

BOARD OF DIRECTORS MEETING (Open)

Date: 10 th October 2018	Item Ref:	9
TITLE OF PAPER	Health Education England Education and Training Self-Assessment report (SAR)	
TO BE PRESENTED BY	Dean Wilson, Director of Human Resources	
ACTION REQUIRED	Board members are required to note and approve the SAR before submission to Health Education England	
OUTCOME	To be noted at Board	
TIMETABLE FOR DECISION	Deadline for submission to HEE is 30 th October 2018	
LINKS TO OTHER KEY REPORTS / DECISIONS	Members of the Trust workforce planning group have reviewed and contributed to the SAR ahead of it being submitted to EDG prior to October Board. New roles described in the SAR have been subject to scrutiny at Transformational Operational and Business Planning groups	
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Quality & Safety; People Strategic Objectives A1 02: Deliver safe care at all times; A 2.02 We will develop a strategic approach to enable workforce transformation	
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Learning and Development Agreement (LDA) 2018	
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Ensuring the quality of the clinical learning environment. Service reconfiguration and workforce shortages can have an adverse impact on our ability to provide practice placements and mentorship to pre and post registration students. Our ability to maintain this is critical to attracting, recruiting and retaining the future workforce and meet service needs. Income from HEE for this work is dependent on the Trust meeting all the domains within the HEE Quality Framework There is a financial impact of the development of new roles due to backfill costs for training and development.	
CONSIDERATION OF LEGAL ISSUES	The Trust has a contractual agreement with Health Education England through the Learning and Development Agreement (LDA)	
Author of Report	Contributions from educators across all clinical professions, collated and compiled by Karen Dickinson	
Designation	Head of Education, Training, and Development	
Date of Report	2 nd October 2018	

SUMMARY REPORT

Report to: BOARD OF DIRECTORS

Date: 10th October 2018

Subject: Health Education England Education and Training Self-Assessment report (SAR)

Author: Contributions from educators across all clinical professions, collated and compiled by Karen Dickinson, Head of Education, Training, and Development

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
X					

2. Summary

The HEE Education and Training self-assessment report is an annual requirement as part of the Trust's Learning and Development agreement. The total initial 2018/19 LDA contract value (including undergraduate) is £2,851,618.04.

Annual multi professional quality visits from Health Education England take place which provide assurance for the quality and government of education and training for clinical placements. The next quality visit will be in January 2019.

The SAR return for 2018/19 provides evidence that the Trust meets all 6 domains of the HEE Quality Framework and highlights some areas of good practice within the Trust including quality improvement, teaching underpinned by lived experience and patient educator roles, and the development of new roles in advanced practice.

Health Education England have asked us to document the challenges during the reporting period and we have noted these as workforce skills shortages, reconfiguration for services and funding for the development of new roles.

The SAR also acknowledges areas for development which focus on strengthened our multi professional approach to a quality learning environment and improving access to library and knowledge services for students. Monitoring of progress will be managed through the Trust Workforce Planning Group whose remit will be expanded to include Education Governance.

3. Next Steps

- Submission of the SAR to Health Education England by 30th October 2018.
- Development of an action plan for identified improvements in 2018/19.

4. Required Actions

Members of the Trust Workforce Planning Group have reviewed the SAR ahead of it being submitted to EDG prior to October Board.

Board members are required to approve the SAR for submission to HEE.

5. Monitoring Arrangements

Monitoring will be through the Trust Workforce Planning Group chaired by the Director of Human Resources.

6. Contact Details

Dean Wilson, Director of Human Resources dean.wilson@shsc.nhs.uk and
Karen Dickinson Head of Education, Training and Development
karen.dickinson@shsc.nhs.uk

