

QUALITY MANAGEMENT VISIT REPORT

TRUST	Rotherham Hospitals NHS Foundation Trust
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DAY	DATE	SITE
Wednesday	1 st April 2015	Rotherham Hospital

Mr Jon Hossain (Chair)	Deputy Postgraduate Dean
Mr James Spencer	Associate Postgraduate Dental Dean
Ms Ghazala Ahmad-Mear	Associate Postgraduate Dental Dean
Mr Ray Cuschieri	Trust Link APD
Mr Bret Claxton	Head of School of Anaesthetics
Mr Simon Clark	Head of School of Paediatrics
Ms Maya Naravi	Head of School of Emergency Medicine
Mr Trevor Rodgers	Deputy Head of School
Mr Paul Renwick	Deputy Head of School
Mr David Rose	Deputy Director of Postgraduate GP Education
Mr Keith Smith	Training Programme Director for Oral surgery
Mr Alan Sutton	Lay Representative
Ms Linda Garner	Quality Co-ordinator
Ms Alison Poxton	Quality Administrator
Ms Kim Maskery	Quality Administrator

SPECIALTIES VISITED:

- Surgery
- Medicine (including Emergency)
- Paediatrics
- Anaesthetics
- Dental

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	17/04/15
First Draft Submitted to Trust	07/05/15
Trust comments to be submitted by	15/05/15
Final Report circulated	12/05/15

Summary

- The visit was well organised by the Trust and the turnout of Foundation, Core, Higher Trainees and Trainers was excellent. The panel would like to thank the Director of Medical Education for a very informative presentation.
- All the trainees were vocal in their response to the visit and when issues were raised they were able to suggest solutions. The Trust should be commended for creating a culture of empowerment that enables a trainee to be aware that they can be part of the solution to a problem.
- All the trainees said that they would recommend their post and a fair number said they would be happy to come back to work at the Trust.
- Consent was reported to form part of induction at an informal level and seems to be working well. For example, the Surgical Foundation and Core trainees reported feeling empowered to take consent. Although they have not been put in a position of taking consent whilst feeling uncomfortable, they would feel confident to say no if required.
- The teaching received by Paediatric, Medicine and Surgical Trainees was reported to be well thought out. The recognition from the Trust that the level of training given was dependent on the level of trainee was appreciated by all.
- Overall the Trust induction was reported as being received and satisfactory. The Surgical Foundation trainees reported a full week induction and one day shadowing. The overall package received was comprehensive and included bloods, ILS Course, lectures, EPR training. Consequently, these trainees felt fully prepared at the commencement of their posts.
- Most Departmental inductions were reported to be satisfactory. The Anaesthetic trainees were happy and fully compliant with policies. However, the panel recommend the Anaesthetics induction needs to be more formal in the area of equipment in terms of filing a signed document with the Trust. The trainees reported that other specialities were more prescriptive in that area.
- The Dental trainees reported receiving good clinical supervision and felt well supported. There is a well-structured timetable in place and handover is working well.

The following areas of concern were identified:

Condition 1		
GMC Domain: 1	Patient Safety	
Concern relates to:	Clinical Supervision	
School: Paediatric Surgery	Trainee Level Affected: Foundation and Core	Site: Rotherham
<p>The Surgical trainees reported that the surgical paediatric patients remained under the sole care of a surgeon. The panel felt this was an unusual situation, as in most paediatric units, surgical patients will be under joint care with a Paediatrician who will do the necessary prescribing. This is particularly important in fluids. The trainees described a situation where the prescribing for paediatric surgical patients is performed by the surgical team who do not have the necessary training in this area. The panel felt this raised a significant patient safety concern. For example, if a child arrested or had a significant issue post anaesthesia, none of the paediatricians would be fully aware of a child's underlying problems. The Children's Surgical Forum 2013 document "Standards for Children's Surgery" recommends that "A named paediatrician must be available for liaison and immediate cover, for example in cases of children requiring on-going care following resuscitation and to advise on safeguarding issues. Whilst such situations are rare, the level of cover should ensure attendance within 20-30 minutes".</p> <p>The panel noted that following feedback from the recent CQC visit changes had been made in Paediatrics.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) The Trust to review supervisory and leadership arrangements on the surgical paediatric ward. 2) The Trust to monitor the impact of the recent changes on patient and trainee experience. 		
RAG Rating:	■	Timeline: 31/07/15
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1. Written evidence that appropriate paediatric leadership has been established. 2. Further feedback from the trainees on the impact of the recent changes. 		

