

## QUALITY MANAGEMENT TRIGGERED VISIT REPORT

<b>TRUST</b>	Bradford Teaching Hospitals NHS Foundation Trust
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SITE	DAY	DATE
Field House	Friday	19 <sup>th</sup> December 2014
Bradford Royal Infirmary		

### VISITING PANEL MEMBERS:

Dr David Eadington	Deputy Postgraduate Dean (Chair)
Professor Michael Gough	Head of School for Surgery
Dr Aiden Fitzgerald	Training Programme Director
Ms Susan Young	Lay Representative
Ms Kate McCarthy	Medical Workforce Manager
Linda Garner	Quality Co-ordinator

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

<b>Date of First Draft</b>	6/1/15
<b>First Draft Submitted to Trust</b>	15/1/15
<b>Trust comments to be submitted by</b>	
<b>Final Report circulated</b>	

## CONDITIONS

<b>Condition 1</b>		
<b>GMC Domain:</b>	Delivery of Curriculum	
<b>Concern relates to:</b>	Workload/learning environment	
<b>School:</b> Surgery	<b>Trainee Level Affected:</b> Foundation, Higher, GP	<b>Site:</b> Bradford Royal Infirmary
<p>The recent move to a weekly Trauma consultant has been widely welcomed, and has improved both patient care and trainee support and supervision.</p> <p>However, it was also recognised by the Trainees and the Trainers that a large number of minor injuries that previously would be managed within A&amp;E are now being referred to plastic surgery. The resulting high volume of service and trauma work required has affected the trainees' time and capacity to receive training and development. This is a problem common to all Plastic Surgery services, not just Bradford.</p> <p>The trainees felt that some locums employed by the Trust to fill rota gaps are not sufficiently knowledgeable or experienced to contribute usefully to maintaining the training environment. One example given was an occasion when six trainees were covering eight posts as the locum employed was not capable enough to be left unsupervised</p> <p>Additionally it was reported that there are some nurses on wards where the nurse specialist knowledge does not match the patient needs.</p> <p>In terms of an alternative workforce solution there is also no recognisable nurse practitioner role within the Plastic Surgery group.</p> <p>The Trust needs to develop alternative workforce strategies that avoid being over-reliant on the junior doctors within the future workforce.</p> <p>It was acknowledged that there is a first class wet lab available. However the five registrars who have been in post since October had been unable to find time to use this educational resource. The panel feel that the Trust need to investigate ways for trainees to be able to make use of such excellent facilities.</p>		
<b>Action To Be Taken:</b>		
<ol style="list-style-type: none"><li>1) The Trust to ensure that trainees have sufficient capacity within their service/trauma responsibilities for training and development</li><li>2) The Trust to ensure that locum appointments have appropriate knowledge and experience</li><li>3) The Trust to make better use of facilities to ensure trainees have wet lab practice prior to going to theatre</li></ol>		
<b>RAG Rating:</b>		<b>Timeline:</b> 31/03/15
<b>Evidence/Monitoring:</b>		
<ol style="list-style-type: none"><li>1) Log book</li><li>2) Rotas</li></ol>		

<b>Condition 2</b>		
<b>GMC Domain: 5</b>	Delivery of Curriculum including Assessment	
<b>Concern relates to:</b>	Workload/learning environment	
<b>School:</b> Surgery	<b>Trainee Level Affected:</b> Foundation, Higher, GP	<b>Site:</b> Bradford Royal Infirmary
<p>The closure of the Dermatology unit in Calderdale appears to have exacerbated the work intensity situation with many of these cases now being referred to Plastic Surgery at Bradford Royal Infirmary. The number of patients being seen in out-patient clinics has increased from about 25 to 40 at times. This has resulted in the the trainees being worried about clinic pressure as well as having little capacity or time for training or development. The added work pressures in clinics is having an adverse affect on the number of work placed based assessments carried out. It is not acceptable that a service deficit in one specialty should adversely affect training delivery in another.</p> <p>The Trainer cohort recommend an increased workforce. However, the panel feel that a wider discussion is needed to consider how appropriate clinical capacity can be made available to assess patients, in particular it might be helpful to include clinicians in discussions between Commissioners and the Trust. Are the Commissioners receiving enough clinical input into the discussions with the Trust?</p>		
<b>Action To Be Taken:</b>		
1) Trust must create alternative outpatient clinic provision that is not over-reliant on the plastic surgery trainees.		
<b>RAG Rating:</b>		<b>Timeline: 31/03/15</b>
<b>Evidence/Monitoring:</b>		
1) Audit of clinic activity		

