

QUALITY MANAGEMENT VISIT

HULL & EAST YORKSHIRE HOSPITALS NHS TRUST

19th JULY 2013

VISITING PANEL MEMBERS:

Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Professor Michael Gough	Head of School - Surgery
Professor Phil Quirke	Academic Training Programme Director
Dr Catherine Dickinson	Foundation School Director
Dr Prithviraj Rao	Training Programme Director - Paediatrics
Dr Judith Gasser	Associate Postgraduate Dean
Ron Woodworth	Lay Representative
Sarah Walker	Quality Manager
Laura Tattersall	Quality Officer
Carly Batchelor	PA to Business Manager
Jane Burnett	Programme Support Co-ordinator
Barbara Welsh	Recruitment Officer
Anil Boury	Academic Co-ordinator

Specialties Visited:	Foundation
	Core Surgery
	Paediatrics
	Medicine
	Academics
	Obstetrics & Gynaecology

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	24/07/13
First Draft Submitted to Trust	02/08/13
Trust comments to be submitted by	16/08/13
Final Report circulated	11/09/13

NOTABLE PRACTICE

GMC DOMAIN 5- CURRICULUM DELIVERY

School of Foundation

Foundation Year 1 (FY1) trainees reported that the Human Factors Training was “perfect”; “the best training” they had received.

The Foundation Emergency Medicine trainees provided positive feedback on the elearning modules.

FY1 trainees also reported positive feedback for the Consent Training in OGD.

GMC DOMAINS 1 – PATIENT SAFETY & 8 – EDUCATIONAL RESOURCES

School of Paediatrics

The Neonatal Induction Programme received positive feedback and has good hands-on focussed skills based components.

The Regional Registrar Simulation Skills Teaching Programme also received positive feedback.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Surgery

The College Tutor was reported as being excellent, very organised and committed with a clear understanding of surgical training issues.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Medicine - AAU

The panel found that there is an excellent team spirit within the AAU with good consultant support and approachability.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY – Departmental Induction

Schools of Paediatrics, Surgery, Medicine and Foundation School

A number of concerns regarding Departmental Induction were identified.

1. Community Paediatric induction has been absent but there is a proposal to correct this from August 2013.
2. Surgery – CST/Foundation Year 2 (FY2) trainees at Castle Hill are expected to cover a wide variety of surgical specialities with only single speciality induction.
3. Medical/Academic FY2 trainees generally receive speciality induction but there is no AAU Induction for trainees not based on AAU but expected to cover this area.
4. Foundation surgical trainees were not consistently receiving induction particularly in relation to the on-call bleep.

Action To Be Taken:

1. The Trust needs to urgently consider how these deficiencies in the delivery of Departmental Induction can be resolved. Solutions need to be identified and actioned in time for the next change-over of staff August-October.
2. Specific attention should be given to the Castle Hill FY2 being first on call without appropriate induction.

RAG Rating:



Timeline: 1) 31 August 2013 & 2) 31 August 2013

Evidence/Monitoring:

1. A copy of the action plan for all specialities.
2. Confirmation of the Induction arrangements for FY2's at the Castle Hill site.

Condition 2

GMC DOMAIN 1 – PATIENT SAFETY - Handover

Schools of Surgery, Medicine and Foundation School

The following concerns were identified regarding handover issues:

1. Foundation Surgical handover at Castle Hill in the morning is absent.
2. Core Surgery handover at Castle Hill is absent.
3. Surgery handover at Hull Royal, with the exception of Trauma & Orthopaedics, appears to have no process in place.
4. The AAU handover works well. Higher medical trainees however have handover in the evening and at weekends (morning and evening) but there is no consistent process in the mornings either at Hull Royal or Castle Hill sites.
5. There is no documentation for any of the handover processes in Medicine or Surgery.

Action To Be Taken:

1. The Trust must review and implement handover arrangements for Foundation Surgical at Castle Hill, Core Surgery at Castle Hill and Surgery at Hull Royal.
2. The Trust must implement morning handover at both Hull Royal and Castle Hill in Medicine.
3. Handover documentation for Medicine and Surgery should be implemented.