Condition 2		
GMC Domain: 5	Delivery of Curriculum	
Concern relates to:	Learning Environment - Outpatients	
School: Medicine	Trainee Level Affected: Core	Site: Rotherham
<p>The Core Medical Trainees reported difficulties in gaining their quota of out-patient clinic work. The panel were concerned that the Trust's difficulties in this area will only increase due to the clinic commitment requirements per year increasing from 20 to 40. Without assurance that sufficient clinic experience is available it will not be possible to send trainees to the Trust.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) In order to fulfil curriculum requirements the Trust should ensure that all trainees gain sufficient access to out-patient clinic work. New timetables should be produced to enable clinic attendance. 		
RAG Rating:	■	Timeline: 31/01/16

Evidence/Monitoring:

1. Copy of timetable
2. Review of trainee's out-patient clinic work to assess quota received over last six months.

Condition 3**GMC Domain: 3**

Equality, Diversity and Opportunity, Harassment and Bullying

Concern relates to:

Undermining

School: Surgery,
Gastroenterology,
Emergency Medicine**Trainee Level Affected:**
Foundation and Core**Site:** Rotherham

The panel were concerned at reports of bullying and undermining from senior nurses on the Gastroenterology ward. It was felt by some trainees that the senior nurses had a negative attitude and that their approach was at times inappropriate.

Emergency Medicine trainees reported an incident where an Emergency Medicine consultant delivered a loud "dressing down" to a trainee in the middle of the public Emergency Medicine area. The panel felt this was inappropriate and constituted harassment.

The core surgical trainees reported inappropriate referrals being received from Emergency Medicine, especially at night, with staff often being belligerent and rude.

Action To Be Taken:

- 1) The Trust must investigate the concerns in relation to Emergency Medicine and to develop a feedback system that takes into account appropriate delivery systems
- 2) The Trust to investigate issues relating to the senior nurses on Gastroenterology ward and nursing staff in Emergency Medicine

RAG Rating:**Timeline: 30/09/15****Evidence/Monitoring:**

1. Evidence of Consultant training in giving effective feedback
2. Survey/audit of trainee experience
3. Evidence that consultants in Emergency Medicine, Senior Nursing staff in Gastroenterology and nursing staff in Emergency Medicine have been approached about such behaviours.

Condition 4		
GMC Domain: 1	Patient Safety	
Concern relates to:	Induction	
School: Medicine	Trainee Level Affected: Foundation and Core	Site: Rotherham
<p>The trainees expressed continuing concerns regarding the EPR system. They felt it was not an effective use of their time as it was cumbersome and unfit for purpose. Simple procedures such as labelling bloods took an inordinate amount of time. The trainees suggested the EPR training received at induction could be improved as it was not bespoke. For example, the training given at induction was felt to be too generic. It was reported to be IT led and delivered by a non-clinician, and the resulting non-clinical context gave little meaning to its use in practice. The panel did note that the concerns were not as marked as in previous visits, indicating that some progress has been made.</p>		
<p>Action To Be Taken:</p> <p>1) The Trust to ensure training on EPR at induction to include clinical perspective with practice scenario driven issues.</p>		
RAG Rating:		Timeline: 31/06/15
<p>Evidence/Monitoring:</p> <p>1. Copy of induction policy detailing training in EPR system.</p>		

Condition 5		
GMC Domain: 1	Patient Safety	
Concern relates to:	Terminology	
School: Surgery, Medicine, Paediatrics, Anaesthetics	Trainee Level Affected: Foundation, Core, Higher	Site: Rotherham
<p>The panel expressed concerns that the term Senior House Officer was 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>Action To Be Taken:</p> <p>1) 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>		
RAG Rating:		Timeline: 31/06/15
<p>Evidence/Monitoring:</p> <p>1. Copy of rotas</p>		

Condition 6		
GMC Domain: 1	Patient Safety	
Concern relates to:	Handover	
School: Medicine	Trainee Level Affected: Foundation, Core and Higher	Site: Rotherham
<p>The Trainees expressed dissatisfaction with the electronic handover. Electronic handover tasks are recorded by both nurses and doctors, and whilst it was acknowledged the electronic handover was a work in progress, the trainees reported problems with jobs being entered by nurses with incorrect priority ratings. Without appropriate categorisation, the electronic handover is being used as a job list rather than a priority list and at weekends there can be 70 to 100 jobs in the system. This made prioritising tasks difficult with the danger of some tasks being missed at weekends.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) The Trust to undertake an audit to ascertain the percentage of tasks actually being achieved. 2) The Trust to audit appropriateness of tasks. 3) The Trust to use the audit to facilitate better solutions for handover. 		
RAG Rating:		Timeline: 31/09/15
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1. Written confirmation of audit results 2. The Trust's plan for improved handover 		

