

## ***Review of Sheffield Children's Hospital NHS Foundation Trust (Postgraduate Medical)***



### **Quality Assurance of Local Education and Training Providers**

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# Review of Sheffield Children's Hospital NHS Foundation Trust

## 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

## Details of the Review

Visit Date(s)	20 <sup>th</sup> May 2016
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## Visit Panel / team

Name	Role	Organisation
Dr Peter Taylor	Chair	HEE YH
Michael Nelson	Quality APD	HEE YH
Karin Schwartz	Head of School, Paediatrics	
Craig Irvine	Deputy Head of School, Foundation	HEE YH
Nandan Haldipur	TPD General Surgery	HEE YH
Linda Garner	Quality Manager	HEE YH
Kim Maskery	Quality Co-ordinator	HEE YH
Sarah Merter	Quality Administrator	HEE YH

## Summary of findings

The Trust organisation for the visit was excellent and both the Trainers and Trainees were well represented. The general mood of the trainees reflected a very cohesive group of committed trainees who recognised the values of the organisation. The trainees felt very well supported with no sense of any concerns around escalation or patient safety. The panel found the DME update very useful and informative. Areas covered included:-

The appointment of a consultant in medical education 12 months ago has been beneficial to the Trust. The appointment has specific responsibility for education and SUIs.

**Consent.** The Trust were confident that F1s do not consent for anything. There is as yet no hard evidence to back this up but an audit on changes to consent is due soon. MRI consent remained an issue within trainees being asked to take for consent for the anaesthetic component of the procedure, despite clear guidance that junior doctors should not be taking consent for general anaesthetics. However, it was acknowledged that the Trust were not confident that the anaesthetic consultants were writing in the case notes when they had consented so the junior doctors continued to be asked to consent - this issue will need further work.

**Terminology.** The Trust acknowledged that the term SHO still needs to be phased out and are actively working on a culture change. However, the term SHO is no longer on rotas, badges or signs and it was reported that the younger trainees, who have no knowledge of previous terminology, do not use wrong terms.

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**GMC Trainer Accreditation.** As of the day of the visit 80% of Educational Supervisors were compliant and high 70% of Clinical Supervisors. It was reiterated that HEE YH will need to be informed how the gap is being managed currently and how it will be filled prior to the deadline of July 31<sup>st</sup> 2016.

**Education/training.** The Trust acknowledged that education and training is not as high a priority as it should be for a teaching hospital. Whilst this situation is unacceptable, it is a work in progress. The Trust has put research and education on a five year plan. It was felt that a pro-active education champion at Board level would be necessary in order to change focus to education and training.

**Administration support.** Despite a good, pro-active HR Department, the boundaries and relationships are becoming blurred and require review and clarification. For example, concern was expressed that the administrative support staff to the Training Programme Directors were performing tasks that in other areas the Training Programme Directors would be doing.

**Incident reporting.** The Trust feel that incident reporting has improved over the last five years and the trainee is able to receive better support. The occasional last minute notification is received but this usually happens when a lead employer takes the onus

### **Paediatric Surgery**

The trainees reported being able to achieve all their educational targets; the teaching programme is very good and is well received. The higher trainees in particular are enjoying their post. The shadowing taking place at induction was reported to be a very positive experience and one that was welcomed.

Condition No 3 from the SCH QM visit report of 18/11/2014 relates to clinical supervision and whilst the perception of the F2s' cross cover arrangements may well be concerning, in reality the patients are not put at risk. The infrequency of incidents is evidence of this. Within the Trust there is a culture of support and help and in an emergency situation the trainee would be able to access on site clinical supervision from another paediatric speciality. The panel recommended that this condition status be changed to green.

Handover was reported to be good with no patient safety concerns, but one of the Trainers was critical of the fact handover is still paper based. However, the panel understand that the Trust intend to convert to a mainly I-pad system with Electronic Document Management System in approximately 12 months' time; allowing for governance and security issues.

Within the Orthopaedics programme the trainees are released for a teaching session to gain an induction to ensure their orientation into the Programme. This ensures their immediate start on the first day. At Foundation level internal shadowing for a week on top of induction allowed trainees to learn the job without responsibility. Trainees found this to be helpful as well as demonstrating evidence of good practice.

