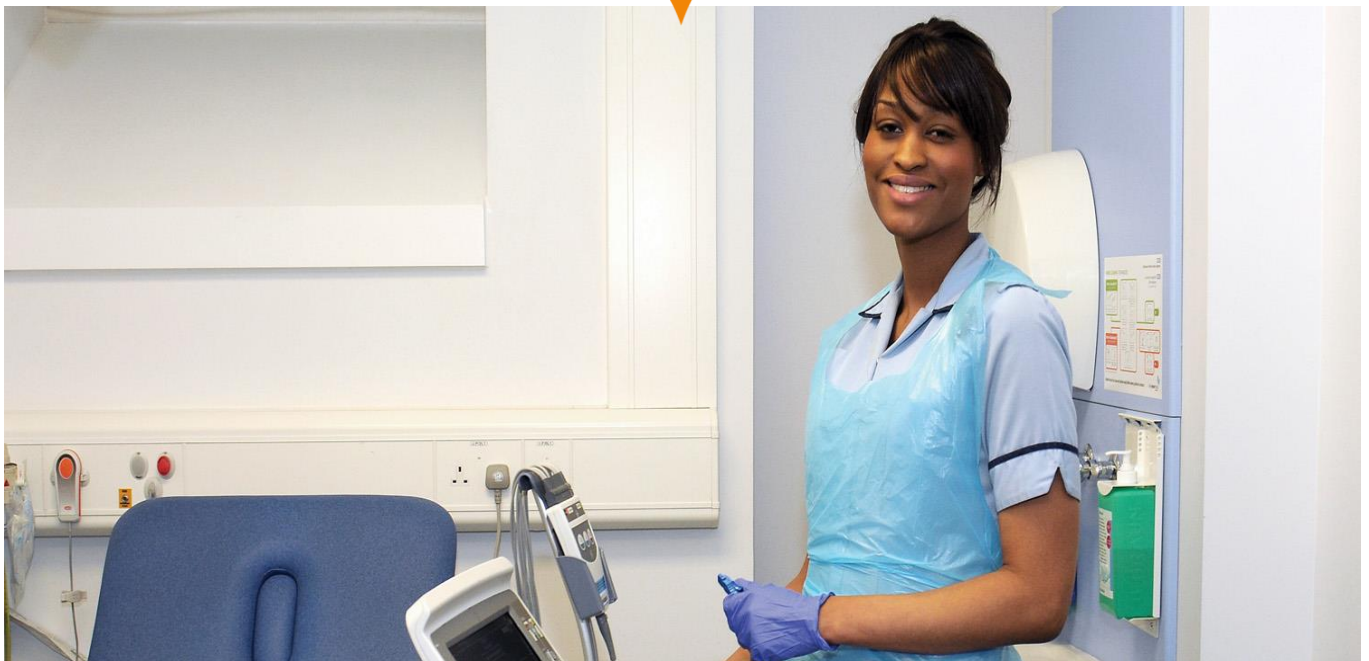


Review of Barnsley Hospital NHS Trust (*Postgraduate Medical*)



Quality Assurance of Local Education and Training Providers

Developing people
for health and
healthcare

www.hee.nhs.uk

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.

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

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

1. Details of the Review

Visit Date(s)	3 rd October 2016
---------------	------------------------------

Visit Panel / team

Name	Role
Peter Taylor (Visit Chair)	Deputy Postgraduate Dean
Peter Hammond	Head of School for Medicine
Trevor Rodgers	Deputy Head of School for Medicine
Karin Schwarz	Head of School for Paediatrics
Lynne Caddick	Deputy Foundation School Director
Karin Schwarz	Head of School for Paediatrics
Linda Garner	Quality Manager
Kim Maskery	Quality Co-ordinator
Sarah Merter	Quality Administrator
Nick Deayton (Observer)	Project Manager

2. Existing Conditions

Medicine

Condition No 3 from the QM report dated 2nd October 2015 outlined a concern within Medicine where Foundation, GP and VTS trainees on Ward 20 were expected to carry out duties which were not appropriate for their stage of training and without consultant supervision. The Medicine trainees seen today did not report any problems on Ward 20. The panel heard that consultant led ward rounds take place on Ward 20, led and supported by the new Clinical Director. Once the required evidence is uploaded to the Quality database, this condition can be recommended for closure.

Condition No 5 from the QM report dated 2nd October 2015 outlined a concern within Medicine where handover in MAU was not supported by appropriate documentation. The panel found that handover on MAU seemed to be much improved and the Trainees reported being happy with the arrangements. Once the required evidence is uploaded to the Quality database, this condition can be recommended for closure.

