

Review of The Rotherham NHS Foundation Trust



Quality Assurance of Local Education and Training Providers

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1. Details of the Review

This review was conducted in partnership with The Rotherham Hospitals NHS Foundation Trust, Sheffield Hallam University, University of Sheffield, Sheffield Medical School and Health Education England (HEE).

Visit date	15 November 2016
Learning Environments Visited	The Rotherham NHS Foundation Trust: Medical Specialities, Acute Medicine & Emergency Medicine, Women & Children's Health and Educational Infrastructure
Lead (Responsible Person)	Professor Deborah Murdoch-Eaton (Facilitator and Dean of Medical Education, Sheffield Medical School)
Other Visiting Members	<p>Emma Jones, Head of Quality, HEE Linda Garner, Quality Manager, HEE</p> <p>David Eadington, Deputy Postgraduate Dean, HEE (Panel Chair) Michael Nelson, Director of Student Affairs, Sheffield Medical School Heidi Cheung, Director of Placement Learning, Sheffield Hallam University Peter Hammond, Head of School of Medicine, HEE Tracey Moore, Head of Department, School of Nursing and Midwifery Karen Bryan, Pro Vice Chancellor, Sheffield Hallam University (Panel Chair) Catherine Davison, Head of Teaching Administration, Sheffield Medical School Sarah Kaufmann, Associate Postgraduate Dean, HEE Alison Smith, Head of School of Emergency Medicine, HEE Sharon Oliver, Faculty Director of Engagement and Development, University of Sheffield Michele Marshall, Director of Learning and Teaching, Sheffield Medical School (Panel Chair) Jo Benn, Deputy Head of Nursing, Sheffield Hallam University Karin Schwarz, Head of School of Paediatrics, HEE Tom Farrell, Deputy Head of School of Obstetrics & Gynaecology, HEE Susan Michael, Head of Education and Innovation, HEE (Panel Chair) Paul Ardron, Contracts & Commissioning Manager, Sheffield Hallam University Lisa Irvine, Placement Liaison Officer, Sheffield Medical School Dominic Gilroy, NHS Library and Knowledge Services Development Manager, HEE Tracey Latham, Regional Clinical Skills Advisor, HEE Observer – Professor Liz Kay, Head of School of Medicines Optimisation Jane Burnett, Quality Manager, HEE Sarah Walker, Quality Manager, HEE Kim Maskery, Quality Co-ordinator, HEE Sarah Merter, Quality Administrator, HEE</p>

Review of The Rotherham NHS Foundation Trust

Patient safety issues identified as requiring immediate action	2016/ROTHMPR/001 2016/ROTHMPR/002
Were any educational requirements identified?	Yes

Date of first Draft	12/12/2016
First draft submitted to Trust	18/01/2017
Trust comments to be submitted by	01/02/2017
Final report circulated	
Report published	

2. Summary of findings

There has been excellent engagement from the Trust regarding the visit and this was reflected in the organisation on the day. Whilst the number of learners and educators present on the day were small, this was reflective of the size of the Trust and the learners and educators present did create a true multi-professional representation. It was clear that the Trust places a high value on Education and Training and has embraced multi-professional working. However, it was acknowledged that further development is needed in this area to ensure all learner groups and their educators are exposed to a multi-professional educational environment. Some of these areas were highlighted in the individual panels.

Both learners and educators came across as being very loyal to the Trust and a high percentage said that they would recommend the hospital as a place to learn and to be treated.

