

## QUALITY MANAGEMENT VISIT

### TEES, ESK & WEAR VALLEYS NHS FOUNDATION TRUST

FRIDAY 12<sup>TH</sup> JUNE 2013

#### VISITING PANEL MEMBERS:

Dr David Eadington	Deputy Postgraduate Dean (Chair)
Dr Paul Rowlands	Head of School - Psychiatry
Dr Judith Gasser	Associate Postgraduate Dean
Dr Gearoid Fitzgerald	Programme Director - Psychiatry
Sarah Walker	Quality Manager
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	17/07/13
First Draft Submitted to Trust	24/07/13
Trust comments to be submitted by	07/08/13
Final Report circulated	13/08/13

## **NOTABLE PRACTICE**

### **GMC DOMAIN 1 – PATIENT SAFETY**

#### **School of Psychiatry**

The Trust have been running one of the Better Training Better Care pilots, looking at establishing a more robust Induction approach to new starters in Psychiatry, focussed on Foundation Trainees and Core Trainee Year 1s.

### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

#### **School of Psychiatry**

The Trust delivers a wide range of initiatives that demonstrate their interest in education and training. This has been complemented by several very high performing trainees winning prizes throughout 2011-13, including the College Laughlin Prize.

## **CONDITIONS**

### **Condition 1**

#### **GMC DOMAIN 6 – SUPPORT & DEVELOPMENT**

#### **School of Psychiatry**

There are concerns (as elsewhere) regarding the delivery of Psychotherapy training to Core trainees. Leadership of the process in North Yorkshire has suffered since the redeployment of the previous clinical lead based in York. The Deanery is now applying the GMC/RCPsych criteria for curriculum delivery stringently, and there is a particular risk of training not being signed off if trainees do not have well planned access to long cases.

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

The Deanery welcomes the collaboration that has been established with the Leeds Partnership Trust in providing dual senior clinical leadership to psychotherapy. The new psychodynamic lead commences post in August, and the Deanery expects the Trust to assist him in creating a new model for delivering this important part of Core training.

**RAG Rating:**



**Timeline:** 30<sup>th</sup> November 2013

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

- i) creation of sustainable Balint groups for all trainees,
- ii) a process for long case assessment
- iii) organisation of a consistent clinical environment for trainee patient meetings (see Condition 2)

**Condition 2****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Psychiatry**

Trainees are often seeing Psychotherapy patients in GP practice premises in variable settings that are not always suitable, and which may lack appropriate supervision.

**Action To Be Taken:**

The Trust to ensure that trainees have a proper learning experience in terms of suitable environment which need to be within an analytical frame with continuity and appropriateness of rooms.

**RAG Rating:****Timeline:** 30<sup>th</sup> November 2013

**Evidence/Monitoring:** Confirmation from the Trust regarding the provision of suitable arrangements for booking facilities, and for clinical supervision.

**Condition 3****GMC DOMAIN 5 – CURRICULUM DELIVERY****School of Psychiatry**

There is a disparity (in Scarborough) in the balance of Crisis Team work compared with in-patient ward work. There are tensions at times with trainees not getting enough involvement with the Crisis Team. Trainees can find it difficult once on the in-patient ward to disengage themselves for other training activities.

A healthy balance also needs to be found between the trainees' needs to practice front line assessments and the autonomy of the Crisis Team as a functional unit, which can risk eroding the front line assessment experience for trainees.

**Action To Be Taken:**

Although work has already been undertaken to improve the current model, the Trust need to ensure that the right balance between in-patient and out-patient assessment work is achieved.

**RAG Rating:****Timeline:** 31<sup>st</sup> October 2013

**Evidence/Monitoring:** Confirmation from the Trust regarding the balance between in-patient and out-patient working arrangements.

#### Condition 4

#### GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

#### Foundation School

There will be new Foundation Year 1 (FY1) posts starting in the Trust from August 2013.

#### Action To Be Taken:

The Trust must carefully quality control the new FY1 posts that start in Harrogate and Scarborough in August 2013.

**RAG Rating:**



**Timeline:** 30<sup>th</sup> November 2013

**Evidence/Monitoring:** Trainee feedback and mapping of experience achieved against the Foundation curriculum.

RAG guidance can be found at Appendix 1.

#### FINAL COMMENTS

Engagement with the visit was good, with a small but representative group of trainees.

There are no concerns about bullying and harassment in the recent GMC survey.

The new partnership between Tees, Esk and Wear Valleys and North Yorkshire and York is still relatively young, and the Trust is adapting to working across two Deaneries and their differing ways of working. There was a useful discussion about workforce planning and funding support for postgraduate administration.

The geographic area is large and challenging, with some trainees travelling considerable distances for their placements. Despite this the trainees had found it to be a positive experience and one which they would recommend to peers.

The overall feedback from trainees was overwhelmingly positive. They found the trainers to be supportive and reported having a good placement experience with excellent supervision.

When asked for a global assessment of their posts all the trainees indicated around 8 out of 10; this is at the upper end of how trainees report on 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: 13/08/13**

**Signed on behalf of Trust**

**Name: Kerry Jones**

**Position: Quality Assurance Advisor**

**Date: as per email of 08/08/13**

## 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