

Barnsley Hospital NHS Foundation Trust

This visit is part of a regional review and uses a risk-based approach. For more information on this approach please see the [General Medical Council website](#).

Review at a glance

About the visit

Visit dates	15 October 2014
Site(s) visited	Barnsley Hospital
Programmes reviewed	Obstetrics and gynaecology, paediatrics and emergency medicine including medical students, foundation, and higher specialty trainees.
Areas of exploration	Patient safety, clinical placements, transfers of information, and resources.
Were any patient safety concerns identified during the visit?	Yes
Concern	Foundation year 2 doctors in training are supervised by a non-resident on-call middle grade from 9pm on the general surgery ward. The Foundation year 2 doctor is responsible for taking new acute referrals and admissions into the ward. These new and potentially very sick patients may not be seen by a more senior doctor for more than 12 hours if the Foundation year 2 doctor does not consider the case to require immediate support from the non-resident on-call doctor.

Action Taken	This has been highlighted to the Trust as a serious concern and they have implemented resident on-call middle grade to support Foundation year 2 doctors during out of hours. We have referred this to our enhanced monitoring process – see requirement 1.
Were any significant educational concerns identified?	No
Has further regulatory action been requested via <u>enhanced monitoring</u>?	Yes

Summary

- 1** Barnsley Hospital NHS Foundation Trust was visited as part of our regional review of undergraduate and postgraduate medical education and training in Yorkshire and Humber. The visit focussed primarily on doctors training in emergency medicine, obstetrics and gynaecology, paediatrics, undergraduate medical students from Sheffield Medical School, and those on the foundation programme. Barnsley is currently under financial pressures and measures are in place to rectify this.
- 2** We did have concerns that foundation year 2 doctors in training are supervised by a non-resident on-call middle grade from 9pm on the general surgery ward. The foundation year 2 doctor is responsible for taking new acute referrals and admissions into the ward. These new and potentially very sick patients may not be seen by a more senior doctor for more than 12 hours if the foundation year 2 doctor does not consider the case to require immediate support from the non-resident on-call doctor. The LEP has since put measures in place to ensure that surgical supervision at nights is on-site.
- 3** Overall, we found that the LEP was committed to education and training at board level. Medical students and doctors in training were well supervised and supported. They consistently described an accessible and effective team which significantly contributed to the learning opportunities within the LEP. Engagement from the senior management team in the form of regular meetings was highly regarded amongst medical students and doctors in training. Moreover, both medical students and doctors in training appeared to have a good awareness of human factors and non-technical skills.
- 4** There appeared to be regular meetings between doctors in training and the LEP's senior management team, including the medical director and the chief executive officer. Whilst doctors in training at all levels valued the opportunity to give direct feedback on their training, the senior management team recognised this as a means to keep doctors in training informed of developments within the LEP.
- 5** We considered the meetings as a formalised platform to foster a positive relationship between all those involved in education and training at the LEP. Doctors in training we met had experiences in highlighting areas that require further improvement to the

LEP's senior team during these meetings, and subsequent actions to address issues were also clearly acknowledged.

Areas of exploration: summary of findings	
Patient Safety	<p>The LEP was committed to quality patient care, and there are good initiatives around patient safety. However, there are also a number of potential risks:</p> <p>Doctors in foundation training did not have access to on-site, residential supervision at all times (see requirement 1).</p> <p>Doctors in training did not always have full access to essential clinical information such as handover notes during induction period (see requirement 3).</p> <p>Outdated terminology is used when referring to grades of doctors in training, which could potentially lead to inappropriate expectations of their competence and the level of clinical supervision required (see requirement 4).</p> <p>Doctors in training during on-calls did not always have reliable means of communication such as pagers to access senior support (see requirement 5).</p>
Clinical placements	<p>Engagement from consultants at both undergraduate and postgraduate levels provided consistently accessible and effective support for doctors in training and medical students which contributes to the wide range of learning opportunities within the LEP.</p> <p>Whilst doctors in training and medical students both valued the wide breadth of learning opportunities through clinical placements at the LEP, approaches</p>

	adopted across placements did not appear to be consistent at all times (see recommendation 2).
Transfer of information	No issues were highlighted in regards to Transfer of information. Clinical and educational supervisors were well informed about health or performance related issues with students or doctors in training as they began new posts at the LEP.
Resources	Doctors in training and medical students appeared satisfied with the resources available at the LEP and spoke highly of the learning facilities available. We also noted the LEP has a commitment to develop simulation further by funding a simulation fellowship. However, access to IT facilities may be problematic when doctors in training began new posts at the LEP.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors The Trainee Doctor</i>	Requirements for the LEP
1	TTD 1.11	Doctors in foundation training must have access to on-site, residential supervision at all times.
2	TTD 1.6	Clinical handover should be scheduled to coincide with rotas so doctors in training are not required to stay beyond scheduled shifts in order to achieve safe handover of care.