2018 Education & Training Self-Assessment Report (SAR)

Reporting Period: 1 August 2017 to 31 July 2018

Deadline for submission to HEE: 31 October 2018

Trust's name:	Sheffield Health and Social Care NHS Foundation Trust
Value of contract / funding with HEE:	<ol style="list-style-type: none"> 1. Total initial 18/19 LDA value (<i>including undergraduate</i>): £2,851,618.04 2. Total for salaries for doctors in training in 18/19: £874,633.00 3. Total estimated Medical placement tariff in 18/19: £506,779.00 4. Total estimated Non-medical placement tariff in 18/19: £228,355.56
Trust Chief Executive's name:	Mr Kevan Taylor
Director(s) of Education's name: (or equivalent, please state job title):	<p>Dr Hamid Alhaj, Director of Medical Education</p> <p>Karen Dickinson Head of Education, Training, and Development</p>
Name of Board Level Exec/Non-exec Director responsible for Education and Training strategy within your organisation:	Dean Wilson, Director of Human Resources
Report compiled by (responsible for completion of):	Karen Dickinson Head of Education, Training, and Development
Report signed off by:	Dean Wilson, Director of Human Resources
Date signed off:	4th October 2018
Board Approval:	
1. Approved by	Trust Board Members
2. Date seen at or scheduled for Board meeting	Trust Board meeting 10th October 2018

Contents

Section 1: Organisation overview linked to the HEE Quality Framework.....	3
1.1. Statement of how the HEE Quality Domains are being met organisationally	3
1.2. Top three successes	4
1.3. Top three challenges or prominent issues that HEE should be aware of	5
1.4. Strategic workforce plan.....	6
Section 2: Exception Reporting against HEE Quality Domains	7
2.1. Multi-professional	7
2.1.1. Organisation overview linked to the HEE Quality Domains	7
2.1.2. Good Practice Items.....	14
2.1.3. Challenges or important issues that HEE should be aware of.....	14
2.2. Postgraduate Medical.....	14
2.2.1. Organisation overview linked to the HEE and GMC Standards.....	14
2.2.2. Good Practice Items.....	17
2.2.3. Challenges or important issues that HEE should be aware of.....	18
2.2.4. Medical faculty roles, organisation and accountability.....	19
2.2.5. Staff and Specialty Grade Doctors (SASG) and Locally Employed Doctors (LEDs) Faculty development.....	19
2.3. Undergraduate Medical	21
2.3.1. Organisation overview linked to the HEE and GMC Standards	21
2.3.2. Good Practice Items.....	26
2.3.3. Challenges or important issues that HEE should be aware of.....	26
2.4. Academic Training.....	26
Section 3: Reference List of Supporting Information	27
Section 4: 17/18 and 18/19 LDA Funding	29
Section 5: Simulation, Patient Safety and Human Factors	30
Section 6: Equality and Diversity	33
Section 7: Libraries and Knowledge Services (LQAF)	35
Section 8: Additional Information	36
8.1 Supporting Learners at Coroners' Court and following Serious Incidents.....	36
8.2. Educational Opportunities during winter pressures	39

Section 1: Organisation overview linked to the HEE Quality Framework

1.1. Statement of how the HEE Quality Domains are being met organisationally

This SAR is aligned to the HEE Quality Framework: <https://hee.nhs.uk/our-work/quality>

For medical education the SAR is also aligned to the GMC Standards:

<http://www.gmc-uk.org/education/index.asp>

Trust's response (max of 500 words)

The responses provided against the HEE Quality Domains and GMC standards provide evidence of the Trust's provision of, and commitment to safe, high quality learning experiences for all our students.

We fully support the new multi-professional approach to assessment and quality described in the HEE quality framework and are making good progress in developing a more integrated Trust approach which includes nurse educators within medical education, a multi professional approach to workforce planning, combined peer networks for Advanced Clinical Practitioners and Physicians Associates, and an integrated placement quality team covering pre-registration nursing, health and social care apprentices, and new nursing associate role development.

This year our focus will be on using resources in a more integrated way to support the multi professional learning environment. We are proud of developments in service user roles in education and training and will continue to expand these roles to ensure student experience is enriched through learning from people with lived experience of our services.

Through completing the self-assessment we have identified that we need to strengthen our approach to library and knowledge services and will be undertaking the self-assessment and agree a plan for improvements during 2018/19.

We would like to increase the diversity of our workforce to ensure that it is representative of the communities that we serve. Our Widening Participation strategy involves working with local schools and colleges such as the University Technical college to encourage more young people into roles with health and social care. We aim to influence our University partners to ensure their recruitment policies attract and support students from under represented groups and support the progression of our current support staff into professional training pathways.

1.2. Top three successes

This section should be used to document a high-level summary of the successes your organisation is most proud of achieving during the reporting period.

