

QUALITY MANAGEMENT VISIT

YORK TEACHING HOSPITALS NHS FOUNDATION TRUST

DAY 1 – SCARBOROUGH GENERAL HOSPITAL – 13th MAY 2013

DAY 2 – YORK TEACHING HOSPITAL – 3rd JUNE 2013

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	04/06/13
First Draft Submitted to Trust	11/06/13
Trust comments to be submitted by	25/06/13
Final Report circulated	11/07/13

VISITING PANEL MEMBERS DAY 1 - SCARBOROUGH GENERAL HOSPITAL:

Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Dr Gavin Anderson	Deputy Foundation School Director
Roger Higson	GP Training Programme Director
Dr Alison Pittard	Associate Postgraduate Dean
Mr Kevin Sherman	Associate Postgraduate Dean
Sarah Walker	Quality Manager
Laura Tattersall	Quality Officer
Emily Downes	Programme Support Officer
Emma Smith	Programme Support Administrator
Charlotte Carter	PA to the Deputy Postgraduate Dean

Specialties Visited:

- Foundation**
- GP**
- Medicine**
- Anaesthetics**

VISITING PANEL MEMBERS DAY 2 – YORK TEACHING HOSPITAL:

Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Dr Gavin Anderson	Deputy Foundation School Director
Mr Kevin Sherman	Associate Postgraduate Dean
Mr John Bradbury	Head of School - Ophthalmology
Dr Hannah Shore	Training Programme Director - Paediatrics
Dr Jane Allen	Training Programme Director – Obstetrics & Gynaecology
Dr Alasdair Strachan	Acting Director of Postgraduate Medical Education - Doncaster & Bassetlaw Hospital
Ms Amanda Fisher	Education Commissioning Manager
Emma Jones	Senior Business Manager
Sarah Walker	Quality Manager
Laura Tattersall	Quality Officer
Rachel Cadwallader	Programme Support Administrator
May Teng	Recruitment Administrator

Specialties Visited:

- Foundation**
- GP**
- Paediatrics**
- Medicine**

NOTABLE PRACTICE

SCARBOROUGH HOSPITAL

GMC DOMAIN 5 – CURRICULUM DELIVERY

Foundation School

The Foundation Year One (FY1) trainees value the structured teaching and both the FY1 and Foundation Year Two (FY2) trainees gave positive feedback regarding the PDP days.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

Foundation School

The FY1 and FY2 trainees gave excellent feedback on the A & E departmental 2-3 day induction. They thought it was well structured and extremely informative.

GMC DOMAIN 5 – CURRICULUM DELIVERY

School of Medicine (Core)

The Medicine trainees provided positive feedback regarding the availability of formal teaching which is held most week days.

GMC DOMAIN 5 – CURRICULUM DELIVERY

School of Medicine & Foundation School

Both the Medicine and Foundation trainees felt that the learning opportunities in the hospital were excellent.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Anaesthesia

The anaesthesia trainees provided positive feedback, reporting a friendly Department with excellent supportive consultants who are more than happy to come in when called out of hours. The Department is very flexible in allowing trainees to be taken away from a list to see something else. The Educational Supervisor is active in helping the trainees.

YORK HOSPITAL

GMC DOMAIN – PATIENT SAFETY

All Schools

The Trust should be congratulated on its culture. Trainees reported it as a well organised and patient safety conscious organisation. With most trainees reporting that it was also a happy, friendly organisation to work in.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Paediatrics

RAG flagging system for trainees within the speciality is in place. Trainers RAG rate any incidents that occur as red, amber or green and trainees are supported throughout the process.

GMC DOMAIN – 6 – SUPPORT AND DEVELOPMENT

School of Foundation

The Foundation Trainers reported excellent support received from the Medical Education Centre.

CONDITIONS

SCARBOROUGH HOSPITAL

Condition 1

DOMAIN 1 – PATIENT SAFETY - Supervision

School of Medicine (Core) & Foundation School

There are reduced staffing levels, specifically on Beech Ward. This is impacting on the clinical supervision of trainees.

Action To Be Taken:

The Trust must review the organisation of the medical rotas and workload allocation. A specific review to be undertaken of the workload on Beech Ward.

RAG Rating:



Timeline: September 2013

Evidence/Monitoring:

- 1) The findings from the Trust review, amended rotas and workload data for the trainees working on Beech Ward.
- 2) School of Medicine to re-visit in September to review progress.

Condition 2**Foundation School****Patient Safety – Handover**

Foundation trainees reported issues with handover and combined admissions. Some teams may not be represented. Although the Core trainees said that handover worked well with the correct people being involved.

Action To Be Taken:

The Trust must reinforce mandatory attendance at handover with clarity over work allocation at the time of handover.

