

Review of Doncaster and Bassetlaw NHS Foundation Trust



Quality Assurance of Local Education and Training Providers

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Guidance

From 1 April 2015 Health Education England, working across Yorkshire and the Humber introduced a new quality function and team structure. The quality function is responsible for leading and overseeing the processes for the quality assurance and quality management of all aspects of medical and non-medical training and education. Our aim is to promote an ethos of multi-professional integrated working and we believe that improving quality in education and training is at the heart of delivering outstanding patient care.

HEE working across Yorkshire and Humber invests £500 million every year in commissioning a wide range of education on behalf of local and national health systems. It has a duty to ensure that the Education Providers delivering this education provide a high standard of professional education and training.

In developing our new a new set of standards have been developed for education providers built around five themes. The five themes have been chosen to reflect the multi-professional aspects of training and care and to ensure all Healthcare Regulator standards can be aligned.

All standards have been mapped against the following regulatory documents:

- Nursing and Midwifery Council (NMC) Quality Assurance Framework Part Three: Assuring the safety and effectiveness of practice learning
- Future pharmacists: Standards for the initial education and training of pharmacists (May 2011)
- Health Care Professionals Council (HCPC) Standards of education and training: Your duties as an education provider
- General Medical Council (GMC) Promoting Excellence: Standards for medical education and training

Standards are built around 5 core themes:

Theme 1	Supporting Educators
Theme 2	Supporting Learners
Theme 3	Learning Environment and Culture
Theme 4	Governance and Leadership
Theme 5	Curricula and Assessment

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1. Details of the Review

This review was conducted in partnership with Doncaster & Bassetlaw NHS Foundation Trust, Sheffield Hallam University, Sheffield Medical School, Sheffield University and Health Education England (HEE).

As part of this review the following sites and learning environments were visited:

- Doncaster Royal Infirmary (DRI): Surgery, Anaesthetics, Paediatrics and Emergency Medicine
- Bassetlaw Hospital: Paediatrics

Visit Panel / team

Name	Role	Organisation
David Wilkinson	Postgraduate Dean	HEE (Facilitator)
Karen Bryan	Pro Vice Chancellor	Sheffield Hallam University (Panel Chair)
David Eadington	Deputy Dean for Quality	HEE (Panel Chair)
Kevin Moore	Head of Workforce Transformation	HEE (Panel Chair)
Deborah Murdoch-Eaton	Dean of Medical Education	Sheffield Medical School (Panel Chair)
Emma Jones	Senior Business Manager	HEE
Julie Platts	Quality Manager	HEE
Sarah Kaufmann	Associate Postgraduate Dean	HEE
Bret Claxton	Head of School, Anaesthetics	HEE
Paul Renwick	Head of School, Surgery	HEE
Alison Smith	Head of School, Emergency Medicine	HEE
Mike Hayward	Associate Postgraduate Dean	HEE
Michael Nelson	Associate Postgraduate Dean	HEE
Karin Schwarz	Head of School, Paediatrics	HEE
Catherine Dickinson	Foundation School Director	HEE
Shirley Harrison	Finance and Commissioning Performance Manager	HEE
Kate Connolly	Leadership Fellow	HEE
Helen Ruck	Clinical Skills Advisor	HEE
Michelle Marshall	Director of Learning and Teaching	Sheffield Medical School
Denise Bee	Director of Quality	Sheffield Medical School
Lisa Irvine	Placement Liaison Officer	Sheffield Medical School
Tabasum Nisa	Colleague of Placement Liaison Officer	Sheffield Medical School
Catherine Davison	Head of Teaching Administration	Sheffield Medical School