Description of success	Domain(s)	Standard(s)
<p>Quality improvement Focus on workplace behaviours'- Microsystems are widely promoted and utilised within SHSC both in postgraduate and undergraduate medical education specific to workplace behaviours and with the aim of making the most effective use of resources and skill-sets within the department for the benefit of trainees and by extension, service users. Each month the Quality Improvement Forum explores various issues and resolutions, specific to both the curricular and also Trust procedures, which promotes a self- reflective culture of mitigating both internal and external pressures upon service delivery. Annual Quality Improvement event showcasing the various good practices of individual trainees across the Trust, some of whom received prizes for the effective implementation of their various quality improvement initiatives.</p>	Learning environment and culture	1.1 1.3 1.4
<p>Teaching/training input from people with lived experience reinforces compassionate care and recovery model as achievable in modern psychiatric practice. Developed and implemented a project with nursing students to bring service user mentors into the learning environment in offering recovery supervision sessions to help shape early learning of the value of experts by experience etc. There is enthusiasm from the service user volunteers recruited to assist with coproduced simulation sessions as part of teaching & learning. We have developed a range of integrated professional teaching & learning opportunities using patient educators, nurse educators, multi professional teaching & digital resources</p>	Delivering curricula and assessments	5.2 5.3
<p>New roles in advanced practice The employment of Physician Associates (PAs) and Advanced Clinical Practitioners (ACPs) in mental</p>	Developing a sustainable workforce	6.2 6.3 6.4

<p>health is relatively low with much of the workforce emphasis has been on their roles in acute medicine and general practice. In view of the themes of 5YFV and the excess morbidity and mortality in people with severe mental illness, we are investing in 4 PAs and 4 ACPs whose role will be addressing physical health, chronic illness and the up-skilling of other staff to address this deficit. We are developing an integrated approach to the induction, supervision, and on-going development of these roles which will provide reciprocal learning opportunities between the medical and non-medical workforce.</p>		
--	--	--

1.3. Top three challenges or prominent issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section.

Description of challenges	Domain(s)	Standard(s)
<p>Workforce skills shortages Like many mental health Trusts across the country we are experiencing workforce shortages in psychiatry and mental health nursing. As well as the impact on services this presents additional pressures on the placement circuit and the staff who provide mentorship and assessment in the workplace. Evidence is provided in the self-assessment report on ways in which we are mitigating these risks.</p>	Developing a sustainable workforce	6.3
<p>Reconfiguration of services During the reporting period the Trust has undergone significant restructuring. Services have now been aligned within 'Crisis and Emergency Care' and 'Scheduled and Planned Care networks'. The greatest impact upon placement provision has been felt within the Adult community teams who have seen the highest level of change. Evidence is provided in the self-assessment report on ways in which we are mitigating these risks.</p>	Learning environment and culture	1.1
<p>Changes to funding Uncertainty over future funding models is a challenge</p>	Developing a sustainable	6.3

for example the possible removal of bursaries for psychology training. The development of new roles also creates a significant cost pressure for services for the release of staff which is not fully covered by the HEE training grants.	workforce	
---	-----------	--

1.4. Strategic Workforce Plan

Does your organisation have a strategic workforce plan (delete as appropriate)?

Yes - a draft plan is in place which will be finalised by March 2019	No
--	----

Who within your organisation is responsible?

Name and job title	Dean Wilson, Director of Human Resources
--------------------	--

Section 2: Exception Reporting against HEE Quality Domains

2.1. Multi-professional

2.1.1. Organisation overview linked to the HEE Quality Domains

Please report, by exception, where your organisation does not meet the HEE Quality Framework within the reporting period for the groups listed in the guidance notes. In addition, please provide an overall narrative along with some organisational / departmental / unit examples which support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.

HEE Domain 1 Learning Environment and Culture

For additional guidance refer to HEE Quality Framework, page 10

HEE priority for 2018 reporting in this domain is:

- A focus on workplace behaviours and strategies for resolution of issues of concern

Trust's response:

Nursing

SHSC currently has 45 active placement areas for non-medical students. The placement circuit is supported by 246 active mentors/practice educators. Placement profiles and the mentor register are held within the Practice Placement Quality Assurance (PPQA) data base. Each placement has a named Learning Environment Manager (LEM) and Sheffield Hallam University (SHU) Link Lecturer. Placements are audited every 2 years using the Regional Education Audit Tool. In collaboration with the SHU Lead Link Lecturer the PQT host a quarterly LEM meeting where issues relating to placement delivery can be raised and addressed.

