

QUALITY MANAGEMENT VISIT REPORT

TRUST	Leeds Teaching Hospitals NHS Trust
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DAY	SITE	DATE
ONE	St James University Hospital	17 March 2015
TWO	Leeds General Infirmary	18 March 2015

DAY ONE

Dr David Eadington (CHAIR)	Deputy Postgraduate Dean
Dr Tony Browning	Trust Link Associate Postgraduate Dean
Dr Teresa Dorman	Associate Postgraduate Dean
Dr Tony Arnold	Head of School, Medicine
Dr Kirsty Baldwin	GP Locality Lead
Mr Peter Jackson	Foundation Programme Director
Ms Helen Cattermole	Training Programme Director, Surgery
Mrs Julie Platts	Quality Manager
Mrs Alison Poxton	Quality Administrator

DAY TWO

Dr David Eadington (Chair)	Deputy Postgraduate Dean
Professor Sunil Bhandari	Deputy Head of School, Medicine
Professor Mike Gough	Head of School, Surgery
Dr Daniel Scott	Head of School, Pathology
Dr Tony Browning	Associate Postgraduate Dean
Dr Alison Smith	Head of School, Emergency Medicine
Dr Noreen West	Training Programme Director
Mr Paul Cook	Postgraduate Dental Dean
Mr James Spencer	Associate Dental Dean
Mr Alan Sutton	Lay Representative
Ms Catherine MacDona	Multi Professional Tutor
Ms Joanne Baker	Programme Support Co-ordinator
Dr James Thomas	School Lead for Quality Assurance – GP
Mrs Julie Platts	Quality Manager
Mrs Alison Poxton	Quality Administrator

SPECIALTIES VISITED:	
<ul style="list-style-type: none"> • Medicine • Surgery • Clinical and Medical Oncology • Neurology • Neurosurgery 	<ul style="list-style-type: none"> • Histopathology • Microbiology • Paediatrics • Dentistry

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	17/03/2015
First Draft Submitted to Trust	16/04/2015
Trust comments to be submitted by	30/04/2015
Final Report circulated	08/05/2015

SUMMARY

The panel appreciated the excellent engagement from the senior team, trainees and trainers at the visit and the update from the DME was useful. The information pack provided to the HEYH panel members in advance of the visit was a helpful resource.

Overall, trainees described being well supported, enjoy the challenge of working in a large Trust and the majority would recommend their posts. In addition, there were no reports of bullying and harassment at the visit. There are specific comments as follows:

Surgery – Foundation

There were signs of continued progress for foundation surgery trainees since the QM Visits in 2013 and 2014. Work intensity is still a significant issue, but the trainees are all receiving departmental induction and are generally well supported by their supervisors, are taking part in handover and have access to educational resources. The Trust is taking steps to develop alternative workforce solutions to support the foundation trainees on the ward. The majority of trainees would recommend their post to a colleague. Therefore, HEYH will recommend to the GMC that the enhanced monitoring condition relating to clinical supervision and access to educational resources for foundation trainees is closed and continuing concerns are managed through the Dean's Report.

Neurosurgery – Higher

The trainees are well supported, enjoy working on complex cases and would recommend their posts.

The triple red outlier for regional teaching was explored with the higher trainees. They explained that it was often their choice not to attend the regional events held in various locations, eg Manchester as they preferred to stay at the centre and work with their consultants on complex neurosurgical cases. However, when they do attend the standard is good and worthwhile. It was agreed that one trainee will ask for PowerPoint slides to be provided to trainees who do not attend as this will help share the learning and assist with examination preparation. The trainees do attend regular formal teaching within the HEYH region that is useful and have no issues with the teaching they are receiving. It is recommended that the condition on the Dean's Report relating to a triple red outlier for regional teaching in neurosurgery should be closed.

Medicine

The trainees highlighted that handover in MAU is 'excellent'. They also told the panel that their rotas were adjusted so they did not start on a night shift so they could attend induction. The induction took place twice in the day that trainees also found helpful. CMTs in Gastroenterology and Hepatology commended the consent training they have received but there were no higher trainees to interview.

Neurology/Stroke

Trainees said that the advanced nurse practitioners are working well in the unit. Trainees in the stroke team describe their training experience as 'exemplary'.