Paediatrics

The Paediatric department at Barnsley have been red outliers for overall satisfaction in the GMC NTS survey for five consecutive years. The panel were concerned that this indicated a deep seated problem in Paediatrics. However, it was clear that that Trust had been successful in making a number of changes in the last six months since the GMC survey was completed by the last rotation of trainees. The Foundation, Core, VTS and Higher Paediatric trainees were generally happy and all would recommend their post and be happy for their friends and family to be treated within the Trust. The recently completed Health Education England (working across Yorkshire & Humber) trainee survey (November 2016) has been reviewed and overall there has been a very positive trend to improvement across key areas of supervision, teaching and satisfaction with the placement. This accords with our interviews on the day of the visit and supports the view that the improvements described in this report have been acknowledged by the trainees. It is important that these changes become embedded in the culture of the department.

Condition No 1 from the QM report dated 2nd October 2015 outlined a concern that Foundation and Core Trainees were sometimes expected to provide clinical care without access to appropriate support from a consultant. The Trust reported that this clinic has now been cancelled and that there is consultant presence in all clinics. Trainees reported that they were able to get to clinics regularly and that clinics were well supervised by consultants. Once the required evidence is uploaded to the Quality database this condition can be recommended for closure.

Condition No 6 from the QM report dated 2nd October 2015 outlined a concern that Foundation, Core and GP Trainees were not provided with a relevant and useful induction in Paediatrics. The Trust has now provided a joint Paediatric speciality induction with Rotherham with one day at each site, to enable all trainees to attend. The panel received positive comments from the trainees regarding this. Once the required evidence is uploaded to the Quality database this condition can be recommended for closure.

3. Good Practice and Achievements

- The Hospital at Night system was praised by the Trainees. The use of four senior ward sisters was felt to be a very positive move as they are able to remove smaller tasks from the trainees, for example putting in cannulas and screening bleeps.
- The panel felt that the Trust exhibited strength in terms of curriculum cover. The Medicine Trainees all reported positively with trainees in Respiratory, AMU and Gastro all receiving relevant opportunities.
- No bullying or undermining issues were reported in either Paediatrics or Medicine

Conditions

The following conditions were identified at the visit:

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.9 Level of Competence)	Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of supervision.	
HEYH Condition Number	1	
LEP Site	Barnsley	
Specialty (Specialties)	Paediatrics	
Trainee Level	Foundation	
Concern	<p>Foundation trainees are sometimes required to carry out clinical duties that are beyond the expected level of competence for their stage of training.</p> <p>This condition only relates to any trainee that is asked or expected to be a first attender at a neonatal arrest.</p>	
Evidence for Concern	<p>Condition No 2 from the QM report dated 2nd October 2015 reported that Foundation and GP trainees were receiving only a very short ILS training session at induction. It was stipulated that all trainees called to the delivery room/labour ward as first responders should have full neonatal ILS training. The trainees reported that the situation had not improved and there was concern that training did not meeting national standards. The trainees reported that there were delays in being called to high risk deliveries; the geographical layout of the hospital means that the doctor covering the labour ward is at the opposite side of the hospital. The panel queried as to whether a Trust policy is in place with guidelines as to when to call a paediatrician and who makes the call.</p> <p>The panel were concerned that an F2 level trainee doctor reported that they could be called to resuscitate a new born baby. The Department of Health neonatal toolkit states that all staff attending deliveries should have certified neonatal resuscitation training rather than just in house training. The situation will need to be risk assessed by the Trust ensuring that national guidelines are acknowledged.</p> <p>(Information on national guidelines supplied as separate document)</p>	
Action 1	Provide alternative arrangements for staff to carry out these duties or provide appropriate training	1 month
Action 2	Confirm that alternative arrangements have been adopted or appropriate training provided	3 months
Evidence for Action 1	Summary of alterative arrangements or appropriate training	1 month
Evidence for Action 2	Written confirmation that policy has been adopted or appropriate training has been undertaken and is effective.	3 months
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 Quality Manager 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf	

Review of *Barnsley Hospitals NHS Trust*

GMC Theme	DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT	
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	2	
LEP Site	Barnsley	
Specialty (Specialties)	Paediatrics	
Trainee Level	Foundation and Core	
Concern	Foundation and Core Doctors in Training reported that the work that they were allocated to do was unnecessarily restricted.	
Evidence for Concern	<p>Condition No 11 from the QM report dated 2nd October 2015 reported that F1s writing discharge letters dominated their afternoon work.</p> <p>This situation does not seem to have improved; one FY1 trainee reported feeling like “a discharge machine” and described their learning as passive. Having only assessed one patient acutely in two months, the trainee was concerned about de-skilling prior to the next rotation. There still seems to be little exposure to out-patient clinics or community paediatrics. This is not an effective use of trainee time nor is it appropriate for trainees to carry out this task as they are unlikely to have the right experience to construct discharge information and will not have been involved in the patients’ care.</p> <p>In contrast the community paediatric trainees reported getting a good breadth of experience with access to a variety of clinics with different professionals.</p> <p>The acute paediatric trainees need a broader variety of service work that will bring added value and support their learning opportunities.</p>	
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.	3 months
Evidence for Action 2	Copy of review summary and action plan to introduce new educational opportunities.	3 months
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 Quality Manager 	
Further Review		
Resources		

