

Review of Sheffield Health and Social Care NHS Foundation Trust (Postgraduate Medical)



Quality Assurance of Local Education and Training Providers

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for health and
healthcare**

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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:

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

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

Visit Date(s)	9 November 2016
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Visit Panel / team

Name	Role
David Eadington	Deputy Postgraduate Dean
Paul Rowlands	Head of School, Psychiatry
Craig Irvine	Deputy Foundation School Director
Kim Maskery	Quality Coordinator
Sarah Merter	Quality Administrator

2. Summary of findings

There was excellent representation of both trainers and trainees at the visit. The trainees reported that they feel supported by senior colleagues and the majority of them would recommend their posts. The trainees would be comfortable for family and friends to be treated at the Trust.

It was noted that a culture shift has occurred within the Trust to both gather and address trainee feedback with immediacy. This is demonstrated through Paul McCormick's weekly arranged availability to trainees to enable them to report any issues to him straight away rather than wait for less frequent feedback opportunities. A condition was set at the last visit to the Trust on 20th May 2014 regarding the assurance that trainees have adequate access to their Educational Supervisors. At the visit on 9th November 2016, the trainees reported that they feel that their feedback is important, that they are listened to and that they are valued. Dr McCormick has asked specifically for trainees to inform him if they are not receiving a one hour weekly session with their Educational Supervisor. Tutorial time has been factored into the ES job role to ensure this happens and trainee feedback corroborates Dr McCormick's report that trainees are now getting the right level of contact with their ESs. This condition can now be closed.

The strength of the team was mentioned a number of times by the trainees in relation to the support that they get from their supervisors as well as other members of the team. The trainees reported that they have a good working relationship with the pharmacists in the department and also the nursing staff. An issue was raised however, relating to nurse support and communication and the need for nurses to attend RAMPPS training in order for nurses and medics to fully understand each other's roles and to be able to support one another. RAMPPS training is available to nurses however they do not have protected time for training so they may struggle to attend. Attendance at RAMPPS by the whole team would help to address the small number of instances where a trainee has been asked to do something outside of their remit. This is addressed in condition four.

The higher trainees have experienced a number of instances where they were asked to work beyond their level of competence. This has mainly happened when a consultant has not been available and incidents have involved the nursing manager asking trainees for plans for patients which the trainees

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have not been in a position to make a decision on. Pressures to discharge patients have also been experienced. The trainees call the service manager at such times but do feel pressure to make decisions outside of their remit. This is addressed in condition five.

Concerns were also raised regarding the inability of mental health nurses to recognise the physical symptoms of deterioration in a patient and the patient safety issues connected to this. This is addressed further in condition four.

The trainees reported that they are busy, although they feel that their workload is manageable and they are enjoying the variety of experience available to them. Foundation and Core trainees have been working with the home treatment team in doing general community work, the trainees have enjoyed this experience and have been able to prescribe under supervision and have been given the opportunity to discuss medications with the pharmacist.

Trainees have protected time for teaching and this takes place every Wednesday.

Concern was expressed by Trainers that there is heavy reliance on trainees to deliver the service side of care and that there may be danger of service commitments impinging on the trainees' ability to train. This was not reflected in the comments made by trainees; general consensus was that they have an appropriate service/training commitment balance. One trainee considered the department to be "one of the best I have ever worked for." It is worth noting that LTFT trainees are finding it challenging to fit all their responsibilities in to their schedules with some feeling that they are unable to spend adequate time with patients. This is addressed in condition six.

The LTFT trainees also raised the importance of ECG refresher training and would like for this to be repeated every six months to ensure skills are maintained. It is recommended that the Trust investigate the possibility of this.

Both ehandover and a verbal/written handover are utilised, both were deemed effective and allow those starting their shift to feel prepared to work. There was some concern expressed regarding the nursing team's understanding of which patients should be prioritised, multi-disciplinary RAMPPS training should help to address this issue. This is addressed in condition four.

The previous Trust report for the visit held on 20th May 2014 alluded to issues with the extensiveness of the induction process and the time commitment required for induction. Work has gone into streamlining the induction and into staggering the induction sessions to allow the trainees time on the wards in between so as not to leave clinical areas short staffed. The previous condition can be closed although despite these improvements a number of further alterations have been identified and these are set out in conditions one, two and three. In addition to this one of the trainees highlighted that a crib sheet for use by new trainees on their first night on call would be extremely useful.