Once the trainees did receive their rotas, the placements were felt to be of a high standard with trainees being thought of as individuals and given specific experience when requested. Most trainees received their rotas well in advance, but it seems there is an issue with Foundation Trainees. The April starters reported receiving very late and incorrect rotas. The panel felt the Trust should explore how this happened.

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One Paediatric Surgery Trainer raised an issue about the "lost tribe" of CT trainees and suggested that the gaps within the hospital could be filled by CT2 trainees who do not have an ST job. Core surgical trainees have difficulty getting into the next stage of training and the trainer felt that it would be better for people to fill paediatric vacancies than leaving posts vacant.

It was reported that the Trust had a good reputation for taking Doctors in Difficulty from other Trusts to improve their training experience. However, the panel reiterated the need to ensure that this does not compromise or dilute the experience for other trainees.

### **General Paediatrics/Paediatric Gastroenterology**

The trainees were a positive group who felt that the structure of the department was cohesive with good communication and organisation between specialities. The trainees were enjoying their placements and feel they are exposed to a good variety of cases. Opportunities to teach medical students were highlighted as a great learning experience.

Induction in General Paediatrics was a concern highlighted by some trainees who did not feel comfortable that they knew what was expected of them when starting in the post. There was a general feeling that the department induction did not happen. However, the Trainees were pragmatic and realised this may have been directly linked to the junior doctors industrial action. The panel would encourage the Trust to examine the reasons behind this.

The Trust do not use locums to fill gaps in rotas and the trainees reported being asked to fill in these gaps as a result. The perception of the trainees is that they are being leaned on quite hard to agree to filling gaps in rotas, to the point of feeling harassed. This could result in lowered morale and commitment and the Trust will need to address the Trainees' perceptions of the situation.

In the General Paediatric ward from midnight until 8 am there is one Tier 1 and one registrar. The feedback from the trainees is that this can create a very busy work environment. Whilst the panel understand that there is a formal arrangement to call a consultant if a problem arises, concern was expressed as to the sustainability of the arrangement. The culture of help and support within the Trust will undoubtedly ease the situation, but the panel recommended that the Trust hold regular reviews to monitor the intensity.

Both the Trainers and Trainees feel they have the capability and expertise to run basic skills courses. The Trainees report that the Trust have the kit and Trainer capacity. The panel felt the Trust should consider opening this up to Tier 1s medical rota shortly after their arrival.

The Trainees felt the Trust provided a friendly, supportive training environment. The Trainers were engaged and interested and provided good supervision. The training was of a good standard and all Trainees would recommend their post.

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### Conditions

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.7 Staffing)</b>	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.	
<b>HEYH Condition Number</b>	1	
<b>LEP Site</b>	Sheffield Children's Hospital	
<b>Specialty (Specialties)</b>	Paediatric Gastroenterology	
<b>Trainee Level</b>	Foundation	
<b>Concern 1</b>	Trainees report that there is insufficient staff on duty to meet rota requirements.	
<b>Evidence for Concern</b>	Whilst the Trainees value the support and experience they receive from the department, the Tier 1 first on-call trainees felt it was an extremely busy department with a high turnover of patients. The trainees were concerned that a lot of tasks expected of them that could potentially be done by other staff. The same work intensity issues were highlighted in the GMC NTS survey. This is a prestigious, highly regarded department that trainees want to work in, but the panel felt extra efforts should be made to ease the work intensity. A strategy needs to be developed to take the pressure away from the lower end of service provision. This will be key to future education and training development within the Trust.	
<b>Action 1</b>	Review the workforce and consider how either staffing levels could be improved and/or the alternative workforce could be utilised to ameliorate the service pressures in Paediatric Gastroenterology. Develop an action plan to address the work intensity.	<b>3 months</b>
<b>Evidence for Action 1</b>	Copy of review and action plan.	<b>3 months</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.jrcptb.org.uk/assessment/workplace-based-assessment">http://www.jrcptb.org.uk/assessment/workplace-based-assessment</a> <a href="http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors">http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors</a> <a href="http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns">http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns</a>	
<b>Question Reference</b>	Trainer 7/Trainee 7	

