Health Education
Yorkshire and the Humber

QUALITY MANAGEMENT VISIT REPORT

TRUST	Hull and East Yorkshire Hospitals NHS Trust

DAY	DATE	SITE
Monday	27th April 2015	Hull Royal Infirmary
		Castle Hill Hospital

Mr Jon Hossain (Chair)	Deputy Postgraduate Dean
Mr James Spencer	Postgraduate Dental Dean
Ms Maya Naravi	Head of School of Emergency Medicine
Dr William Ramsden	Head of School, Radiology
Dr Ian Wilson	Head of School, Medicine
Miss Jackie Tay	Head of School, O & G
Dr David Robinson	Training Programme Director, Emergency Medicine
Dr Adrian Highland	Training Programme Director, Radiology
Mr Tom Farrell	Training Programme Director, O & G
Mr Gerard Reilly	Training Programme Director, Otolaryngology
Mr Chris Mannion	Dental Training Programme Director for DCT
Mr Alastair Campbell	Dental Training Programme Director for DCT
Ms Geraldine Birks	Dental Care Professionals Tutor (Dental Nurses)
Mr Alan Sutton	Lay Representative
Ms Linda Garner	Quality Co-ordinator
Ms Alison Poxton	Quality Administrator
Laura Tattersall	GMC Regional Review Project Officer

SPECIALTIES VISITED:

- Emergency Medicine
- Radiology
- Medicine
- Obstetrics & Gynaecology
- Surgery (including T&O)
- 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	**07/05/15**
First Draft Submitted to Trust	**04/06/15**
Trust comments to be submitted by	**12/06/15**
Final Report circulated	**12/06/15**

SUMMARY

The visit was very well organised by the Trust and the turnout of the Foundation, Core and Higher Trainees and Trainers was excellent. The panel appreciated the informative presentation given by the Director of Medical Education giving updates on previous conditions, highlighting new concerns and giving examples of opportunities for trainee doctors within the Trust.

The panel recognised the level of intensity of work the Trust dealt with but felt there had been a notable positive shift in direction since the last visit. The panel members noticed improvements had been made and these differences were reflected in the discussions with the trainees.

Overall the visit was a positive experience. Both the Trainees and Trainers were engaged and motivated, and the team work camaraderie was evident with trainees highlighting issues in a pragmatic way. The Trainers felt improvements were being made in areas where they are needed.

The panel appreciate the importance given to medical education at board level, and welcomed the attendance of the new trust Chief Executive and Medical Director, both in the presentation and feedback sessions.

The trust, via the Director of Medical Education has made strong attempts to improve the culture of the organisation, particularly with regards to undermining, bullying and harassment.

Emergency Medicine

The consultants were reported to be very hard working, supportive and accessible. There is also a non-clinical consultant who is available for WPBAs. The trainee feedback was much improved overall. However, whilst the panel recognise the problem of recruitment in the East locality of HEYH, they would support expansion at consultant level to ensure the flow of patients is improved. The panel visited the new Emergency Department and were impressed with the upgraded facility which should enhance patient experience and care.

Radiology

The Radiology trainees enjoyed being in a small scheme which provided the opportunity for 1:1 teaching and the consultants are able to pick up strengths and weaknesses quickly. The trainees need to do one Radiology audit per year but reported difficulties in getting audits registered in a timely manner. Trainees sidestepped this problem by choosing audits that did not require medical notes being accessed. The panel felt this limited the trainee's education and also meant that audits were not being logged by the trust. The trainees would also like the process for curriculum delivery claims to be less onerous, and were concerned that a proposed change in notice for annual leave from six to eight weeks may cause difficulties, particularly with courses and study days. It was understood the TPD is sympathetic to flexibility.

Dental

There was a very good turnout of DCTs (11/14) and 8 Trainers. Overall there was a positive view of the programme by both trainers and trainees. Induction is effective and comprehensive. Clinical supervision is very good with a wide range of clinical experience available. A very good local teaching programme is delivered with support to attend other training if in line with their PDP. The reported problem of bullying and harassment out with the Dental Department (for example in the Emergency Department) was explored; however it has been addressed by the local TPD and seems to have been resolved.

Surgery

The majority of trainees gave a positive report on clinical supervision being easily accessible with an emphasis on the strength of supervision in Neurosurgery. There were no examples of Bullying and Harassment reported with trainees feeling confident in the knowledge that they would know where to report to f necessary and that it would be dealt with appropriately.