Summary of Achievements

- All learners are very positive and there is a strong culture of education and training across the Trust
- Library facilities within the Trust were reported to be excellent and valued by all learners. Access is 24 hours and new software has been introduced to allow users to take out and return books out of hours.
- The Trust adopt innovative ways of communication that were deemed to be successful; for example blogs, website with pages specific to clinical staff e.g. Dementia
- The Webster Lounge was considered an excellent resource with very helpful staff and was utilised well with 24 hour access available. However, other learner groups; for example midwifery learners, were not aware of the Webster Lounge and a challenge for the Trust will be to make this a multi-professional space.
- Safety huddles in A&E and AMU are a new initiative and occur 2-3 times per day. These are organised and delivered in a multi-professional format.
- All learners are aware of the bullying and undermining escalation process.
- Excellent opportunities to work multi-professionally within clinical skills and simulation
- 97% of students completing a PPQA evaluation during the 2015/2016 academic year would recommend their placement

Summary of requirement

- R1.9 Level of Competence: GP trainees are sometimes required to carry out clinical duties that are beyond the expected level of competence for their stage of training. This condition only relates to any trainee that is asked or expected to be a first attender attending a birth.
- R1.7 Staffing: Postgraduate medical Foundation and Core learners working in Gastroenterology continue to work in a department without permanent consultant staff.
- R1.22 Support: Physician Associates require support with their learning and increased recognition of their role within the Trust
- R1.12 Rotas: Learners and nurse mentors reported being provided with duty rotas which do not allow them sufficient opportunities to meet the requirements of their curriculum.

Review of The Rotherham NHS Foundation Trust

Compliance against HEE Standards by reviewed Learning Environment:

Learning Environment	Learning Environment & Culture						Educational Governance & Leadership					Supporting Learners		Supporting Educators		Curricula & Assessments				Sustainable Workforce				
	1.1	1.2	1.3	1.4	1.5	1.6	2.1	2.2	2.3	2.4	2.5	3.1	3.2	4.1	4.2	5.1	5.2	5.3	5.4	6.1	6.2	6.3	6.4	6.5
Medical Specialties	G	R	G	G	G	G	G	G	G	G	G	A	G	R	A	G	G	G	G	G	G	G	G	G
Acute Medicine	G	G	G	G	G	G	G	G	G	G	G	A	G	A	A	G	G	G	G	G	G	G	G	G
Emergency Medicine	G	G	G	G	G	G	G	G	G	G	G	A	G	G	A	G	G	G	G	G	G	G	G	G
Woman's Health	G	G	G	G	G	G	G	G	G	G	G	A	G	G	A	G	G	G	G	G	G	G	G	G
Children's Health	G	R	G	G	G	G	G	G	G	G	G	R	G	G	A	G	G	G	G	G	G	G	G	G

Learning Environment	Learning Environment & Culture	Educational Governance & Leadership	Supporting Learners	Supporting Educators	Curricula & Assessments	Sustainable Workforce
Medical Specialties	R	G	A	R	G	G
Acute Medicine	G	G	A	A	G	G
Emergency Medicine	G	G	A	A	G	G
Woman's Health	G	G	A	A	G	G
Children's Health	R	G	R	A	G	G

Compliance against HEE Standards by Professional Group:

Learning Environment	Learning Environment & Culture						Educational Governance & Leadership					Supporting Learners		Supporting Educators		Curricula & Assessments				Sustainable Workforce				
	1.1	1.2	1.3	1.4	1.5	1.6	2.1	2.2	2.3	2.4	2.5	3.1	3.2	4.1	4.2	5.1	5.2	5.3	5.4	6.1	6.2	6.3	6.4	6.5
Medical (Postgraduate Doctors)	G	R	G	G	G	G	G	G	G	G	G	R	G	R	G	G	G	G	G	G	G	G	G	G
Healthcare Professionals	G	G	G	G	G	G	G	G	G	G	G	A	G	G	G	G	G	G	G	G	G	G	G	G
Apprentice	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
Physician Associates	G	G	G	G	G	G	G	G	G	G	G	A	G	G	A	G	G	G	G	G	G	G	G	G
Medical Students	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G

