REPORT OF THE FOUNDATION TRAINING QUALITY MANAGEMENT VISIT TO
Bedford Hospital NHS Trust

Date 06 November 2013

VISITORS
- Professor John Saetta, Foundation School Director, Health Education East of England
- Ms Susan Agger, Quality Improvement Manager, Health Education East of England

TRUST TEAM
- Dr William Trounson, Foundation Training Programme Director (WT)
- Ms Rosa Lombardi, Learning and Education Manager (RL)
- Ms Michelle Argent, Foundation Programme Administrator (MA)

For the feedback session they were joined by:
- Mr Stephen Conroy, Chief Executive (SC)
- Mr Ed Neale, Medical Director (EN)
- Mrs Sarah Reynolds, Director of Medical Education (SR)

The purpose of the visit was to review and monitor the educational agreement between the Trust and Health Education East of England (HEEoE), and to quality manage the Foundation Training on behalf of HEEoE in accordance with the standards for Foundation Training set out by the GMC in *The Trainee Doctor* (2011).

This visit was undertaken as part of the cycle of Quality Management visits for Foundation Training across the East of England. The visit commenced with a welcome and introductions.

1. MEETING WITH TRUST TEAM

Members included WT, RL, MA.

Professor Saetta clarified that any patient safety concerns which may arise during the course of the visit would be shared with the Trust and would require appropriate action and escalation. The following areas were discussed with the team:

**Departmental Induction**
The Trust team reported that the local policy for departmental induction is in the process of review. It is planned to develop a list of standard generic elements outlining areas to be delivered. It was recognised that monitoring the quality of the induction delivered will need to be included.
Trauma and Orthopaedics
The actions implemented following previous concerns raised with the Trust were reviewed. In particular, consultants, including those from Trauma and Orthopaedics, had attended the Deanery/Bedford University supervisor training course. Additional nurses have been appointed from Spain, and were due to start work imminently, to address the staffing issues highlighted.

Chief Resident
The Trust has appointed a Chief Resident from the cohort of senior trainees (an StR in EM) to participate in the Chief Resident programme. It is planned that the Chief Resident will act as a link between the trainees and management. A trainee forum chaired by the Chief Resident and Director of Medical Education (DME) is to be put in place.

IT access
An electronic system, ExtraMed, which records patient data is in place but does not update in real time therefore supplementary processes are used to provide information e.g. out of hours.

Handover in Emergency Medicine
The question of handover was raised. It was suggested that the lack of an overlap between shifts needs to be addressed by, for example, amending the rota to include a 15-minute overlap. Sampling of trainee opinion would be made when these are met with.

Faculty Development Programme
The Trust was commended on what has been developed and the supervisor training available.

Consent Policy
The Trust consent policy is on the internet and is included in the Preparation for Professional Practice (PPlP) week. There is specific training for consultants on how teams should undertake consent but there was a lack of knowledge as to how this is being implemented. It was suggested that an audit might be appropriate.

Surgery Issues
The Trust is aware of the surgery issues especially surrounding colorectal surgery (workload). Also, the specific issues of bullying and harassment and departmental teaching had been targeted.

2. MEETING WITH EDUCATIONAL SUPERVISORS

The visitors were joined by 14 of the Foundation Programme educational supervisors. The following areas were covered:

Capacity – all felt that they were able to cope with the responsibilities of being an FP educational supervisor despite having responsibilities for other grades of trainee. The DME and FTPD were accessible and supportive. The proactive approach taken with trainees in difficulty was welcomed.

Faculty Group – the faculty group was felt to be cohesive and actively addressed issues and allows for cross-fertilisation of ideas.
Training Programme – the trainee delivery of the training programme was discussed. It was generally agreed that a programme which was foundation director led but with trainee involvement in the delivery and content was the preferred model.

Careers Advice – all were commended on the delivery of a local careers fair and the encouragement of trainees to undertake “taster” sessions.

Chief Resident – the appointment of a chief resident and the plan for them to act as a conduit for the trainees was welcomed.

Shape of Training – there was a general discussion about the main proposals relating to foundation training in the recently released “Shape of Training” report.

3. MEETING WITH F1 TRAINEES

The visitors were pleased to meet with 17 F1 trainees from a range of specialties including Surgery, Medicine, Emergency Medicine and Psychiatry, all of whom valued their training at Bedford Hospital.

Clinical supervision and support: the trainees felt well-supported and were well-supervised. The consultants and registrars were described as very approachable. All the trainees knew who were their educational and clinical supervisors and had met with them.

Handover: there was variable experience of the delivery of handover. The use of ExtraMed was thought to be of limited value. F1 doctors in EM (n = 2) stated that there was a regular clinical handover in the mornings and evenings.

Concerns about patient safety: the timeliness of patient management was raised. Examples of patients being missed in surgery, medicine and stroke were cited. There was also an issue of a registrar in Medicine telephonically telling an F1 trainee to apply NIV without attending to oversee or consent the procedure.

Rota: it was reported that the rota was disorganised without it being clear where the responsibility for the rota design lay. There was some intimation that the rota was organised by Medical Staffing and in one specialty (Urology) the juniors were told to organise their own.

Consenting: the trainees were not asked to inappropriately consent or prescribe

Departmental Induction: there had been departmental induction as part of the Preparation for Professional Practice (PfP) week, with examples of good shadowing experience.