RAG Rating:



Timeline: 1), 2) & 3) 31 October 2013

Evidence/Monitoring:

1. Confirmation from the Trust of handover arrangements.
2. Confirmation from the Trust of morning handover arrangements.
3. A copy of the documentation for Medicine and Surgery to provide evidence that handover is functioning.

Condition 3

GMC DOMAIN 1 – PATIENT SAFETY - Consent

Schools of Surgery, Medicine, Paediatrics and Foundation School

The following concerns were identified regarding consent issues:

1. Surgical and Foundation trainees cross covering a number of specialities had issues with requests for consent from non-parent speciality for which they were not trained (eg. FY2 being asked to consent for fractured neck of femur).
2. Non GI trainees in Medicine were consistently being asked to consent for upper GI endoscopy without training.
3. Paediatric (Non-GI) trainees were occasionally being asked to consent for upper GI endoscopy.
4. CMT were being asked to consent for interventional radiology.

Action To Be Taken:

The Trust to clarify by speciality and by grade, which consents can appropriately be taken by trainees and provide evidence of the training materials and that trainees have received appropriate Departmental Induction to this effect.

Non GI trainees in Medicine should be informed of the consent materials and expected to complete this training.

Trainees must be empowered to refuse to take consent if they have not been appropriately trained.

RAG Rating:



Timeline: 30 September 2013

Evidence/Monitoring:

1. Copies of the training materials for each speciality and grade.
2. Log of consent training for each speciality and grade.
3. Copy of communication sent to trainees.
4. Inclusion of this information in departmental induction

Condition 4**GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****Schools of Surgery, Obstetrics & Gynaecology, Medicine and Foundation School**

1. Core Surgery trainees spend a significant portion of their time cross covering multiple specialities which raises issues of access to supervision for management of those patients.
2. The CST cross specialty cover arrangements are onerous and pose a threat to patient safety when more than one specialty has a patient that requires urgent attention
3. Surgical FY1 trainees have difficulties occasionally accessing support from senior staff within the surgical team and by default contact the Outreach Team.
4. Obstetrics & Gynaecology ST3 registrars first on call with no consultant on site overnight, express concern at the level of support due to the intensity of the workload.
5. The RMO 3 (Medicine) on call at Castle Hill is uncertain about the cover arrangements for non-medical patients and outliers. The trainers were also uncertain.

Action To Be Taken:

The Trust to provide details of the supervision arrangements in each of the defined situations above.

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

The supervision and escalation policies, to maintain patient safety, for these grades of staff.

Condition 5**GMC DOMAIN 1 – PATIENT SAFETY****Foundation School**

Foundation trainees in A&E are expected to draw up and administer therapy and reported being given direct access to controlled drug keys. Trainees have not received appropriate training.

Action To Be Taken:

The Trust must ensure that this practice ceases.

RAG Rating:**Timeline:** 31 August 2013**Evidence/Monitoring:** Confirmation from the Trust that this practice has ceased.

Condition 6

GMC DOMAIN 3 – EQUALITY & DIVERSITY

Schools of Obstetrics & Gynaecology, Paediatrics, Medicine and Foundation School

1. Surgical FY1 trainees reported bullying and harassment behaviour from some surgical consultants.
2. Obstetrics & Gynaecology trainees reported an undercurrent of undermining behaviour within the Department.
3. Following the efforts of the DME, and recent discussions reporting improvements, the Paediatric (Neonates) trainees continue to report undermining behaviour particularly noticeable in the early morning handover meeting.
4. Paediatric and Medical trainees reported transfers from A&E were associated with bullying behaviour.
5. Bed Managers in the AAU consistently harassed the Medical registrars/Paediatric registrars particularly regarding outliers and were noted to be over ruling clinical decisions.

