Review of Airedale NHS Foundation Trust *(Postgraduate Medical)*

## Quality Assurance of Local Education and Training Providers

## Guidance

From 1 April 2015 Health Education England, working across Yorkshire and the Humber (HEE YH) 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 believe that improving quality in education and training is at the heart of delivering outstanding patient care.

HEE YH invests £500 million every year on 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.

## 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 |

In developing our new framework we have developed a set of standards 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:

* 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)
* HCPC Standards of education and training: Your duties as an education provider
* GMC Promoting Excellence: Standards for medical education and training

## Details of the Review

|  |  |
| --- | --- |
| **Visit Date(s)** | 19 April 2016 |

This visit was conducted in conjunction partnership with

* The School of Surgery (General Surgery)
* The School of Medicine (Elderly Medicine)

Factors considered

* HEE YH Trainee Survey
* CQC Report
* West Yorkshire Quality Surveillance Group
* Local Education Provider Report

**Health Education England based in Yorkshire & the Humber visit panel / team**

|  |  |
| --- | --- |
| **Name** | **Role** |
| Mr Jon Hossain | Deputy Postgraduate Dean (Chair) |
| Mr Paul Renwick | Head of School of Surgery |
| Mr Michael Nelson | Associate Postgraduate Dean |
| Mr Mark Steward | Deputy Head of School of Surgery |
| Ms Lynne Caddick | Deputy Foundation School Director |
| Mrs Sarah Rowson | Quality Co-ordinator |
| Miss Jane Burnett | Quality Manager |
| Mrs Ann Brown | Education Co-ordinator |

## Information about this Local Education Provider

Airedale General Hospital is an acute hospital run by Airedale NHS Foundation Trust. It provides acute, elective and specialist care for a population in excess of 200,000 from a wide geographic area.

Airedale Hospital has recently had a CQC visit however the report has not yet been published. The CQC outcomes from the published report of their visit in 2013 indicate that services are generally safe and effective. The hospital focuses well on patient needs providing a caring service that achieves national average scores in patient surveys. Concerns were raised by the CQC about the staffing levels on Medical and Surgical wards and the impact this has on record keeping. They were praised for their good practice in terms of valuing volunteers, introduction of a Telehealth hub and its direct access to electronic information held by community services, such as GPs.

HEE has recently awarded the Trust with a green rating for its library and knowledge service as it achieves a 95% compliance rate with the national standards.

## Summary of findings

There was excellent engagement from the Trust, trainees and trainers and the visit was well organised. Trainees reported that the trainers are supportive and they enjoy working at Airedale and described the Trust as a friendly place to work. The Trust generally provides a very positive training experience which gives trainees a wide breadth of experience and meets educational and curriculum requirements. Trainees are encouraged to make change by taking on QI projects. It was recognised that the training experience is especially good for intermediate level trainees (ST3 / 4) and those in their period of grace consolidating their experience.

The Trust has done a lot of work on handover and the Hospital at Night (H@N) it was felt that handover is now generally good. There is a newly set up Friday afternoon / weekend handover where all specialties provide input, additional work is required to make the Monday morning handover more robust. AMU has a robust morning handover and the Surgical and Orthopaedics handover is now more formalised and uses SystemOne.

There are major staffing pressures on some services. The Trust is struggling to recruit to Medicine posts and is working with a reduced rota with ACCS, Foundation, GP and CMT trainees covering both acute and general wards. There is a similar picture in surgery where there are also unfilled posts. This has a significant impact on wards during the day. FY1s work until midnight and FY2s in surgery are currently on a junior tier rota with core trainees. As a result of these staff shortages, workload and the pressures placed on staff are a constant problem which the Trust recognises.

Progress is being made on the utilisation of an alternative workforce such as Advanced Nurse Practitioners and Healthcare support workers. The critical care team is playing a key role in this. There is also liaison with the University of Bradford and their PA programme with a view to taking some 2nd year placements. Efforts are ongoing to develop an Airedale cluster of Trust and GP placements. Locally they have a GP trainee hub. The Trust is also looking at the phlebotomy service during the day and how this can become more responsive in terms of bloods and cannulas.

The recent GMC visit picked up that there was no resident senior trainee on site. A consultant being resident has not been considered, nor has putting core and middle grades into one rota. Concerns were expressed about the sustainability of the middle tier rota.

## Specialty findings

## Surgery

The trainees felt that the training they received was good and well supervised. It was felt to be a safe place to work and the friends and family test was positive.

Concerns were raised in relation to the FY2 support system as the on call surgical rota is non-resident and the middle grades who supervise the FY2 trainees will return home if they live locally leaving the FY2 trainees with no senior support.

