf of Trust

Name: Dr Gillian Hood

Title: Director of Medical Education

Date: 16/09/2014

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