

## QUALITY MANAGEMENT VISIT REPORT

<b>TRUST</b>	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
--------------	--

<b>DAY</b>	<b>SITE</b>	<b>DATE</b>
Monday	Bradford Royal Infirmary	Monday June 8 2015

<b>SPECIALTIES VISITED:</b>
<ul style="list-style-type: none"><li>• Foundation Surgery</li></ul>

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	09/06/2015
First Draft Submitted to Trust	03/07/15
Trust comments to be submitted by	17/07/15
Final Report circulated	17/08/15

## SUMMARY

The visit was very well organised by the Trust and the engagement from the Trust representatives was impressive.

Generally feedback received was good and the Induction pdf that is available on smartphones is highly regarded by all trainees.

Supervision experienced throughout the Trust is variable but there are no major concerns. It is noted that the trainees reported the Registrar support they receive is fantastic.

All Trainees used the SHO terminology on a regular basis throughout the panel and when challenged about this the panel were advised the trainees 'didn't see the point of not using it'.

The trainees reported some accounts of undermining from Nurses and this is reflected in the conditions below.

Teaching is very good for those that are able to attend and all trainees would recommend the post to their peers

The following areas of concern were identified:

## CONDITIONS

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> <b>(R1.6 Staffing)</b>	Organisations must make sure that there are enough staff members, and that learners have appropriate working patterns and workload, for patients to receive care that is safe and of a good standards, while creating learning opportunities.	
<b>HEYH Condition Number</b>	1	
<b>LEP Site</b>	Bradford Royal Infirmary	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	Foundation	
<b>Concern</b>	Trainees report that there is insufficient staffing at senior level on duty at nights and weekends to provide a safe level of patient care.	
<b>Evidence for Concern</b>	Trainees described working on nights and weekends as overburdened, that they regularly feel stressed and at these times that the risk of possible patient safety issues is heightened. There are issues with prescribing on nights and weekends due to the Pharmacy closing.	
<b>Action</b>	Review staffing levels in wards at consultant level and closing hours of pharmacy and develop an action plan to address the deficiencies.	01/10/15
<b>Evidence for Action</b>	Copy of review and action plan	01/10/15
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with link APD</li> </ul>	01/10/15
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.jrcptb.org.uk/assessment/workplace-based-assessment">http://www.jrcptb.org.uk/assessment/workplace-based-assessment</a> <a href="http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors">http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors</a> <a href="http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns">http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns</a>	
<b>Question Reference</b>	Trainer 7 Trainee 7	

<b>GMC Theme</b>	<b>SUPPORTING LEARNERS AND TRAINERS</b>	
<b>Requirement (R3.4 Undermining)</b>	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem	
<b>HEYH Condition Number</b>	2	
<b>LEP Site</b>	Bradford Royal Infirmary	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	Foundation	
<b>Concern</b>	Trainees have experienced undermining behaviour from nurses on Trauma and Orthopaedic Wards.	
<b>Evidence for Concern</b>	Trainees have experienced undermining behaviour on the Trauma and Orthopaedic wards from the nursing staff when prescribing. The nursing faculty are regularly not administering drugs that Foundation doctors are prescribing and are seeking confirmation from other doctors before acting upon them. Trainees also feel they are unable to act upon this as the people they would submit forms to are also included in the group of people acting in this fashion.	
<b>Action 1</b>	The trust must investigate the trainee's concerns. They must discuss the results of the investigation with appropriate members of staff (including the trainees) in an appropriate manner.	<b>Immediate</b>
<b>Action 2</b>	The trust must produce an action plan to address the inappropriate undermining behaviours.	<b>01/08/15</b>
<b>Action 3</b>	The trust must show that the undermining behaviour has ceased.	<b>01/01/16</b>
<b>Evidence for Action 1</b>	Summary of the investigation and confirmation that the results have been shared.	<b>01/08/15</b>
<b>Evidence for Action 2</b>	Copy of the action plan.	<b>01/08/15</b>
<b>Evidence for Action 3</b>	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	<b>01/01/16</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> </ul> Item must be reviewed and changes confirmed with link APD	
<b>Further Review</b>		
<b>Resources</b>		
<b>Question Reference</b>	Trainer EG4 Trainee EG2	

GMC Theme	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.13 Handover)</b>	Handover of care must provide continuity of care for patients and maximise the learning opportunities in clinical practice	
<b>HEYH Condition Number</b>	3	
<b>LEP Site</b>	Bradford Royal Infirmary	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	Foundation	
<b>Concern 1</b>	Handover is not conducted at an appropriate time.	
<b>Concern 2</b>	Handover (clinical area) is not supported by appropriate documentation.	
<b>Evidence for Concern</b>	<p>Handover is good in some areas; however there is no set consistent formal handover. Patient Safety issues arise with patients misplaced due to bed managers changing patients' locations overnight.</p> <p>ENT and Plastics trainees are not aware of their post op patients and the process currently in place sees the trainees ringing around to find them. An email is circulated advising on call doctors of every outlier in the system.</p> <p>F1s are regularly staying behind every day for an hour to an hour and a half at the least; they admit this is of their own volition however they feel it necessary due to the processes in place to ensure patient safety. Trainees also reported some unrealistic expectations by consultants, i.e. Consultants always pointing out what hasn't been done, however they acknowledged they do receive praise sometimes but this is from Registrars.</p> <p>Specifically on Ward 20 the handover is mainly nurse led. Wards 20 and 14 have some process of handover, although this is not the case on other wards especially where patients are already on a ward.</p>	
<b>Action 1</b>	Introduce a handover system that meets GMC/College/Specialty standards	<b>01/01/16</b>
<b>Action 2</b>	Make appropriate changes to rotas/working arrangements to allow relevant staff to attend handover	<b>01/10/15</b>
<b>Action 3</b>	Provide an appropriate venue at an appropriate time with sufficient uninterrupted time for effective handover	<b>01/09/15</b>
<b>Action 4</b>	Introduce a reliable method of documenting the handover discussion/actions/job list/responsible individuals. If this involves IT, there must be easy access in all clinical areas.	<b>01/10/15</b>
<b>Action 5</b>	Appoint an appropriate senior member of staff to lead the handover	<b>01/10/15</b>
<b>Action 6</b>	Evaluate effectiveness of handover	<b>01/01/16</b>
<b>Evidence for Action 1</b>	1.1 Production of handover policy 1.2 Staff training completed 1.3 Handover introduced 1.4 Introduction evaluated 1.5 Handover policy explained to new starters	<b>01/09/16</b> <b>01/10/15</b> <b>01/10/15</b> <b>01/01/16</b> <b>Induction</b>
<b>Evidence for Action 2</b>	Summary of revised rotas/work arrangements	<b>01/10/15</b>
<b>Evidence for Action 3</b>	Confirmation that venue has been identified and time provided	<b>01/09/15</b>
<b>Evidence for Action 4</b>	4.1 Copies of handover documentation. 4.2 Description of e-handover system	<b>01/10/15</b> <b>01/10/15</b>
<b>Evidence for Action 5</b>	Confirmation of arrangements for leadership of handover	<b>01/10/15</b>
<b>Evidence for Action 6</b>	Evaluation of handover system	<b>01/01/16</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> </ul> Item must be reviewed and changes confirmed with link APD	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf">bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf</a> <a href="http://www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf">www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf</a>	
<b>Question Reference</b>	Trainer 15 Trainee 13	

## **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: 03/07/2015**

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

**Name: Dr Simon Frazer**

**Title: Director of Medical Education**

**Date: as per email of 17/08/15**

RAG guidance can be found at Appendix 1.

## 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