

QUALITY MANAGEMENT FOLLOW-UP VISIT REPORT

TRUST	York Teaching Hospitals NHS Foundation Trust
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SITE	DATE
York Hospital	27 June 2016

Jon Hossain (Visit Chair)
Sarah Walker
Michele Hannon

Deputy Postgraduate Dean
Quality Manager
Administrator

SPECIALTIES VISITED:
<ul style="list-style-type: none">Foundation Surgery

The Trust Visit Report will be published on Health Education England working across 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 HEE YH's Reporting process, the reports are published on the GMC website.

Date of First Draft	04/07/16
First Draft Submitted to Trust	06/07/16
Trust comments to be submitted by	20/07/16
Final Report circulated	25/07/16

GENERAL COMMENTS

At the QM re-visit in March 2016 it was found that the deadline for resolving issues for Foundation trainees in surgery around consent, pre-operative assessment clinics and handover had passed without them being resolved. As this is a serious concern for the education and training of these trainees and for patient safety it was decided that a follow-up visit to the relevant clinical areas was required in June 2016.

The follow-up visit was well organised by the Postgraduate team with a good turnout of Foundation Year 1 (FY1) surgical trainees. On the whole the trainees were happy with their placement and reported that things had improved however it was felt that some areas needed further development.

One area of good practice was identified around the weekend handover on gastroenterology. The Trust has implemented the Weekend & Out of Hours Surgical Handover (WOOSH) which was originally developed by Scarborough Hospital and is a paper based handover system. WOOSH was introduced 6 months ago in GI Surgery to combat the weekend issues around handover of clinical information and tasks. The trainees gave positive feedback about the WOOSH forms and think they work well. The Trust is looking at future developments of WOOSH moving to an electronic system. The Trust should also consider rolling WOOSH out across the Trust to other surgical specialities and look at a poster presentation at national meetings.

Proposed support for the Trust from HEE YH

The conditions identified relating to Surgery at the original Postgraduate Medical Quality visit in November 2015 were reviewed with the following updates provided below. There have been revisions to the original actions to be undertaken, evidence provided and timescales have also been revised where appropriate:

Condition 16/0012 – consent (Surgery).

The issue regarding FY1 trainees taking consent for Interventional Radiology procedures appears to have been resolved. The FY1 surgical trainees are not expected to consent and if they are asked they felt empowered to say no.

The RAG rating to be re-graded as amber.

Action 1	The surgery department must introduce a policy for obtaining consent for patients that meets GMC standards.	31 July 2016
Action 2	If trainees are to be involved in the consent process they must be provided with training, guidance and support.	31 July 2016
Action 3	All relevant staff must be informed of the consent policy and their role in the consent process.	31 July 2016
Evidence for Action 1	Copy of policy.	31 July 2016
Evidence for Action 2	Copy of training programme.	31 July 2016
Evidence for Action 3	Copy of method of dissemination confirming the new policy has been shared with all relevant members of staff.	31 July 2016
RAG rating		
LEP Requirements	<ul style="list-style-type: none">• Copies of documents must be uploaded to the QM Database• Item must be reviewed and changes confirmed with link APD	

Condition 16/0013 – Induction (general surgery)

The trainees did not report any issues with Induction. The Trust has developed induction handbooks for General Surgery and some sub specialities, however the trainees were not aware of these handbooks. The Trust is currently in the process of developing a handbook for each surgical sub-speciality with trainee input. The documents need to be developed and used at the August induction.

RAG Rating to remain at red.