The trust operates an Abscess pathway whereby GPs can refer patients to ward 20 for admission and treatment the following day but the patients are not assessed on arrival or screened for Sepsis. There were concerns about patients who are misdiagnosed by their GP potentially not being seen by a hospital doctor for a number of hours after arrival. It was felt this needs to be looked at more objectively and in conjunction with the sepsis pathway.

Handover for STRs is good, it involves an STR and a consultant and takes place 3 times a day. FY2/CT handover however is ad-hoc leaving trainees not completely sure which patients they have. The handover takes place via SystemOne but there is lack of clarity over who is responsible for inputting information that has not been input. The data can only be extracted by consultants and trainees have to print off separate lists for each specialty which can take up to 20 minutes at the start of their shift. Many are arriving early to print off the handover reports in time for the start of their shift.

The Trust induction was felt to be good but departmental inductions are haphazard. It was noted that the general surgery staff grade does the Urology induction which was felt to be inappropriate. The trainees reported that the Orthopaedics induction was very good.

## Medicine

Clinical supervision was felt to be good especially in Elderly Medicine. The trainees did not raise any patient safety concerns

The FY1 and FY2 rotas are chaotic and the trainees appear to be allocated to wherever there is a service need each day. The trainees stated that they often arrive at the start of their shift and do not know which ward they will be working on. There is a lot of cross over cover for other areas of medicine and it was reported that the longest period of time spent working on their allocated ward during placement was 14 days within their 4 month placement but on average it is just 3 or 4 days with some trainees advising that they have been asked to change wards during their shift. The trainees find this disruptive to their educational needs and this cross cover has a detrimental effect on WPBAs. The trainees felt that they were not learning or progressing sufficiently and not receiving feedback.

The current staff shortages make it difficult for trainees to gain adequate opportunities to attend clinics, some were using their zero days to get to clinics.

There was also some discrepancy about weekly teaching, the trainees stated that there was none but the Trust and trainers confirmed that it is available. The Trust should make efforts to ensure that trainees are made aware of all training and educational opportunities available to them.

The Trust induction was felt to be good but departmental inductions varied with many reporting that they did not receive a departmental induction.

Handover works for on-call but there is a lack of formal handover in the ward areas and it is possible for patients to be missed.

FY1 trainees would recommend their placement but FY2 and Core trainees would not as a result of the cross over and lack of teaching and clinical experience.

## Good Practice and Achievements

* Weekend Handover developed by ST3’s in Elderly medicine and supported by the Trust
* Hospital @ night - all calls go to a hub at night and the tasks are then allocated via the HanBleep system, this avoids trainees getting multiple calls at the same time.

## Conditions

The following conditions were identified at the visit:

|  |  |
| --- | --- |
| **GMC Theme** | **LEARNING ENVIRONMENT AND CULTURE** |
| **Requirement****(R1.8 Clinical Supervision)** | 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.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. |
| **HEYH Condition Number** | 1 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Surgery |
| **Trainee Level** | Foundation |
| **Concern 1** | Foundation trainees are not provided with on-site support from a senior colleague during surgery on call. |
| **Evidence for Concern** | The Trust operates a non-resident on call surgical rota and the middle grades who supervise the FY2 trainees will return home if they live locally leaving the FY2 trainees with no senior support on site. |
| **Action 1** | Provide Foundation trainees with access to on-site support from senior colleagues whilst on call and ensure that trainees are fully aware of how to access senior support.  | **August 2016** |
| **Action 2** | Discuss the perceptions trainees have regarding the perceived lack of support whilst on call 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. | **3 months** |
| **Evidence for Action 1** | Copy of resident senior cover rota. | **Immediate** |
| **Evidence for Action 2** | 1. Confirmation that discussion has taken place2. Copy of action plan to address concerns3. Copy of report from trainee review | **Immediate****1 month****3 months** |
| **RAG Rating** |  |
| **LEP Requirements** | * 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)** | Organisations must make sure learners have an induction for each placement that clearly sets out* 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

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. |
| **HEYH Condition Number** | 2 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Surgery |
| **Trainee Level** | All levels |
| **Concern** | Trainees are not provided with a relevant induction/introduction to work in surgical departments. They are not provided with essential guidance on the management of the important or common conditions they are expected to manage as soon as they take up post. |
| **Evidence for Concern** | The trainees reported that inductions are haphazard and on occasions a general surgery staff grade has taken a Urology induction. It was also noted that the rota co-ordinators are not always aware of induction dates and sometimes trainees miss the opportunity to attend as a result of being on nights. |
| **Action 1** | Provide all surgical trainees with a relevant departmental, specialty or ward induction/orientation. | **Next intake** |
| **Action 2** | Make induction arrangements for trainees starting on night shifts. | **Next intake** |
| **Action 3** | Evaluate the effectiveness of Trust/departmental induction. | **After next intake** |
| **Evidence for Action 1** | Copy of departmental induction programme. | **After next intake** |
| **Evidence for Action 2** | Copy of arrangements for induction for trainees who start at a different time from the main group. | **After next intake** |
| **Evidence for Action 3** | Copy of induction evaluation and plans for modifications (if indicated). | **After next intake** |
| **RAG Rating** |  |
| **LEP Requirements** | * Copies of documents must be uploaded to the QM Database
* Item must be reviewed and changes confirmed with link APD
 |