<b>Condition 3</b>		
<b>GMC Domain:</b>	Patient Safety	
<b>Concern relates to:</b>	Handover	
<b>School:</b> Surgery	<b>Trainee Level Affected:</b> Foundation, Higher, GP	<b>Site:</b> Bradford Royal Infirmary
<p>The panel heard several different lines of evidence which all suggest that bed management policies within the Trust are creating additional inefficiencies for this speciality. Elective admissions often have to be cancelled due to a lack of beds and the patients within the designated four wards for Plastic Surgery are in reality spread over a greater number of wards; several Registrars had on occasion visited a maximum of 14 during one ward round.</p> <p>The culture appears to be that as plastic surgery have less acute patients who are more mobile, they are more susceptible to being moved from ward to ward. The trainees reported that when starting a shift, valuable time is often spent trying to locate their patients.</p> <p>The failure to keep the patients within the recognised bed base greatly reduces the efficiency of training being delivered on supervised ward rounds.</p>		
<p><b>Action To Be Taken:</b></p> <ol style="list-style-type: none"> <li>1) Review of bed management process</li> <li>2) Review of use of current dedicated Plastic Surgery wards</li> </ol>		
<b>RAG Rating:</b>	■	<b>Timeline:</b> 31/3/15
<p><b>Evidence/Monitoring:</b></p> <ol style="list-style-type: none"> <li>1) Written supervised ward round plan</li> </ol>		

<b>Condition 4</b>		
<b>GMC Domain:</b>	Patient Safety	
<b>Concern relates to:</b>	Clinical Supervision	
<b>School:</b> Surgery	<b>Trainee Level Affected:</b> Foundation, Higher, GP	<b>Site:</b> Bradford Royal Infirmary
<p>The panel expressed concerns that the term Senior House Officer is still in wide use within the Trust. This term refers to a wide range of training grade doctors, and creates confusion in nursing and other colleagues' expectations about a trainee's level of experience and competence.</p>		
<p><b>Action To Be Taken:</b></p> <p>The Trust must ensure the term 'SHO' is removed from rotas, name badges and any other documentation so it is clear to all staff the level of the trainee who is working with them.</p>		
<b>RAG Rating:</b>		<b>Timeline:</b> 31/01/15
<p><b>Evidence/Monitoring:</b></p> <p>Copy of rotas</p>		

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<b>Condition 5</b>		
<b>GMC Domain:</b>	Delivery of Curriculum	
<b>Concern relates to:</b>	Learning Environment	
<b>School:</b> Surgery	<b>Trainee Level Affected:</b> Foundation, Higher, GP	<b>Site:</b> Bradford Royal Infirmary
<p>In order to improve communication streams and to provide a regular educational vehicle , the panel feel that a weekly departmental meeting is required. Whilst SpRs should be able to contribute to the organisation of the programme, the meetings themselves should be consultant led.</p>		
<p><b>Action To Be Taken:</b> Weekly departmental meeting to be planned, organised and diaried</p>		
<b>RAG Rating:</b>		<b>Timeline:</b> 28/02/15
<p><b>Evidence/Monitoring:</b> Copy of planned weekly department meetings</p>		

RAG guidance can be found at Appendix 1.

## **FINAL COMMENTS**

- The panel appreciated the informative presentation given by the Director of Medical Education, and acknowledge the changes and improvements made by the Trust, in particular the Consultant delivered trauma week which was seen as a big step forward.
- In addition whilst regional teaching was seen as excellent, with one trainee mentioning their 'fantastic PDP', the panel feel that there is room for improvement with the amount of local teaching available.
- It was noted by the panel that the Trust had received a more negative result from the June 2014 GMC Survey as compared with the previous year. Whilst green was flagged for handover, the panel were concerned that pink flags were gained for Induction, access to educational resources and feedback, and red flags for overall satisfaction and supervision. Whilst this indicated the trainees had not been receiving the required support from Trainers, it was acknowledged that a new rota arrangement had been implemented in October 2014. The Trainees now welcomed that a trauma consultant was available if there was a difficult case, and the sole trainee who had also experienced the previous system felt that the change had impacted positively, helped with the management side of workload and increased trainee confidence.
- The panel understand there is to be a full service review of Plastic Surgery in January/February 2015. Close monitoring of this situation in relation to the conditions set is recommended.

## **Approval Status**

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

### **Signed on behalf of HEYH**

**Name:** David Eadington

**Title:** Deputy Postgraduate Dean

**Date:** 15.1.15

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

**Name:**

**Position:**

**Date:**

## 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