3	TTD 1.6 TTD 8.2	Doctors in training must have access to essential clinical information such as handover notes during induction period.
4	TTD 1.2 TD 34	Terminology used to refer to and identify doctors in training and medical students must be such that patients and colleagues are aware of the status and training grade of each individual. The terms SHO must not be used.
5	TTD 1.3	Doctors in training during on-calls must have reliable means of communication such as pagers to access senior support.
6	TTD 8.4 TD 162	Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.

Requirement 1: Doctors in Foundation training must have access to on-site, residential supervision at all times.

- 6** Foundation year 2 doctors reported that they are supervised by a non-resident on-call middle grade doctor from 9pm on the general surgery ward. The on-call foundation year 2 doctor is solely responsible for taking new acute referrals and admissions into the ward. This arrangement for the general surgery ward at nights was further confirmed by their supervisors and the LEP's management team.
- 7** This could pose a risk to patients as these new and potentially very sick patients may not be seen by a more senior doctor for more than 12 hours if the foundation year 2 doctor does not consider the case requires immediate support from the non-resident on-call doctor. Foundation doctors may not have the experience or knowledge to recognise when further support is needed.
- 8** This has been highlighted to the Trust as a serious concern and they have implemented resident on-call middle grade to support foundation year 2 doctors during out of hours. We have referred this to our enhanced monitoring process.

Requirement 2: Clinical handover should be scheduled to coincide with rotas so doctors in training are not required to stay beyond scheduled shifts in order to achieve safe handover of care.

- 9 Doctors in training reported that handover was not arranged in the cross over time between shifts in some speciality posts; hence doctors may need to stay beyond their scheduled shifts in order to handover. It was acknowledged that this is not a widespread issue across departments, however this may still impose a potential risk to patients as doctors may need to work excessive hours.

Requirement 3: Doctors in training must have access to essential clinical information such as handover notes during induction period.

- 10 Doctors in training reported that they have difficulties in getting full access to patient records and clinical information during the induction period, supervisors also confirmed that there were incidents of prolonged delays of assigning passwords for network access. Doctors in training reported that they had no access to handover systems or X-ray slides when they started their new posts at the LEP. This is considered as a risk to patients as doctors in training will be limited in providing adequate and continuous care to patients. In addition, their learning opportunities may also be restricted. This is a particular risk for doctors in transition from post to post or those starting a new post within the LEP.

Requirement 4: Terminology used to refer to and identify doctors in training and medical students must be such that patients and colleagues are aware of the status and training grade of each individual. The terms SHO must not be used.

- 11 Out of date terminology is embedded in the LEP. The use of 'senior house officer (SHO)' is widespread. An SHO may range from foundation year 2 to core training year 2; the difference in competence between these levels means that doctors in training could be asked to do something outside of their competence.

Requirement 5: Doctors in training during on-calls must have reliable means of communication such as pagers to access senior support at all times.

- 12 Doctors in training reported that they were unaware of a policy addressing the distribution of pagers as well as how to use them during on-calls. In addition to this, doctors in foundation training at surgical wards reported challenging scenarios in

accessing senior support when pagers were assigned to senior doctors in surgical theatre sessions. There appeared to be confusion on who is responsible for answering the pager during those sessions. Doctors in training sometimes were asked to use mobile phones instead of pagers, however, mobile phones may not have signal across all wards within the LEP due to poor coverage.

Requirement 6: Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.

13 The Trust had recently reduced the specified professional activity (PA) allocation for trainers from .25 to .125 per trainee. This is less than the LETB recommends, which is .25. Consultants and doctors in training reported that there was very limited time for educational and clinical supervision, and consultants noted that even after the reduction in allocated time they were not always able to access the PA.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>Tomorrow's Doctors/ The Trainee Doctor</i>	Recommendations for the LEP
1	TTD 5.4	The educational value of community placements in paediatrics and other foundation training posts in primary care should be evaluated.
2	TTD 1.2	Approaches to clinical supervision, support and care in the paediatrics and neo-natal unit should be consistent at all times.

Recommendation 1: The educational value of community placements in paediatrics and in other foundation training posts in primary care should be evaluated to ensure learning opportunities are fully explored and maximised.

14 Whilst doctors in community placements, especially paediatrics and foundation training in primary care voiced concerns relating to their educational value, supervisors of these placement posts were not aware of these concerns and appeared to value these placements as one of the LEP's strengths. It was understood that community placement is a new initiative within the LEP, and many aspects are still largely in development.

Recommendation 2: Approaches to clinical supervision, support and care in the paediatrics and neo-natal unit should be consistent at all times.

15 Whilst the level of engagement and support from supervisors was notable across all specialities and departments at the LEP, the approaches to clinical supervision, support and care in paediatrics and neo-natal unit appeared to vary. Doctors in paediatrics and neo-natal training posts reported that conflicting information and advice was sometimes given, and this has caused confusion amongst recipients.

Acknowledgement

We would like to thank the Barnsley Hospital NHS Foundation Trust and everyone we met during the visits for their cooperation and willingness to share their learning and experiences.