

QUALITY MANAGEMENT VISIT REPORT

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| TRUST | Bradford District Care Trust |
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| DAY | Wednesday | DATE 15th October 2014 |
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VISITING PANEL MEMBERS:

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| Dr Jon Hossain | Deputy Postgraduate Dean (Chair) |
| Dr Craig Irvine | Deputy Foundation School Director |
| Dr Fiona Bishop | Associate Postgraduate Dean |
| Linda Garner | Quality Co-ordinator |
| Michele Hannon | Quality Support |

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| SPECIALTIES VISITED: |
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| <ul style="list-style-type: none">• PSYCHIATRY |
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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.

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| Date of First Draft | 24/10/14 |
| First Draft Submitted to Trust | 04/11/14 |
| Trust comments to be submitted by | 14/11/14 |
| Final Report circulated | 24/11/14 |

CONDITIONS

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| Condition 1 (continues from Condition 2 in the report of 10 TH OCTOBER 2013) | | |
| GMC Domain: 1 | Patient Safety | |
| Concern relates to: | Handover | |
| School: Psychiatry | Trainee Level affected:- Foundation and Core | Site: Bradford District NHS Care Trust |
| <p>Concerns remain regarding the handover of patients between medical staff. The foundation and core trainees have difficulties gaining information on available and appropriate staff to hand cases over to. Consultants reported that they are not aware that patients have been admitted to the trust under their care.</p> | | |
| Action To Be Taken: The Trust to ensure that a quality assured internal diary system is implemented to manage patient handovers and to give trainees a clear understanding of available staff on duty. To ensure trainees become familiar with the system at induction. | | |
| RAG Rating: |  | Timeline: 31/12/2014 |
| Evidence/Monitoring: <ol style="list-style-type: none">1. Copy of diary handover system2. Copy of adjusted induction process | | |

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| Condition 2 | | |
| GMC Domain: 1 | Patient Safety | |
| Concern relates to: | Clinical supervision | |
| School: Psychiatry | Trainee Level Affected: FY2 | Site: Bradford District NHS Care Trust |
| <p>Concerns were expressed that FY2 trainees were expected and occasionally pressurised to leave their post to assess a patient at another site in the acute trust both within normal working hours and out of hours at the weekend. FY2s felt they were acting beyond their competence and also felt they were leaving their own patients exposed to do this. It was agreed inappropriate for an FY2 to provide a specialist psychiatric opinion.</p> | | |
| Action To Be Taken: The Trust to implement a policy of supervised assessment of new in patients at one site that does not involve isolation of patients at another site or a specialist psychiatric opinion being given by a FY2 with no direct on site supervision. | | |
| RAG Rating: |  | Timeline: 31/12/14 |
| Evidence/Monitoring: 1. Copy of supervised assessment policy and cross site working. | | |

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| Condition 3 | | |
| GMC Domain: 1 | Patient Safety | |
| Concern relates to: | Induction | |
| School: Psychiatry | Trainee Level Affected: Foundation, Core and Higher | Site: Bradford District NHS Care Trust |
| <p>Trainees felt that induction was mainly operational rather than clinical and was not fit for purpose. Training in RIO system was IT led and delivered by a non-clinician, and the resulting non-clinical context gave little meaning to its use in practice.</p> <p>Trainees also reported confusion as to the type of mandatory training required within the induction passport, and when this training needs to be completed. Concerns were expressed that as case loads build, the trainee will have less time.</p> | | |
| <p>Action To Be Taken:</p> <p>Standardised training on RIO system at induction to include clinical perspective with practical scenario driven issues.</p> <p>The Trust to reach agreement as to what training needs to be covered, what training needs to be repeated and when. This needs to be reflected in the Induction passport.</p> | | |
| RAG Rating: | | Timeline: 31/12/14 |
| <p>Evidence/Monitoring:</p> <p>1. Copy of Induction policy detailing training in RIO system.</p> | | |