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Sharon Oliver	Faculty Director of Engagement and Development	University of Sheffield
Rebecca Khanna	Interim Assistant Dean	Sheffield Hallam University
Helen Best	Deputy Dean, Faculty of Health and Well Being	Sheffield Hallam University
Toni Schwarz	Head of Department, Midwifery and Nursing	Sheffield Hallam University
Paul Ardron	Contracts and Commissioning Manager	Sheffield Hallam University
Myra Wilson	Lay Representative	Sheffield Hallam University
Linda Garner	Quality Manager	HEE (Administration)
Fiona Bates	Quality Assurance Systems Project Manager	HEE (Administration)
Sarah Rowson	Quality Co-ordinator	HEE (Administration)
Alison Poxton	Quality Administrator	HEE (Administration)
Jane Burnett	Quality Manager	HEE (Administration)

2. Information about this Local Education Provider

Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBHFT) delivers care across four hospital sites in Doncaster, Bassetlaw, Mexborough and Retford. The Trust serves a population of over 410,000 and employs over 6500 staff. The Trust provides a range of acute medical and outpatient services, which include accident and emergency and maternity care.

The learning provider receives over £7 million of funding from Health Education England. Care Quality Commission (CQC)

The organisation received a new style CQC visit during April 2015 and the summary of their ratings are shown below:

	Safe	Effective	Caring	Responsive	Well Led	Overall
Self assessment	Requires Improvement	Good	Good	Requires Improvement	Good	Good
Inspection outcome	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement

Information derived from CQC reports for DRI and Bassetlaw in November 2013, evidence a busy Hospital with a good culture and a Chief Executive Officer who makes himself visible and does actively listen to his staff. Comments from Patients at DRI include, “the staff nurse is really helpful” and “staff show compassion and even though they are professionals they can relate to me as a person”. During an unannounced visit to Bassetlaw, it was apparent that there is a clear process in use for consent in respect of surgical procedures. All levels and professions of staff are described as “very polite and they ask permission for everything”. CQC reports do highlight that there is a shortage of senior grade nurses (band 7), which could potentially impact on the support more junior staff receive.

Learner Feedback

Postgraduate Medical Trainees – General Medical Council (GMC) National Training Survey Results 2015

- Findings from the GMC Survey 2015 and Yorkshire and Humber Trainee Survey (YHTS) of 2014, indicate trainees in surgery report good trainers and supervision and at Bassetlaw regional teaching for paediatrics is in the green outlier range. Medical trainees in both paediatrics and emergency medicine felt happy that they have good exposure to a wide range of pathology and clinical situations at DRI. In addition, the Trust recorded the best regional postgraduate medical GMC results for GUM, Gastroenterology, Respiratory Medicine and Renal Medicine.

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There are significant areas of concern in emergency medicine relating to induction, handover, educational supervision, clinical supervision and overall satisfaction. Access to educational supervision at Bassetlaw and Educational Resources at DRI are flagged as below outlier for these medical trainees.

When asked if their placement provides adequate experience, the response from paediatric trainees reflects a negative perception (pink outlier). Anaesthetic medical trainees comment on poor rota management and study leave is also an issue for some at DRI.

Non-medical students – Practice Placement Quality Assurance (PPQA) Survey Results 2014/15

The PPQA data held for nurses, midwives and allied health professions (AHPs) at the placement provider reflect that this group of learners would, in the vast majority, recommend their placement as a valuable learning experience. 98% of students completing a PPQA evaluation during the 2014/15 academic year would recommend their placement. The overriding majority were also happy with their induction.

However it should be noted there are a limited numbers of PPQA evaluations for the AHPs with only 6 evaluations completed during the academic year 2014/15 by the group of professions which include occupational therapy, physiotherapy, radiography and speech and language therapy (see section 2 below).

From the data available it would appear that there is a disparity between the effectiveness of Induction between the medical and non-medical professions. Both the GMC and Yorkshire and Humber Trainee Survey indicate this is an area of concern for medical trainees in Emergency Medicine, Surgery and Anaesthetics whilst PPQA data for AHPs and Nursing /Midwifery staff, suggest that the standard for induction is being met.

