

## QUALITY MANAGEMENT VISIT

### SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST

12<sup>TH</sup> NOVEMBER 2013

#### VISITING PANEL MEMBERS:

Dr David Eadington	Deputy Postgraduate Dean (Chair)
Dr Paul Rowlands	Head of School - Psychiatry
Dr Teresa Dorman	Associate Postgraduate Dean
Dr Lynne Caddick	Deputy Foundation School Director
Dr Gearoid Fitzgerald	Training Programme Director for Psychotherapy
Dr Sharon Nightingale	Associate Medical Director for Doctors in Training
Sarah Walker	Quality Manager
Lynda Price	Quality Officer
Julie Platts	Regional Manager

<b>Specialties Visited:</b>	<b>Psychiatry</b> <b>Foundation</b> <b>GP</b>
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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	25/11/13
First Draft Submitted to Trust	26/11/13
Trust comments to be submitted by	10/12/13
Final Report circulated	19/12/13

## **CONDITIONS**

### **Condition 1**

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

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

There is an immediate serious concern for Core trainees who are nearing the end of the Core programme but have not yet been allocated an appropriate long case as part of their competencies in psychotherapy. There are a significant number of South trainees in this position, who have an important risk of not being able to achieve ARCP 1 sign off in summer 2014.

Psychotherapy curriculum delivery has remained a risk for South trainees for the last 2 years, and now the only part of the Deanery in that position. The panel is not confident that the present training structure is able to deliver the range of training required.

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

- 1) The Trust must identify how many South trainees are at immediate risk of failure if they are not allocated a case in the next 2 weeks, and send this information to the Psychiatry Head of School.
- 2) The Training Programme Director (TPD) and Psychotherapy Tutor (or delegate) to identify what long cases exist that can be allocated to those trainees, and confirm this to the Psychiatry Head of School.
- 3) The Trust must notify the Head of School of trainees where there is no appropriate long case immediately available, so that the School can arrange alternative long case provision and ensure that all relevant trainees start on a long case by the start of December.
- 4) The Trust to send the Psychiatry Head of School the Psychotherapy Tutor job description, with details of what roles and responsibilities the Tutor has been given.
- 5) The Trust to confirm to the Psychiatry Head of School how the present psychotherapy training infrastructure will extend its network and capacity in order to make sufficient long cases available for future cohorts of trainees.
- 6) The Trust to confirm how many long cases are going to be available for the next cohort of trainees (June – August 2014). To give each trainee a case the Trust will need to be able to identify 15-20 cases.
- 7) If the Trust is unable to meet all the above requirements for current and future trainees, Health Education Yorkshire and the Humber (HEYH) will ask the School to begin a review of the rotation structure to reflect the limitations in training capacity in Sheffield.

##### **RAG Rating:**

Red\*

##### **TIMESCALE:**

- 1) 26<sup>th</sup> November 2013
- 2) 26<sup>th</sup> November 2013
- 3) 26<sup>th</sup> November 2013
- 4) 29<sup>th</sup> November 2013
- 5) 29<sup>th</sup> November 2013
- 6) 2<sup>nd</sup> January 2014

##### **Evidence/Monitoring:**

- 1) Written confirmation of the details of the trainees who are at risk of failing.
- 2) Written confirmation of long case details and allocations.

- 3) Written confirmation from the Trust when they have not been able to identify any appropriate long cases.
- 4) Tutor job description and details of the role.
- 5) Written confirmation of the Trust's plans for 2014 to ensure that they have a sufficient number of long cases.
- 6) Written confirmation of the 15-20 long cases being available for the next cohort of trainees.

## Condition 2

### GMC DOMAIN 1 – PATIENT SAFETY & 3 – EQUALITY & DIVERSITY

#### School of Psychiatry

Concerns were expressed regarding the approach to prescribing on Rowan Ward, with reports of patients with multiple anti-psychotic medications prescribed to them at once.

The trainees also reported a dysfunctional team atmosphere on the ward, which several trainees confirmed has been on-going for some time. There is reported to be a group of staff who treat all staff (including the consultants) in an unprofessional way. Examples were given of shouting at other staff, and of interrupting ward rounds with non-urgent requests. Trainees find the atmosphere on the ward stressful and intimidating.

The Trust has already been investigating some of the issues, and since the Trust has become involved trainees have found things have become rather less difficult, but regard this as suppression of the problem rather than a clear resolution. The mood amongst some trainees gave the panel major doubts as to whether junior doctors should be working on the ward.

Trainees on this ward are also not each routinely receiving one hour of clinical supervision per week.

#### Action To Be Taken:

- 1) The Trust must undertake a retrospective audit of 6 months prescribing on the ward and clarify the extent of inappropriate prescribing.
- 2) The Trust must invite trainees to meet with their Educational Supervisor to discuss how they feel about working on the ward, and to assist the Trust in suggesting measures for resolution of the concerns.
- 3) If the concerns expressed are confirmed the trainees may be offered the option of working on a different ward until the situation has been resolved. The Trust should provide HEYH with a summary of how service provision will be maintained if such a step became necessary.
- 4) The Trust must ensure that all trainees receive one hour of clinical supervision per week.

**RAG Rating:**

Red\*

**Timeline:** 1) 1<sup>st</sup> December 2013,  
2), 3), & 4) 31<sup>st</sup> December 2013

#### Evidence/Monitoring:

- 1) Audit results and action plan.
- 2) Written confirmation of the outcome of the meetings for each trainee.
- 3) An analysis of plans for service provision if junior staff were relocated.
- 4) Written confirmation from the Trust that all trainees are receiving one hour of clinical supervision per week.