Clinical and Medical Oncology – Foundation and Core

Trainees told the panel that Consultants are willing to be contacted out of hours and nursing staff are well trained and helpful.

Clinical Oncology – Higher

The trainees are well inducted and are receiving formal/informal training opportunities and examination assistance. All the trainees have educational supervisors and would recommend their posts. One trainee worked in the department five years ago and has noticed a significant improvement in that time. It should be noted that no higher trainees in medical oncology attended the visit. There were significant hints that the Medical Oncology trainees have different concerns to the Clinical Oncology, and the DME should explore this locally within a trainee forum to establish whether there are issues that can be managed within the Trust.

The clinical oncology StRs cross cover for medical oncology patients out of hours and they find this difficult on occasions as advanced care/end of life plans are often not readily available. It can be problematic to make a consistent decision on escalation of patient care. The panel recognise that providing end of life plans for a large number of patients is not always practicable, but it is an issue that the medical oncology trainers agreed to consider.

Haematology - All

Trainees highlight they have learned a lot and are well supported by Consultants.

Microbiology

The trainees are well supported, have a good induction and in house training.

Histopathology

Trainees describe excellent relationships and team working.

Emergency Department

There is a robust handover procedure and access to high quality regional teaching. Core trainees reported they are finding the completion of case base discussions difficult due to work intensity.

Paediatrics

There is a new system for handover that is structured and combines general and specialty paediatrics. Trainees and trainers report the system to be working extremely well and is an example of good practice.

The trainers did express concern about their educational roles not being recognised in job plans. There were also discussions with the trainees about the geography of the hospital and the distances between CAT and the paediatric wards. The trust highlighted that there are long term plans to address this but it is a complex plan that will take several years to deliver.

Dentistry

The dental core trainees in the OMFS unit highlighted no problems and would recommend their posts. They receive a Trust and departmental induction, are well supported by their supervisors, handover works well and they have access to departmental teaching. However, there was no representation from the core trainees in restorative dentistry and this will be followed up by the chair of the dentistry panel.

NOTABLE PRACTICE

Notable Practice 1

GMC Domain:	6 SUPPORT AND DEVELOPMENT	
School:	Trainee Level Affected:	Site:
Histopathology	Foundation	LGI and SJUH

There is a well-established training working group that is operating successfully and has delivered positive change, for example in relation to non-gynaecological cytology and facilitated discussions on the working environment. The Head of School for Pathology is of the opinion that this is a concept that could be shared with other Histopathology departments in the LETB.

Notable Practice 2

GMC Domain:	5 DELIVERY OF THE CURRICULUM	
School:	Trainee Level Affected:	Site:
Emergency Medicine	ALL	LGI

There is a 'hot simulation' session twice a month when a low fidelity patient is used for in-house resuscitation simulation. The head of school for emergency medicine is of the opinion that this practice could be shared with other EM departments within the LETB.

CONDITIONS

Condition 1

GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Clinical Supervision	
School:	Trainee Level Affected:	Site:
Foundation (Surgery)	Foundation	SJUH

Trainees described an out of hours duty dubbed 'the Bexley weekend', with FY1 trainees responsible for providing first line cover for sometimes more than 100 patients on several wards. The trainees do attend the morning formal handover, but reported regularly feeling unsupported at times during their shifts.

Action To Be Taken:

Review the on call supervision arrangements on Bexley Wing to ensure that FY1 trainees are not left unsupported in terms of on-site senior clinical supervision at any time

RAG Rating:



Timeline: 31/05/2015

Evidence/Monitoring:

Confirm any changes to clinical supervision arrangements for covering the Bexley ward at weekends

Condition 2

GMC Domain:

1 PATIENT SAFETY

Concern relates to:

Clinical Supervision

School:

Trainee Level Affected:

Site:

Foundation (neurosurgery)

Foundation

SJUH

Neurosurgery F2 trainees highlighted that the expectations of specialty nurses is the same for them as for core trainees. However, they reported that StRs are easily accessible if they feel they are being asked to carry out tasks above their level of competence.

Action To Be Taken:

Clearly state on rotas the level of trainees to provide nurses with the correct information about competence levels.