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GMC Theme	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(R1.8 Clinical Supervision)</b>	<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>	
<b>HEYH Condition Number</b>	2	
<b>LEP Site</b>	Sheffield Children's Hospital	
<b>Specialty (Specialties)</b>	Paediatric Gastroenterology/General Paediatrics	
<b>Trainee Level</b>	Foundation, Core, Higher	
<b>Concern</b>	Trainees are sometimes expected to provide out-patient clinical care without access to appropriate support from a Consultant.	
<b>Evidence for Concern</b>	The middle grade trainees reported concerns related to unsupervised clinical care in an out-patient setting. Most of the trainees had done two unsupervised clinics in two months, which equates on average to once a month. One trainee was asked to do a sub-speciality clinic, while another trainee found their second clinic was unsupervised. Whilst the trainees are able to debrief with their consultant, they should be supervised at the clinic. Training in clinics without a consultant on site is against College guidance and not appropriate for ST4 level. Concerns were expressed that this was becoming a routine event.	
<b>Action</b>	To ensure that Specialty trainees are appropriately supervised whilst working the outpatient setting. The trainee should expect to have a consultant working in outpatient clinics when they are seeing patients. It is recognised that access to a consultant on site may occasionally be necessary for supervision – but a specialty trainee performing an outpatient clinic should only under the most exceptional of circumstances not have on site consultant support. Currently unsupervised clinics are a regular occurrence – this is unacceptable.	<b>Immediate</b>
<b>Evidence for Action</b>	Clinic lists with names of supervising consultants.	<b>Immediate</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf">http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf</a>	



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	<a href="http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf">http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf</a> <a href="http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf">http://www.gmc-uk.org/Final Appendix 4 Guidance for Ongoing Clinical Supervision.pdf_53817963.pdf</a>
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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.18 Assessment)</b>	Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.	
<b>HEYH Condition Number</b>	3	
<b>LEP Site</b>	Sheffield Children's Hospital	
<b>Specialty (Specialties)</b>	Paediatric Gastroenterology/General Paediatrics	
<b>Trainee Level</b>	Higher	
<b>Concern</b>	The trainees struggle to obtain their workplace based assessments because clinic bookings do not allow for them.	
<b>Evidence for Concern</b>	The trainees reported a time pressure on Tier 2s in terms of getting work place based assessments completed. To find any CPD away from the ward was deemed a challenge due to pressure on the clinics. There were reports of a trainee undertaking a clinic that was double booked. This meant that 40 patients were seen as opposed to 20, at a rate of one every 10 minutes. This does not allow sufficient time for educational opportunities and was viewed as purely service provision. Clinic bookings should be such that enough patients are being seen with sufficient time for conversations with consultants to allow for educational and learning opportunities.	
<b>Action</b>	The Trust must provide trainees with support for work placed based assessments. This support should include full opportunity and time in an out-patient clinic setting.	<b>3 months</b>
<b>Evidence for Action</b>	Copy of action plan. Confirmation that trainees have experienced a change in educational culture.	<b>6 months</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		
<b>Question Reference</b>	Trainee 16	



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<b>GMC Theme</b>	<b>SUPPORTING LEARNERS</b>	
<b>Requirement (R3.3 Undermining)</b>	Learners must not be subjected to, or subject others to, conditions that undermines their professional confidence or self-esteem.	
<b>HEYH Condition Number</b>	4	
<b>LEP Site</b>	Sheffield Children's Hospital	
<b>Specialty (Specialties)</b>	Paediatric Gastro, Paediatric Surgery, General Paediatrics	
<b>Trainee Level</b>	All	
<b>Concern</b>	Trainees have raised concerns about conditions within the Trust but no action was taken and there has been no change in the conditions.	
<b>Evidence for Concern</b>	There are no onsite parking facilities within the Trust which means that trainees on twilight shifts who finish at 1.00 am need to walk to their vehicles. Parking is difficult and trainees often have to park 20 minutes' walk away. The trainees report feeling vulnerable and afraid for their personal safety; one trainee was reported to have been mugged at knifepoint. The fact there has been an incident such as this reinforces that this is a realistic concern, but the trainees are disappointed that the Trust has not reacted to this event by putting in place alternative arrangements. It was recognised that the Trust have a view that they will not pay for taxis, but the panel felt the Trust have a duty of care to its employees and suggest consideration be given to an additional two parking spots on site which the trainees feel would remedy the problem.	
<b>Action 1</b>	The Trust must provide and confirm arrangements for the safety of their staff after completion of their shift.	<b>Immediate</b>
<b>Evidence for Action 1</b>	Confirmation of revised arrangements	<b>1 month</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		
<b>Question Reference</b>	Trainer EG4 Trainee EG2	

