Health Education
Yorkshire and the Humber

QUALITY MANAGEMENT VISIT

DONCASTER & BASSETLAW HOSPITALS NHS FOUNDATION TRUST

DAY 1 – MONDAY 24 JUNE 2013 – BASSETLAW HOSPITAL
DAY 2 – TUESDAY 25 JUNE – DONCASTER ROYAL INFIRMARY

In attendance – day 1
Peter Taylor – Deputy Dean (Chair)
Susan Lockwood – Lay representative
Lynne Caddick – Deputy Foundation School Director
Jean-Pierre Ng – External Director of Education (Barnsley)
Tony Arnold – Head of School (Medicine)
John Peacock – Associate Postgraduate Dean
Emma Jones – Senior Business Manager
Lynda Price – administrator
Joanne Hickey – administrator

In attendance – day 2
Peter Taylor – Deputy Dean (Chair)
Susan Lockwood – Lay representative
Lynne Caddick – Deputy Foundation School Director
Tony Arnold – Head of School (Medicine)
Teresa Dorman – Associate Postgraduate Dean
Ben Jackson – Deputy Director of General Practice Education
Mike Tomson – Associate Postgraduate Dean
Paul Johnson – Associate Postgraduate Dean
Maya Naravi – Head of School (Emergency Medicine)
Emma Jones – Senior Business Manager
Lynda Price – administrator
Danielle Oxley – administrator
Sarah Gibson – administrator
May Teng – administrator
Daniel Smith – administrator
Becky Travis – administrator

Specialties Visited:

Foundation	- both sites
GP	- DRI site only
Medicine	- both sites
Surgery	- DRI site only
Anaesthetics	- DRI site only
Emergency Medicine	- DRI site only

This report has been agreed with the Trust.

The Trust Visit Report will be published on the Deanery 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	**16-7-2013**
First Draft Submitted to Trust	**16-7-2013**
Trust comments to be submitted by	**30-7-2013**
Final Report circulated	**19-08-2013**

NOTABLE PRACTICE

GMC DOMAIN 1

School – All

The visiting panel were delighted to recognise a complete shift in attitude and approach to the delivery and support of training in Bassetlaw Hospital. This represented a marked change over the past 12 months for which the trainers should be highly commended. This change in culture has been facilitated by a clear willingness to embrace service and educational reconfiguration.

CONDITIONS

Condition 1

GMC DOMAIN 6 – Supervision

School & Level of Trainee – All

Site: Both

Trainers interviewed were uncertain as to the inclusion of the role of Educational Supervisor within the job planning process.

Action To Be Taken:

Trust to provide clarification as to their current and future plans for defining Educational Supervision within the consultant job plans.

RAG Rating:		**Timeline:** 31 December 2013

Evidence/Monitoring:

Evidence submitted to the Deanery of Educational Supervisors and allocated time in job plans

Condition 2

GMC DOMAIN – Domain 1 – Patient Safety [Clinical Supervision]

School – Medicine

Site – Bassetlaw

The panel note that the middle grade tier in medicine has been supporting core and foundation trainees out of hours successfully. We are, however, aware that there are vacancies on this rota which the Trust are currently attempting to fill.

The Deanery expects the Trust to make us aware of any changes to the middle grade rota which may compromise the current levels of supervision.

Action To Be Taken: notification in the event of gaps in the rota

RAG Rating:		**Timeline:** 28 February 2014

Evidence/Monitoring: Status report with details of the presence or absence of rota gaps

Condition 3

GMC DOMAIN 1 – Patient Safety [Induction/Trust]

Schools – Emergency Medicine, Surgery, O&G and Anaesthetics

Site – Doncaster RI

There were problems with the delivery of the Trust induction to trainees arriving out of sync specifically in Emergency Medicine, Higher Surgery, Obstetrics and Gynaecology and Anaesthetics. Where Trust induction did occur, there were numerous instances of trainees across various specialties not receiving access codes, fobs, smart cards and ID badges - often for protracted periods.