RAG Rating:



Timeline: 31/05/2015

Evidence/Monitoring: Rota detail

Condition 3

GMC Domain:

1 PATIENT SAFETY

Concern relates to:

Clinical Supervision

School:

Trainee Level Affected:

Site:

Medicine

Core

SJUH

Core trainees were concerned that escalation protocols to senior colleagues are unclear, especially with regard to outlying patients. There were specific references to difficulties in elderly medicine, respiratory medicine and ward J52 In addition, there were reports from trainees regarding ward J52 that escalation protocols have been put in place but without guidance or support regarding these. The trainees also raised concerns that they could have several outliers under the care of one Consultant on different wards (there can be up to 80 outliers on the site) and they can be unclear which patient is under the care of which consultant.

Action To Be Taken:

Develop and communicate escalation protocols for CMTs particularly when dealing with outlying patients
 Clarify management plans for patients to ensure trainees are aware of which consultant each patient has been allocated to

RAG Rating: [REDACTED] **Timeline: 30/09/2015**

Evidence/Monitoring:

Copies of CMT escalation protocols with dissemination evidence
 Details of how management plans have been clarified for trainees

Condition 4

GMC Domain: 5 CURRICULUM DELIVERY

School: **Trainee Level Affected:** **Site:**

Medicine Foundation and Core LGI and SJUH

The trainees in clinical/medical oncology, haematology and neurology reported that the phlebotomy service is intermittent, especially at weekends. They are particularly unhappy that there is no reliable indication if a phlebotomist is to attend the ward or not. This situation is impacting on their ability to access training opportunities as they spend additional time on routine ward-based phlebotomy tasks.

Action To Be Taken:

- 1) Trust to review their action plan to ensure consistent phlebotomy services are available on all wards that require them.
- 2) Trust to include in their action plan that trainees are made aware if a phlebotomist will/will not be attending wards to allow tasks and access to training opportunities to be organised effectively

RAG Rating: [REDACTED] **Timeline: 31/08/2015**

Evidence/Monitoring:

- 1) Phlebotomy action plan
- 2) Copy of correspondence regarding availability of Phlebotomists

Condition 5

GMC Domain: 5 CURRICULUM DELIVERY

School: **Trainee Level Affected:** **Site:**

Medicine Core LGI and SJUH

The core trainees in clinical/medical oncology, haematology and neurology all reported that due to ward duties they are unable to access clinic attendance or teaching opportunities. The trainees also reported there was very little 'stratification' between them and foundation trainees in terms of their roles.

There were many reports that clinics are not written into CMT work timetables. *NB: The CMT curriculum states that trainees must attend 12 clinics per annum (24 in 2 years) to meet the mandatory requirements.*

Action To Be Taken:		
<ol style="list-style-type: none"> 1) ES/Trainees to audit their e-portfolios to determine compliance with curriculum requirements. Issues around compliance should be communicated to the College Tutor 2) College Tutor/Trust to develop an action plan with trainee representatives to deliver the curriculum 3) Clinics (minimum 1 per month, but in reality 2 per month to cope with on call and other routine absences) to be timetabled into CMT rotas in all departments 		
RAG Rating:		Timeline: 31/08/2015
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1) CMT clinic attendance action plan 2) Timetables with clinic attendance included 		

Condition 6		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Clinical Supervision	
School:	Trainee Level Affected:	Site:
Medicine (clinical/medical oncology)	Foundation and Core	SJUH
<p>The foundation and core trainees in clinical/medical oncology described their posts as being 'chaotic'. The trainees reported post-take ward rounds being difficult as time is taken agreeing patient lists and Consultants can be unsure which patients are allocated to them. As a consequence, they reported that patients do occasionally 'go missing' and are not reviewed by the correct team for several days. The trainees also told the panel they may wait all morning for a ward round to take place.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) Review post-take patient list procedures in clinical and medical oncology 2) Develop an action plan to ensure that trainees know which patients they are responsible for 		
RAG Rating:		Timeline: 31 May 2015
Evidence/Monitoring: Action plan		

Condition 7		
GMC Domain:	5 DELIVERY OF CURRICULUM	
School:	Trainee Level Affected:	Site:
Medicine (clinical / medical oncology and haematology)	Foundation and Core	SJUH
<p>Trainees described having difficulty accessing departmental teaching due to work intensity on the wards. They said that they are keen to attend because the teaching is of a high standard, but know that if they do they will have to stay later to catch up on the time they have missed on ward duties. They also reported not receiving regular, consistent feedback on WBPAs as their supervisors do not have time to spend with them.</p> <p>The trainees in surgery said that there are no longer rooms available in the department for teaching to be provided.</p>		