The theatre exposure for core trainees in Upper GI is commended.

Unfortunately the majority of trainees would not recommend this post to their peers.

Obstetrics and Gynaecology

Induction and Handover (for FY) are good and handover includes consultant presence. Exposure to different cases is good and highly regarded in Foundation, Core and Higher posts.

Following the last visit there has been improvement with IDL completion and rotas. There is better supervision with resident Consultants on the weekends.

Teaching improvements also require consideration; the teaching programme started off well but has declined with Tuesday teaching not being efficient and the Friday teaching scheduled for trainee's days off.

Trainees reported the Laparoscopic Surgery as 'brilliant' and the exposure to Emergency procedures is good so access to WBPAs is easy.

Medicine

Morning and Evening handover works well and specialty training is good.

There have been recent changes to Medical Registrar RMO3 role, with the post moving to HRI. Trainees reported confusion over the recent changes and the lines of communication

The panel acknowledge that these changes are new and that the trust should be given time to implement, assess and review the changes. However, these changes need to be re-assessed and reviewed and the panel urges the Trust to consider including the Registrars in this review.

The following areas of concern were identified:

CONDITIONS

Condition 1		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	HANDOVER	
School:	**Trainee Level Affected:**	**Site:**
Emergency Medicine	Foundation / Core / Higher	Hull Royal Infirmary
Obstetrics & Gynaecology	Foundation / Core / Higher	Hull Royal Infirmary

Well organised handover arrangements ensuring continuity of patient care at the beginning and end of shifts is a GMC regulation.

Emergency Medicine Foundation, Core and Higher Trainees expressed concerns regarding the handover process. The Emergency Medicine Higher Trainees felt that the process needed to be more organised. Handover documents were not always complete with details often missed off and assumptions were sometimes made regarding patients being discharged, which was felt to be a patient safety risk. Emergency Medicine Foundation and Core Trainees reported that whilst handover has improved since the introduction of the "wrap-stickers" process, there was no formal arrangement in the form of a classical multi-disciplinary handover.

Trainees reported in Obstetrics and Gynaecology that there is no formal procedure in place for handover and the process can be variable. In the evening the Gynaecology registrar hands over verbally to the Obstetrics registrar following the consultant having left at 7 pm. The Obstetrics registrar then hands over to the night team who frequently have had no contact or involvement in the patients care. In order to reduce the patient safety risk it is suggested more senior input is involved in the 9pm handover.

Action To Be Taken:

1) Formal process must be implemented to include doctors handing over patients with case knowledge
2) Formal process must be drafted for AM, PM and evening shifts

RAG Rating:		**Timeline: 30/07/15**

Evidence/Monitoring:

Provide copies of new formal handover process.

Condition 2		
GMC Domain:	5 DELIVERY OF APPROVED CURRICULUM INCLUDING ASSESSMENT	
Concern relates to:	DEPARTMENT AND REGIONAL TEACHING	
School:	**Trainee Level Affected:**	**Site:**
Emergency Medicine	Foundation / Core	Hull Royal Infirmary
Emergency Medicine Foundation Trainees reported a culture of having to pay back time for attending a teaching session. For example one Trainee described having a protected hour every Thursday for teaching sessions, but was expected to come in to work earlier to pay this back. In addition one trainee reported having to pay back half a day after attending an interview.		
Action To Be Taken: In order to fulfil curriculum requirements the Trust should ensure that all trainees gain sufficient access to teaching sessions without need for payback.		
RAG Rating:		**Timeline: 30/06/15**
Evidence/Monitoring: Written evidence including copy of timetable.		

Condition 3		
GMC Domain:	5 DELIVERY OF APPROVED CURRICULUM INCLUDING ASSESSMENT	
Concern relates to:	WORKLOAD	
School:	**Trainee Level Affected:**	**Site:**
Emergency Medicine	Foundation and Core	Hull Royal Infirmary
The Emergency Medicine Foundation and Core Trainees reported that the new Accident & Emergency Department is more spread out and as a learning environment it was reported as being no different from the old department other than that of space. The new environment has more cubicles so in terms of space it is able to accommodate more patients. However, the lack of staff has limited any improvements as an example, the trainees reported three nurses being available to care for 24 patients. However, the panel understands the Trust has undergone recent recruitment of nursing staff which will help junior doctors across the whole Trust. It is felt this will ease the current difficult situation in Emergency Medicine.		
Action To Be Taken: 1) Develop an action plan to increase the learning opportunities within the emergency department. 2) Review the impact the additional nurses is having on access to learning opportunities for trainees		
RAG Rating:		**Timeline: 30/06/15**
Evidence/Monitoring: 1) Action plan regarding learning opportunities for trainees in the emergency department 2) Written evidence that the nurse staffing levels have increased and the impact this has had for trainees		