It was explained that re-development of adult community services is underway but that it is unknown as to how this will impact on training. Numbers of training posts are likely to alter and the Trust will keep HEE YH informed of updates.

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3. Good Practice and Achievements

- The appointment of Dr Harriet Fletcher (Consultant Psychiatrist in Psychotherapy and Psychotherapy Tutor for South Yorkshire Psychiatry Core Training Scheme) has led to the assurance that all trainees have access to Psychotherapy long cases and short cases. This has directly addressed a condition identified in the 20th May 2014 report and will maintain delivery of these opportunities for trainees.
- Dr Paul McCormick has made himself available to trainees on a weekly basis in order to receive feedback about training to allow issues to be addressed straight away. As part of this Dr McCormick has urged trainees to inform him if they are not receiving a one hour tutorial with their supervisor.

4. Conditions

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 <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 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.	
HEE YH Condition Number	1	
LEP Site	Sheffield Health & Social Care	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern 1	Foundation and Core trainees are not provided with a relevant induction to work at the Trust that provides them with access to relevant policies, IT, or initial mandatory training (Trainees need more training in using the Insight system).	
Evidence for Concern	Additional Insight training is required as part of induction to ensure that trainees are ready to use the system when they start training. Trainees reported that they receive Insight training but that the induction provides an overview of the system only and does not cover the actual day to day activity that trainees are expected to deliver.	
Action 1	Review induction content to ensure it is relevant. This could be a Quality Improvement project for an F2 trainee. Production of a user guide and tailored training would be useful to trainees.	Before next intake
Action 2	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 evaluation and plans for modifications (if indicated).	After next intake
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database 	

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	<ul style="list-style-type: none">• Item must be reviewed and changes confirmed with link Quality Manager
Further Review	
Resources	http://careers.bmj.com/careers/advice/view-article.html?id=20000724

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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>	
HEE YH Condition Number	2	
LEP Site	Sheffield Health & Social Care	
Specialty (Specialties)	Psychiatry	
Trainee Level	All	
Concern 1	Trainees are not provided with a relevant/useful orientation/induction/introduction to work in (clinical area). 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	Rapid tranquilisation training needs to be part of the induction process and refresher training offered at regular intervals. Trainees raised concerns regarding Rapid tranquilisation as they appreciate that mistakes can be fatal.	
Action 1	Provide all trainees with a relevant departmental, specialty or ward induction. This could take the form of a Simulation session with all team members involved.	Next intake
Action 2	Evaluate the effectiveness of departmental induction.	After next intake
Evidence for Action 1	Copy of induction programme.	Before next intake
Evidence for Action 2	Copy of induction evaluation and plans for modifications (if indicated).	After next intake
RAG Rating	Red	
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.bmj.com/careers/advice/view-article.html?id=20000724	

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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>	
HEE YH Condition Number	3	
LEP Site	Sheffield Health & Social Care	
Specialty (Specialties)	Psychiatry	
Trainee Level	All	
Concern 1	Trainees are not provided with a useful introduction to the Seclusion policy. 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	There was some confusion over the Seclusion Policy. The policy is ambiguous and attempts were made to include this in the induction but the ambiguity of the policy meant that trainees did not benefit from its inclusion. Trainees do not understand their role or the role of their colleagues in this scenario.	
Action 1	Provide trainees with easy access to essential guidelines and policies. Revision of the seclusion policy is required.	Next intake
Evidence for Action 1	Copy of induction programme.	Before next intake
Evidence for Action 2	Copy of induction evaluation and plans for modifications (if indicated).	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.bmj.com/careers/advice/view-article.html?id=20000724	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.19 Capacity)	Organisations must have the capacity resources and facilities** to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme, and to provide the required ES and support. <i>**Resources and facilities may include: IT systems so learners can access online curricula, workplace based assessment, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.</i>	
HEE YH Condition Number	4	
LEP Site	Sheffield Health & Social Care	
Specialty (Specialties)	Psychiatry	
Trainee Level	All	
Concern 1	Trainees are concerned that the department does not have the sufficient nursing resources to provide high quality training.	
Evidence for Concern	Mental health nurses are not trained to recognise physical symptoms in patients, they would not recognise if a patient was deteriorating and would not know what to do in this situation. The trainees feel that it is important that nurses receive some training to allow them to recognise physical symptoms in patients. Although the doctor/nurse relationship is reportedly good, tensions have arisen between the two professions due to this issue. In terms of handover, it is difficult for nurses to prioritise patients as they do not know which patients are more at risk than others.	
Action 1	Address concerns raised by trainees in relation to inadequate facilities. Nurses need training to allow them to recognise when a patient's condition is deteriorating. Medical trainees and nurses could train jointly in simulated sessions to work through typical scenarios and how to address them. Nurses should be released to attend RAMPPS training. This should improve issues identified regarding handover and nurses' limited understanding of deteriorating patients when prioritising tasks. Release of nurses to attend SBAR training will also help to address this issue.	1 March 2017
Evidence for Action 1	Copy of investigation and action plan with a review of the impact of the changes that have made.	1 June 2017
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		