Action To Be Taken:

- 1) Educational supervisors/trainees to review the number of teaching sessions they have attended
- 2) Trust to review this evidence and develop an action plan to ensure the trainees' workload is covered to allow them to attend the teaching sessions

RAG Rating:**Timeline: 31/07/2015****Evidence/Monitoring:**

- 1) Action plan relating to attendance at teaching sessions

Condition 8**GMC Domain:**

1 PATIENT SAFETY

Concern relates to:

Handover

School:**Trainee Level Affected:****Site:**

Neurology

Higher

SJUH

Trainees reported that they feel handover arrangements are potentially unsafe from a patient safety perspective. Patients referred from DGHs, for example from Wakefield, Bradford, Huddersfield, are handed over by telephone between middle grade staff, but there is no structured system.

Action To Be Taken:

Review handover arrangements for neurology trainees and develop an action plan to instigate a formal, structured system.

RAG Rating:**Timeline: 31/10/2015****Evidence/Monitoring:**

Action plan to instigate a formal handover system for neurology.

Condition 9		
GMC Domain:	5 DELIVERY OF CURRICULUM, INCLUDING ASSESSMENTS	
School:	Trainee Level Affected:	Site:
Neurology	Higher	SJUH
<p>Higher trainees are responsible for managing acute inpatient referrals but are not receiving consistent feedback on their performance. Although consultants do conduct debriefs these are variable and opportunities for learning such as ACATs are being missed.</p> <p>In addition, the trainees are not managing to attend clinic on a regular basis due to work pressures on the ward.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Review debrief and WBA arrangements and develop an action plan to improve feedback to higher trainees in Neurology 2) Educational Supervisors and trainees to review the number of clinic attendances and report concerns to the College Tutor who should develop steps to address the issue 		
RAG Rating:		Timeline: 31/10/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Action plan to instigate regular debriefs on trainees' management of acute referrals 2) Report from College Tutor on concerns about clinic attendance and what steps need to be taken to remedy the situation 		

Condition 10		
GMC Domain:	5 DELIVERY OF THE CURRICULUM	
School:	Trainee Level Affected:	Site:
Microbiology	Core	LGI and SJUH
<p>The trainees reported that there was a large amount of time spent on routine service demands, such as dealing with telephone calls, and that this was detrimental to delivery of the microbiology curriculum. Trainees would welcome more time in the laboratory to learn about diagnostics and supernumerary opportunities, for example in public health. The trainees also wish to be included on ward rounds.</p> <p>The trainees and trainers expressed serious concern that when the Core Infection Training curriculum is introduced they will have responsibility for the infectious diseases workload.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Trust to develop an action plan to create opportunities for trainees to have a wider range of training opportunities 2) Head of Schools for Medicine and Pathology/Trust to review the impact of the CIT curriculum and develop plans to deliver this effectively 		
RAG Rating:		Timeline: 30/11/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Action plan relating to Microbiology trainees accessing a wider range of training opportunities 2) Review by HoS/Trust on the impact of the new combined curriculum (CIT) 		

Condition 11		
GMC Domain:	5 DELIVERY OF THE CURRICULUM	
School:	Trainee Level Affected:	Site:
Histopathology	Core	LGI and SJUH
<p>Trainees feel that they do not have sufficient HMDS experience to be able to provide safe practice when they are appointed as a Histopathology consultant. The trainers agree and are developing a HMDS two week course to complement the regular teaching sessions. However, it is anticipated it will be at least 12 months before this is available; this is too long a timescale, this problem needs greater priority</p> <p>Trainees also feel they need more 'wet lab' HMDS experience with defined periods included in their rota.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) Trust to review and support the Histopathology trainers' plans to develop a HMDS 2 week course. 2) Trust/HoS for Pathology to develop an action plan to deliver dedicated training slots for Histopathology trainees in the Haematology department to allow them exposure to HMDS cases. 		
RAG Rating:	Red	Timeline: Implementation - 31/10/2015 Evaluation – 31/12/2015
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1) HDMS course materials, attendance lists and evaluation 2) Time monitoring of the time trainees spend on scientific tasks and in the laboratory 		