RAG Rating:**Timeline:** September 2013**Evidence/Monitoring:** Audit of handover attendance.**Condition 3****GMC DOMAIN 3 – EQUALITY & DIVERSITY****Foundation School**

There continues to be reports of undermining of FY1 surgical trainees from both the medical and nursing staff.

Action To Be Taken:

- 1) The Trust to investigate claims by further discussion with trainees on the nature and incidence of the bullying and harassment.
- 2) The Trust must undertake a review of surgical work allocation to Foundation Trainees with evidence of appropriate allocation of trainees.
- 3) A Trust based survey of surgical trainees undertaken by Director of Medical Education (DME)- results for September

RAG Rating:**Timeline:** 1) June 2013, 2) July 2013 & 3) September 2013**Evidence/Monitoring:**

- 1) Trust Investigation Findings.
- 2) Proposed changes to work practice.
- 3) Survey feedback.

Condition 4**DOMAIN 1 PATIENT SAFETY – Induction****School of GP & School of Obstetrics & Gynaecology**

There are consistent reports of deficiency in Induction into the Obstetrics Department which need to be addressed for next rotation.

Action To Be Taken:

The Trust must review the Obstetrics' Departmental Induction and ensure that it contains relevant information.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:** Induction materials and attendance register.**Condition 5****GMC DOMAIN 1 - PATIENT SAFETY - Induction****GP School**

There are consistent reports of deficiency in Induction in the Paediatric Department which need to be addressed by the next rotation. (Life support training issue).

Action To Be Taken:

The Trust must review the Paediatrics' Departmental Induction and ensure that it contains relevant information.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:** Induction materials and attendance register.**Condition 6****GMC DOMAIN 1 – PATIENT SAFETY - Consent****School of GP & Foundation School**

Trainees in the Obstetrics and Gynaecology Department continue to be requested to take consent for procedures such as removal of retained products and methotrexate.

Action To Be Taken:

The department to produce a policy for which procedures, by grade, trainees may be asked to consent for and provide training for these.

RAG Rating:**Timeline:** September 2013**Evidence/Monitoring:** A copy of the policy and the training material for those procedures and attendance of completion of training.

Condition 7**GMC DOMAIN 3 – EQUALITY & DIVERSITY****School of GP**

Reports were received of bullying and harassment of the trainees in the Obstetrics & Gynaecology Department.

Action To Be Taken:

- 1) The Trust to investigate claims by further discussion with trainees on the nature and incidence of the bullying and harassment.
- 2) Trust policies and procedures to be brought to attention of trainees and trainers in the department.
- 3) The DME to receive feedback from O&G trainees.

RAG Rating:**Timeline:** 1) & 2) June 2013 and 3) August 2013**Evidence/Monitoring:**

- 1) Trust investigation findings.
- 2) Confirmation from the Trust on communication sent to the trainees and trainers.
- 3) Trainee feedback.

Condition 8**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of GP**

None of the obstetrics and gynaecology trainees interviewed had met their clinical supervisor in a timely manner.

Action To Be Taken:

The Trust must ensure that trainees meet with their clinical supervisor in a timely manner.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:** A copy of the log of meetings.

YORK HOSPITAL

Condition 9

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of GP - Emergency Medicine

Concerns were expressed by trainees and trainers regarding the activity, staffing levels and as a consequence level of supervision, in the Emergency Department particularly from 11 pm onwards and during the weekends.

Action To Be Taken:

There should be a review of training grade staffing mapped to activity to ensure that staffing levels reflect as far as possible activity fluctuations and trends.

RAG Rating:



Timeline: September 2013

Evidence/Monitoring: Findings from the Trust review and action plan.

Condition 10

GMC DOMAIN 1 – PATIENT SAFETY

Schools of GP & Paediatrics & Foundation School

There are concerns regarding training in Neonatal Life Support (NLS). The Panel were concerned to find that FY1 doctors were expected to perform NLS without necessarily, having supervision immediately available.

Action To Be Taken:

- 1) GP VTS trainees, if expected to participate in NLS, should receive in house training within the first week, and formal NLS training within the attachment.
- 2) The Trust should make alternative arrangements for NLS such that FY1 doctors are not expected to act as first responders in this setting.

RAG Rating:



Timeline: 1) For August Intake
2) With effect from the date of visit

Evidence/Monitoring:

- 1) Attendance Registers.
- 2) Confirmation from the Trust that FY1 doctors are not first responders and that this has been communicated to the FY1 doctors.

Condition 11**GMC DOMAIN 1 – PATIENT SAFETY - Consent****School of Medicine & Foundation School**

It became apparent that trainees in a number of areas were being expected to consent for invasive procedures without appropriate documented evidence of training.