Professional Group	Learning Environment & Culture	Educational Governance & Leadership	Supporting Learners	Supporting Educators	Curricula & Assessments	Sustainable Workforce
Medical (Postgraduate Doctors)	R	G	R	R	G	G
Healthcare Professionals	G	G	A	G	G	G
Apprentice	G	G	G	G	G	G
Physician Associates	G	G	A	A	G	G
Medical Students	G	G	G	G	G	G

3. Summary of learning environment discussions:

Medical Specialities

Educators

The medical educators reported that a regular appraisal system is in place and Clinical Supervisors are encouraged to attend the same training as Educational Supervisors. The medical educators felt they received good support from their experienced educator colleagues. However, in terms of communicating strategy, the Nurse mentors felt the amount of communication received from the Trust made it difficult to filter out priorities. The Physiotherapy educators receive monthly team briefs that help to inform them of changes within the Trust.

The medical educators felt that there was an ever present conflict between service delivery and training. Time and workload pressures prevented them from delivering the amount of education and training that they would wish to. Whilst Physician Associates may help in the short term, they were not thought to be the answer. There was general uncertainty from all medical educators and mentors regarding the role and remit of the Physician Associate and it was felt this role was not promoted sufficiently across the Trust. However, despite this the environment was thought to be safe for learners with sufficient support available. Physiotherapy educators are able to have protected time at the end of each week to feedback a summary and develop a plan for their learners for the week ahead.

Learners

All learners felt that this Trust provided a supportive learning environment. Foundation year one (F1) learners felt that the inductions received, which included shadowing, were very thorough and valuable. Nursing and physiotherapy students reported that the feedback and support received was very good and allowed training to be targeted.

F1 learners reported a strong teaching ethic at the Trust. Medical students had freedom to attend training sessions and they are not denied access to teaching sessions. Nursing students received human factors training which was felt to bring a valuable addition to their learning. A Physiotherapy learner reported there was a lot more opportunities for training at this Trust than any other South Yorkshire site.

In terms of multi-professional working F1 medical learners reported receiving Sim Training with nursing students and although sometimes the nurses could perceive the training to be pitched at too high a level initially, all involved appreciated the opportunity to do so. F1s reported that their teaching sessions are often attended by medical students. Induction included an awareness of other peoples' roles and the grand round was seen as a multi-professional learning opportunity. Often junior doctors, physios and nurses will interact which in turn creates informal learning opportunities. However, medical students do not tend to interact with other students other than SIM training with student nurses. All learners would benefit from extended opportunities for multi-professional learning. A Physician Associate learner did not feel people fully understood her role and whilst the panel were aware this was the Trust's first cohort of Physician Associates, it was clear that more Trust wide education was required.

Review of The Rotherham NHS Foundation Trust

Clinical experience was described as variable and dependent on staffing levels. For example F2s reported missing training opportunities due to work pressures. Concerns were raised specifically within Gastro which are detailed in Section 5. Physiotherapy learners experience flexibility and are released for opportunities to enrich their training experience. Student nurses reported having mentors that will inform them regularly of internal and external learning opportunities.

All learners felt it was a great environment to work and that this was felt to be one of the reasons this Trust has such a high retention rate. The Trust was deemed to be “the best” by medical students. No learners experienced bullying or harassment and all would be comfortable for family and friends to be treated at The Rotherham NHS Foundation Trust.

Acute/Emergency Medicine

Educators

The educators as a whole felt well supported by the Trust and reported that funding and protected time was provided for education and training. There was felt to be a commitment to learning in the organisation overall. Nurse educators felt that senior clinicians and managers have a positive educational vision which filters down to the whole team. Allied Health Professionals (AHPs) educators are assigned to a senior mentor for their first three students and felt supported as educators with adequate time to do training.

It was recognised that the Emergency Department (ED) was not currently an ideal situation as the physical environment sometimes compromises opportunities for teaching. It was acknowledged that the new building will open in 32 weeks, but the challenges accompanying this were felt to have compromised learning in the short term. There were felt to be positive plans for leadership and management within the ED.