All student nurses have a 2 day induction at the beginning of their first placement in the Trust. During induction students are made aware of procedures and policy relating to the escalation of concerns and the support that is available to them. The induction is co-delivered by Recovery Tutors who draw upon their lived experience to give a service user perspective on service delivery and outcomes, and the Respect team who deliver training relating to personal safety and the management of violence and aggression.

Each student is allocated a Placement Quality Facilitator (PQF) to provide additional 1-1 support during placement. The PQF initiates contact early in the placement to review progress and ensure education standards are being met. Over the training period the PQFs are able to build relationships with the students enabling them to respond quickly and effectively to any concerns they may have. Further support to students within Acute Inpatient teams is provided through the Placement Advisor Project. Recovery tutors facilitate 1-1 and group sessions where Recovery is discussed from the service user perspective.

Students complete post placement evaluations within the PPQA platform. 100% of responders stated they understood the process for raising concerns within the placement. Students complete 26 statements relating to the quality of their learning experience. Where a no response is recorded the student is required to provide additional narrative. During the reporting period 151 evaluations were recorded. 93% of responses were positive, 3% negative and 4% not applicable.

Pharmacy

There is an overarching senior educator that supervises the pre-registration students. This role is supportive and the learners are encouraged to raise concerns without fear of adverse consequences

Clinical Psychology

Trainees and clinical tutors are selected using values-based recruitment processes. Compassionate care, leadership, inter-professional working, research and evaluation are integrated into the teaching and assessment processes in both the University and placement settings.

Trainees are on placements across South Yorkshire, predominantly in the Sheffield, Barnsley, Rotherham and Doncaster areas. All trainees have a clinical supervisor on placement in addition to a clinical and academic tutor at the University. All trainees have a 2-day induction at the beginning of their training and are made aware of SHSC Trust and University policies in early teaching sessions prior to the start of placement. For placements outside of SHSCFT, trainees are introduced to local policies and procedures by the supervisor at the start of placement. Every trainee is visited on placement by a clinical tutor on at least one occasion and Trainees also have a mentor within the region who does not have an assessment role in relation to the trainee. Placement quality is monitored by the clinical tutor team and Director of Clinical Practice and significant concerns can be raised with these staff, employed within SHSC, and dealt with via

Health Education England

Trust and, if relevant, University procedures. Academic staff also act as personal tutors and monitor the trainee's learning, development and well-being.

The Placement Audit provides a formal opportunity for trainees to evaluate the quality of each placement and trainees are asked to provide feedback after each of their placements. This monitors placements against British Psychological Society (BPS) Accreditation criteria. The anonymised results of the audit are used to evaluate general trends across all placements, in terms of both available resources and the experience of training provided. Individual issues are addressed by the clinical tutor team as required. In addition to weekly supervision from their placement supervisor, all trainees take part in Reflective Practice sessions, including Balint Groups, throughout their training to improve their reflective practice and help address issues that arise from work. They receive teaching on the value of reflective practice and are encouraged to attend Schwartz rounds where possible on placement.

Allied Health Professions

For Occupational Therapy and Physiotherapy we have one of the senior AHP leads who oversees and monitors practice placements and is the key liaison with higher education establishments.

HEE Domain 2 Educational Governance and Leadership

For additional guidance see HEE Quality Framework, page 11 -12

HEE is keen to understand new models of learning in practice and the impact this is having on your organisation. Please include within your response:

- *Have you increased capacity for learners in your organisation?*
- *Have you increased your numbers of supervisors/mentors?*

HEE priority for 2018 reporting in this domain is:

- *Monitoring of LEP use of financial resources provided by HEE to support training. The new Learning Development Agreement (LDA) will be used to link financial resource to quality of training. (See SAR section 4, page 18)*
- *Governance of programmes with complex structures (e.g. Pharmacy & Healthcare Science) where nationally coordinated processes can impact on local delivery within HEE.*
- *Clear identification through STEIS (Live Flow) reporting of trainees/learners involved in Never Events and SUIs for both pastoral support and revalidation reasons. (See SAR section 8.1, page 26)*