Departments which did not deliver suitable induction included:

1. Gastroenterology
2. Care of the Elderly (with the exception of GP)
3. Neurology

For those departments which did deliver induction, qualitative problems were identified:

a. ENT and Paediatrics material out of date

b. CMT no back fill arrangements and no training in the use of defibrillators

Action To Be Taken:

Trust induction

- Process for delivery for all trainees should be defined including those who arrive other than in August and evidence (registers by department) for participation should be provided
- Timely provision of access, entry and ID facilities and an audit to be performed

Departmental induction to be reviewed both in terms of content and delivery - Deanery requires reassurance that this activity is relevant, timely and occurs.

RAG Rating:		**Timeline:** 31 October 2013

Evidence/Monitoring:

Copy of audit and revised process/documentation

Condition 4

GMC DOMAIN 1 – Patient Safety [Handover]

Site – Doncaster RI

CMT reported that the early morning (8.30am) handover was inconsistently attended; is currently poorly attended and not supported by consultant presence.

It is recognised that the post-take ward rounds are occurring but that these are not covering ward patients who have required attention overnight.

The on call CMT is not timetabled to participate in the post-take ward round.

Action To Be Taken:

The Trust to clarify early morning medical handover / post take ward round arrangements which ensure patient safety and meet training requirements.

The Trust to provide evidence that the CMT overnight trainee has time within the shift to participate in the early morning handover.

RAG Rating:		**Timeline: October 2013**

Evidence/Monitoring:

Copy of communications to trainees of morning handover arrangements.

DRS for CMT trainees including morning handover.

Condition 5

GMC DOMAIN 1 – Patient Safety [Consent]

Schools – Foundation, General Practice, Surgery, Medicine and Anaesthetics

Site: Doncaster RI

The panel recognises that the Trust provides regular generic consent training but not all specialties have access to this (Anaesthetics).

The panel believes that there are intranet based consent training materials available. However, trainees from a wide variety of areas were not informed of the consent requirements for their posts, were not signposted to the materials and were put under duress to take consent. It was particularly noteworthy that Foundation and GP trainees were being asked to take consent for surgical rather than investigational procedures.

GP Trainees in ENT reported that one consultant refused to take any consent in outpatients.

Action To Be Taken:

1. Departmental induction to define required consent competencies
2. Clinical departments to be made aware of consent expectations for medical trainees
3. ENT consent training requires review and clarification before trainees are able to take consent
4. Intervention radiological procedures / materials for training in consent should be confirmed to be present and available to trainees. There should be a dialogue between the DME and Clinical Director for Radiology to ensure that appropriate consent procedures which protect patients and trainees are in place

RAG Rating:		**Timeline:** 30 September 2013

Evidence/Monitoring: Copy of revised procedures / materials.

Condition 6

GMC DOMAIN 1 – Patient Safety [Supervision]

Schools – Foundation and GP

Site – Doncaster RI

Foundation and GP trainees felt unsupported and were being allowed to work independently within the GU Med Department.

Trainees working in Gastroenterology and Care of the Elderly at Foundation and Core level all reported low levels of support with consultants having reduced availability due to other commitments and confusion over patient allocation within the GI Team.

Trainees in ENT felt unsupported by SAS doctors

Action To Be Taken:

The concerns regarding support in these areas should be discussed with the relevant supervisors and the DME should negotiate alternative arrangements with the specialties concerned. There should be clear documentation of the cover arrangements with escalation options where necessary.

RAG Rating:		**Timeline:** 30 September 2013
Evidence/Monitoring: Revised arrangements		

Condition 7

GMC DOMAIN1 – Patient Safety

School – Medicine

Site – Doncaster RI

Trainees report large numbers of outlying patients, across numerous wards in the organisation. The location of individual patients changes regularly and trainees regularly have uncertainty as to patient location, resulting in delays in care.

The panel note the Trusts intention to move to a new PAS system.

Action To Be Taken:

The Trust must continue to demonstrate processes to review the safe and efficient allocation of patients across the organisation.

Trainees should be audited on the efficiency of Trust systems to locate patients, and their views as to deficiencies impact on patient safety.

RAG Rating:		**Timeline**: 31 October 2013
Evidence/Monitoring: The Audit		

Condition 8

GMC DOMAIN 5 – Teaching

School – Medicine, Emergency Medicine, GP and Foundation

Site: Doncaster RI

There was adequate release for regional teaching for all higher trainees.

