

## QUALITY MANAGEMENT VISIT REPORT

<b>TRUST</b>	Tees, Esk and Wear Valley Foundation Trust
--------------	--

<b>DAY</b>	<b>SITE</b>	<b>DATE</b>
ONE	Bootham Hospital, York	13 May 2015

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

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	16/05/2015
First Draft Submitted to Trust	24/05/2015
Trust comments to be submitted by	30/05/2015
Final Report circulated	04/08/2015

## SUMMARY

The QM visit was well organised and there was good engagement from the Trust, trainees and trainers with all units represented. In general feedback was excellent with trainees describing being well supported, accessing a wide case mix and having good teaching. It should be noted that all trainees and trainers would be comfortable for family and friends to be treated at the Trust and the vast majority would recommend their post to a colleague.

The foundation trainees interviewed are having a good range of experience with opportunities to reflect following outpatient clinics.

The Higher trainees have opportunities to lead and have received targeted training.

Core trainees reported they have access to long psychotherapy cases and, apart from the lack of acute psychiatry experience in some of the quieter units, would recommend the posts.

The following areas of concern were identified:

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> (R1.12 Induction)	Organisations must make sure learners have an <b>induction</b> for each placement that clearly sets out <ul style="list-style-type: none"> <li>• their duties and supervision arrangements</li> <li>• their role in the team</li> <li>• how to gain support from senior colleagues</li> <li>• the clinical guidelines and workplace policies they must follow</li> </ul> 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	TEWV	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern	Trainees are not provided with relevant information relating to essential IT training documentation for use via the Paris System.	
Evidence for Concern	There was concern that induction did not include how to complete acute assessment documentation or guidance on how to operate the PARIS system.  In addition, trainees described having a lot of travelling in the first week in post, for example, IT training in Middlesbrough for trainees based in Scarborough.	
Action	Provide all trainees with appropriate guidance about acute assessment documentation and how to operate via the Paris System  <i>Trust Post visit note:</i> <i>The induction process was fully reviewed in July 2014. The Trust is very satisfied trainees already receive an appropriate induction and that the content is relevant. This one aspect is unrelated to overall programme. The GMC NTS results 2015 support this as the Induction Indicator was rated highly.</i>	31/07/15
Evidence for Action	Copy of induction programme	After next intake
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> <li>• Upload copy of documents to QM database</li> <li>• Confirm changes with link APD</li> </ul>	
Resources	<a href="http://careers.bmj.com/careers/advice/view-article.html?id=20000724">http://careers.bmj.com/careers/advice/view-article.html?id=20000724</a>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.13 Handover)</b>	Handover of care must provide continuity of care for patients and maximise the learning opportunities in clinical practice	
<b>HEYH Condition Number</b>	2	
<b>LEP Site</b>	TEWV	
<b>Specialty (Specialties)</b>	Psychiatry	
<b>Trainee Level</b>	Foundation and Core	
<b>Concern</b>	There is no consistent handover process	
<b>Evidence for Concern</b>	Trainees described a vague and ill-defined handover process that is underdeveloped compared with other psychiatry units they have worked in. Although it is recognised that a face to face handover is not practicable even a telephone handover often does not occur, especially on weekdays. Core trainees described worrying about missing sick patients. It is recognised that the Trust has an agreed handover protocol but this needs to be fully understood and followed by trainees and trainers.	
<b>Action</b>	Reinforce the locality handover protocols and ensure that it meets GMC/College/ Specialty standards	30/11/15
	Reinforce a reliable method of documenting the handover discussion/actions/job list/responsible individuals. If this involves IT, there must be easy access	31/08/15
	Evaluate effectiveness of handover	31/12/15
	Review locality protocols for handover Staff training completed Handover introduced Handover policy explained to new starters	- 31/08/15 - 31/08/15 - 31/08/15 - Induction
<b>Evidence for Action</b>	Copies of revised handover documentation	31/08/15
	Evaluation of handover system	31/12/15
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Upload copy of documents to QM database</li> <li>• Confirm changes with link APD</li> </ul>	
<b>Resources</b>	<a href="http://bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf">bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf</a> <a href="http://www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf">www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf</a>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.18 Capacity)</b>	Organisations must have the capacity resources and facilities to offer relevant learning opportunities and practical experiences required by the curriculum or training programme, and to offer the required ES and support	
<b>HEYH Condition Number</b>	3	
<b>LEP Site</b>	Northallerton and Harrogate	
<b>Specialty (Specialties)</b>	Psychiatry	
<b>Trainee Level</b>	Core	
<b>Concern</b>	There are inadequate arrangements regarding providing an appropriate level of clinical advice by CAMHS consultants out of hours to trainees.	
<b>Evidence for Concern</b>	Trainees describe difficulties contacting CAMHS consultants out of hours. An example was given of a switchboard operator telephoning numerous consultants' home numbers to find a consultant who could offer clinical advice.	
<b>Action</b>	Contacts on the CAMHS rota must be accessible to all trainees and to switchboard.	30/11/15
<b>Evidence for Action</b>	Dr Anna Boyce, CAMHS Programme Director will meet with trainees to provide more detail.	31/08/15
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Upload copy of documents to QM database</li> <li>Confirm changes with link APD</li> </ul>	
<b>Resources</b>	N/A	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.18 Capacity)</b>	Organisations must have the capacity resources and facilities to offer relevant learning opportunities and practical experiences required by the curriculum or training programme, and to offer the required ES and support	
<b>HEYH Condition Number</b>	4	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	Psychiatry	
<b>Trainee Level</b>	Core	
<b>Concern</b>	Trainees are concerned that the clinical workload is insufficiently varied to provide high quality training for core trainees.	
<b>Evidence for Concern</b>	<p>Trainees are concerned about the lack of emergency psychiatric cases as the crisis team have already carried out the assessments by the time patients arrive at the unit. There are very few WBA opportunities out of hours although there are no issues around ARCP outcomes due to this.</p> <p>A recent RAMPs course highlighted the lack of acute case cases in Scarborough when compared with other units. Trainees felt that they could be appointed to a ST4 post in York and be unprepared for the intensity of workload.</p> <p>The Trust highlighted the locum emergency experience protocol that enables trainees to gain emergency experience.</p>	
<b>Action</b>	Investigate the trainees' concerns and produce an action plan to address them.	30/11/15
	Reinforce the availability of the locum emergency experience opportunity.	30/11/15
<b>Evidence for Action</b>	Copy of investigation and action plan with a review of the impact of the changes that have made.	30/11/15
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Upload copy of documents to QM database</li> <li>• Confirm changes with link APD</li> </ul>	
<b>Resources</b>	N/A	

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: 18/05/15

Signed on behalf of Trust

Name: Julie Khan

Title: Medical Education Manager

Date: as per email of 04/08/15

## **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*