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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (S1.1 Patient Safety)</b>	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.	
<b>HEYH Condition Number</b>	5	
<b>LEP Site</b>	Sheffield Children's Hospital	
<b>Specialty (Specialties)</b>	All	
<b>Trainee Level</b>	All	
<b>Concern</b>	Trainees are expected to carry out duties which are not appropriate for their stage of training.	
<b>Evidence for Concern</b>	<p>The panel expressed concerns that the term "Senior House Officer" was still in wide use by both administrative staff, Management, Trainers and Trainees across the Trust. 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.</p> <p>The term SHO is not only prevalent, but is actually causing problems. The nursing staff in Paediatric Surgery do not differentiate between paediatric trainees doing the post in a rotation and a surgery trainee. The assumption is that the trainees are SHOs and training to be surgeons, with the result that the nursing staff's expectations of these trainees are higher than they should be.</p>	
<b>Action</b>	<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:-  <b>Foundation Trainee:- FY1/FY2,</b>  <b>Core Trainee:- CT, CST, CMT, GPST or ST1-ST2/3</b>  <b>Specialist Trainee:- ST3/4 – ST8</b>                      To consider the use of different coloured identity badge lanyards to identify different levels of staff.</p>	<b>1 month</b>
<b>Evidence for Action</b>	Copy of rotas and a summary of how the Trust has addressed this problem.	<b>1 month</b>
<b>RAG Rating</b>	Not Applicable	
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1">http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1</a>	

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	<a href="#">_00 supporting information-effective clinical supervision for publication.pdf</a> <a href="http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Train%20er%20Accreditation%20Policy.pdf">http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf</a> <a href="http://www.gmc-uk.org/Final%20Appendix%204%20Guidance%20for%20Ongoing%20Clinical%20Supervision.pdf">http://www.gmc-uk.org/Final Appendix 4 Guidance for Ongoing Clinical Supervision.pdf</a> <a href="#">53817963.pdf</a>
<b>Question Reference</b>	Trainer 8 Trainee 8, 9

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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.14 Handover)</b>	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.	
<b>HEYH Condition Number</b>	6	
<b>LEP Site</b>	Sheffield Children's Hospital	
<b>Specialty (Specialties)</b>	General Paediatrics, Paediatric Gastroenterology	
<b>Trainee Level</b>	Foundation, Core	
<b>Concern</b>	Handover on the ward is not supported by appropriate documentation.	
<b>Evidence for Concern</b>	The trainees expressed frustration with the paper format of the handover and felt that an electronic handover would benefit the department. The information provided during handover is detailed and useful, but the Tier 1 acute take trainees expressed concerns regarding the inability to track patients; for example GP referrals. On occasions patients have had to wait longer to be seen because they are not effectively tracked. One of the trainees mentioned a system used by the Emergency Department where patient details can be recorded, including their initial triage details and the location of the patient. The trainees felt the introduction of this system would be more effective and efficient.	
<b>Action 1</b>	Introduce a reliable method of documenting the handover with tracking system with IT access in all clinical areas.	<b>3 months</b>
<b>Action 2</b>	Evaluate effectiveness of handover.	<b>6 months</b>
<b>Evidence for Action 1</b>	1. Copies of handover documentation 2. Description of e-handover system	<b>3 months</b> <b>3 months</b>
<b>Evidence for Action 2</b>	Copy of the handover system evaluation.	<b>6 months</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf">bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf</a> <a href="http://www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf">www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf</a>	
<b>Question Reference</b>	Trainer 15 Trainee 13	

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<b>Date of first Draft</b>	15/06/2016
<b>First draft submitted to Trust</b>	29/06/2016
<b>Trust comments to be submitted by</b>	08/07/2016
<b>Final report circulated</b>	11/07/2016
<b>Report published</b>	