

QUALITY MANAGEMENT VISIT

BRADFORD DISTRICT CARE TRUST

10TH OCTOBER 2013

VISITING PANEL MEMBERS:

Mr Jon Hossain	Deputy Postgraduate Dean (Chair)
Mr Craig Irvine	Deputy Foundation School Director
Dr Michael Nelson	Associate Postgraduate Dean
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	23/10/13
First Draft Submitted to Trust	29/10/13
Trust comments to be submitted by	12/11/13
Final Report circulated	20/11/13

NOTABLE PRACTICE

GMC DOMAIN

The new Foundation Programme received excellent feedback.

CONDITIONS

Condition 1

GMC DOMAIN 5 – CURRICULUM DELIVERY

Foundation School

The surgery on-call arrangements with Airedale NHS Foundation Trust need further clarification. Foundation Year 1 trainees must only be working on-call out of hours, not during the day, as this is impacting on their training time.

Action To Be Taken:

The Trust to liaise with the Airedale Director of Medical Education to ensure that there is no significant impact on day time psychiatry training.

RAG Rating:



Timeline: 31st December 2013

Evidence/Monitoring: Written confirmation that on-call working is not during the day time. A copy of the rota.

Condition 2

GMC DOMAIN 1 – PATIENT SAFETY - Handover

School of Psychiatry

There are concerns regarding how physical medical problems that are identified during the day time by nursing staff are escalated to medical staff. No formal process appears to be in place.

Action To Be Taken:

The Trust to ensure that a robust process is implemented on the handover of medical problems during the day.

RAG Rating:



Timeline: 31st December 2013

Evidence/Monitoring: A copy of the Escalation Policy

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

The panel recognise the progress that has been made regarding ECT however there are still significant concerns from trainees and trainers as to whether they will achieve sign-off.

Action To Be Taken:

The Trust to ensure that all CT3 trainees meet curriculum requirements within 6 months and CT1 and CT2 trainees within a year.

RAG Rating:**Timeline:** 31st March 2014**Evidence/Monitoring:** Written confirmation that trainees have achieved sign-off.

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 1 – PATIENT SAFETY – Induction****School of Psychiatry**

Trainee feedback was of a comprehensive Induction however they felt it to be too time-consuming and non-focussed and the RIO system induction included elements that are not relevant.

Locums are also not being inducted on the RIO system and are either using someone's log in details or not recording information in patient's records within RIO.

Action To Be Taken:

- 1) The Trust to consider reviewing the content of the Induction programme.
- 2) The Trust to review the locum arrangements regarding the RIO log in access.

RAG Rating:**Evidence/Monitoring:**

- 1) Copy of the reviewed Induction programme.
- 2) Confirmation that locum's are provided with login details and area able to access the RIO system.

Recommendation 2

GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

School of Psychiatric

Trainees feel that the Psychiatric Intensive Care Unit (PICU) is an excellent training environment however the workload is demanding with trainees reporting that they are regularly staying late.

Action To Be Taken:

The Trust to review the workload on the PICU.

RAG Rating:



Evidence/Monitoring: A copy of the workload review.

Timeline for recommendations is 12 months.

FINAL COMMENTS

The Trust has implemented a mentoring programme for Foundation trainees, which has been well received.

It is apparent that there are good multi-professional team working relationships, with no reports of undermining.

Teaching received good feedback and is valued by the trainees.

The supervision provided by the trainers is excellent.

Foundation trainees valued the case conference learning opportunities.

The turnout of Foundation and Core trainees and trainers at the visit was excellent.

All trainees reported that they would recommend their post.

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: 29/10/13

Signed on behalf of Trust

Name: Dr Mahmood Khan

Position: Director of Postgraduate Medical Education

Date: as per email of 18/11/13

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