

QUALITY MANAGEMENT VISIT

LEEDS YORK PARTNERSHIP FOUNDATION TRUST

MONDAY 30TH SEPTEMBER 2013

VISITING PANEL MEMBERS:

Dr David Eadington	Deputy Postgraduate Dean (Chair)
Dr Paul Rowlands	Head of School - Psychiatry
Dr Alison Pittard	Associate Postgraduate Dean
Dr Catherine Dickinson	Foundation School Director
Dr Gavin Anderson	Deputy Foundation School Director
Laura Tattersall	Quality Officer

Specialties Visited: **Psychiatry**

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	08/10/13
First Draft Submitted to Trust	15/10/13
Trust comments to be submitted by	29/10/13
Final Report circulated	29/10/13

NOTABLE PRACTICE

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Psychiatry

There are excellent psychotherapy long case opportunities with plentiful cases that are appropriately screened and well organised.

GMC DOMAIN 1 – PATIENT SAFETY – Handover

School of Psychiatry

The Better Training Better Care project has led to significant improvements in the duties of junior doctors out of hours, increasing their presence and relevance. Handover uses live on-line intranet access which has been well adopted by the trainees.

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Psychiatry

The range of opportunities to develop leadership skills was recognised and valued by the trainees.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY

School of Psychiatry

There are concerns regarding the delay in accessing patient results. Trainees have not received log in details to enable them to access the results server. Currently trainees have to contact switchboard for them to access the system on their behalf. Not all switchboard users have access and trying to access at night is more difficult.

Action To Be Taken:

The Trust to ensure that all trainees who order laboratory tests/bloods are provided with log in details for the results system.

RAG Rating:



Timeline: 30th November 2013

Evidence/Monitoring:

Confirmation from the Trust that all trainees who require access have received log in details and are able to directly access the results system.

Condition 2

GMC DOMAIN 1 – PATIENT SAFETY & GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Psychiatry

There are reports that trainees are undertaking assessments on their own (usually overnight) which is contrary to good practice as recently outlined and not in accordance with the Mental Health Act Section 136.

Action To Be Taken:

- 1) As per Section 136 of the Mental Health Act, code of practice and the recent position Statement from the Royal College of Psychiatrists, assessments should be carried out in the presence of both an approved mental health practitioner (AMHP) and a Section 12 approved doctor (the higher trainee in this instance) where ever possible. It is acknowledged that there is a balance between seeing patient as soon as possible when detained and awaiting the arrival of the AMHP and the doctor may decide to see the patient without the AMHP in the patient's best interests if waiting for the AMHP causes excessive delay in a very small number of cases
- 2) The Trust to ensure that S12 approved trainees assess patients where possible with the AMHP, however if AMHP unavoidably delayed and waiting not deemed in the patients best interests, the trainee can assess the patient with a S136 practitioner (a nurse of band 6 or above)
- 3) Confirmation required that trainees are not assessing patients alone. Audit of assessments and register of attendees at assessment to be undertaken from 1st November through to 31st Jan 14

RAG Rating:



Timeline: 1) & 2) 31st October 2013 3) 31st Jan 14

Evidence/Monitoring:

- 1) Clarification of how Section 136 of the Mental Health Act is being implemented.
- 2) Re-audit of assessments and register of attendees at assessment to be undertaken July 14

Condition 3

GMC DOMAIN 1 – PATIENT SAFETY

School of Psychiatry

There are concerns regarding the PARIS IT system and the time taken to complete the holistic assessment for each new patient. The assessment was originally 6 pages however following review this is now 33 pages and all pages must be completed before moving to the next page. It is not clear when trainees are required to complete the assessment, with some completing it with the patient present whilst others complete it after the consultation.

Action To Be Taken:

- 1) Policy must be created outlining the requirements of trainee input surrounding PARIS IT system.
- 2) Audit of the time taken to complete the holistic assessment forms to be undertaken.
- 3) A re-audit of the time taken to complete the holistic assessment forms to be undertaken after 12 months.

RAG Rating:



Timeline: 1) & 2) 31st December 2013 3) 30th September 2014

Evidence/Monitoring:

- 1) Policy for the IT System
- 2) Audit results.
- 3) Re-audit results.

Condition 4

GMC DOMAIN 2 – QUALITY MANAGEMENT, REVIEW & EVALUATION

Foundation School

Engagement of Foundation trainees at the visit was disappointing with none attending. Most of the F1 posts are newly created, and early feedback is important.

Action To Be Taken:

The Trust and Foundation School to review the Annual Deanery Survey data for October 2013 when available. Depending on the survey content a further visit to meet Foundation Trainees may be required.

RAG Rating:



Timeline: 31st January 2014

Evidence/Monitoring: Copies of Foundation Trainee feedback.

RAG guidance can be found at Appendix 1.

RECOMMENDATIONS

Recommendation 1

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Psychiatry

There is a lack of engagement with formal teaching from trainees and consultants.

Action To Be Taken:

Increase the ownership and engagement of senior trainees and consultants to strengthen the educational value of formal teaching.

RAG Rating:



Evidence/Monitoring: Attendance registers and contents of teaching sessions.

FINAL COMMENTS

The panel was reassured to hear that the tensions created by the service transformation project are being resolved in a constructive way, with support from the clinicians.

Core trainees reported that clinic access and the support they receive is very good allowing for trainees to become independent and encouraged to work autonomously.

Overall core trainees were satisfied with their post and feel that the Trust is supportive and incorporate trainees in decisions affecting their training. All higher trainees reported that they would recommend their posts.

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: 29/10/13

Signed on behalf of Trust

Name: Fiona Mckenzie

Position: Director of Postgraduate Medical Education

Date: as per email of 25/10/13

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