PPQA – Audit and Mentor /Practice Educator Register

The practice placements audits within the specialties are all up to date and have been completed within the two year period required by the Nursing and Midwifery Council (NMC). 82% of audits have been completed for the trust as a whole within this time period.

The mentor/practice educator register indicates a significant number of nursing and midwifery mentors who are out of date, or have not completed their triennial review within the three year period specified by the NMC. To comply with the NMC standards these mentors should not be mentoring students until they have completed their updates/triennial reviews.

The register indicates 35% of AHPs do not meet the regional standard of three years for an update. However this regional standard has been questioned by a number of partners in the region as there is not a professional requirement for this to be the case.

Education Commissioning for Quality (ECQ) for Sheffield Hallam University and the University of Sheffield

The ECQ returns for the pre-registration students for nursing at universities and midwifery, paramedics and operating department practice at Sheffield Hallam University were included in

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the data pack that was available for the panel members. The information was summarised by omitting the evidence detail and excluding the requirements which do not involve the service providers. The ECQ returns demonstrate service provider staff are involved in the development and management of the student programmes. However it is not possible to establish from the returns the extent of Doncaster and Bassetlaw staff involvement.

Undergraduate Medical Students – Placement Feedback

Findings from the student feedback suggest that there remain issues in relation to access to IT facilities, delivery of scheduled teaching and support within the learning environment.

Quality Surveillance Group Information

All areas previously identified as requiring enhanced monitoring continue to be monitored through the routine monitoring framework and therefore the Trusts surveillance has been reduced to **Routine**

- NHS England reported the following at the last QSG: Cancer two week wait measure was not achieved in June 15 reporting 92.5% against a target of 93%. 52 weeks wait – June data shows that 1 patient exceeded 52 weeks admitted breach at DBHFT.
- Monitor Update: Trust expected to be compliant with 1% diagnostic target by June 2015 and to maintain compliance with RTT and A&E targets.
- Doncaster/Bassetlaw CCG: Enhanced assurance areas: A&E, Mortality and FFT. They continue to be monitored through the routine monitoring framework.

Clinical Skills training

During the most recent audit, all standards were met.

3. Summary of findings

The Education and Training Department team and its leadership were highlighted for praise on several occasions during the interviews with learners and educators. The value placed on Education & Training is appreciated by both educators and learners and the fact that challenges raised are acted upon. The multiprofessional ethos is welcomed but it is felt there are many further opportunities to capitalise on the progress made to widen participation. There was general agreement that the multiprofessional review was an additional catalyst for this.

There was recognition by the Trust that further work is needed to recognise educators (both medical and non-medical). There was widespread use of the term 'SHO' during the interviews despite the HEYH 'Dr Who' campaign which has been adopted by the Trust with posters on display in the education centre.

Surgery and Anaesthetics

Educators

The educators reported that their roles for education were recognised in job plans. Learners and educators agreed that there is a positive atmosphere in theatre and it was reported that learners generally wish to train at DBHFT.

The Urology service appeared to be an area of significant concern and was an outlier when compared with the rest of the surgical specialties. As a result of this specific conditions have been set in relation to these concerns.

Learners - operating theatres (Surgery and Anaesthetics)

All learners described good supervision and mentorship and that they were able to access study leave and Personal Development Plan days where applicable. Induction was of high quality and processes for placements were well received. Handover procedures were reportedly working well for all learners. It was felt there was some development potential in terms of simulation training and local courses.

The medical students reported that they had good access to Information Technology and were able to use the computers in the doctor's mess. Nursing students can use computers via nurse access but have no direct access. All learners are aware of how to report patient safety concerns.

It was reported that formal teaching is excellent for all learners. In addition, surgery and anaesthetics trainees are able to access study leave, Operating Department Practitioners (ODPs) have a specified amount of time off for study and nursing students have time for reflection each week. However, there is very little interaction and the students/trainees have limited knowledge of other team member's roles. There is a team brief in theatre every morning as an introduction but no learning as a team from clinical incidents.