Review of *Barnsley Hospitals NHS Trust*

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (S1.1 Patient Safety)	The learning environment is safe for patients and supportive for learners. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	
HEYH Condition Number	3	
LEP Site	Barnsley	
Specialty (Specialties)	Paediatrics	
Trainee Level	All	
Concern	Trainees are expected to carry out duties which are not appropriate for their stage of training.	
Evidence for Concern	The panel expressed concerns that the term “Senior House Officer” was still in wide use by both Trainers and Trainees. This term refers to a wide range of training grade doctors and creates confusion in nursing and other colleagues’ expectations about a trainee’s experience and training.	
Action	<p>The Trust must ensure that the term SHO is removed from rotas, name badges and any other documentation so the level of the trainee is clear to staff at all times.</p> <p>The Trust must ensure that the following terminology is signposted widely and used across all sites:-</p> <ul style="list-style-type: none"> • Foundation Trainee:- FY1/FY2, • Core Trainee:- CT, CST, CMT, GPST or ST1-ST2/3 • Specialist Trainee:- ST3/4 – ST8 <p>To consider the use of different coloured identity badge lanyards to identify different levels of staff.</p>	1 month
Evidence for Action	Copy of rotas and a summary of how the Trust has addressed this problem.	1 month
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 Quality Manager 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf	

Review of *Barnsley Hospitals NHS Trust*

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	4	
LEP Site	Barnsley	
Specialty (Specialties)	Medicine	
Trainee Level	Foundation, Core, GP VTS	
Concern 1	Trainees are sometimes expected to provide clinical care without access to appropriate support from a consultant.	
Concern 2	Foundation trainees are not provided with on-site support from a senior colleague	
Evidence for Concern	Ward 19 was highlighted as a concern with the junior trainees. They felt the ward was not sufficiently supported and they were often left feeling unsupported. Following the morning consultant led ward round the trainees reported being the only doctors on the ward (sometimes only one trainee). A higher trainee would be present with the consultant, but would often leave all day to attend private study. Both the registrar and consultant are contactable, but are not a presence on the ward. The panel felt this presented significant senior clinical cover issues.	
Action 1	Provide Foundation trainees with access to on-site support from consultant.	Immediate
Action 2	Provide trainees with clear guidance/an escalation policy that identifies who should be contacted	3 months
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.	3 months
Evidence for Action 1	Copy of resident senior cover rota.	Immediate
Evidence for Action 2	Copy of guidance/escalation policy.	3 months
Evidence for Action 3	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	Immediate 1 month 3 months
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 Quality Manager 	
Further Review		
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf	

Review of *Barnsley Hospitals NHS Trust*

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	5	
LEP Site	Barnsley	
Specialty (Specialties)	Medicine	
Trainee Level	Foundation, Core, VTS	
Concern 1	Trainees are not provided with a relevant or useful Trust induction that provides them with access to relevant policies, IT, or initial mandatory training	
Concern 2	Trainees are not provided with access to essential IT at the start of their post	
Evidence for Concern	<p>The trainees felt the Trust induction was not addressing areas of need. They reported that it focused mainly on mandatory training and a review of historic serious incidents within the Trust. Log-in instructions are not given in a timely fashion. One trainee reported being on-call the night of the induction, but without any on-call instructions. One trainee reported that it took three weeks to be able to access the official patient list by which time the trainees had created their own.</p> <p>The trainees felt it would be more appropriate and helpful for the focus of the Trust induction to be on practical aspects such as IT access, log-in details, on-call instructions and details of relevant policies and protocols.</p>	
Action 1	Provide all trainees with an appropriate Trust induction.	Next intake
Action 2	Review induction content to ensure it is relevant.	Before next intake
Action 3	Provide relevant mandatory training at induction.	Next intake
Action 4	Provide trainees access to IT (smart cards/log ins) before they are due to begin work.	Next intake
Action 5	Provide trainees with easy access to essential guidelines and policies.	Next intake
Action 6	Evaluate the effectiveness of Trust induction.	After next intake
Evidence for Action 1	Copy of induction programme.	Before next intake
Evidence for Action 2	Copy of induction programme.	Before next intake
Evidence for Action 3	Copy of induction programme	Before next intake

Review of *Barnsley Hospitals NHS Trust*

Evidence for Action 4	Confirmation that all trainees are provided with access to IT.	After next intake
Evidence for Action 5	Confirmation that trainees are provided with access to guidelines and policies.	After next intake
Evidence for Action 6	Copy of induction evaluation and plans for modifications.	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 Quality Manager 	
Further Review		
Resources	http://careers.bmi.com/careers/advice/view-article.html?id=20000724	