Condition 4		
GMC Domain:	5 DELIVERY OF APPROVED CURRICULUM INCLUDING ASSESSMENT	
Concern relates to:	CLINICAL EXPERIENCE	
School:	**Trainee Level Affected:**	**Site:**
Surgery	Foundation and Core	

All trainees must receive sufficient clinical experience to support acquisition of knowledge and allow them to demonstrate development of competencies in their training. The Foundation and Core trainees reported surgical exposure is extremely mixed between specialties. Some can attend theatres / clinics but others, for example Neurosurgery, have a much higher requirement for ward cover due to perceived low staffing levels and in such cases there is little to no theatre / clinic access.

Most Foundation and Core trainees in Surgery feel there is no educational value to their post and that they have not gained sufficient experience to prepare them for the next level of training, unlike their colleagues within other Trusts.

Some trainees reported it is possible for WBPA to be gained from registrars more easily than consultants when acting proactively.

Action To Be Taken:

1) Allocated clinical / theatre time must be included in all surgery rotas, with particular reference to Core Surgical Trainees
2) Sufficient cover and alternative work force solutions, must be included in the rota to enable trainees to learn and not be a service provision

RAG Rating:		**Timeline: 31/07/15**

Evidence/Monitoring:

Provide copies of rotas

Condition 5		
GMC Domain:	6 SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY	
Concern relates to:	TRAINING	
School:	**Trainee Level Affected:**	**Site:**
Obstetrics and Gynaecology	Foundation	Hull Royal Infirmary
Medicine	Foundation	Hull Royal Infirmary
Surgery	Foundation	Hull Royal Infirmary

Whilst trainees must be prepared to make the needs of the patient their first concern, trainees must not regularly carry out routine tasks that do not need them to use their medical expertise and knowledge, or have little educational value.

There are major inconsistencies in relation to accessible Phlebotomy Services; one ward has Phlebotomy twice weekly, whereas another has Phlebotomists available six days a week. Nurses refuse to do bloods and ECGs meaning that junior doctors are spending the majority of their day completing these tasks.

Action To Be Taken: Service must be reviewed and new system implemented to allow for fair and equitable provision across programmes

RAG Rating:		**Timeline: 30/07/15**

Evidence/Monitoring:

1) Provide copies of new process
2) Provide copy of expected timelines for roll out in each programme

Condition 6		
GMC Domain:	6 SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY	
Concern relates to:	SUPERVISION	
School:	**Trainee Level Affected:**	**Site:**
Surgery	Foundation	Both

Trainees must be appropriately supervised according to their experience and competence, and must only undertake appropriate tasks in which they are competent or are learning to be competent, and with adequate supervision.

Trainees must never be put in a situation where they are asked to work beyond the limits of their competence without appropriate support and supervision from a clinical supervisor. In view of this such provisions must be put in place to ensure that an FY2 on and overnight rota is not solely responsible for cross cover of specialties outside of their programme and that any cross cover within a programme, is only undertaken following sufficient induction.

It is also noted that trainees report, when they are on the previously named 'SHO' rota that they are still classed as the same level and as such expected to act accordingly.

Action To Be Taken:

1) Revision of overnight rota to ensure FY2 are not solely responsible for crosscover of multiple wards
2) Trust must ensure that all trainees are aware of the Trust expectancy on their competencies relating to their grade

RAG Rating:		**Timeline: 31/07/15**

Evidence/Monitoring:

1) Provide copies of revised overnight rota
2) Provide copies of documents or material disseminated to Trainees in order to confirm expectancy from the Trust

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: Mr Jon Hossain

Title: Deputy Postgraduate Dean

Date: 22/05/15

Signed on behalf of Trust

Name: as per email of Charlotte Precious

Title: Medical Education Manager

Date: 12/06/15

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