

QUALITY MANAGEMENT VISIT REPORT

TRUST	Rotherham Doncaster and South Humber Healthcare NHS Trust
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DAY	SITE	DATE
Tuesday	St Catherine's Doncaster	April 14 2015

SPECIALTIES VISITED:
<ul style="list-style-type: none"> • Psychiatry

David Eadington	Deputy Postgraduate Dean
Teresa Dorman	Associate Postgraduate Dean
Paul Rowlands	Head of School for Psychiatry
Mike Hayward	Associate Postgraduate Dean
Laura Tattersall	GMC Regional Review Project Officer

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	07/05/15
First Draft Submitted to Trust	27/05/15
Revised Trust comments to be submitted by	24/06/15
Final Report circulated	30/06/15

SUMMARY

HEYH were welcomed and the positive themes that were found 18 months ago are still maintained.

There was good engagement from all levels of staff including the senior team, trainers, trainees and administrative staff and this showed in the attendance and the comments received. All trainees agreed that the administrative support in the Trust is fantastic. The panel felt that the updates from the Director of Medical Education were informative and demonstrated a keen interest in the provision of training within the organisation.

It is recognised that Rotherham Doncaster and South Humber manages programmes across multiple sites; this can mean that inconsistencies may become apparent in the QM process but overall the trainees felt positive about this programme.


All trainees agree that the Trainers are extremely supportive and welcoming. Most trainees interviewed would be comfortable with family/friends being treated at the Trust.


Trainees reported that the staff are friendly and on the whole the experience of working in this Trust had been positive. The Higher trainees especially feel this is an excellent Trust and they would be happy to become a Consultant here.


Although there were no instances of Bullying and Harassment the Trust are advised to review the prescribing practices and expectations on the Osprey ward in Rotherham.

The following areas of concern were identified:

CONDITIONS

Condition 1 (HEYH REF: 15/0141)		
GMC Domain:	5 DELIVERY OF APPROVED CURRICULUM INCLUDING ASSESSMENT	
Concern relates to:	ROTA	
School:	Trainee Level Affected:	Site:
Psychiatry	Foundation / Core	
<p>The Trust currently delivers a noticeably compartmentalised service model. It is encouraged that more consideration is given to how services are arranged in order to fit in more appropriately with trainee's curriculum needs. Sufficient practical experience must be available for all trainees.</p> <p>Foundation Trainees should receive both inpatient and outpatient/community experience. Core Trainees should rotate in a way that ensures exposure to sufficient subspecialty experiences that guarantees curriculum delivery.</p>		
Action To Be Taken:		
<ol style="list-style-type: none">1) Revise timetables to allow Foundation Trainees to receive a variety of psychiatry experiences within their 4 month rotation2) Review rotations with the Training Programme Director to allow Core Trainees to receive adequate exposure to subspecialties within their 6 month rotation		
RAG Rating:		Timeline: 31/07/15
Evidence/Monitoring:		
<ol style="list-style-type: none">1) Provide copy of revised rota for Foundation rotations2) Provide copy of anticipated rotation for next Core rotation		

Condition 2 (HEYH REF: 15/0142)		
GMC Domain:	6 SUPPORT AND DEVELOPMENT OF TRAINEES, TRAINERS AND LOCAL FACULTY	
Concern relates to:	INDUCTION	
School:	Trainee Level Affected:	Site:
Psychiatry	Foundation	
<p>The Trust currently delivers a very comprehensive Induction; however many of the trainees feel that some parts of this aren't delivered until they have been in the role for several weeks (sometimes up to 4). The induction should focus first on the day to day running of Psychiatry jobs and what is expected of the trainee in their role.</p> <p>It is suggested that the induction process is completed as early as possible. Its initial focus should be on practical aspects that trainees are expected to be familiar with immediately, particularly prescribing.</p>		
Action To Be Taken:		
Review of Induction programme to align with mandatory requirement 6.1 of the Trainee Doctor		
RAG Rating:		Timeline: 31/07/15
Evidence/Monitoring:		
Provide copy of revised Induction timetable		

Condition 3 (HEYH REF: 15/0143)		
GMC Domain:	5 DELIVERY OF APPROVED CURRICULUM INCLUDING ASSESSMENT	
Concern relates to:		
School:	Trainee Level Affected:	Site:
Psychiatry	Higher and Core	
<p>Although teaching time is protected trainees reported that they increasingly have to be proactive in order to complete competencies and cannot always achieve WBPA due to service provision. Trainees must receive appropriately sequenced assessments and show improvement on their progression.</p> <p>As the Trust does not provide psychotherapy long cases, it must continue to ensure that all trainees are able to complete this part of the training off site.</p>		
Action To Be Taken:		
<ol style="list-style-type: none"> 1) Review timetables to ensure that all assessments can be completed 2) Monitor completion of long psychotherapy cases and take action if there is an anticipated problem 		
RAG Rating:		Timeline: 31/07/15
Evidence/Monitoring:		
<ol style="list-style-type: none"> 1) Provide copies of selected CS/Trainee timetables showing how time for WBPA is achieved 2) Monitoring exercise regarding completion of long psychotherapy cases 		

Condition 4 (HEYH REF: 15/0144)		
GMC Domain:	1 PATIENT SAFETY	
Concern relates to:	SUPERVISION	
School:	Trainee Level Affected:	Site:
Psychiatry	GP	
<p>The Trust employs a very strict 1:1 CS to Trainee supervision timetable. Although this is beneficial to Trainees this can cause issues if there are reasons why a CS is unavailable i.e. Annual Leave, Sickness, Study Leave, etc.</p> <p>Provision should be made to enable trainees to consistently receive Clinical Supervision in the event that their named supervisor is unavailable.</p> <p>This should be rolled out throughout the Trust and cover all levels of Trainee Supervision.</p>		
Action To Be Taken:		
Implement a back-up system for named supervisors.		
RAG Rating:		Timeline: 31/07/15
Evidence/Monitoring:		
Provide copy of new process for CS allocation.		

RAG guidance can be found at Appendix 1.

Approval Status

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

Signed on behalf of HEYH

Name: David Eadington
Title: Deputy Postgraduate Dean
Date: 30/06/15

Signed on behalf of Trust

Name: Dr Sunil Mehta
Title: Director of Postgraduate Medical Education
Date: as per email of 30/06/15

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