**Condition 3****GMC DOMAIN 1 – PATIENT SAFETY****All Schools**

It is apparent that there is no formal handover system in place. Although handover does happen in some areas it is not structured or documented.

**Action To Be Taken:**

- 1) The Trust must ensure that the handover process is structured and that all trainees are aware of their responsibilities regarding attendance at the start of their shift.
- 2) The Trust must ensure that handover in all areas is recorded and undertake an audit in 3 months' time.

**RAG Rating:****Timeline:** 31<sup>st</sup> January 2014 & Audit 30<sup>th</sup> April 2014**Evidence/Monitoring:**

- 1) A copy of the handover policy and the communication that has been sent to all trainees.
- 2) Audit findings.

**Condition 4****GMC DOMAIN 1 – PATIENT SAFETY - Induction****All Schools**

Those trainees who did not start in August were not inducted and this resulted in them having no log in details access to patient records or the prescribing system for several weeks/ months.

Some trainees found the out of hours work quite challenging initially if they had not been inducted as they had not been given the appropriate information required to undertake their shift, eg codes to access buildings.

**Action To Be Taken:**

The Trust must ensure that all trainees are given an induction and the appropriate information immediately, no matter what date they start.

**RAG Rating:****Timeline:** 31<sup>st</sup> December 2013**Evidence/Monitoring:** Written confirmation that induction happens immediately.

**Condition 5****GMC DOMAIN 1 – PATIENT SAFETY****Foundation School**

It was found that a Foundation trainee is being allowed to prescribe on community FP10 forms. The trainee has been advised not to do this by the panel.

**Action To Be Taken:**

The Trust must ensure that all Foundation trainees are aware that they are not expected to prescribe, and empowered to refuse if asked to. All consultants to also be made aware of this legal requirement.

**RAG Rating:****Timeline:** 26<sup>th</sup> November 2013**Evidence/Monitoring:** Written confirmation of the communication sent to the trainees and trainers.**Condition 6****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of GP & Foundation**

It was found that the GP trainees have not had access to the Balint Group. There also appears to be poor organisation of the group with some of the Foundation trainees being put off as the people delivering the sessions do not appear to be clear what the group is about.

**Action To Be Taken:**

- 1) The Trust to ensure that all trainees including GP are able to access the Balint Groups.
- 2) The Trust must review the delivery of the groups and ensure that the facilitators are aware of the objectives.

**RAG Rating:****Timeline:** 31<sup>st</sup> December 2013**Evidence/Monitoring:**

- 1) Attendance records.
- 2) Written confirmation from the Trust that this has been undertaken.

**Condition 7****GMC DOMAIN 7 – MANAGEMENT OF TRAINING****School of Psychiatry**

There are concerns regarding the rota. Trainees continue to be dissatisfied with the short notice of receiving the rota. Trainees reported an example of having only just received the Christmas rota. This results in an inability to plan ahead and can impact on their training opportunities as they may have to cancel training clinics.

Trainees report that other rotas on the South rotation are provided on a 6 month cycle.

**Action To Be Taken:**

Trust to monitor how often a trainee clinic is cancelled due to timetabling problems arising from the rota. HEYH can not dictate how services are run, but would urge the Trust to provide all rotas on a 6 monthly cycle. The present arrangements are reducing the popularity of Sheffield as a training location.

**RAG Rating:****Timeline:** 31<sup>st</sup> January 2014**Evidence/Monitoring:** A copy of the rotas.**Condition 8****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****All Schools**

It was found that some trainers are supervising an inappropriately high number of trainees and do not have time allocated in their job plan to cover the educational supervision.

**Action To Be Taken:**

- 1) The Trust must review all trainee allocation and ensure that a maximum of 4 trainees are allocated to each Educational Supervisor.
- 2) The Trust must ensure that appropriate time is allocated within the job plans.
- 3) Educational Supervisors should be allocated at placement level by DMEs, not allocated centrally by Sheffield.

**RAG Rating:****Timeline:** 31<sup>st</sup> January 2014**Evidence/Monitoring:** Written confirmation of each Educational Supervisor's trainee allocation and a copy of their job plans.

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**

##### **All Schools**

Capacity training has been carried out for trainees on the in-patient units however this has not been implemented for community trainees. Although a registrar would usually make the decisions on capacity, the training is useful.

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

The Trust to consider implementing capacity training for all trainees.

**RAG Rating:**



**Evidence/Monitoring:** Written confirmation of the decision.

Timeline for recommendations is 12 months.

## **FINAL COMMENTS**

Trainee attendance at the visit was good. Overall the trainees find the consultants to be supportive.

The overall mood of the Foundation trainees was extremely positive; they reported very good contact with trainers and good supervision. Two trainees who are new to psychiatry and who had not thought previously about a career in Psychiatry are now considering it. Educational Supervisors have been allocated and the trainees are aware that they retain the same Educational Supervisor for the year.

The Core trainees found the MRCPych course to be successful and well liked, and praised the organisation skills of Mandy Shepherd. The RAMMPS course and simulation development was also well received. The trainees also felt that the indirect supervision out of hours is good and very accessible.

The Higher trainees generally gave positive feedback and most would recommend their post apart from those on Rowan Ward. They feel that they receive good clinical experience with a variety of cases.

The feedback received today regarding Burbage Ward was positive, there had been concerns raised at previous visits regarding bullying and harassment on this ward. Depending on the further information received about the concerns expressed on Rowan Ward, this report may be shared with the Care Quality Commission.

### **Approval Status**

**Approved pending satisfactory completion of all 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: 19 December 2013**

**Signed on behalf of Trust**

**Name: Dr Peter Bowie**

**Position: Director of Medical Education**

**Date: 18 December 2013**

## 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