In terms of multi-professional working the Nursing educators described working with radiologists and Advanced Nurse Practitioners, while Medical educators described opportunities to work with radiology, stroke and pharmacy teams. However, there was recognition that more could be done to promote interprofessional learning.

Learners

As a group the ED learners felt well supported and described the Trust as organised, caring, helpful and interested in education. Medical student induction was felt to be excellent and the package of information sent prior to starting in post was highly valued. In contrast the induction for other groups of learners did not receive much enthusiasm.

The learners had a positive and focused attitude. When asked about working over hours the learners exhibited a commendable patient focused attitude by stating that the only pressure that is put on them to stay is from themselves. There did not appear to be any pressure from the Trust in this area. There was an open, no-blame culture amongst staff which is learning focussed. However, there was a lack of communication regarding the students’ role in safeguarding with greater clarity required of the process and their role.

Review of The Rotherham NHS Foundation Trust

The safety huddles in ED and AMU were good examples of multi-disciplinary working. These were reported as well organised with all professions being involved. The safety huddles within ED were thought to be unique to this Trust within the HEE YH region. However, there seemed to be missed learning opportunities for learners, particularly AHPs. The examples of multi-disciplinary learning were ad-hoc and these will need to become systematic and embedded.

Women/Children's Health

Educators

The Educational Supervisors reported receiving an annual educational appraisal and time is allocated in job plans for their role. There is a regular meeting for Educational Supervisors to discuss the education the department offers and whether any changes are needed. Line managers were reported to be supportive with revalidation having a high profile. Nurse mentors felt there were well prepared for their role. There are annual mentor updates where they are briefed on changes within the Trust. There were general concerns that rota gaps could sometimes impact on training as the Trust does not have a full complement of consultants. It was felt the trust placed too much reliance on locums to fill these gaps.

Learners

The learners were enthusiastic and reported working in a supportive environment with dedicated time for training and education. Midwifery mentors were felt to be very supportive and keen to share their learning experiences. The timetables were felt to be effective and all were released for study days with scheduled teaching reported across all professions; Pharmacy learners have dedicated study leave. Medical students receive frequent organised teaching from junior doctors which is rescheduled where needed. All professions knew who to escalate concerns to and received good support in this area. There was concern regarding the impact of handovers overrunning on theatre and clinic time, but the learners felt the introduction of e-handover will be a positive move towards improving this. Concerns were raised with rota gaps, IT systems and NLS training which are detailed in Section 5. There were no undermining/bullying concerns reported.

Educational Infrastructure

The panel felt that the Trust staff seen on the day represented a close knit group of people with excellent engagement at all levels and the overall tone was very positive. The Educators showed enthusiasm and passion about clinical skills development and were able to identify the impact this had on patient care. The library facilities were valued by all and felt to be integral to the Trust's strategy.

Some educators were vague about the Trust's education strategy but all felt that in principle they adhered to its values. There have been IT problems with MediTech and WiFi and it was felt that diverting resources to resolve these issues may have delayed the implementation of Eduroam.

Review of The Rotherham NHS Foundation Trust

There was a lack of transparency as to where the tariff money sits and how it is distributed and used to support learners. It was disappointing that the expected Finance lead was not present as the panel felt this may have shed more light on this issue.

The Trust's strong education culture and initiatives were praised and the Trust was reported to be moving towards the delivery of a multi-professional strategy within the current financial constraints. For example; medical students and Physician Associates have their training combined to maximise the training opportunities already in place. There were many examples of opportunistic and responsive multi-professional educational opportunities for learners in situ, for example in Emergency Medicine and Paediatrics. There is a strong recognition that the Trust are making efforts to include multi-professional education and training as one of its key strengths and this is evidenced through discussions with Educators. However, in order to develop a true multi-professional approach it will be essential for the Trust's strategy to include increased integration between medical and non-medical.

