

QUALITY MANAGEMENT VISIT

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

7 OCTOBER 2013

VISITING PANEL MEMBERS:

Mr Jon Hossain	Deputy Postgraduate Dean (Chair)
Mr Kevin Sherman	Associate Postgraduate Dean
Mr Mark Gibson	Deputy Foundation School Director
Dr Paul Rowlands	Head of School of Psychiatry
Dr Andy McElligott	Medical Director, Bradford District Care Trust
Sarah Walker	Quality Manager
Lynda Price	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	16/10/2013
Trust comments to be submitted by	30/10/13
Final Report circulated	25/10/2013

NOTABLE PRACTICE

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Psychiatry

The panel found there to be excellent engagement between trainers and trainees, with 1 hour per week of supervision provided.

GMC DOMAIN 5 – CURRICULUM DELIVERY

School of Psychiatry

The Trust has introduced a new psychotherapy programme, with Dr Chris Douglas Psychotherapy Tutor implementing a Balint session which is well received by the trainees and the School.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY - Handover

School of Psychiatry

There are concerns regarding handover. There is no formal handover procedure for Core and GP trainees relating to on-call. Handover is currently delivered by an ad-hoc telephone call which may or may not arrive.

Trainees reported a jobs handover book on the in-patient units but it is not clear as to whether this is being utilised.

Currently an audit is taking place of an undefined process, which is counter intuitive.

Action To Be Taken:

- 1) The Trust to provide a written Handover Policy which mandates contact at the start of an on-call period.
- 2) This new process to be audited.

RAG Rating:



Timeline: 1) 31st October 2013 & 2) 31st March 2014

Evidence/Monitoring:

- 1) A copy of the Handover Policy.
- 2) A copy of the audit results.

Condition 2**GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision****School of Psychiatry - GP & Foundation (Year 2) Trainees**

There continues to be concerns regarding the out of hours on-call at the Halifax site when the Crisis team are not available. The agreed action in Calderdale that doctors, not from the school of psychiatry, would always be accompanied by a senior nurse is not occurring. This was a condition at last year's visit.

Action To Be Taken:

Trust to implement an action plan to ensure that trainees are always accompanied by a senior nurse from the Crisis Team or by a senior nurse from the in-patient ward.

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

A copy of the action plan and written confirmation from the Trust that actions have been implemented.

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 8 – EDUCATIONAL RESOURCES****School of Psychiatry**

Trainees from the Priestly Unit are not allowed to enter or use the library facilities at the Dewsbury site.

Action To Be Taken:

The Director of Medical Education (DME) to discuss this issue with the DME at Mid Yorkshire Trust to enable access.

RAG Rating:**Evidence/Monitoring:** Written confirmation from the Trust that library access is provided.

Recommendation 2

GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING

School of Psychiatry

Community Psychiatric placements are protected for GP trainees meaning that Core Psychiatry trainees are feeling disadvantaged in obtaining these competencies and developing a career in Community Psychiatry.

Action to be Taken:

The DME to explore the option of splitting the community placements between GP and Core Psychiatry trainees to give equitable access, consistent with trainees needs.

RAG Rating:



Evidence/Monitoring: Written confirmation from the Trust on access arrangements to community placements.

Timeline for recommendations is 12 months.

FINAL COMMENTS

Work has been undertaken to address previous conditions/recommendations and improvements were apparent at the visit with no issues reported around bullying and harassment.

The panel note the Trust action plan following the previous serious untoward incident. There have been no further incidents.

There was an excellent turnout and engagement of trainees at this Quality Management visit.

All trainees reported positive feedback for the 2 day induction programme.

All interviewed trainees were happy and 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: Mr Jon Hossain

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

Date: 25th October 2013

Signed on behalf of Trust

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Name:

Position:

Date:

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