Trust's response:

Nursing

During the reporting period the Trust has undergone significant restructuring. Services have now been aligned within 'Crisis and Emergency Care' and 'Scheduled and Planned Care networks'. The greatest impact upon placement provision has been felt within the Adult community teams who have seen the highest level of change. Despite this the Trust has been able to maintain placement capacity and is now in a position to expand placement provision in some of the newly formed teams. Many Learning Disability services once provided by the Trust are now delivered by private voluntary sector organisations; the Trust has therefore lost much of its capacity to support Learning Disability student nurses and this trend is set to continue. Placement capacity is monitored by the Placement Quality Team (PQT) through placement audit, LEM meetings and close collaboration with the individual placement providers.

The PQT enjoys a strong working relationship with colleagues at SHU. Regular meetings are held with both the SHU director of placements and lead link lecturer to ensure educational governance arrangements are adhered to and any issues can be quickly addressed. The Trust is also represented at the SHU Curriculum and Placement Learning Partnership, Supporting Learners in Practice group and Health and Social Care Workforce Education and Training Partnership group. The Professional Lead for Education Training and Development attends a monthly meeting with the Chief Nurse and her two deputies to specifically discuss issues pertaining to the governance of placement provision and the development of new roles in the Trust.

Pharmacy

There are currently 3 supervisors. The education of the learners is closely monitored and supported in line with the curriculum that has been developed and submitted to the General Pharmaceutical Council (GPhC) for approval.

Clinical Psychology

The programme is based at the University of Sheffield and hosted by SHSC NHS FT. University based staff include both academic lecturers and clinical tutors. Clinical tutors are employed within Psychological Services, SHSC and line manage all trainees. This means that links between the University and placements are strong with clinical tutors all engaged in clinical practice and many supervisors contributing to teaching and programme governance via membership of the Programme Training Committee and sub-committees.

The programme structure and content is determined by the requirements of HCPC Standards of Proficiency and our professional body, the British Psychological Society (BPS), and tailored to local expertise and service need. The BPS Division of Psychology Group of Trainers in Clinical Psychology (GTiCP) provide a national network and reference group for programme staff. The programme has maintained a constant cohort of 18 in recent years and, despite significant service pressures, has maintained sufficient high quality placements and provided ongoing supervisor training to support this. Placement capacity is monitored by the clinical tutor team and the Director of Clinical Practice and in collaboration with neighbouring clinical psychology training programmes. People with lived experience contribute to selection, teaching and assessment and two Experts by Experience Consultant posts were developed earlier this year within Psychological Services. These staff members play an active role in developing the programme. Feedback from trainees is gathered on all aspects of the programme and reviewed and acted upon on an ongoing basis.

Allied Health Professions

We monitor the practice placements offered and who has, and has not, offered a practice placement in order to maximise placement opportunities. Having a significant number of part time staff we encourage some sharing of input across a staff team although students will have one designated placement educator. For Occupational Therapy we also encourage some staff to support 'long arm placements' where it would not be possible for them to offer in house placements.

In the future with the development of the new dietetic programme at Sheffield Hallam we are working with them to look at offering practice placements.

HEE Domain 3 Supporting and Empowering Learners

For additional guidance refer to HEE Quality Framework, page 13-14

HEE priority for 2018 reporting in this domain is:

- *Improving support given to learners/trainees involved in Never Events/other adverse outcomes and subsequent clinical governance processes including Route Cause Analysis, Coronial Inquiries etc. (See SAR section 8.1, page 26)*

Trust's response:

Nursing

All learners are allocated named mentors/practice educators for each period of placement learning. PQFs actively engage with learners to ensure they are receiving the appropriate level of supervision and that formative and summative assessments are completed to evidence learning outcomes.

The Trust currently operates a Hub and Spoke model of placement provision for student nurses enabling them to develop understanding of their role across care pathways and patient journeys. Student evaluations demonstrate that learners feel they are valued by the healthcare teams as all but one of the 151 respondents felt staff in the practice area were friendly, helpful, and included them as part of the team

and had time to answer their questions.