4. Areas which required improvement

HEE Domain	1 and 3	
HEE Standard	1.1 and 3.1	
HEYH identifier	2016/ROTHMPR/001	
LEP Site	Rotherham Hospital	
Specialty (Specialties)	Paediatrics	
Trainee Level	Foundation – GP trainees	
Concern	GP trainees are sometimes required to carry out clinical duties that are beyond the expected level of competence for their stage of training. This condition only relates to any trainee that is asked or expected to be a first attender attending a birth.	
Evidence for Concern	<p>All trainees called to the delivery room/labour ward as first responders should have full neonatal NLS training. GP trainees reported that they were expected to attend a birth without neonatal life support training. There was concern that any available interim training did not meet national standards. Current Trust arrangements decree that if a trainee is attending a birth, they should be accompanied by a registrar to provide cover where necessary. However, this does not seem to be happening on every occasion.</p> <p>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. (Information on national guidelines supplied as separate document). A letter regarding this issue will be sent to all Trusts within HEE YH.</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 alternative 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	Not Rated	
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 HEE Quality Manager 	
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_0_0_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 The Rotherham NHS Foundation Trust

HEE Domain	1 and 4	
HEE Standard	R1.2 and 4.1	
HEYH identifier	2016/ROTHMPR/002	
LEP Site	Rotherham Hospital	
Specialty (Specialties)	Medicine – Gastroenterology	
Trainee Level	Foundation, Core medical trainees	
Concern	Postgraduate medical Foundation and Core learners working in Gastroenterology continue to work in a department without permanent consultant staff.	
Evidence for Concern	<p>In January 2016 an HEE YH triggered QM visit took place to the postgraduate medical Foundation and Core trainees in the Gastroenterology Department. The panel were disappointed that some of the issues reported on at this visit are still occurring. The Gastroenterology department continue to have no permanent consultant staff. This produces concerns relating to supervision, experience, protected time and patient safety.</p> <p>Managing on long and short term locum cover is neither acceptable nor sustainable and the Trust will need to undertake a review of services within Gastroenterology. This action needs to be a priority for the Trust as departments without permanent senior staff will not continue to receive approval for training.</p>	
Action 1	Review staffing levels in Gastroenterology and develop an action plan to address the deficiencies.	3 months
Action 2	Review rotas and timetables and make appropriate modifications that will allow trainees to meet their curriculum requirements.	3 months
Action 3	Review the impact of new rotas and timetables to ensure sustainability	6 months
Evidence for Action 1	Copy of review and action plan.	3 months
Evidence for Action 2	Copy of review report and summary of rota and timetable modifications	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 the link HEE Quality Manager 	
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	

Review of The Rotherham NHS Foundation Trust

HEE Domain	3 and 4	
HEE Standard	3.1 and 4.2	
HEYH Identifier	2016/ROTHMPR/003	
LEP Site	Rotherham Hospital	
Trainee Level	Physician Associates	
Concern	Physician Associates require support with their learning and increased recognition of their role within the Trust	
Evidence for Concern	<p>The Physician Associates gave a variety of feedback. Whilst they enjoyed working in the Trust, they felt they were not receiving enough support in being supervised directly. Their expectations of the training they should receive were not clear and there was some concern expressed about the Educators' expectations of Physician Associates in terms of their skills and abilities. Many examples were given of the misinterpretation of level of competency.</p> <p>As an evolving work force it was acknowledged that the role of the Physician Associates was new to the current workforce and there is at this early stage some uncertainty as to how to support their learning. The role needs increased recognition, definition and monitoring.</p>	
Action 1	Investigate the concerns and work with Physician Associates to produce a clear training and education plan.	3 months
Action 2	Work to increase recognition of Physician Associate role within the Trust	3 months
Action 3	Investigate concerns and work with Educators to ensure their expectations of Physicians Associate are appropriately in line with skills and capabilities.	3 months
Evidence for Action 1	Summary of the investigation, copy of the action plan and evaluation of the impact that the changes have made.	6 months
Evidence for Action 2	Copy of action plan and evaluation of the impact within the Trust	6 months
Evidence for Action 3	Summary of the investigation, copy of action plan and evaluation of impact that the changes have 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 the link HEE Quality Manager 	