All learners would recommend DBHFT as a place to learn and would apply for jobs there. They would also be happy for relatives to be an inpatient in the department if required.

Learners – Ward (Surgery and Anaesthetics)

All learners had a good induction and generally had no problems with log in information although student nurses did not receive passwords until they had been in placement for a week.

Learners were aware of clinical skills training available to them and advised the panel there are posters advertising drop-in sessions at both DRI and Bassetlaw.

All learners found meetings with their Educational Supervisor/mentor to be useful and the team to be supportive.

All learners knew how to escalate concerns.

Surgical handovers take place at 8am and 8pm and can last up to 90 minutes. These are reported as being effective, with consultants in attendance, all patients are discussed along with an update on jobs outstanding and pending investigation results. There is no joint medical and nursing handover but the nursing sister is usually in attendance at morning handover. There is an electronic handover system to record the acute handovers. However, the system does not currently cover elective patients to the acute teams but there are plans to incorporate this.

Emergency Medicine

Educators

The educators highlighted that the PPQA survey data was considered to be helpful. The learners described positive educators/role models. In addition, sick leave was said to be well managed by the Trust.

A suggested improvement was further opportunities for learner simulation training and that this would benefit by being organised in situ in clinical areas when possible.

Pre-registration learners

The overwhelming nature of the feedback was positive with examples given of a new development regarding a middle grade training scheme, a positive focus on mentorship and supervision with a co-operative approach across professions and disciplines. The pre-registration learners were very enthusiastic about the multi-disciplinary scenario based learning. The revised departmental handover system was reported as being much improved with encouragement for all levels of learners to be involved. It was noted that students said they felt a valued and useful member of the team. There was positive feedback about undergraduate medical co-ordinators and the excellent quality of nursing mentors. There were good reports from medical students regarding clinical exposure, supervision and overall satisfaction with placements. It was noted that all learners felt able to report concerns in terms of patient safety and were aware of the processes to do this.

It was understood that much of the reported good practice is relatively new and needs sustained focus to embed fully.

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The medical students are made aware of Trust accommodation being available, but nurses are not. There were worries about what to do in the event of bad weather and those interviewed were unaware of a Trust adverse weather policy.

A proportion of learners reported that the resuscitation room is a rather small and dark space with patient privacy being compromised but there was no problem highlighted around the quality of resuscitation in the department. It was felt that overcrowding in the emergency department may, on occasions, have a negative impact on patient safety. The learners also reported that the current training room was not fit for purpose.

An anonymous comments card was received by a year one adult nursing student who felt that there may be benefit in having a formal debrief following a particularly stressful event, for example, a resuscitation event.

Post Registration learners

The panel noted that only two Foundation doctors attended this session. The panel heard about a number of improvements to address previous concerns from the trainees in attendance. In addition the Foundation trainees said that teaching programmes were organised with a low level of cancellations and rotas were felt to be improved. In addition, it was reported there have been recent improvements in planning of study hours for nurses. There were reports of learners not being able to undertake the Trust e-learning on the emergency department computers as there is no privacy. There were some transport concerns generally with a specific suggestion that the dedicated shuttle bus to Bassetlaw should extend its service to cover early and late shifts.

All learners' pre and post registration said they understood their scope of practice and would recommend the placements/posts to a colleague and feel it is a safe environment for family and friends to use the service.

There were concerns raised by learners and educators about disparity between trainee doctors who are allocated lockers for them to safely store their personal belongings but other staff are not. It was also noted that nursing students do not have direct access into the Trust's IT systems.

Paediatrics - Doncaster Royal Infirmary

Educators

It was noted that only two consultant medical educators attended the visit, but there was good attendance by nurse educators (6). It was confirmed that educators in all professions receive feedback from learners, for example medical educators receive 360 degree feedback from trainees and nurse educators receive evaluation from student inductions. The nurse mentors felt that duration of placements for nursing students are generally too short and this makes it difficult to embed new learning.