Action To Be Taken:

1. The Trust to investigate the claims further through discussions with the DME and trainees from all specialities.
2. There should be joint policies between A&E and the Medical and Paediatric Departments regarding the expectations of trainees visiting A&E. The policies should specifically address:
 - What constitutes a review?
 - When does the patients' care transfer from A&E Department to the referring Department?
 - Who is responsible for the on-going care of patients under review i.e. administration of therapy, whilst the patient is still in the A&E Department?
3. There should be a formal setting, led by a consultant, for bed managers and trainees to discuss the operational issues associated with transfer of patients from AAU.

RAG Rating:



Timeline: 31 August 2013

Evidence/Monitoring:

1. Confirmation from the DME that discussions with all specialities have taken place with the trainees and details of any subsequent actions taken as a consequence.
2. The joint agreed policies.
3. Minutes of the meetings between AAU bed managers and trainees.

Condition 7

GMC DOMAIN 5 - DELIVERY OF CURRICULUM

Schools of Surgery, Medicine and Academic

1. Core Surgical trainee release for regional teaching is currently compromised with no formal arrangements for back fill or ensuring attendance.
2. Core surgical trainees experience considerable difficulty in gaining the necessary clinical competences as they spend so long cross covering their non-parent specialty
3. Core and Higher Medicine trainees have considerable difficulties attending regional teaching with attendance below 50%.
4. Release for the MSc for Core Academic trainees has been refused. Academic release for other educational activities has also been prevented.

Action To Be Taken:

1. The Trust must ensure that trainees are released to attend a minimum of 70% regional teaching.
2. The Trust must ensure that academic trainees are released to attend the MSc and other educational activities in line with their programme.
3. Acquisition of surgical training competences to be monitored

RAG Rating:



Timeline: 30 September 2013

Evidence/Monitoring:

1. Confirmation from the Trust that trainees are released to attend regional teaching
2. Academic trainees attend MSc and other relevant educational activities – attendance logs.
3. DME/ College Tutor to monitor surgical competency acquisition.

Condition 8**GMC DOMAIN 5 – DELIVERY OF CURRICULUM****Schools of Obstetrics and Gynaecology, Paediatrics & Medicine**

1. In Obstetrics & Gynaecology there is no local teaching as trainees are not able to get to any local training due to the gaps in the rota.
2. Paediatric ST1 to 3 there is no Continued Medical Education (CME) teaching.
3. Core Medicine trainees experience considerable difficulties in attending their weekly events. Higher Medicine trainees reported similar concerns. Respiratory Medicine split site working further compromises their training opportunities.
4. The perceived excess of GIM service work is restricting speciality training.

Action To Be Taken:

1. The Trust must review local teaching provision in these specialities and ensure appropriate local teaching is implemented and rotas reviewed to enable trainees to attend.
2. The Trust must review the GIM service provision to ensure that it does not impact on speciality training.

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

1. Confirmation from the Trust of local teaching implementation and trainees able to attend.
2. GIM Review and confirmation that trainees are able to attend speciality training. The planned review of the GIM rotas should positively impact on the acute/specialty training issue.
3. There will be a School of Medicine visit in the autumn to review the impact of the revised rotas on workload, intensity and training issues.

Condition 9**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****Schools of Academic Training and Surgery**

1. Academic trainees are being disadvantaged with failure to recognise the legitimate academic training requirements ie. MSc release, annual leave is being pushed into research time inappropriately.
2. Surgical trainees are having difficulty with study leave being approved due to rota constraints (ATLS).

Action To Be Taken:

1. The Trust must ensure that Academic trainees are released for research time in addition to specialty training – this is an integral component of an academic trainees' program.
2. The Trust must review the surgical rota and ensure that provision is made for trainees to attend relevant training.

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

1. Confirmation from the Trust that Academic trainees are being released and annual leave is not being used inappropriately.
2. A copy of the reviewed surgical rota and confirmation that trainees are attending their relevant training.

