

## QUALITY MANAGEMENT VISIT REPORT

<b>TRUST</b>	South West Yorkshire Partnership Foundation Trust
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<b>DAY</b>	<b>SITE</b>	<b>DATE</b>
	Fieldhead Hospital, Wakefield	17 April 2015

Mr Jon Hossain (Chair)

Dr Fiona Bishop

Dr Peter Horn

Julie Platts

Kim Maskery

Deputy Postgraduate Dean

Associate Postgraduate Dean

Core Training Programme Director North Yorkshire

Quality Manager

Quality Administrator

<b>SPECIALTIES VISITED:</b>
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| <ul style="list-style-type: none"> <li>• Psychiatry</li> </ul> |
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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>	17/04/2015
<b>First Draft Submitted to Trust</b>	28/04/2015
<b>Trust comments to be submitted by</b>	13/05/2015
<b>Final Report circulated</b>	02/06/2015

## GENERAL COMMENTS

The visit was well organised and there was good engagement from the senior team, trainers, trainees and administrative staff.

It is recognised that South West Yorkshire Partnership Foundation Trust manages programmes across Calderdale, Kirklees, Wakefield and Barnsley. The panel felt that the updates from the Director of Medical Education, College Tutors and other colleagues from across the Trust were helpful and demonstrated an integrated approach.

The fact that trainees are released to attend JAP academic programme events further encourages integration, particularly of the trainees from Barnsley BDU who are more recent additions to the Trust. Trainees and consultants are very supportive of JAP, describing the content as being of high quality and a useful opportunity to network with colleagues.

All trainees interviewed would recommend their current posts to a colleague. Furthermore, all trainees who attended the visit would be comfortable with family/friends being treated at the Trust and described being impressed with the level of care patients receive.

Trainees report that nurses are well trained and offer consistent support to them. There were no issues reported of bullying or undermining. Trainees reported having supportive supervisors, including out of hours, with excellent training opportunities. The trainees are encouraged to attend clinics.


It should be noted that the panel did not meet with any Higher forensic psychiatry trainees.

Post Visit note, the higher trainees were unable to attend the visit due to leave or LTFT training status

## NOTABLE PRACTICE

Notable Practice 1		
<b>GMC Domain:</b>	<b>1 PATIENT SAFETY</b>	
<b>Notable practice relates to:</b>	Induction	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Psychiatry	All	Barnsley BDU
The trainees from Barnsley and those that had rotated through the BDU were very complimentary about the induction materials provided to them. The induction pack comprised a folder of practical information that enabled the trainees to work effectively from the outset of their post.		
<b>Action To Be Taken:</b>		
Investigate the contents of the folder and determine if this could be adapted to be shared across the Trust.		

## **CONDITIONS**

<b>Condition 1</b>		
<b>GMC Domain:</b>	6 SUPPORT AND DEVELOPMENT	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Psychiatry	All	
<p>The transformation of psychiatric services that is currently taking place is proving to be unsettling to trainers and trainees. In addition, there were some reports of this uncertainty having a detrimental effect on morale and could be negatively impacting on trainee recruitment rates.</p> <p>There were also concerns raised about the hub reorganisation whereby office used for dictation and training space would be lost.</p> <p>The panel felt that there are issues around communication of plans with trainers, trainees and other interested parties.</p>		
<b>Action To Be Taken:</b>		
<ol style="list-style-type: none"><li>1) Review how communication pathways with colleagues are maintained during the process</li><li>2) Review the hub reorganisation to ensure that the needs of trainees and trainers are taken into account in terms of training needs, e.g. a place to meet educational supervisors and for training to take place</li></ol>		
<b>RAG Rating:</b>		<b>Timeline: 30/12/2015</b>
<b>Evidence/Monitoring:</b>		
<ol style="list-style-type: none"><li>1) Review of effect on posts and communication of transformation plans</li><li>2) Review of hub reorganisation with evidence that trainers and trainees have allocated private space in which to work and train</li></ol>		

<b>Condition 2</b>		
<b>GMC Domain:</b>	6 SUPPORT AND DEVELOPMENT	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Psychiatry	Core	Kirklees and Calderdale

There were concerns about the viability of the Kirklees and Calderdale core training programme due to the high number of vacancies (approximately 40 per cent). Trainees described a lack of peer support due to the gaps in trainee numbers. The panel were concerned there is no possibility of learning disability or forensic posts on the scheme in the current circumstances

**Action To Be Taken:**

HEYH/School to conduct an urgent review regarding the viability of the core training programme at Kirklees and Calderdale

**RAG Rating:**



**Timeline:**

**Evidence/Monitoring:**

Core training programme review

Post visit note from the Trust: There are both Forensic and Learning Disability posts available within the Kirklees and Calderdale training scheme. These are provided by Dr Hargreaves at the Bretton Centre and Dr Mahapatra at the Newhaven Unit. The current difficulties in trainee recruitment should be referenced in the context of regional and national recruitment challenges.

**Condition 3**

**GMC Domain:**

1 PATIENT SAFETY

**Concern relates to:**

Induction

**School:**

**Trainee Level Affected:**

**Site:**

Psychiatry

Foundation, Core and GP

Allocation of ICE passwords was patchy with some trainees reporting that passwords from other Trusts worked in SWYPFT. There were also reports that the process to be allocated a RIO login is convoluted and can take a while to organise.