Action 1	Provide all trainees with a relevant departmental, specialty or ward induction.	Next intake
Action 2	Evaluate the effectiveness of departmental induction.	After next intake
Evidence for Action 1	Copy of departmental induction programme.	After next intake
Evidence for Action 2	Copy of induction evaluation and plans for modifications (if indicated).	After next intake
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	

Condition 16/0014 – pre-operative assessment clinics (Surgery)**Pre-Operative Assessment Clinics**

The trainees confirmed that they now see patients in the clinic and feel that there has been an improvement. The FY1 trainees are rostered on to do the pre-operative assessments in the morning and in the afternoon which ensures that prescribing of medication on the inpatient drug chart takes place with the patient being present. However it was reported that this is entirely an administrative role with no educational value for the trainees. The Trust recognise that further work is required and it was suggested that they need to consider other options for example, implementing assessment/feedback for the trainees to address the educational requirements or the use of non-medical prescribers/working with the pharmacists. The Trust reported that there are future plans to move to electronic prescribing which they feel will help with this. The governance and patient safety issues have now been resolved.

There is an issue regarding concerns around patients (abnormal ECG's or test results), as there does not appear to be any clear escalation policies. The trainees escalate issues but it is very ad-hoc.

The RAG rating to remain at red.

Action 1	Discuss with trainees regarding the lack of support and take appropriate action to address the trainees' concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months. In particular it is inappropriate for them to prescribe for patients that they have not seen personally – this is against the spirit of Para 16 of GMP (Surgery and O&G)	31 July 2016
Action 2	Develop and implement a standard escalation process.	31 July 2016
Action 3	Trainees must be provided with regular useful feedback on their performance or the Trust must explore, develop and implement alternative options.	31 July 2016
Evidence for Action 1	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	31 July 2016
Evidence for Action 2	Copy of the Escalation Process	31 July 2016
Evidence for Action 3	Copy of the Action Plan	31 July 2016

RAG Rating	
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD

Condition 16/0015 – handover (Surgery)

At the previous visit it was found that there was an informal 4.30 pm handover in place. Trainees were finding that they were staying late to do jobs and therefore implemented this handover to enable them to handover outstanding routine jobs. The panel observed the handover at the visit and although there were only a few jobs to handover, the trainees reported that they do find it useful especially when there are numerous jobs. The process appears to work however there is no governance link regarding who does what, which is something the Trust needs to develop. The Trust is auditing the handover and will report back their findings.

The RAG rating to be re-graded as amber.

Action 1	Work with trainees and rota organisers to ensure that rotas include time for handover of patients.	31 July 2016
Action 2	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of the patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	31 July 2016
Action 3	Review the impact of the introduction of new rota arrangements.	31 July 2016
Action 4	Review the process and develop governance links.	31 July 2016
Evidence for Action 1	Copies of rotas.	31 July 2016
Evidence for Action 2	Copies of rotas	31 July 2016
Evidence for Action 3	Summary of the impact of any changes made.	31 July 2016
Evidence for Action 4	Audit report.	30 September 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	

Condition 16/0016 – Referrals/Escalation (Surgery)

Trainees reported that despite there being a trust policy on non-urgent inpatient referrals, they have no knowledge of it and they currently work an ad-hoc system of phoning whoever they can on a team for an opinion. This can at times impact on patients staying in hospital unnecessarily longer, especially if it is cross-speciality and reduce consultant input into patient care, with the possibility of patients not being discussed at an appropriate MDT. The Trust reported that there was a standard referral process across the hospital. The Trust is required to include the Referral Policy at the next Induction in August. This will be added to this condition which was originally for O&G only.

The RAG rating to remain at red.

Action 1	Provide trainees with clear guidance that identifies who can advise or attend as needed	31 July 2016
Action 2	Discuss with trainees the lack of support when discharging gynaecology patients and accessing senior support out of hours and take appropriate action to address this. Trainees must be reassured that their concern has been addressed. Review discharge arrangements after 3 months.	31 July 2016

Action 3	Provide trainees with the Referral Policy at the next Induction	31 August 2016
Evidence for Action 1	Copy of guidance/escalation policy.	31 July 2016
Evidence for Action 2	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	Immediate 31 July 2016 31 July 2016
Evidence for Action 3	Copy of the Referral Policy	31 August 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	

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 HEE YH

Name: Mr Jon Hossain

Title: Deputy Postgraduate Dean

Date: 20/07/16

Signed on behalf of Trust

Name: Dr Alison Corlett

Title: Director of Medical Education

Date: 20/07/16

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