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| Condition 4 | | |
| GMC Domain: 1 | Patient Safety | |
| Concern relates to: | Clinical supervision | |
| School: Psychiatry | Trainee Level Affected: Foundation | Site: Bradford District NHS Care Trust |
| <p>The panel expressed concerns that foundation trainees were being asked to make management plans/discharge decisions/day leave decisions for patients. This particularly applied for voluntary patients "informally" admitted to the ward particularly out of hours at the weekend. Foundation trainees are not clear on what their role should be; they were unaware that patients that are not under section are free to leave the ward should they wish. If such patients need to be detained, they need a mental health assessment and foundation trainees would not have the ability to form this. Nursing staff seem unaware of the competencies of foundation trainees, which are different from core psychiatry trainees. They are referred to as Senior House Officers. Foundation trainees felt that they were being asked to operate beyond their competence. For in patients under section there was a pre-existing management plan.</p> | | |
| <p>Action To Be Taken:</p> <p>The Trust to have a clear governance position and provide a protocol to ensure that all patients have a timely senior review with a clear management plan. The protocol should also empower Trainees to ask for help and assistance from Trainers when required. The arrangements of informal/voluntary ward admissions should be made clear to medical and nursing staff. There should be no instances where a foundation trainee is asked to make an unsupervised mental health assessment. Trust nursing staff need education on the skill set of foundation trainees, when compared to core psychiatry trainees. The use of</p> | | |

the term SHO should cease. Trainees should be clearly identifiable by their grade (Foundation/Core/Higher) to patients and staff.

RAG Rating: [REDACTED] **Timeline: 31/12/14**

Evidence/Monitoring:

1. Copy of Trust patient admission/supervision protocol for weekend and voluntary admissions.
2. Copy of rota which does not refer to SHO and clearly identifies training groups

Condition 5

GMC Domain: 5 Delivery of Curriculum

Concern relates to: Training opportunities

School: Psychiatry **Trainee Level Affected:** F2s and Cores **Site:** Bradford District NHS Care Trust

The Trainees expressed a wish to increase exposure in a supervised manner to the wider elements of Psychiatry. The trust has the ability to expose trainees to a breath of psychiatry, rather than keep them ward based.

Action To Be Taken:

The Trust to consider what can be done to enhance Trainees' experiences in terms of community psychiatry and home treatment as opposed to psychiatric treatment on the ward.

RAG Rating: [REDACTED] **Timeline: 31/12/14**

Evidence/Monitoring:

1. Copy of adjusted rotas
2. Copy of adjusted timetables

Condition 6

GMC Domain: 5 Delivery of Curriculum

Concern relates to: e-Portfolio

School: Psychiatry **Trainee Level Affected:** Core and Higher **Site:** Bradford District NHS Care Trust

Faculty were not aware of the latestest upgrade to the psychiatry e-portfolio, which is ongoing. Trainees were aware of the upgrade and were "training their seniors". They found it difficult to document WBAs.

Action To Be Taken:

Faculty to engage with the school and college to arrange for faculty portfolio training

RAG Rating: [REDACTED] **Timeline: 31/12/14**

Evidence/Monitoring: Copy of faculty e-portfolio training plan

FINAL COMMENTS

- The Trust are to be commended for introducing a clinical buddying programme where consultant psychiatrists are shadowed by senior management team members, and vice versa. This has now been extended to ST4s to prepare them for consultant status.
- The GMC National Trainee Survey feedback report flagged the regional teaching aspect as red. However, there were no adverse reports from the trainees present and no evidence could be found to support this finding.
- The trainees reported a lack of IT facilities at Airedale to support them in their role. There are six doctors with three computers and one i-Pad. The Trust should consider reviewing their provision of IT equipment to support Trainees.
- The visit was well organised by the Trust and the turnout of Foundation and Core trainees, and Trainers was excellent.
- The standard of administrative support was deemed to be excellent by both the Trainees and Trainers.

Approval Status

Approved pending satisfactory completion of conditions set out in this report.

Signed on behalf of HEYH

Name: Mr Jon Hossain

Title: Deputy Postgraduate Dean (Panel Chair)

Date: 24/11/14

Signed on behalf of Trust

Name: Mahmood Khan

Position: Director of Postgraduate Medical Education

Date: 24/11/14

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