Learners

In general there was strong, positive feedback from the learners. Handover has improved significantly, especially in the mornings with consistent consultant and senior nurse attendance.

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The GMC National Training Survey (NTS) results have improved and this was borne out during the discussions. Nursing students reported that they felt part of a team and there were no reports of undermining. In addition medical students reported that they are receiving a good experience and there were bespoke Allied Healthcare Professionals (AHPs) training schemes available. It was reported that in the Obstetrics department K2 is difficult to use.

Learners felt there are missed multiprofessional learning opportunities. It was highlighted that direct access to IT systems is only available to medical staff and not nurses and AHPs. In terms of safeguarding training it was reported that first year nurses are excluded from this due to confidentiality issues that the panel felt was inappropriate.

Trainees reported workload issues as they were undertaking the majority of pre-discharge baby checks.

It was noted that almost all learners interviewed would recommend their posts.

Paediatrics - Bassetlaw Hospital

It was noted that the initial plan of a video conference from Bassetlaw Hospital into the main Paediatric panel at DRI was not in practice a good way to engage the learners in the discussions but the face to face discussions that took place with the on-site visit facilitators worked well.

Educators

Medical educators confirmed that training is included in their job plan and nursing staff confirmed they mentor students.

The educators commented that placement allocation for non-medical students could be better organised as sometimes there were too many students to give each a good experience and at other times there were no students on placement at all.

Learners

Feedback from all learners was generally very positive and it was reported that there was good teaching by consultants. All felt able to raise a concern, if necessary and it was acknowledgement that multi-professional handovers were useful and take place regularly.

It was reported that on-call junior trainees covered paediatrics whereas GP trainees covered paediatrics and Obstetrics/ Gynaecology. If the paediatric registrar was not available there could be a potential safety issue in the event of an emergency C section being required.

Medical students reported that if only one medical student turned up to a planned training session the consultants would not conduct the session and one student reported this happened three times for her.

There seemed to be some difficulty with IT access with students needing to go to the library to be logged in as a visitor that was not a problem when they were at DRI.

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There was no multi-professional teaching identified by the learners apart from audit meetings, which were open to all teams. However, the paediatric educators highlighted that in addition to audit meetings there are perinatal mortality meetings and departmental multiprofessional simulation training.

All learners said they would be happy to recommend the hospital as a good place to work to their friends. All said that if they were a parent then they would be happy to have a child treated at the hospital with the recognition that more serious cases would be referred elsewhere.

Tariff and Educational Infrastructure

The panel felt the Trust's multiprofessional ethos is clearly articulated and well led. The panel felt this would be strengthened by a Board report outlining their strategy of how this will be embedded and sustained. It is recognised that undergraduate medical tariff will be increasing for next four years and it will be important to ensure this is linked to improving the student experience. There are discussions taking place with the Medical School about the introduction of Eduroam that are at an advanced stage. A meeting took place with educators that proved to be insightful and the panel would like to thank Alison Barlow for organising this.

Conclusion

At the feedback session at which HEYH and senior members of the Trust management team were present it was highlighted that overall the feedback from all three learning environments was positive. The visible and effective education leadership within the Trust was noted. The panel felt that the Trust prioritise education and training with learners confirming that it is a caring environment where they would be very happy to be employed in the future. The panel notes some concerns and areas for improvement that are included in section 5.

4. Good Practice and Achievements:

- Multi-professional restructure of Training and Education under Director of Education aligning to Trust structure.
- Active specialty postgraduate medical trainee forums improving training and patient safety.
- Undergraduate Medical students' actively feeding back patient safety concerns leading to improvements.
- Hosted Commission on Education and Training for Patient Safety North of England Conference.
- Hosted first Trust wide Multi-professional Education Conference.
- Top ten nationally for quality postgraduate Foundation trainee Educational Supervision.
- Agreed consultant job planning tariff and Trust wide Consultant educational appraisal integrated into MAG form and appraisals.
- New PACES centre for Royal College of Physicians (Edin)
- Considerable investment in infrastructure to support education.
- Continue to offer three mentor update sessions every first Monday of each month (Mentor Mondays) which is delivered in partnership with local Higher Education Institutes (HEI) Link Lecturers.