|  |  |
| --- | --- |
| **GMC Theme** | **DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT** |
| **Requirement****(R5.9a Posts)** | Postgraduate training programmes must give DiT Training posts that deliver the curriculum and assessment requirements set out in the approved curriculum. |
| **HEYH Condition Number** | 3 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Surgery  |
| **Trainee Level** | Higher |
| **Concern 1** | Whilst the post offers the potential for a broad experience in General Surgery, trainees are unable to take advantage of them by their timetables/clinical duties |
| **Concern 2** | The posts in General Surgery offer Higher Trainees with too narrow an experience in Theatre to meet curriculum requirements. |
| **Evidence for Concern** | Surgical trainees feel that staff grades are given preference over them in terms of attending theatre. They are also only timetabled for 3 theatre sessions per week and the curriculum guidance is that this should be 4 sessions. |
| **Action 1** | Review and amend trainee timetables/work schedules to allow them access to more educational opportunities in the department. | **3 months** |
| **Action 2** | Review, with the involvement of trainees, the opportunities for a broader educational experience. | **3 months** |
| **Evidence for Action 1** | Copy of new timetables identifying new educational opportunities. | **6 months** |
| **Evidence for Action 2** | Copy of review summary and action plan to introduce new educational opportunities. | **6 months** |
| **RAG Rating** |  |
| **LEP Requirements** | * 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****(R1.14 Handover)** | Handover\*\* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.*\*\*Handover at the start and end of periods of day or night duties, every day of the week.* |
| **HEYH Condition Number** | 4 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Surgery |
| **Trainee Level** | FY2 and Core |
| **Concern 1** | Handover is not attended by appropriate members of staff on Surgical wards handover takes place with Consultants and STRs but FY2 and Core Trainees are not included. |
| **Concern 2** | Handover for Surgery is not at an appropriate time, morning handovers do not always take place. |
| **Concern 3** | Handover for Surgery is not supported by appropriate documentation. |
| **Concern 4** | Handover for Surgery is not appropriately led in the mornings. |
| **Evidence for Concern** | Trainees reported that there is no formal morning handover or documentation and handovers occur on an ad-hoc basis with no formal lead. When handovers do take place trainees advised that it is a verbal communication with the on-call person. The computer is updated but the forms can be completed by multiple people so there is potential for notes to be lost. Trainees advised that the handover does not include information about patients who have been poorly or experienced complications during the night. This information is often only obtained by reading the patient notes or talking to the nurses. |
| **Action 1** | Make appropriate changes to rotas/working arrangements to allow relevant staff to attend handover. | **3 months** |
| **Action 2** | Provide an appropriate venue at an appropriate time with sufficient uninterrupted time for effective handover. | **2 months** |
| **Action 3** | Introduce a reliable method of documenting the handover discussion/actions/job list/responsible individuals. If this involves IT, there must be easy access in all clinical areas. | **3 months** |
| **Action 4** | Appoint an appropriate senior member of staff to lead the handover. | **3 months** |
| **Evidence for Action 1** | Summary of revised rotas/work arrangements. | **3 months** |
| **Evidence for Action 2** | Details of venue identified and time provided. | **2 months** |
| **Evidence for Action 3** | 1. Copies of handover documentation2. Description of e-handover system | **3 months****3 months** |
| **Evidence for Action 4** | Copy of process authorising arrangements for the leadership of handover. | **3 months** |
| **RAG Rating** |  |
| **LEP Requirements** | * 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)** | Organisations must make sure learners have an induction for each placement that clearly sets out* 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