Review of The Rotherham NHS Foundation Trust

HEE Domains	3	
HEE Standard	3.1	
HEYH Identifier	2016/ROTHMPR/004	
LEP Site	Rotherham Hospital	
Specialty (Specialties)	Medicine/ Acute/Emergency Medicine / Women & Children's Health	
Trainee Level	Foundation, GP, Core medical trainees, Nursing mentors	
Concern	Learners and some nursing mentors reported being provided with duty rotas which do not allow them sufficient opportunities to meet the requirements of their curriculum.	
Evidence for Concern	<p>Rota gaps in Medicine, Acute/Emergency Medicines and Women/Children's Health make it difficult for trainees to access training opportunities. For example; GP trainees, nursing mentors and medical foundation trainees all reported an inability to leave the ward to attend teaching sessions due to workload pressures.</p> <p>Whilst the panel understand the challenges of working with a small workforce, the Trust need to think innovatively and creatively to ensure this does not impact negatively on a learner or educator's ability to attend training.</p>	
Action 1	Work with learners 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 2	Review the impact of the introduction of new rotas/rota arrangements.	6 months
Evidence for Action 1	Copies of rotas.	3 months
Evidence for Action 2	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 the link HEE Quality Manager 	
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#	

5. Information about this Local Education Provider

The Rotherham NHS Foundation Trust is a modern, progressive Trust, with a reputation for clinical excellence and efficiency.

The main Rotherham Hospital site is situated just two miles south of Rotherham town centre in pleasant suburban surroundings, within close proximity to the M1 and M18 motorways, six miles from Sheffield and close to Doncaster. They operate a large number of community services out of other sites across Rotherham including Rotherham Community Health Centre which is close to the town centre.

Awarded Foundation Trust status in 2005, they provide a wide range of health services to the people of Rotherham (population approximately 252,000) and to an increasing number of patients from further afield. The Rotherham NHS Foundation Trust was developed from the Rotherham General Hospitals NHS Trust. As one of the first 35 Trusts in England and Wales to achieve NHS Foundation Trust status, the Trust has developed a reputation as a thriving and successful organisation achieving recognition at local, regional and national levels.

The Accident and Emergency (A&E) Department deals with around 75,000 patients per year alongside approximately 55,000 inpatients and 250,000 outpatient attendances each year.

The Trust is an Associate Teaching Hospital of the University of Sheffield and has an active research programme delivered through local, regional, national and international research networks and consortia.

Rotherham Hospital is the Trust's main site but the Trust now operates out of a large number of other sites as shown below:

- Rotherham Hospital
- Rotherham Community Health Centre (RCHC) and Walk-in Centre
- Breathing Space
- Park Rehabilitation Centre (PRC)
- Rotherham Intermediate Care Centre (RICC)
- Kimberworth Place

Care Quality Commission (CQC)

The organisation received a new style CQC visit during February 2015 and again during September 2016, the outcome of the latest visit is not yet known.

Information derived from February 2015 CQC report:

CQC inspected The Rotherham NHS Foundation Trust as part of their comprehensive inspection programme and carried out an announced inspection between 23-27 February 2015. At the same time an inspection of the quality and effectiveness of the arrangements that health care services have made to ensure children are safeguarded was also taking place. These inspections are part of a national programme that the Care Quality Commission is currently undertaking. The inspections review health services within local authority areas in England and will case track individual children in each area.

In addition to this, an unannounced inspection was carried out on 7 March 2015. The purpose of the unannounced inspection was to look at the children's ward and the medical admissions unit at the Rotherham Hospital.