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5. Conditions

The following conditions were identified during the review:

Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.13 Induction)	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> • their duties and supervision arrangements • their role in the team • how to gain support from senior colleagues • the clinical or medical guidelines and workplace policies they must follow • how to access clinical and learning resources including provision of login information <p>As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.</p>	
HEYH Condition Number	1	
LEP Site	DRI	
Specialties	Surgery, Paediatrics and Emergency Medicine	
Level	All learners	
Concern	Learners are not provided with access to essential IT at the start of their post	
Evidence for Concern	<p>In surgery, IT access is variable particularly for foundation trainees not starting their post in August. There were reports of learners waiting for up to three weeks for log in information and, as a result, used login details belonging to other staff. This is creating problems when accessing patients' investigation results and constitutes both an information governance and patient safety issue.</p> <p>In Emergency Medicine there are issues around SMART cards identifying students as locum doctors.</p> <p>In Paediatrics, due to the lack of allocation of passwords in a timely manner, there were general concerns around the governance of passwords in the department and reports that learners who start their first shift on nights are not allocated key fobs.</p>	
Action 1	Provide trainees access to IT (smart cards/log ins) before they are due to begin work.	Next intake
Action 2	Investigate why SMART cards/IT systems are identifying students as locum doctors	Immediate
Action 3	Ensure that policies outlining the information	31

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	governance around password confidentiality are available	January 2016
Evidence for Action 1	Confirmation that all trainees are provided with access to IT.	After next intake
Evidence for Action 2	Results of the investigation and plans for modifications	28 February 2016
Evidence for Action 3	Copy of policies relating to information governance in terms of login confidentiality	28 February 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Resources	http://careers.bmj.com/careers/advice/view-article.html?id=20000724	

Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.14 Handover)	Handover** of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for learners in clinical practice. <i>**Handover at the start and end of periods of day or night duties, every day of the week.</i>	
HEYH Condition Number	2	
LEP Site	DRI	
Specialty (Specialties)	Urology	
Level	Foundation and Core trainees	
Concern 2	Handover does not always take into account outlying patients	
Evidence for Concern	Trainees reported that handover was not effective or safe for outlying patients. Despite the implementation of an electronic handover system it appears that a paper based system is used in practice. There were reports of a patient being 'lost' for 4 days.	
Action 1	Introduce a handover system that meets Specialty standards to include all patients, irrespective of which ward they are on	1 March 2016
Action 2	Introduce a reliable method of documenting the handover discussion to include all patients. If this involves IT, there must be easy access in all clinical areas.	1 March 2016
Action 3	Evaluate effectiveness of handover.	31 May 2016
Evidence for Action 1	<ol style="list-style-type: none"> 1. Production of revised handover policy 2. Staff training completed 3. Handover introduced that includes outlying patients 	31 Jan 2016 1 March

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	consistently 4. Introduction evaluated 5. Revised Handover policy explained to new starters	2016 30 April 2016 31 May 2016 Induction
Evidence for Action 2	1. Copies of handover documentation 2. Description of e-handover system	28 Feb 2016 30 March 2016
Evidence for Action 3	Copy of the handover system evaluation.	30 June 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Resources	bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf	

Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.11 Consent)	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with the GMC guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.	
HEYH Condition Number	3	
LEP Site	DRI	
Specialty (Specialties)	Surgery	
Trainee level	Foundation	
Concern 1	Foundation trainees are delegated to obtain consent for procedures that they are not competent performing or for which they have not been provided with training.	
Evidence for Concern	Foundation trainees take consent outside of their competence, usually in an emergency situation.	
Action 1	Trainees must not be asked to obtain consent for procedures outside of their competence for which they have not been provided with training and alternative arrangements must be introduced.	Immediate
Action 2	The surgical department must introduce a policy for obtaining consent for patients that meets GMC standards.	1 March 2016
Action 3	If Foundation trainees are to be involved in the consent process they must be provided with training, guidance and support.	1 March 2016
Action 4	All relevant staff must be informed of the consent policy and their role in the consent process. This includes all	1 March 2016