Action To Be Taken:

- 1) It should be made clear to trainees at Induction which procedures they may be expected to take consent for in their post.
- 2) Consent training materials should be available for all trainees asked to undertake consent.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:**

- 1) Induction material by department – (to include at least the procedures outlined below)
- 2) Evidence of Consent Training (examples, PEG, CT guided biopsy, nephrostomies, endoscopies, CT lung biopsy).

Condition 12**Domain 1 – PATIENT SAFETY - Consent****Foundation School**

There were particular concerns regarding FY2 doctors who are being asked to consent all complex trauma cases without any evidence of training.

Action To Be Taken:

- 1) FY2 trainees should at Induction receive a list of those procedures for which they may be asked to take consent.
- 2) The training materials should be made available for the procedures listed.
- 3) Clarification of those more complex, high risk cases that should NOT be consented by FY2 trainees.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:**

- 1) Induction material by department.
- 2) Evidence of Consent Training.
- 3) Audit of consent of trauma cases.

Condition 13**GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****School of Foundation**

The Panel were concerned that FY1 doctors were regularly moved between specialities often for short periods of time. There was inevitable impact on the relevance of induction training, supervision and the overall education experience for this first tier of medical training. Whilst it is recognised that proactive rota management meets service and occasionally training needs the balance is felt to be too much in favour of service at the present time.

Action To Be Taken:

- 1) The Trust is asked to perform an audit of FY doctor movements over April, May and June to identify the magnitude of this problem.
- 2) The audit to be reviewed by the Foundation Training Programme Director (FTPD) and Foundation School Director (FSD).
- 3) Following the review by the FSD, plans to be put in place for the August change over.

RAG Rating:**Timeline:** 1), 2) & 3) July 2013**Evidence/Monitoring:**

- 1) Audit results and proposed action plan.
- 2) Review from FTPD and FSD.
- 3) Confirmation that actions have been implemented.

Condition 14**GMC DOMAIN 3 – EQUALITY & DIVERSITY****Foundation School**

The Panel were informed that Foundation doctors have been put under duress by nursing staff to prescribe intravenous sedatives and make decisions regarding patients' capacity to consent.

Action To Be Taken:

- 1) The Trust should investigate management practices in relation to the use of sedatives within clinical areas on Wards 32 and 33.
- 2) The Trust should produce guidance of the use of intravenous sedation at ward level.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:**

- 1) A copy of the Trust investigation findings.
- 2) A copy of the guidance on intravenous sedation.

Condition 15**GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****Foundation School**

The surgical Foundation doctors require immediate access to senior supervision. When the consultant or other team member is in theatre alternative arrangements need to be made.

Action To Be Taken:

Second tier on call arrangements.

RAG Rating:



Timeline: July 2013

Evidence/Monitoring: The rota.

Condition 16**GMC DOMAIN 1 – MANAGEMENT OF EDUCATION & TRAINING****Foundation School & School of Paediatrics**

There remains excessive phlebotomy support required by training grade doctors in FY1 and Paediatrics. It is clearly unacceptable for these staff to be consistently and persistently used for blood taking which is a procedure which has very limited educational value.

Action To Be Taken:

- 1) There should be an audit of the number of occasions FY1 and Paediatric staff are expected to take bloods.
- 2) Where there is consistently an expectation that more than 5 bloods per day per trainee are taken then a re-visit to the Trust will be undertaken by the respective school. The Trust should consider what alternative arrangements may alleviate this workload.

RAG Rating:



Timeline: September 2013

Evidence/Monitoring:

- 1) Audit results.
- 2) Trust phlebotomy planning.

Condition 17**GMC DOMAIN 1 – PATIENT SAFETY - Induction****School of Medicine**

Trainees were not aware of any Departmental Induction. Whilst there may be materials available on the Trust Intranet the trainees were not, apparently, directed to these materials.

Action To Be Taken:

- 1) All medical sub specialties should develop Induction materials.
- 2) These materials should be utilised for the August 2013 intake.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:** Evidence: Induction material and attendance registers.**Condition 18****GMC DOMAIN 1 – PATIENT SAFETY - Handover****School of Medicine**

Whilst the afternoon and evening handover appears to work well there was considerable confusion amongst both trainees and trainers as to the comprehensive cover for handover in the morning. Although there is a consultant led post take ward round on the Medical Assessment Unit (MAU) how the actions from this ward round are transmitted to the day team are uncertain. The arrangement for handover of ward based patients is even less so.

Action To Be Taken:

The Department of Medicine should develop clear and concise narrative to define their morning handover, ensuring this maps to trainees cross over time.

RAG Rating:**Timeline:** August 2013**Evidence/Monitoring:**

- 1) The Handover arrangements.
- 2) Evidence of distribution at induction at Aug 2013.
- 3) There should be a Trust overarching Handover policy.
- 4) The revised handover procedure should include a documentary process which evidences that handover is taking place.