Review of *Barnsley Hospitals NHS Trust*

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.12 Rotas)	Organisations must design rotas to: <ul style="list-style-type: none"> • make sure learners have appropriate clinical supervision • support doctors in training to develop the professional values, knowledge, skills and behaviours (KSB) required of doctors working in UK • provide learning opportunities that allow doctors in training to meet the requirements of the curriculum and training programme • give learners access to ES • minimise the effect of fatigue and workload 	
HEYH Condition Number	6	
LEP Site	Barnsley	
Specialty (Specialties)	Medicine	
Trainee Level	Foundation, Core, GP VTS; Higher	
Concern 1	Trainees are provided with duty rotas at very short notice which makes it very difficult for them to organise their life outside work.	
Concern 2	Trainees are provided with duty rotas, which do not distribute responsibilities evenly.	
Evidence for Concern	<p>The trainees reported several concerns relating to rotas. Higher trainees in both Geriatric & Stroke Medicine and Diabetes & Endocrinology reported issues relating to the lateness of rotas. The junior trainees were in agreement that rotas were issued late, with the more vocal complaints arising from Diabetes & Endocrinology, Care of the Elderly and Geriatric Medicine. On average the trainees are receiving the rotas two weeks before they start in post.</p> <p>Rotas were reported to be very intense and without balance; for example nights tend to come in a block with 21 nights in five weeks followed by a long period without night duty.</p> <p>There were felt to be significant gaps in rotas; one example being a new team member allocated to the rota, but unable to start in post due to a long wait for approval of references. Feedback from the GMC NTS survey shows that trainees feel unable to leave the ward to attend training due to workload and inadequate cover. Respiratory was reported to be chaotic and unorganised. Trainees are expected to cross cover other areas within Medicine and this is often arranged at very short notice on the day itself. The trainees feel it is useful to work in other areas of Medicine, but as this creates a lack of continuity for the patient, they feel the situation could potentially be unsafe.</p> <p>Whilst the Trainees do not currently have any involvement in rota construction, the panel feel the Trust should consider trainee involvement in the future as a way forward.</p>	
Action 1	Work with trainees and rota organisers to ensure that rotas are provided with sufficient notice and flexibility and fairly distributed clinical duties/responsibilities.	3 months
Action 2	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of the patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	3 months
Action 3	Review the impact of the introduction of new rotas/rota arrangements.	6 months

Review of *Barnsley Hospitals NHS Trust*

Evidence for Action 1/2	Copies of rotas.	3 months
Evidence for Action 3	Summary of the impact of any changes made.	6 months
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 	
Further Review		
Resources	http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns http://careers.bmj.com/careers/advice/view-article.html?id=20001163#	

Review of *Barnsley Hospitals NHS Trust*

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	7	
LEP Site	Barnsley	
Specialty (Specialties)	Medicine	
Trainee Level	Core	
Concern 1	Whilst the department organises teaching sessions, trainees are unable to attend, because of work commitments.	
Concern 2	Trainees are not released to attend sufficient mandatory training days to meet their curriculum requirements.	
Evidence for Concern	<p>Trainees are expected to attend 40 clinics during their training, but the trainees reported that they did not feel this was currently achievable. Some trainees have been using annual leave to attend clinics and teaching sessions</p> <p>Trainees report that the standard of teaching is good and is arranged regularly, but it is rare they can actually attend due to intense workload and inadequate cover.</p> <p>Feedback received from the GMC NTS Survey corroborates these views. A number of trainees are doing PACES in the Trust but also find it difficult to attend; on one occasion only one trainee was able to attend the training and that was only because a consultant offered to cover her duties.</p>	
Action 1	The regular teaching programme 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.	6 months
Action 2	Trainees must be released to attend a minimum of 75% of their scheduled mandatory teaching sessions. Steps must be taken to ensure that this is achieved.	3 months
Action 3	The Trust needs to monitor Core medicine trainee attendance at outpatients and have a plan for how attendance will be managed to ensure compliance with the curriculum.	3 months
Evidence for Action 1	Copy of the teaching programme with confirmation of regular high attendance. Copies of evaluation of educational effectiveness.	6 months
Evidence for Action 2	Summary of action taken and confirmation that attendance has been achieved.	6 months
Evidence for Action 3	Summary of action taken and confirmation of improved attendance.	6 months
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 	
Further Review		
Resources		

Review of *Barnsley Hospitals NHS Trust*

Date of first Draft	12 th October 2016
First draft submitted to Trust	10 th November 2016
Trust comments to be submitted by	18 th November 2016
Final report circulated	30 th November 2016
Report published	30 th November 2016