The picture for departmental teaching was more variable with the following specific concerns raised:

- ACCS (AM) currently little opportunity for departmental training being identified or delivered
- CMT had a programme where attendance was consistently poor
- For Foundation (year 2) and GP trainees the following specialties provided limited or no departmental teaching - Obstetrics and Gynaecology, Urology, GU Medicine

Action To Be Taken:

These areas should identify weekly teaching opportunities which could be made available to these trainees and that the trainees are released to take advantage.

RAG Rating:		**Timeline:** 31 December 2013

Evidence/Monitoring:

Audit of trainee attendance and the programs of teaching, identifying the teaching facilitator (ie trainee or consultant)

Condition 9

GMC DOMAIN 7 – Working Hours

Schools – Foundation, GP, Medicine

Site – Doncaster RI

1. Foundation doctors felt under considerable work pressure in both Medicine and Surgery and consistently stayed late by at least one hour.
2. Trainees reported consistent late finishes in both GU med and Paediatrics, the latter due to handover.
3. CMT reported late finishes in all medical specialties but particularly Gastroenterology and Care of the Elderly.
4. There appears to poor compliance with monitoring compliance across the organisation, but trainees and trainers, in the main, were unaware of an exception reporting system.
5. The medical trainees reported that gaps were identified in the rota but doubted the Trust's commitment to filling these vacancies.
6. A number of specialities report that the threshold for referral from the emergency medicine department to the specialties required review and precipitated significant workload, particularly in higher medicine.
7. Surgical foundation doctors reported a high level of repetitive tasks of low educational value i.e. venepuncture.
8. Core Anaesthetic trainees, because of deficiencies on the rota are facing an increasing proportion of out of hour's work, which is impacting on the elective component of their training.
9. CMT reported that day time work intensity in all but Respiratory Medicine was preventing any attendance at outpatient clinics.

Action To Be Taken:

An exception reporting system should be developed or re launched and trainees informed of the importance this has to the organisation capturing this information.

Trust to review exception reports and identify solutions to consistent non-compliant posts.

RAG Rating:		**Timeline:** 30 November 2013

Evidence/Monitoring:

Copy of exception reporting procedure and a review of the exception reporting for the period 1 August – 31 October 2013.

RAG guidance can be found at Appendix 1.

RECOMMENDATIONS

As recommendations are not a condition of training they will not form part of our response to the GMC.

Recommendation 1

GMC DOMAIN 3

School – General Practice

There were some concerns raised by GP trainees regarding behaviour which could be regarded as harassing by senior nursing staff in Palliative Medicine and ENT.

Action To Be Taken:

DME to discuss with the clinical lead and keep under active review

Timeline for recommendations is 12 months.

FINAL COMMENTS

The following positive comments were made:

Bassetlaw Site

- Trainees commended across Medicine and Foundation the induction, handover, consent, clinical supervision, workload, educational supervision and teaching, complaint rotas, curriculum delivery, clinical experience especially procedural training, very supportive RCP Tutor.
- Foundation trainees felt very supported with the excellent team working and approachable consultants. A special mention was given for both the for the foundation administrator (Jill Martin) for the excellent support provided along with the FTPD (Andrew Oates). Availability of Uptodate was noted by the panel.

DRI Site

- Induction in O & G, ITU, Anaesthetics and Emergency Medicine.
- Clinical supervision is excellent in Respiratory and Stoke, GP, ITU, Urology and Psychiatry, Surgery, EM, Anaesthetics, MAU. Foundation doctors praised Juan Ballesteros
- The department of EM have paid for their 16 middle grades to join the collage ePortfolio in an effort to get them to document their training - the Trust should be encouraged to support the further development of these SAS doctors in Anaesthesia and MAU.
- Really busy, but are very well supported, supportive teams within the organisation.
- Preparedness of managers to listen to trainees concerns and deliver change.
- Surgical trainees keen to promote audit and research.
- Evidence of changes to surgical training environment.

Approval Status

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

Signed on behalf of Yorkshire and the Humber Postgraduate Deanery

Name: Dr Peter Taylor

Title: Deputy Dean (Panel Chair)

Date: 16 July 2013

Signed on behalf of Trust

Name: Dr Alasdair Strachan

Position: Acting Director of Medical Education

Date: 14 August 2013

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 Reponses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012

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