

## QUALITY MANAGEMENT VISIT

### ROTHERHAM DONCASTER & SOUTH HUMBER MENTAL HEALTH TRUST

15<sup>TH</sup> NOVEMBER 2013

#### VISITING PANEL MEMBERS:

Dr David Eadington	Deputy Postgraduate Dean (Chair)
Dr Paul Rowlands	Head of School - Psychiatry
Dr Lynne Caddick	Deputy Foundation School Director
Dr Subha Thiyagesh	Psychiatry Training Programme Director
Sarah Walker	Quality Manager
Laura Tattersall	Quality Officer
Julie Platts	Regional Manager

**Specialties Visited:**            **Psychiatry**  
   **Foundation**  
   **GP**

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	03/12/13
First Draft Submitted to Trust	04/12/13
Trust comments to be submitted by	18/12/13
Final Report circulated	20/12/13

## **NOTABLE PRACTICE**

### **GMC DOMAIN 1 – PATIENT SAFETY - Handover**

#### **All Schools**

The Trust operates an electronic handover system which all trainees are able to access. When on-call the system can also be accessed from home. All trainees are expected to log in and upload handover information daily.

### **GMC DOMAIN 1 – PATIENT SAFETY**

#### **All Schools**

The Trust has implemented a robust process regarding notification of serious untoward incidents and complaints involving trainees. Medical Education and Patient Experience are working together, ensuring notification within 24 hours. This ensures that trainees have access to the support they need.

## **CONDITIONS**

### **Condition 1**

#### **GMC DOMAIN 5 – CURRICULUM DELIVERY**

##### **School of Psychiatry**

There are concerns regarding the delivery in South locality of the psychotherapy curriculum to Core trainees. This is a mandatory requirement, and a risk for ARCP1 sign off in summer 2014. The Trust does not have a dedicated medical psychotherapist, limiting the availability of sufficient suitable long cases for trainees.

##### **Action To Be Taken:**

The Trust must fully explore all options for working with Sheffield Health & Social Care NHS Foundation Trust regarding the provision of the Core psychotherapy curriculum.

**RAG Rating:**



**Timeline:** 31<sup>st</sup> December 2013

**Evidence/Monitoring:** The Trust to confirm the reviewed working arrangements and provision of long cases.

**Condition 2****GMC DOMAIN 1 – PATIENT SAFETY - Induction****All Schools**

Several Doncaster based trainees reported that they had not been given login details, at induction, to access patient blood results in Doncaster Royal Infirmary. With some reporting no access for a several weeks. Other means in which they can access the results eg. by contacting the laboratory direct, are safe but not efficient.

**Action To Be Taken:**

The Trust to ensure that all login details for accessing all required IT systems, including the patient results system, are given to trainees at induction.

**RAG Rating:****Timeline:** 31st January 2013**Evidence/Monitoring:** Written confirmation that logins are included in induction.**Condition 3****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****All Schools**

The current Educational Supervisor allocation process is run centrally by Sheffield Health & Social Care.

**Action To Be Taken:**

The Trust (via the DME) should take over responsibility for the local allocation of Educational Supervisors.

**RAG Rating:****Timeline:** From February 2014**Evidence/Monitoring:** Written confirmation of allocation process arrangements.

#### Condition 4

#### GMC DOMAIN 1 – PATIENT SAFETY - Handover

#### School of Psychiatry

Entries onto the electronic handover system can be adhoc in Doncaster. Trainees are expected to update the system daily and enter a report, even when they have nothing specific to handover; this is not always occurring.

#### Action To Be Taken:

The Trust should ensure that all trainees are fulfilling their responsibility to use the electronic handover system according to policy

**RAG Rating:**



**Timeline:** 31st January 2014

**Evidence/Monitoring:** Audit of handover quality trainees.

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.

#### Recommendation 1

#### GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

#### School of Psychiatry

The Core Psychiatry trainees feel that the Breakaway training they received is not sufficient for dealing with some of the most difficult patients. When attending to these patients they are taking other staff with them, which can agitate the patient. They can feel intimidated in these circumstances, and would welcome further training.

Trainees also reported that dealing with physical health conditions out of hours can be stressful and isolating; although they are able to access support and assistance from the registrar, they feel that further training on physical scenarios would be useful.

#### Action To Be Taken:

- 1) The Trust to consider further training on dealing with demanding patients in difficult situations
- 2) The Trust is introducing the RAMMPS course which will cover dealing with physical conditions

**RAG Rating:**



#### Evidence/Monitoring:

- 1) Confirmation of training course details and materials
- 2) Confirmation that the RAMMPS course has been implemented

## Recommendation 2

### GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

#### School of Psychiatry

Some Core trainees can find it difficult to action the compensatory arrangements for receiving time back following an on-call shift. This can sometimes take up to 5 days to receive.

#### Action To Be Taken:

The Trust to ensure that all trainees and consultants are reminded of the compensatory arrangements following an on-call shift, and that trainees are empowered to implement the time back.

RAG Rating:



**Evidence/Monitoring:** A copy of the communication sent to the trainees and consultants.

Timeline for recommendations is 12 months.

## FINAL COMMENTS

Overall the visit was very successful, and the panel were impressed with the commitment shown by the postgraduate team to the organisation of training.

The Foundation and Core trainees feel that it is a friendly place to work, they feel well supported and senior staff are always available and ready to help. The Foundation posts already show signs of attracting additional new doctors into the specialty.

Feedback regarding GP community posts was well supported with good experience.

One trainee had experienced an issue regarding undermining, and they reported that the Trust had dealt with it very swiftly and well. They felt well supported throughout the process.

Clinical supervision for psychiatry trainees was found to be excellent with the great majority of trainees getting one hour scheduled time in their rotas; some get 2 hours per work. There are a few trainees who do not have the clinical supervision timetabled within their working week; however they do still usually receive it.

The higher trainees reported a very positive experience with training going really well. Consultants are all accessible both in hours and when on call.

The trainees gave good feedback regarding being given the rota well in advance, as it helps with planning and it is flexible for changing if required.

All trainees are happy in their posts and would recommend them. The Foundation, GP and Core trainees would score their posts as 8-10 out of 10. The higher trainees confirmed that they would be happy to work in the Trust as a consultant.

## **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 David Eadington**

**Title: Deputy Postgraduate Dean (Panel Chair)**

**Date: 20/12/13**

**Signed on behalf of Trust**

**Name: Dr Sunil Mehta**

**Position: Director of Postgraduate Medical Education**

**Date: as per email of 18/12/13**

## 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 – 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