The Respect training team have daily contact (Mon-Fri) with Inpatient teams. They target their resource to areas experiencing the highest level of clinical activity and review all situations where physical restraint and/or seclusion have been used. As part of their remit they routinely identify students who have been present at such instances and ensure correct reporting procedures have been followed, in addition they provide a daily verbal report to the PQT to ensure they are aware of any issues in these areas likely to impact on student learning.

Students who are involved in events where there have been untoward outcomes are able to utilise the support systems available to all employees in addition to the student support services available at SHU. Students are routinely invited to take part in local debrief sessions as part of the healthcare team.

Pharmacy

All learners have a named supervisor/educator assigned. They support the learner via the planned. Structured programme. Clinical governance processes would be reviewed if adverse events occurred with further education and tailored training provided to support the learner/trainee

Clinical Psychology

All trainees are allocated named supervisors for each placement. Each trainee also has a University based, SHSC employed clinical tutor who usually remains constant and follows the trainee throughout the three years of training. Tutors monitor trainee learning and other needs and ensure trainees are receiving the appropriate level of supervision and that assessments are completed to evidence learning outcomes. In addition to weekly supervision, supervisors meet with to plan review and assess/feedback on at least 3 occasions on each placement.

Students who are involved in events where there have been adverse outcomes are able to utilise the support systems available to all employees in addition to the student support services available at The University of Sheffield. This includes the Trust Workplace Wellbeing service, Occupational health service University Counselling Service and University Disability and Dyslexia Support Service, in addition to placement supervisors, clinical and academic tutors and independent mentors. Teaching, study and research days are built into the programme structure

Allied Health Professions

All students have a named practice educator. Where a student is involved in an incident or difficult situation the practice educator will ensure they are offered the same support as our staff and as required will work with the higher education setting together to support the student.

HEE Domain 4 Supporting and Empowering Educators

For additional guidance refer to HEE Quality Framework, page 15

HEE priority for 2018 reporting in this domain is:

- *Use of the LDA to link the control/distribution of the financial resources provided by HEE to those managing training placements and the individual support to those providing educational supervision. (See SAR section 4)*

Trust's response:

Nursing

All student nurses are allocated a mentor/sign off mentor who has undergone NMC approved training appropriate to the role. Mentors are released from practice to undertake an annual update and have annual appraisal through the Trusts Performance and Development Review process.

The HEE financial resource is used to provide the infrastructure for quality education and learning. Together with Trust resources it supports the cost of 2 Band 6 Placement Quality Facilitators, Band 6 Vocational Lead, and 2 Band 5 Vocational assessors/tutors. Leadership of the Trust's placement quality team is through a senior nursing post - the Professional Lead for Education, Training, and Development. Some of the HEE resource is also ring-fenced to support learner experience. We have a Placement Quality Learning fund of 10k where teams can request resources to support learners i.e. laptops, simulation equipment and books. This has enabled us to respond to student feedback form evaluations.

Pharmacy

Educators supporting and assessing learners must be registered with the GPhC. They will be following the approved programme/curriculum. They educators would also be subject to clinical and professional supervision to support the in their roles.

Clinical Psychology

Placement supervisors are registered with the Health and Care Professions Council (HCPC) and are offered a programme of supervisor training including an annual introductory/update event, Initial Supervisor Training Workshops (ISWs) and Advanced Supervisor Training Workshops (ASWs), ISWs are run in collaboration with the Leeds and Hull Clinical Psychology programmes and consist of 4 training days, attendance at peer supervision meetings and the submission of a short portfolio of work at the end of the year, Supervisor training follows a nationally agreed curriculum and structure (Supervisor Training and Recognition, STAR). Supervisors also have access to support from the clinical tutors and access to resources at the University and online. The programme runs a biennial stakeholder event and supervisors have the opportunity to influence the programme through representation on the programme committees. Programme staff contribute to the running of a South Yorks Post-Qualification Training Scheme for supervisors and other qualified staff covering a range of clinical/professional topics in response to need.

Allied Health Professions

Practice Placement Educators have regular meetings with staff from higher education and for OT a couple of workshops a year are set up to share ideas and issues across practice placement education. Occupational Therapists have access to the APPLE accreditation scheme through their professional body RCOT.