4. MEETING WITH F2 TRAINEES

The visitors met 4 F2 trainees from the specialties of Trauma and Orthopaedics, Palliative Medicine and Colorectal Surgery. All the trainees valued the training they were receiving at Bedford Hospital. The following areas were highlighted:

Clinical supervision and support: all trainees felt that clinical supervision was good and that they were generally well supported. Of particular note was the improvement in the colorectal surgery post. Trainees knew who their educational and named clinical supervisors were and had met with them. The meetings had been valuable.
Handover: the trainees met had no significant concerns about handover, although they felt that the ExtraMed database could be improved upon.

Concerns about patient safety: the visitors were informed about an incident on the SAU which resulted in the completion of an incident report. It was understood that the matter was investigated but to date the trainee had not received feedback concerning progress or outcome.

Consenting: an issue with non-performer consenting was identified in Trauma and Orthopaedics. The trainees feel compelled to consent even though they do not feel competent with the task being asked. This seems to stem from pressure applied by the middle grades.

Departmental Induction: there was no departmental induction for the colorectal or Trauma and Orthopaedic posts

Local Teaching Programme: the content of the programme was considered appropriate; however, there was a perceived lack of enthusiasm from the session leaders on occasion. Comment was made on the joint F1/F2 topic teaching that drains the wards of human resource

Careers Advice: careers advice was readily available and the plan for interview training was welcomed.

5. FEEDBACK MEETING WITH TRUST

Present were WT, RL, MA, SC, EN, SR.

Prof Saetta thanked the Trust team for the excellent organisation of the visit and their hospitality. The visiting team were very appreciative of this. The main findings of the visit were shared as below:

The Foundation doctors met were happy and would all recommend their post to a friend. The educational supervisors are enthusiastic about their role and work in a cohesive manner, proactively addressing issues and sharing ideas. The support from the Postgraduate Centre was praised by the trainees. The pastoral care provided by Dr Trounson was also noted.

Patient Safety Concerns – the visitors were informed of incidents, occurring at night, when patients are not dealt with in a timely manner. In particular the cases of a delay in a diagnosis of hyperkalaemia which resulted in a clinical incident investigation (reported on Datix) and an F1 trainee asked to apply NIV without the registrar in attendance were highlighted. In SAU, prescriptions were sometimes not being administered (overnight problem). This included IV fluids, Tinzaparin. One patient required fluid resuscitation during the morning’s post–take ward round. The problem appears to reside in the number of patients in SAU relative to the staffing component at night time.

Handover – there were issues in Medicine and Surgery with patients being missed from the handover list.

Departmental induction – for F1 trainees, this formed part of PiPP shadowing and was comprehensive and well appreciated by the trainees. For the F2 trainees, however, was non-existent in Colorectal Surgery and Trauma and Orthopaedics.
6. REQUIREMENTS

6.1 Administering prescriptions in SAU

Action 1: While an increase in nursing staff is anticipated imminently, the Trust is required to investigate and remediate concerns expressed over the omissions of the administering of overnight prescriptions which included IV fluids, anti-thrombotic prophylaxis, and antibiotics, leading to at least one incident that had been described to the visitors. This raises a patient-safety concern which requires immediate action from the Trust.

6.2 There were issues regarding the timeliness of patient management at night.

ACTION 2: It is recognised that the Trust is in the process of implementing Hospital@Night. It is recommended that its introduction be given a high priority.

6.3 The trainees report that the rota is disorganised and that gaps are dealt with within the department on an ad hoc basis.

ACTION 3: It is recommended that the situation is investigated with the trainees and a mutually agreed solution found. There is some confusion as to who is responsible for organising the rota and the knowledge of A/L and other forms of absences across firms within a given department. The issues were raised by both Medicine and Surgical groups of F1s.

6.4 Handover was a problem in surgery except for colorectal surgery, and in medicine. Examples of patients being missed from the handover list were cited.

ACTION 4: The Trust is required to investigate these concerns and review the processes in place for handover.

6.5 Trainees in Orthopaedics informed the visitors that non-performer consent is common.

Action 5: The Trust is required to investigate the process for consenting T&O patients and ensure that Foundation trainees do not consent patients for procedures unless they have received adequate training to do so. Consenting for a procedure or operation should be undertaken by the surgeon who is to perform the procedure or operation. While deputising is considered appropriate, it must be by a clinician who has sufficient knowledge of what the operation and its complications entail.

6.6 Departmental induction was patchy.

ACTION 6: It is recommended that the local review of the delivery of departmental induction is expedited and opportunity for standardising the quality of content and delivery method made.
In relation to Action Point 1, HEEoE requires urgent investigations and immediate solutions to prevent drug administration omissions as was reported to the visitors, with information of what actions have been implemented by the end of November 2013.

HEEoE request a reply to our recommendations together with an action plan that includes the progress made in resolving the above Action Points 2 – 6 by the end of January 2014.

7 CONCLUSION

The visit was concluded with many thanks to the organising team for releasing the trainees from work to present their views, to the Education Supervisors for committing to trainees, for the preparation and organisation of the visit, including their hospitality, as well as the recognition of the very good work undertaken in the development and ongoing delivery of Foundation training at the Trust.

Prof John Saetta, Foundation School Director, Health Education East of England
Susan Agger, Quality Improvement Manager, Health Education East of England

November 2013