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	relevant staff members.	
Evidence for Action 1	Copy of method of dissemination confirming the new arrangements have been introduced.	Immediate
Evidence for Action 2	Copy of policy.	1 March 2016
Evidence for Action 3	Copy of training programme.	1 March 2016
Evidence for Action 4	Copy of method of dissemination confirming the new policy has been shared with all relevant members of staff.	1 March 2016
RAG rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Resources	http://www.gmc-uk.org/static/documents/content/Consent_-_English_0914.pdf	

Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.16 Protected time)	Learners must have protected time for learning while they are doing clinical or medical work, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.	
HEYH Condition Number	4	
LEP Site	DRI	
Specialty (Specialties)	Urology	
Trainee Level	Foundation	
Concern 1	Trainees are not provided with specialty-based teaching.	
Evidence for Concern	The workload pressure on the often solitary foundation trainee on the ward was recognised by all the staff groups including the nursing staff. The foundation doctors are undertaking a significant amount of non-educational tasks such as cannulation and phlebotomy. As a consequence the trainees are receiving very little teaching or foundation training and as such the post is regarded as generalist placement. This situation differed from other surgery learning environments and it was reported that nursing support is very effective.	
Action 1	Regular departmental activities, eg audit, journal club, research topics, feedback from national meetings, teaching to be introduced that may be for all staff or just medical. This must be scheduled at a time that allows maximum attendance. The content of the activities should be jointly agreed with the	31 May 2016

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	trainees and aimed towards meeting the requirements of the relevant curriculum. Attendance registers should be kept and monitored. Action should be taken to address poor attendance. The educational impact of the departmental activities should be regularly evaluated. In addition, create signposting for Urology FYs to attend interesting opportunities during the placement, for example, are there Core Surgical Trainee meetings, FYs could sometimes attend? It may be there is a central register of departmental meetings in the postgraduate education department that FYs (particularly F2s) could consult to mix and match activity.	
Evidence for Action 1	Copy of the educational opportunities within the department with confirmation of regular high attendance. Copies of evaluation of educational effectiveness.	31 May 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	

Theme	LEARNING ENVIRONMENT AND CULTURE
Requirement (R1.8 Clinical Supervision)	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.</p>
HEYH Condition Number	5
LEP Site	DRI
Specialty (Specialties)	Emergency Medicine
Trainee Level	Foundation
Concern 1	Trainees are sometimes expected to provide clinical care without access to appropriate support from a senior trainee and/or consultant
Concern 2	Trainees do not know who to contact quickly when seeking advice on clinical care for patients
Evidence for Concern	Foundation year 2 doctors described senior support as being intermittent and that they regularly had to spend a significant amount of time finding senior colleagues to ask for an opinion. There was one report of a locum doctor leaving a F2 doctor as the only medical

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	<p>doctor on the observation ward. However, there was a swift response from nursing staff who alerted colleagues and senior cover was provided</p> <p>In addition F2 doctors reported that it can take two months to be allocated a clinical supervisor.</p>	
Action 1	Provide trainees with a named clinical supervisor(s)	Immediate
Action 2	Provide trainees with clear guidance/an escalation policy that identifies who should be contacted	1 March 2016
Action 3	Discuss the perceptions trainees have regarding the perceived lack of support and take appropriate action to address the trainee's concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months.	1 March 2016
Evidence for Action 1	Copy of senior cover rota.	Immediate
Evidence for Action 2	Copy of guidance/escalation policy.	1 March 2016
Evidence for Action 3	<ol style="list-style-type: none"> 1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review 	Immediate 31 January 2016 1 March 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_80073_4_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2_Trainer%20Accreditation%20Policy.pdf	