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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.	
HEE YH Condition Number	5	
LEP Site	Sheffield Health & Social Care	
Specialty (Specialties)	Psychiatry	
Trainee Level	Higher	
Concern 1	Trainees are expected to carry out duties which are not appropriate for their stage of training.	
Evidence for Concern	Trainees have reported being put under pressure to provide plans for patients and particularly to discharge patients when a consultant is not present. Trainees are unable to make these decisions without sign off from a senior member of staff.	
Action 1	The Trust must introduce an action plan to address the concerns. The opinions of the clinical staff and their suggestions for possible solutions should be considered when drawing up the action plan. The remit of trainees needs to be advertised to ensure that all staff are aware.	1 March 2017
Action 2	The Trust must evaluate the effect of any changes introduced to ensure that the problems have been resolved.	1 June 2017
Evidence for Action 1	Copy of the action plan.	1 March 2017
Evidence for Action 2	Copy of the evaluation report.	1 June 2017
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	

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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.	
HEE YH Condition Number	6	
LEP Site	Sheffield Health & Social Care	
Specialty (Specialties)	Psychiatry	
Trainee Level	Core trainees (LTFT)	
Concern 1	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	LTFT trainees reported concerns that they are unable to give as much time to detox patients on the Substance Misuse ward as is needed. Demands can be high with admissions taking place during the morning and then trainees attending clinic in the afternoon.	
Action 1	Review rotas and timetables and make appropriate modifications that will allow trainees to meet their curriculum requirements. The trainees need support on the ward to allow the protection of clinic time.	1 March 2017
Evidence for Action 1	1. Copy of review report and summary of rota and timetable modifications 2. Copy of ARCP outcomes for trainees	1 March 2017 Next ARCP
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.jrcptb.org.uk/assessment/workplace-based-assessment http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns	

Date of first Draft	29 November 2016
First draft submitted to Trust	16 December 2016
Trust comments to be submitted by	22 nd December 2016
Final report circulated	25 th January 2017
Report published	25 th January 2017

RAG Rating Guidance

The RAG rating guidance is based on the GMC RAG rating to ensure a consistent approach. The model takes into account impact and likelihood.

Impact

This takes into account:

- a) patient or trainee safety
- b) the risk of trainees not progressing in their training
- c) educational experience – e.g., the educational culture, the quality of formal/informal teaching

A concern can be rated high, medium, or low impact according to the following situations:

High impact:

- patients or trainees within the training environment are being put at risk of coming to harm
- trainees are unable to achieve required outcomes due to poor quality of the training posts/ programme

Medium impact:

- trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement
- patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement

Low impact:

- concerns have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

Likelihood

This measures the frequency at which concerns arise e.g. if a rota has a gap because of one-off last minute sickness absence, the likelihood of concerns occurring as a result would be low.

High likelihood:

- the concern occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the concern e.g. if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of concerns arising as a result would be 'high'.

Medium likelihood:

- the concern occurs with enough frequency that if left unaddressed could result in patient safety concerns or affect the quality of education and training, e.g. if the rota is normally

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full but there are no reliable arrangements to cover for sickness absence, the likelihood of concerns arising as a result would be 'medium'.

Low likelihood:

- the concern is unlikely to occur again e.g. if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of concerns arising as a result would be 'low'.

Risk

The risk is then determined by both the impact and likelihood, and will result in a RAG Rating, according to the below matrix:

Likelihood	IMPACT		
	Low	Medium	High
Low	Green	Green	Amber
Medium	Green	Amber	Red
High	Amber	Red	Red*