Overall, the CQC rated this trust as Requires Improvement however they did note some outstanding practice and innovation. Improvements are needed to ensure that services are safe, effective, responsive and well led.

Supporting Information

HEE commissions £5.74m for the education and training of learners within this training environment.

Postgraduate Medical Trainees – General Medical Council (GMC) National Training Survey Results 2016 and Yorkshire and the Humber Trainee Survey 2015

Findings from the GMC Survey 2016 show triple red outliers in overall satisfaction both for Endocrinology & Diabetes Mellitus and Gastroenterology across 2014, 2015 and 2016. There were also areas of concern for both sub-specialities in supervision, adequate experience and workload.

Emergency Medicine reported a new pink outlier for a supportive environment in post speciality feedback, with a red flag for overall satisfaction in the programme group.

Paediatrics showed concerns in adequate experience and supportive environment with pink flags for both in the post speciality trend analysis and red flags in the programme group trend analysis for adequate experience, supportive environment, access to educational resources and study leave.

Obstetrics and Gynaecology trainees reported satisfaction with induction and this was reflected in the triple green outlier. A green flag for overall satisfaction was also achieved for O&G in overall satisfaction.

Non-medical students – Practice Placement Quality Assurance (PPQA) Survey Results 2015/16

The PPQA data held for nurses, midwives and allied health professionals (AHPs) at the placement provider reflect that this group of learners would, in the vast majority, recommend their placement as a valuable learning experience. 97% of students completing a PPQA evaluation during the 2015/2016 academic year would recommend their placement. The overriding majority were happy with their induction, understood the process for raising any concerns and felt any raised were appropriately dealt with. Concerns were raised regarding IT, performance feedback and safe storage of belongings and this was reflected by an amber/red flag. However, it is acknowledged that these issues are region wide.

PPQA – Audit and Mentor / Practice Educator Register

The practice placement audits within the specialties are not up to date. Only Acute/Emergency Medicine has completed all the audits within the two year period required by the Nursing and Midwifery Council (NMC). 87% of audits have been completed for the trust as a whole within this time period.

As at August 2016 the mentor/practice educator register indicates a number of nursing and midwifery mentors who are out of date or have not completed their triennial review within the three year period specified by the NMC. In order to comply with the NMC standards, these

Review of The Rotherham NHS Foundation Trust

mentors should not be mentoring students until they have completed their updates / triennial reviews.

Undergraduate Medical Students – Placement Feedback

Students continue to enjoy their placements at The Rotherham Hospitals NHS Foundation Trust reporting positive learning experiences across specialties.

Quality Surveillance Group Information

Routine Surveillance – no specific significant concerns but watching brief on dips in performance. This will be reviewed in November 2016.

- Diagnostics Waiting Times – failed in January, there was an underperformance of 1.69% against a target of 1%, based on provisional data. This has been raised with the Trust and will be discussed further via Contract Quality Meetings.
- A&E – Demand and capacity issues. The Trust failed to achieve the STF trajectory of 92.5% for July 2016 reporting 89.11%. A new action plan was developed with a local recovery trajectory. September 2016 - A&E August position ended at 95.04%, the recovery plan continues to be in place

Clinical Skills Training

During the most recent audit, all standards were met.

Rating Guidance

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

Impact

This takes into account:

- patient or trainee safety
- the risk of trainees not progressing in their training
- educational experience – eg, the educational culture, the quality of formal/informal teaching

Likelihood

This measures the frequency at which concerns arise eg. 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.

Risk

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

Risk Scores		Risk Assessment				
		Likelihood				
High (15-25)	5 - Almost Certain	5	10	15	20	25
	4 - Likely	4	8	12	16	20
Medium (5-12)	3 - Possible	3	6	9	12	15
	2 - Unlikely	2	4	6	8	10
Low (1-5)	1 - Rare	1	2	3	4	5
		1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
		Impact on Learners and/or Patient Care				