Theme	LEARNING ENVIRONMENT
Requirement (R1.16 Protected time)	Learners must have protected time for learning while they are doing clinical work, and for attending organised educational sessions, training days, courses and other learning opportunities. In timetabled educational sessions, learners must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.
HEYH Condition Number	6
LEP Site	DRI
Specialty	Emergency Department
Level	Nursing Students

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Concern 2	Whilst the department organises a teaching session for nursing students they are unable to attend because of work commitments and the sessions are cancelled.	
Evidence for Concern	The intense workload is impacting on nursing students as although informal teaching does take place more formal teaching opportunities tend to be cancelled.	
Action 1	A regular teaching programme must be introduced. This must be scheduled at a time that allows maximum attendance. An attendance register should be kept and monitored. Action should be taken to address poor attendance. The educational impact of the teaching sessions should be regularly evaluated.	31 May 2016
Action 2	Steps must be taken to improve student nurse attendance/reduce the frequency of cancellations	1 March 2016
Evidence for Action 1	Copy of the teaching programme with confirmation of regular high attendance. Copies of evaluation of educational effectiveness.	31 May 2016
Evidence for Action 2	Summary of action taken and confirmation that attendance/relief from cancellation has been achieved.	31 May 2016
Evidence for Action 3	Summary of action taken and confirmation of improved attendance.	31 May 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	

Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.15 Experience)	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
HEYH Condition Number	7	
LEP Site	DRI	
Specialty (Specialties)	Paediatrics	
Trainee Level	Higher	
Concern	The posts in offer higher trainees too little experience in outpatient clinics to meet curriculum requirements.	
Evidence for Concern	Higher trainees described significant problems with clinic capacity and felt that the expansion in Consultant numbers has reduced the opportunities for higher trainees to attend outpatient clinics. This is a particular problem for community paediatric trainees and during a private interview a higher trainee flagged up concerns about not reaching curriculum requirements. There did not appear to be issue for more junior medical trainees.	
Action 1	Review and amend trainee timetables to allow them	1 March

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	access to more educational opportunities in the department/outpatient clinic	2016
Action 2	Review, with the involvement of trainees, the opportunities for a broader educational experience.	1 March 2016
Action 3	The Training Programme Director/Head of School will review the value of this post in the rota.	31 May 2016
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	31 May 2016
Evidence for Action 2	Copy of action plan. Trainee's views on change to educational culture (using either a survey and/or forum) must confirm that opportunities for useful feedback have improved.	31 May 2016
Evidence for Action 3	Copy of new timetables identifying new educational opportunities.	31 May 2016
Evidence for Action 4	Copy of review summary and action plan to introduce new educational opportunities.	31 May 2016
Evidence for Action 5	The TPD/HoS will discuss review at school board/STC and develop an action plan for planned changes after discussion with the Dean.	31 May 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE
Requirement (R1.13 Induction)	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> • their duties and supervision arrangements • their role in the team • how to gain support from senior colleagues • the clinical or medical guidelines and workplace policies they must follow • how to access clinical and learning resources <p>As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.</p>
HEYH Condition Number	8
LEP Site	DBHFT
Specialty (Specialties)	Paediatrics
Trainee Level	Foundation and Core
Concern	On occasions, trainees are not provided with clear information about

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	which guidelines to follow	
Evidence for Concern	Learners commented that multiple guidelines, are in use within the Trust (ie NICE, Sheffield Children's Hospital, and local Doncaster and Bassetlaw) for example, the identification and treatment of sepsis in babies. Inconsistencies between these can cause confusion, and occasionally are a source of criticism by trainers.	
Action	Provide trainees with easy access to essential guidelines and policies and be clear about which ones to follow.	31 January 2016
Evidence	Confirmation that trainees are provided with access to guidelines and policies with clear guidance of the ones being utilised.	After next intake
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	

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