Condition 19**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Medicine**

All trainees reported difficulties being released for training from ward duties either related to fixed commitments or workload. For medical specialities it is important that trainees are released as there are relatively limited fixed training opportunities. The Trust has found difficulties in engaging trainees.

Action To Be Taken:

The Trust must audit attendance and ensure that each medical trainee achieves a minimum of 50% attendance or if not the trainee has to discuss this with the DME.

RAG Rating:**Timeline:** December 2013**Evidence/Monitoring:** Report from Trust on attendance of all medical trainees.**Condition 20****GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****Foundation School & Schools of Medicine & Surgery**

Trainees reported high workload during the day time with some sub-specialities consistently staying later. Out of hours with the reduced number of staff the intensity and levels of supervision were compromised. The Trust reported that there is an Escalation Policy in place.

Action To Be Taken:

The Trust must define an Escalation Policy which would result in consultants being available on site to support trainees at this time.

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

NOTE: Between the visit and the final report the Trust have provided a copy of the Escalation Policy to the Deanery and confirmed that this has been emailed out to all appropriate staff.

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.

SCARBOROUGH HOSPITAL

Recommendation 1

GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING

School of Medicine (Higher)

One of the cardiology trainees feels that they are missing out on training opportunities.

Action To Be Taken:

A review of higher trainee medical rotas should be undertaken to ensure that there is an appropriate balance between scheduled off days and on calls.

RAG Rating:



Evidence/Monitoring: Medical rotas for higher trainees following the review.

Recommendation 2

GMC DOMAIN 5 – CURRICULUM DELIVERY

School of Anaesthesia

Trainees reported that some trainers had not yet registered with the e-portfolio system.

Action To Be Taken:

The Department should review and encourage all trainers to register with the system. Trainers should note that this is a requirement of their Educational Supervisor role.

RAG Rating:



Evidence/Monitoring: A copy of all Educational Supervisors and their e-portfolio status.

Recommendation 3**GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Anaesthesia (Higher)**

Concerns were raised regarding the amount of training opportunities that are available in the post.

Action To Be Taken:

The Department should continue to review the appropriateness of trainee allocations based upon training needs particularly to ensure that higher trainees were receiving the most appropriate training experience.

RAG Rating:**Evidence/Monitoring:** Confirmation from the Trust that this has been reviewed and details of actions to be taken.**YORK HOSPITAL****Recommendation 4****GMC DOMAIN 1 – PATIENT SAFETY – Handover****School of Paediatrics**

There are concerns with handover timings. There are 3 handovers per day and one happens at 5 pm. It is not always clear at the 5 pm handover if consultants are attending, resulting in handover starting later and therefore finishing later which impacts on trainees leaving late.

Action To Be Taken:

The Trust to review afternoon handover to consider starting at 4.30 pm, with appropriate documentation (all handovers). This will ensure that trainees are able to leave on time.

RAG Rating:**Evidence/Monitoring:** Trust review of afternoon handover.**NOTE:** Handover has been changed to 4.30pm with immediate effect in Paediatrics

Recommendation 5

GMC DOMAIN 8 – EDUCATIONAL RESOURCES

School of Paediatrics

There is poor IT provision in the Registrar Office. There is access to low specification computers and only one dictation machine which results in only one trainee being able to dictate at any one time.

Action To Be Taken:

Review provision of IT provision and equipment within the Paediatric Registrar Office.

RAG Rating:



Evidence/Monitoring: Confirmation from the Trust of revised IT and equipment provision.

Timeline for recommendations is 12 months.

FINAL COMMENTS

The Trust has engaged well with the recently implemented Revalidation process.

SCARBOROUGH HOSPITAL

All the FY1 trainees would recommend their post to colleagues and feel thoroughly prepared for the FY2 posts. They reported that the hospital was a friendly and supportive place to work.

The workload on Medical Elderly was reported to be very well organised by the Foundation trainees.

The majority of trainees reported that they found the Trust Induction to be good however some trainees that started in February felt that the Induction they received was not as robust as the August Induction.

A lot of the GP Hospital trainees would not recommend their post as some felt unsupported, little opportunities to attend clinics and the staffing issues in some of the departments is impacting on their training experience.

The Medical Trainees who have experienced Beech Ward would not recommend their post due to the workload issues.

YORK HOSPITAL

The medicine, paediatrics and FY2 trainees would all recommend their posts to colleagues, FY1 trainees were variable. With the Medicine and Paediatrics trainees reporting that they felt they were well supported.

GP trainees reported good training opportunities.

Grand rounds are taking place which are teaching ward rounds. However trainees do not appear to realise that this is teaching.

There was a poor turnout of medicine trainees.

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: 11/07/13

Signed on behalf of Trust

Name: Sue Holden

Position: Director of Applied Learning and Research

Date: as per email of 10/07/13

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 – e.g., 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 e.g. 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 e.g. 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, e.g. 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 e.g. 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