Condition 12		
GMC Domain:	6 SUPPORT AND DEVELOPMENT	
School:	Trainee Level Affected:	Site:
Paediatrics	Foundation and Core	LGI
Surgery	Foundation	SJUH
<p>Foundation and Core Trainees working in neonates at LGI are asked to use their 'zero days' to attend mandatory training.</p> <p>Foundation trainees in surgery at SJUH are also expected to attend training on zero days.</p>		
Action To Be Taken:		
Revise the policy that specifies that trainees need to use 'zero' days to attend mandatory training.		
RAG Rating:	Amber	Timeline: 31/07/2015
Evidence/Monitoring:		
Confirmation from trainees that the practice has stopped		

Condition 13		
GMC Domain:	5 DELIVERY OF THE CURRICULUM	
School:	Trainee Level Affected:	Site:
Paediatrics	All	LGI
<p>Trainees are not accessing outpatient clinic opportunities due to being too busy on the ward and this has not been included into their timetables.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Outpatient clinic attendance to be included in trainee timetables 2) ES/trainees to review attendance and report any problems to the College Tutor who should develop a plan to remedy this 		
RAG Rating:		Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Copy of the action plan 2) Revised rotas 		

Condition 14		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	Trust Induction	
School:	Trainee Level Affected:	Site:
Paediatrics	Foundation	LGI
<p>Trainees expressed concern that those rotating 'out of sync' are not always receiving a Trust induction. The trainees reported that they are rotating too regularly into paediatric subspecialties and the programme feels fragmented.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Trust must ensure all trainees have a Trust induction. Protocols to be revisited to ensure all trainees receive a Trust induction, irrespective of when they start in post 2) Trust and Foundation School to review together the placement arrangements for Foundation trainees in paediatrics and develop an action plan to address the trainees' concerns. General Paediatrics should be the focus of experience, and whether rotation to subspecialties is a competency requirement needs to be included in the review. 		
RAG Rating:		Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Copy of the revised protocols regarding induction for trainees 2) Action plan from the Foundation School review of the placement arrangements, with revisions as appropriate 		

Condition 15		
GMC Domain:	1 PATIENT SAFETY	
School:	Trainee Level Affected:	Site:
Neurosurgery	Higher	LGI
<p>Trainees expressed concern about the inappropriate inpatient admission to neurosurgery by doctors and nursing staff from the LGI emergency department and from DGHs. They highlighted that patients with any sign of a cauda equina problem are regularly admitted without a MRI scan being undertaken first.</p> <p>In addition, the trainees are expected to fit cervical collars in the EM department for patients going for a scan who may subsequently be admitted to neurosurgery. The trainees are willing to train EM staff to do this task as they find it time consuming. A patient safety concern was raised as when there were no neurosurgery trainees available to fit a collar last week, a patient was wheeled on a trolley from the EM to the neurosurgery ward without one.</p>		
<p>Action To Be Taken:</p> <p>Develop jointly agreed protocols between the Neurosurgery and Emergency Medicine departments in relation to appropriate investigation, early management, and transfer of patients</p>		
RAG Rating:		Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Copy of protocols – internal transfer from LGI and collar fitting 2) Copy of protocols – admission of patients from DGHs to the neurosurgery department at LGI 		

Condition 16		
GMC Domain:	5 DELIVERY OF CURRICULUM	
School:	Trainee Level Affected:	Site:
Neurosurgery	Higher	LGI
<p>The trainees feel that because they are no longer allowed to operate at the Nuffield Hospital they are missing out on routine spinal surgery cases that are required for them to meet their curriculum requirements.</p>		
<p>Action To Be Taken:</p> <p>Head of School for Surgery and Trust to develop proposals/action plan about how trainees can be provided with sufficient routine spinal operating experience.</p>		
RAG Rating:		Timeline: 31/07/2015
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1) Copy of the action plan 2) Revised rotas 		

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 David Eadington

Title: Deputy Postgraduate Dean

Date: 06/04/2015

Signed on behalf of Trust

Name: Dr Jon Cooper

Title: Director of Postgraduate Medical Education

Date: 08/05/2015

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