Condition 10**GMC DOMAIN 7 – MANAGEMENT OF EDUCATION****Schools of Obstetrics & Gynaecology, Medicine and Foundation School**

1. Obstetrics & Gynaecology trainees report frequently not being able to finish on time due to work intensity. ST3 trainees and above are frequently asked to stay on and cover the evening shift. There are currently 4 unfilled posts, with difficulty in not being able to get external locums and therefore trainees are being constantly asked to do extra shifts as locums.
2. FY1 Surgical trainees at Castle Hill are structured to stay beyond hours.
3. Higher Medical trainees reported structured handover beyond the working day (evening handover).
4. Gross imbalance in GIM/speciality work compromising ability to obtain speciality training. Registrars reported at least one hour extra working per day in all but infectious disease and acute internal medicine. The split site working in Respiratory Medicine was highlighted as a particular concern.

Action To Be Taken:

The Trust must implement exception reporting to enable them to better aware of the issues and communicate this to the trainees.

RAG Rating:**Timeline:** 31 August 2013**Evidence/Monitoring:** A copy of the Exception Policy and communication sent to trainees.

Condition 11**GMC DOMAIN 7 – MANAGEMENT OF EDUCATION****School of Medicine & Foundation School**

Although there has been some improvement regarding Phlebotomy, issues are still apparent in Foundation, Core Medicine and Higher Medicine with trainees being regularly subjected to this repetitive, non-educational task. Castle Hill is also a particular concern at weekends. Nurses and Health Care Assistants are reporting that they are too busy to take bloods. The Trust is working with Clinical Support Assistants as they recognise that trainees need to be clerking rather than doing bloods.

This is the second year that this issue has been raised, with only limited evidence of improvement. The external Renal visit identified similar issues earlier in 2013.

The Trust must make more progress in reducing the burden of repetitive non educational tasks.

Action To Be Taken:

1. A Phlebotomy action plan to be implemented to reduce the dependence on trainees in the above areas
2. The Trust to undertake an audit of who is actually taking the bloods. The audit should include the acute admitting specialties, the information may well be available via the Laboratory reporting system that is obliged to record date, time and operator who took sample. If not, then a random audit of samples from the medical wards would suffice.

RAG Rating:**Timeline:** 30 November 2013**Evidence/Monitoring:**

1. The action plan with timelines
2. Audit report

Condition 12**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Academics**

The panel identified concerns regarding communication with the Academic Training Programme Directors and the Trust.

Action To Be Taken:

The Trust to identify a Clinician as an Academic Liaison Lead tasked with working with the Academic Program Director to resolve issues specific to the integrated academic programme.

RAG Rating:**Timeline:** 30 September 2013**Evidence/Monitoring:** Confirmation of the Academic Liaison Lead.

RAG guidance can be found at Appendix 1.

FINAL COMMENTS

When asked about overall satisfaction all Paediatrics trainees (Community trainees said with the proposed changes in place) and Foundation trainees would recommend their posts.

For the Academic trainee's one trainee said they would but it needs improvement, another trainee said they would but not CMT and the other 2 trainees would not recommend it.

None of the Surgery trainees would recommend their post but they would do if the rota problems are resolved.

The Obstetrics & Gynaecological higher trainees would not recommend their post and one is considering leaving the speciality as a result of this placement. The junior trainees only reported as 'may' recommend.

The panel found that the Academic MSc appears fit for purpose in structure and design and the academic trainees value the managerial structure of the academic training.

NOTES FOR DEANERY:

1. Deanery action to discuss with academic TPD integration of speciality and academic ARCPs to identify way forward.
2. ST7/8 general paediatric trainees with sub speciality interest are not getting their study leave budget approved for study leave courses – refer to school.
3. The Deanery to discuss with the Head of School of Obstetrics and Gynaecology the balance of higher trainees rotated to Hull and within the wider Y&H programs.

Action: Chair of Panel to Action

Timescale: 31 October 2013

4. The Foundation School will review the quality of the academic foundation posts within the Trust.

Action: Chair of Panel to Action

Timescale: 31 July 2014

Approval Status

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

Signed on behalf of Health Education Yorkshire and the Humber

Name: Dr Peter Taylor

Title: Deputy Postgraduate Dean
(Panel Chair)

Date: 11/09/13

Signed on behalf of Trust

Name: Dr Makani Purva

Position: Director of Postgraduate Medical Education

Date: as per email of 04/09/13 sent from Charlotte Precious.

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