

QUALITY MANAGEMENT VISIT REPORT

TRUST	Leeds and York Partnership Foundation Trust (York)
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DAY	SITE	DATE
ONE	Bootham Hospital, York	13 May 2015

Dr David Eadington Deputy Postgraduate Dean
 Dr Paul Rowlands Psychiatry Head Of School
 Dr Darren Bloye Training Programme Director
 Dr David Leung Training Programme Director
 Mr Craig Irvine Deputy Foundation School Director
 Mrs Julie Platts Quality Manager
 Miss Laura Tattersall Quality Officer
 Mrs Alison Poxton Quality Administrator

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

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	03/06/15
First Draft Submitted to Trust	16/06/15
Trust comments to be submitted by	30/06/15
Final Report circulated	29/07/15

SUMMARY

The QM visit was well organised and there was excellent engagement from the Trust, trainees and trainers. In general feedback was good with trainees describing being well supported, accessing a wide case mix and having a high quality teaching programme. Higher trainees have protected time built into their rotas for specialist teaching.

The Foundation trainees reported they are given a level of independence that is contributing to an improvement in their clinical skills and would generally recommend their posts. In addition the majority of trainees would be comfortable with family and friends being treated at the Trust.

The Trust induction was generally well received but higher trainees would like specific information relating to them to be included and also details regarding the CAMHs on call rota.

Trainers described experiencing 'organisational turmoil' and feel on the periphery of the decision making processes. Trainers reported enjoying the training aspect of their role but that it is difficult to find the time required to carry this out as they would wish. The trainers felt that expansion of services and difficulties with IT systems were contributing to this situation. However, trainers did not have any problems accessing educational/clinical supervision training and would recommend training grade posts in the Trust to family members.

The following areas of concern were identified:

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.12 Induction)	Organisations must make sure learners have an induction for each placement that clearly sets out a) their duties and supervision arrangements b) their role in the team c) how to gain support from senior colleagues d) the clinical guidelines and workplace policies they must follow As part of the process learners must meet their team and other health and social care professionals they will be working with.	
HEYH Condition Number	1	
LEP Site	Leeds	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern	Trainees are not provided with access to essential IT at the start of their post (details)	
Evidence for Concern	Trainees reported not receiving login details for the PPM system for up to one week. This situation caused trainees to be without access to patients' blood results, etc which was particularly a problem when working out of hours. Trainers and trainees described difficulties with IT systems that are not user friendly with electronic inputting taking up to one hour for each patient.	
Action	Provide trainees access to IT (smart cards/log ins) before they are due to begin work.	Next intake
Evidence for Action	Confirmation that all trainees are provided with access to IT	After next intake
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://careers.bmj.com/careers/advice/view-article.html?id=20000724	
Question Reference	Trainer 11 Trainee 12, 13	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.7 Clinical Supervision)	Organisations must make sure that at all times there is senior medical supervision of learners by a named doctor who can provide ongoing clinical supervision; advising or attending during the session as needed. Foundation doctors must always have on-site access to a senior colleague who has the knowledge, skills and experience to deal with problems that may arise during the session.	
HEYH Condition Number	2	
LEP Site	West Community	
Specialty (Specialties)	Psychiatry	
Trainee Level	GP Trainees	
Concern	Trainees are often expected to provide clinical care without access to appropriate support from a senior colleague. Trainees do not know who to contact when seeking advice on clinical care for patients. Trainees are expected to carry out duties which are not appropriate for their stage of training.	
Evidence for Concern	Trainees described feeling unsupported when reviewing complex cases and are unsure who to approach for clinical supervision support.	
Action	Provide trainees with their named clinical supervisor information.	Immediate
	Provide trainees with clear guidance/an escalation policy that identifies who should be contacted (circumstances)	31/10/15
	Make alternative arrangements for cross cover or provide appropriate training/guidance and clinical supervision (circumstances)	31/10/15
	Discuss the perceptions trainees have regarding the perceived lack of support (circumstances) and take appropriate action to address the trainee's concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months.	31/10/15
Evidence for Action	Copy of senior cover rota	Immediate
	Copy of guidance/escalation policy	31/10/15
	1 Confirmation of changes made to cross cover arrangements 2 Copy of training programme/guidance provided 3 Copy of senior cover rota during cross cover (circumstances)	Immediate 31/10/15 Immediate
	1 Confirmation that discussion has taken place 2 Copy of action plan to address concerns 3 Copy of report from trainee review	Immediate 30/08/15 31/10/15
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf	
Question Reference	Trainer 8 Trainee 8, 9	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.7 Clinical Supervision)	Organisations must make sure that at all times there is senior medical supervision of learners by a named doctor who can provide ongoing clinical supervision; advising or attending during the session as needed. Foundation doctors must always have on-site access to a senior colleague who has the knowledge, skills and experience to deal with problems that may arise during the session.	
HEYH Condition Number	3	
LEP Site	York	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern	Foundation trainees are not provided with on-site support from a senior colleague when working out of hours. Trainees are expected to carry out duties which are not appropriate for their stage of training.	
Evidence for Concern	Foundation Year 2 and CT1 trainees reported being the most senior doctor on the specialist services out of hours' rota. The trainees talked about 'an accident waiting to happen'. It is recognised that consultants are available but there is a patient safety risk that they may not contact them for assistance.	
Action	Provide trainees with named clinical supervisors when working out of hours.	Immediate
	Provide Foundation trainees with access to on-site support from (grade and circumstances)	Immediate
	Provide trainees with clear guidance/an escalation policy that identifies who should be contacted (circumstances)	31/10/15
	Make alternative arrangements for cross cover or provide appropriate training/guidance and clinical supervision (circumstances)	31/10/15
	Discuss the perceptions trainees have regarding the perceived lack of support (circumstances) and take appropriate action to address the trainee's concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months.	31/10/15
Evidence for Action	Copy of senior cover rota	Immediate
	Copy of resident senior cover rota	Immediate
	Copy of guidance/escalation policy	31/10/15
	1 Confirmation of changes made to cross cover arrangements	Immediate
	2 Copy of training programme/guidance provided	31/10/15
	3 Copy of senior cover rota during cross cover (circumstances)	Immediate
RAG Rating		
	LEP Requirements	
	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf 53817963.pdf	
Question Reference	Trainer 8 Trainee 8, 9	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.6 Staffing)	Organisations must make sure that there are enough staff members, that learners have appropriate working patterns and workload for patients to receive care that is safe and of a good standard, while creating learning opportunities.	
HEYH Condition Number	4	
LEP Site	Leeds	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern	<p>Trainees and trainers report that there are insufficient staff on duty during out of hours shifts to provide a safe level of patient care.</p> <p>Trainees report that their out of hours' rota commitments are impacting on their attendance at programmed teaching sessions/clinics which are essential to meet curriculum requirements.</p>	
Evidence for Concern	<p>The on call rota was a problem for all trainees interviewed, including those based in the community. There was a general feeling of low morale due to the numerous competing elements for their time. Trainees felt that they are service providers and this was having a detrimental effect on their training and described being 'thrown in at the deep end' on 12 hour shifts with the requirement to work 48 hours at weekends. Although the trainees reported having a lot of respect and appreciation for consultants they were of the opinion that rotas needed to be better organised.</p> <p>As a consequence of the current rota arrangements trainees reported they sometimes could not attend scheduled teaching sessions during the day.</p>	
Action	Review staffing levels in (area) and develop an action plan to address the deficiencies.	31/10/15
	Carry out a diary study of working hours for (grade) in (area) and develop an action plan to address breaches of EWTD/rotas.	31/10/15
	Review rotas and timetables and make appropriate modifications that will allow trainees to meet their curriculum requirements.	31/10/15
Evidence for Action	Copy of review and action plan	31/10/15
	Copy of the results of the diary study an action plan	31/10/15
	1 Copy of review report and summary of rota and timetable modifications 2 Copy of ARCP outcomes for trainees	- 31/10/15 - Next ARCP
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with link APD 	
Further Review		
Resources	http://www.jrcptb.org.uk/assessment/workplace-based-assessment http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns	
Question Reference	Trainer 7 Trainee 7	

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: Dr David Eadington

Title: Deputy Postgraduate Dean

Date: 02/06/15

Signed on behalf of Trust

Name: Dr Fiona McKenzie

Title: Director of Medical Education

Date: 28/07/15

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