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. |
| **HEYH Condition Number** | 5 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Medicine |
| **Trainee Level** | Foundation and Core |
| **Concern** | Trainees are not provided with a relevant induction/introduction to work in medical departments. They are not provided with essential guidance on the management of the important or common conditions they are expected to manage as soon as they take up post. |
| **Evidence for Concern** | Induction to the allocated ward is appropriate. The trainees advised that issues occur when they are asked to cross cover a different ward or specialty and arrive without any information about the ward or the common conditions that they may have to manage. This contributes to their perception that they are overworked. |
| **Action 1** | Provide all medical trainees with a relevant departmental, specialty or ward induction/orientation. | **Next intake** |
| **Action 2** | Make induction arrangements for trainees starting on night shifts. | **Next intake** |
| **Action 3** | Evaluate the effectiveness of Departmental induction. | **After next intake** |
| **Evidence for Action 1** | Copy of departmental induction programme, which included information on all medical wards that the trainees may have to provide cross cover for during their placement. | **After next intake** |
| **Evidence for Action 2** | Copy of arrangements for induction for trainees who start at a different time from the main group. | **After next intake** |
| **Evidence for Action 3** | Copy of induction evaluation and plans for modifications (if indicated). | **After next intake** |
| **RAG Rating** |  |
| **LEP Requirements** | * 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****(R1.7 Staffing)** | Organisations must make sure that there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating learning opportunities. |
| **HEYH Condition Number** | 6 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Medicine  |
| **Trainee Level** | FY2 and Core |
| **Concern** | Trainees report that there are insufficient staff on duty to meet rota requirements. |
| **Evidence for Concern** | Trainees reported being moved from ward to ward at short notice, sometimes during a shift. They also reported that they are spending very little time working on their allocated ward during placement. They felt that this did not provide them with the opportunity to provide continuity of patient care and was detrimental to their training experience. |
| **Action** | Review staffing levels in Medicine and develop an action plan to address the deficiencies. | **3 months** |
| **Evidence for Action 1** | Copy of review and action plan. | **3 months** |
| **RAG Rating** |  |
| **LEP Requirements** | * Copies of documents must be uploaded to the QM Database
* Item must be reviewed and changes confirmed with link APD
 |
| **Further Review** |  |

|  |  |
| --- | --- |
| **GMC Theme** | **LEARNING ENVIRONMENT AND CULTURE** |
| **Requirement****(R1.7 Staffing)** | Organisations must make sure that there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating learning opportunities. |
| **HEYH Condition Number** | 7 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Medicine |
| **Trainee Level** | Core |
| **Concern** | Trainees report that there are insufficient staff on duty to allow them to attend clinics which are essential to meet curriculum requirements. |
| **Evidence for Concern** | Core trainees reported that due to the staff shortages on the wards they are often unable to leave the ward to attend clinics. Some trainees advised that they were only able to get to clinics by attending them on their zero days. |
| **Action** | Review staffing levels in (area) and develop an action plan to address the deficiencies. | **3 months** |
| **Evidence for Action** | Copy of review and action plan. | **3 months** |
| **RAG Rating** |  |
| **LEP Requirements** | * 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****(R1.14 Handover)** | Handover\*\* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.*\*\*Handover at the start and end of periods of day or night duties, every day of the week.* |
| **HEYH Condition Number** | 8 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Medicine |
| **Trainee Level** | Foundation and Core |
| **Concern** | There is no handover for Care of the Elderly on Ward 4. |
| **Evidence for Concern** | Trainees advised that morning and afternoon handovers do take place on most medical wards but Ward 4 (Care of the Elderly) does not have a formal handover. In the absence of any formal handover the trainees do receive information about the ill patients from the nursing staff on Ward 6 who the trainees described as ‘fantastic’. The trainees stated that they would like to have a handover every morning and evening. This would need to be at ward level and appropriate for the size of the hospital and the way it works.  |
| **Action**  | Introduce a handover system that meets GMC/College/Specialty standards. | **6 months** |
| **Evidence for Action**  | 1. Production of handover policy 2. Staff training completed 3. Handover introduced 4. Introduction evaluated 5. Handover policy explained to new starters  | **2 months****3 months****4 months****6 months****Induction** |
| **RAG Rating** |  |
| **LEP Requirements** | * 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****(R1.16 Protected time)** | Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, 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** | 9 |
| **LEP Site** | Airedale General Hospital |
| **Specialty (Specialties)** | Medicine |
| **Trainee Level** | Foundation and Core |
| **Concern**  | Whilst the department organises a weekly teaching session, Core and Foundation trainees were not aware of it.  |
| **Evidence for Concern** | During the trainee interviews Core and Foundation trainees advised that there is not any teaching available to them. The Higher trainees were surprised to hear this during their interviews and during the de-brief session the Trust confirmed that teaching sessions are organised for all trainees. The Trust needs to ensure that this is highlighted to all trainees. |
| **Action**  | Steps must be taken to improve trainee attendance and awareness. | **3 months** |
| **Evidence for Action**  | Summary of action taken and confirmation that attendance has been achieved. | **6 months** |
| **RAG Rating** |  |
| **LEP Requirements** | * Copies of documents must be uploaded to the QM Database
* Item must be reviewed and changes confirmed with link APD
 |

|  |  |
| --- | --- |
| **Date of first Draft** | 28/04/2016 |
| **First draft submitted to Trust** | 13/05/2016 |
| **Trust comments to be submitted by** | 27/05/2016 |
| **Final report circulated** | 15/09/2016 |
| **Report published** | 15/09/2016 |