Condition 7		
GMC Domain: 5	Delivery of Curriculum	
Concern relates to:	Workload	
School: Medicine	Trainee Level Affected: Foundation and Core	Site: Rotherham
<p>The trainees reported they are routinely working over their allotted hours. The workload was felt to be due to the large number of patients and the inappropriate structure of the rotas. Ward B1 was reported by the trainees as being “chaotic, leaderless and lacking in structure”. Whilst the panel understand that a Physician has recently left, this problem is further aggravated by the low number of beds and nurses. The trainees were also concerned at the lack of a triage system and reported that patients were being left on trolleys for four hours. The panel felt these problems presented a significant clinical issue and the broader manifestation of a lack of leadership is causing concern and a lack of morale amongst trainees.</p> <p>The Trainees felt they had a lot of suggestions for improvement and would like the opportunity to form a Patient Safety Group to make recommendations.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) The Trust to review training delivery during the working day and share results with HEYH 2) Increase trainee morale by ensuring leadership provision is available 3) Involve the trainees in potential ways of taking this forward 		
RAG Rating:		Timeline: 30/06/15
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1. Evidence that a review has taken place to ensure all training is within the working day 2. Written evidence that trainees have an appropriate and consistent source of leadership on Ward B1, with a named clinical leader. 		

Condition 8		
GMC Domain: 1	Patient Safety	
Concern relates to:	Clinical Supervision	
School: Medicine	Trainee Level Affected: Foundation, Core and Higher	Site: Rotherham
<p>The Trainees expressed concerns over ward cover, particularly at weekends. There appears to be confusion between the Core Medical Trainees and F2s, with the Core Trainees being covered by F2 trainees on rotas. There have also been occasions when an F1 has been on the ward alone with deteriorating patients. Sometimes these patients have been in an end-of-life situation and the F1 has been unable to get a senior opinion on resuscitation. The panel felt this presented a significant patient safety issue.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) The Trust must ensure that immediate help is available to all trainees when caring for end-of-life patients. 2) Rotas must reflect the trainee's level of experience and competence 		
RAG Rating:		Timeline: 30/06/15
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1. Written evidence of change to supervisory support 2. Copy of rotas 		

Condition 9		
GMC Domain: 1	Patient Safety	
Concern relates to:	Clinical Supervision	
School: Paediatrics	Trainee Level Affected: Foundation and Core	Site: Rotherham
<p>Paediatric trainees reported being shown by a consultant how to do one baby check and then being expected to perform this themselves without any supervision. The trainees felt exposed and ill-equipped to do this after just one teaching session. The panel felt that supervision for the first checks during a ward round would be an appropriate way forward.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) Supervised baby checks to be included in ward rounds. 		
RAG Rating:		Timeline: 30/06/15
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1. Written confirmation in form of altered timetables. 		

Condition 10		
GMC Domain: 1	Patient Safety	
Concern relates to:		
School: Trauma & Orthopaedics	Trainee Level Affected: Foundation and Core	Site: Rotherham
<p>The Trauma & Orthopaedic core trainees reported an example of a trainee being required to cover two wards in different parts of the hospital. These two wards are 10-15 minutes apart from each other and over the period of a weekend on duty the trainee walked 12 miles. The trainee stated that this arrangement made it certain that not all patients are reviewed on a daily basis. The panel felt this presented a patient safety risk.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) The Trust need to ensure that trainee timetables are compliant with the needs of the patient 2) Trust to ensure that there is a process that allows regular review of Orthopaedic patients 		
RAG Rating:		Timeline: 30/06/15
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1. Copies of revised timetables 2. Copy of action plan 		

GMC Domain: 11	Patient Safety	
Concern relates to:	Handover	
School: Dental	Trainee Level Affected: Core	Site: Rotherham
<p>The Dental Core Trainees reported that handover takes place manually via a written handover book. There is no electronic handover in place. Although the written handover system seemed to work well, the panel felt this was a risk to patient safety and feel the adoption of an electronic handover would be preferable and achievable.</p>		
<p>Action To Be Taken:</p> <ol style="list-style-type: none"> 1) The Trust need to implement an electronic handover system within Dental 		
RAG Rating:		Timeline: 31/07/15
<p>Evidence/Monitoring:</p> <ol style="list-style-type: none"> 1. Written evidence of implementation of electronic handover within Dental 		

Approval Status

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

Signed on behalf of HEYH

Name: Jon Hossain

Title: Deputy Dean

Date: 11/05/15

Signed on behalf of Trust

Name: Alison Cooper

Position: Director of Medical Education

Date: 11/05/15

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 Responses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012