

QUALITY MANAGEMENT VISIT

HUMBER MENTAL HEALTH TRUST

10 FEBRUARY 2014

VISITING PANEL MEMBERS:

Dr Gearoid Fitzgerald (Chair)	Training Programme Director Psychotherapy
Julie Platts	Quality Manager
Laura Tattersall	Quality Officer

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	10/02/14
First Draft Submitted to Trust	18/02/14
Trust comments to be submitted by	28/02/14
Final Report circulated	09/04/13

NOTABLE PRACTICE

- The use by Foundation and Core Trainees of Trust-allocated iPads to handover electronically is working successfully, especially in view of the geographic spread of Trainees across units.
- The three year Balint group for all levels of Trainee (including GP Trainees). Balint groups are one of the most common form of reflective practice groups used in psychiatry.
- The Trust organised Foundation course in Family Therapy.

CONDITIONS

Condition 1

GMC DOMAIN 1 PATIENT SAFETY

School & Level of Trainee – Foundation, Core and smaller Psychiatric Specialties

Trainees do not have individual access to Trust psychiatric notes on the Lorenzo system. It was noted, however, that Trainees based at Grimsby do have access.

In addition access to acute hospital notes are not readily available on admission and results of clinical investigations are regularly discovered by Trainees telephoning the biochemistry Laboratory rather than from the Patient Centre system for the acute hospital.

Action To Be Taken: Trust to develop an action plan as follows:

- Lorenzo system access to be provided for all Trainees during the day and out of hours
- Provide access to the patient centre for investigation results

RAG Rating:



Timeline: 30 April 2014

Evidence/Monitoring: Progress against action to be reported to the Trust- linked APD

Condition 2

GMC DOMAIN 5 – DELIVERY OF THE CURRICUM, INCLUDING ASSESSMENT

School & Level of Trainee – Core

It was reported Trainees based at Grimsby are not involved in crisis and self-harm assessments. This practice is felt to be detrimental to the Trainees' clinical progression and may have an impact on their ability to carry out training posts adequately in the future.

Action To Be Taken: Trust to develop an action plan to incorporate exposure to crisis and self-harm assessments for Core Trainees based at Grimsby.

RAG Rating:



Timeline: 30 April 2014

Evidence/Monitoring: Report progress against the action plan to the Trust-linked APD

Condition 3**GMC DOMAIN 6 – SUPPORT AND DEVELOPMENT****School & Level of Trainee – Psychiatry – All Trainees**

Psychotherapy short cases are not available for all trainees despite being a mandatory outcome of training. At present about 50% see a short case. Trainees cannot be signed off as satisfactorily completing the training scheme without having completed a short case in a different modality to their long case. It is the Trust's responsibility to provide and oversee case provision and supervision. It was noted that excellent efforts have been made to address this issue but it still requires a higher level of managerial involvement.

It was determined from the discussions that there were no problems in providing long psychotherapy cases for Trainees.

Action To Be Taken: The Trust to develop an action plan to ensure all Trainees have appropriate short psychotherapy cases.

RAG Rating: [REDACTED] **Timeline: 31 July 2014**

Evidence/Monitoring: Progress against action plan to be reported to the Trust-linked APD.

Condition 4**GMC DOMAIN 6 – SUPPORT AND DEVELOPMENT****School & Level of Trainee – Foundation and Core**

The Trainees are experiencing difficulty in accessing study leave opportunities in view of the requirement to cover service provision

Action To Be Taken: Trust to review the procedures around applications for study leave in particular to provide Trainees the opportunity to attend Conferences that are relevant to them if appropriate.

RAG Rating: [REDACTED] **Timeline: Next QM visit**

Evidence/Monitoring: Trainees report that cover is provided to allow attendance at Conferences where appropriate.

Condition 5**GMC DOMAIN 6 – SUPPORT AND DEVELOPMENT****School & Level of Trainee – All Trainees**

The practice of appointing a Higher Trainee in their first post to a role that involves travelling to 5 or 6 clinics per week in different locations without a desk or computer at a base office to be reviewed. In addition, it is important to consider the education and training experience of Educational Supervisors to maximise the chance that Trainees might want to work in the area again or recommend the post to a colleague.

Action To Be Taken: Review the posts in the smaller specialties as follows:

- 1) Provide a base with a desk and computer
- 2) Reduce the numbers of clinics that involve travelling to different locations
- 3) Ensure Educational Supervisors are appropriately trained and experienced for the level of Trainee that is allocated to them.

RAG Rating:**Timeline: 31 July 2014**

Evidence/Monitoring: Update the Trust-linked APD that action plan has been implemented

Condition 6**GMC DOMAIN 1 PATIENT SAFETY****School & Level of Trainee – Psychiatry – Higher Trainees**

The Higher Trainees in General Adult should be provided with a Trust handover iPad to facilitate continuity of patient care and senior medical oversight when on call.

Action To Be Taken:

Trust iPad to be provided to Higher Trainees in General Adult posts.

RAG Rating:**Timeline: 31 July 2014**

Evidence/Monitoring: Report to the Trust-linked APD that Higher Trainees in General Adult posts are included in the iPad handover initiative.

RAG guidance can be found at Appendix 1.

FINAL COMMENTS

There were many examples of good practice within the Trust in terms of induction, clinical supervision, the practice of consistent initial and mid-year reviews and the broad case mix available. Formal teaching sessions take place on a regular basis.

There was evidence of engagement with 13 Trainees and 12 Trainers attending the QM visit along with a substantial number of Trust representatives at the presentation meeting.

However, the Trainers reported they were not invited to sit on ARCP panels and do not receive notification of the outcomes for the Trainees they supervise. The Trainers are not invited to STCs and most did not know who the STC Chair was for their sub-specialty. In addition, they reported they do not receive a copy of STC minutes. Therefore, the email addresses of all Trainers present were recorded and will be given to the Programme Management Co-ordinator at the Hull Office.

It was confirmed all Educational Supervisors have completed Educational Supervisor Training, are aware of the up to date curriculum and have time allocated in their job plans.

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 Gearoid Fitzgerald
Title: Training Programme Director
Date: 10/02/14

Signed on behalf of Trust

Name: Dr Dasari Michael
Position: Acting Medical Director
Date: as per email of 24/02/14

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