The trainees based at Wakefield said that because they are employed by six different organisations they do not have access to the ESR compliance matrix to audit if they have completed their mandatory training, eg, information governance.

The foundation doctors expressed a wish to be allocated access to system one or windip (from Wakefield) to review patients' medical records. At present they can spend up to 40 minutes on the phone to GP surgeries find out relevant information.

**Action To Be Taken:**

- 1) Develop an action plan to improve the allocation process of login details for IT systems such as ICE and RIO
- 2) Review the process for auditing compliance of mandatory training for trainees employed by other organisations and develop a plan to allow this to take place effectively
- 3) Instigate a process to allow trainees to access medical records more effectively, for example access to system one/windip, etc or to have a 'hot line' arrangement to GP practices


**RAG Rating:**





**Timeline: 31/07/2015**


**Evidence/Monitoring:**

- 1) Action plan regarding allocation of login details
- 2) Plan to ensure that mandatory training is logged for all trainees
- 3) Revised process to allow trainees easy access to medical record details

<b>Condition 4</b>		
<b>GMC Domain:</b>	1 PATIENT SAFETY	
<b>Concern relates to:</b>	Clinical Supervision	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Psychiatry (Old Age)	Foundation	Wakefield
<p>F2 trainees, who are managing patients with co-morbidities in old age psychiatry, would like a more formal process for managing concerns about these patients rather than ringing the medical StR. The trainees put forward the suggestions of a weekly Orthogeriatric ward round and/or a dedicated GP on call service to provide advice.</p>		
<p><b>Action To Be Taken:</b> Review the process for Foundation trainees accessing clinical supervision and advice for psychiatric patients with medical problems.</p>		
<b>RAG Rating:</b>		<b>Timeline: 30/09/2015</b>
<p><b>Evidence/Monitoring:</b> Details of the process for trainees to access a medical opinion and trainee feedback that this is proving to be adequate. Post visit note: There is already provision for weekly input by an Old Age physician within the Older People's Service in Wakefield.</p>		

<b>Condition 5</b>		
<b>GMC Domain:</b>	1 PATIENT SAFETY	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Psychiatry	All	Dewsbury
<p>Trainees raised concerns that the ECG machines are outdated and unreliable.</p>		
<p><b>Action To Be Taken:</b> Review the ECG machines at Dewsbury and develop an action plan to replace these</p>		
<b>RAG Rating:</b>		<b>Timeline: 30/09/2015</b>
<p><b>Evidence/Monitoring:</b> Evidence that the outdated ECG machines have been updated or replaced</p>		

<b>Condition 6</b>		
<b>GMC Domain:</b>	1 PATIENT SAFETY	
<b>Concern relates to:</b>	Clinical Supervision	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Psychiatry	Core	Calderdale
A trainee reported that due to their educational tutor and college tutor being off sick there has been no educational supervision in place or communication about an alternative arrangement.		
<b>Action To Be Taken:</b> Instigate protocols that if key personnel are off sick that alternative plans are triggered for educational supervision of trainees.		
<b>RAG Rating:</b>		<b>Timeline: 31/07/2015</b>
<b>Evidence/Monitoring:</b> Protocols to trigger alternative educational supervision arrangements		

<b>Condition 7</b>		
<b>GMC Domain:</b>	1 PATIENT SAFETY	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Psychiatry	Core	
It was noted from discussions and evidence supplied that SHO terminology is still being used on rotas and name badges.		
<b>Action To Be Taken:</b> There is a drive within the Trust to eradicate references to SHO in documentation and this must continue.		
<b>RAG Rating:</b>		<b>Timeline: 30/09/2015</b>
<b>Evidence/Monitoring:</b> <ol style="list-style-type: none"> <li>1) Rota/name badge detail</li> <li>2) Correspondence that outlines to trainees/trainers and other staff the rationale for removing SHO</li> </ol>		

<b>Condition 8</b>		
<b>GMC Domain:</b>	6 SUPPORT AND DEVELOPMENT	
<b>School:</b>	<b>Trainee Level Affected:</b>	<b>Site:</b>
Psychiatry	Higher	Barnsley BDU

LTFT higher trainees based at Barnsley have to organise out of hours experience at Sheffield Health and Social Care Foundation Trust. It was reported that this is because there is no funding to pay the banding for this.

**Action To Be Taken:**

Provide out of hours experience for LTFT trainees

**RAG Rating:**



**Timeline: 31/05/2015**

**Evidence/Monitoring:**

Documentation that out of hours experience is provided for LTFT

Post visit note: It would appear that SWYPFT were informed of an additional placement in Barnsley in July 2014 prior to the commencement of the placement in August 2014. By this stage placements had already been agreed and budgets set for the expected number of trainees.

**Approval Status**

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

**Signed on behalf of HEYH**

**Name: Mr J Hossain**

**Title: Deputy Postgraduate Dean**

**Date: 18 May 2015**

**Signed on behalf of Trust**

**Name: Dr A Berry**

**Position: Director of Medical Education**

**Date: 2 June 2015**

## 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