HEE Domain 5 Delivering Curricula and Assessments

For additional guidance refer to HEE Quality Framework, page 16

HEE priority for 2018 reporting in this domain is:

- *Assessment of the effects of 'Winter Pressures' on the ability to deliver training curricula across LEPs and the strategies being developed to mitigate impact across individual training placements and programmes. (See SAR Section 8.2, page 27)*

Trust's response:

Nursing

The PQT actively engage through the SHU Curriculum and Placement Learning Partnership group to shape the delivery of curricula ensuring the content is responsive to changing service need.

The effects of winter pressures on learning is described in section 8.2

Pharmacy

Placement and training curriculum is already agreed and approved prior to the learner coming into the Trust. If there are identified needs these can be facilitated with minor amendment that require approval with the GPhC in the training curriculum.

Clinical Psychology

See section 8.2

Trainees are made aware of alternative staff/supervisors who are available in the absence of their usual placement supervisor. They also have access to their clinical tutor. The relatively high level of autonomy of trainee clinical psychologists helps to mitigate against significant effects of any staff absences.

HEE Domain 6 Developing a Sustainable Workforce

For additional guidance refer to HEE Quality Framework, page 17

HEE priority for 2018 reporting in this domain is:

- *Monitoring placement capacity where the LEP's own service workforce may be insufficient to deliver training, especially for 'at risk' placements.*
- *Triangulation of training data with exception reporting data regarding implementation of the Junior Doctor contract.*
- *LEP engagement with HEE across the STP/Integrated Care System for all training & workforce planning to avoid loss of training approval in changing clinical services.*

Trust's response:

Nursing

The Trust continues to offer secondment opportunities to support staff wishing to gain their RMN qualification through the Open University Degree Nurse Apprenticeship and has recently recruited 4 trainee Advanced clinical practitioners within the Crisis and Emergency Care Network to commence training at SHU in January 2019. These initiatives are part of the Workforce strategy to develop a sustainable workforce with the skills, knowledge and behaviours to meet the needs of service users and the Trust.

During the reporting period four staff have successfully completed training to become Assistant Practitioners within the Nursing Home service. Whilst there are no plans to train further Assistant Practitioners in the immediate future, as part of the South Yorkshire Excellence Centre Nurse Associate pilot site partnership, the Trust is currently recruiting 16 Trainee Nurse Associates to commence training at the University of Sheffield in December 2018.

Clinical Psychology

Trainees undergo DBS and OH checks before commencing on the programme. They undertake 5 or 6 placements over the three years (usually 5-6 months, sometimes 1 year duration) and have to demonstrate a range of competencies as defined by the BPS. Personal and Professional Development is a key assessed competence area and trainees are provided with support and opportunities to develop this domain.

Trainees have teaching sessions focussed on transition to employment. Attrition rate is very low across all clinical psychology training programmes and programme staff continue to actively engage in workforce planning (e.g. via the GTiCP). The programme has recently appointed a senior clinician to develop the Psychological Professions Network (PPN) in Yorkshire and the Humber as part of a national initiative. The PPN is a multi-professional network (developed in the North West and other areas with the support of HEE) to represent psychological practitioners working across health and care within and outside the NHS. The PPN aims to offer a single point of contact for anyone wanting to learn more about the psychological professions and its workforce.

2.1.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2).

Description of good practice and profession(s) it relates to (and a named contact for further information)	Description of why this is considered to be good practice	HEE Domain(s)	HEE Standard(s)
Pharmacy –identification of appropriate audits that bring added value to the placement and Trust work (Abiola Allinson)	These provide and support appropriate QI initiatives to improve the service provided	1	1.3

2.1.3. Challenges or important issues that HEE should be aware of.

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the profession / professions)	HEE Domain(s)	HEE Standard(s)

2.2. Postgraduate Medical

2.2.1. Organisation overview linked to the HEE and GMC Standards

Please report, by exception, where your organisation does not meet the HEE Quality Framework/GMC Standards within the reporting period for postgraduate medical training. In addition, please provide an overall narrative along with some organisational / departmental / unit examples may support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.

GMC theme 1 Learning Environment and Culture

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

A focus on workplace behaviours and strategies for resolution of issues of concern

Trust's response

- 'Strategies for resolution of issues of concern' include the facilitation of the Enhanced Junior Doctors Forum (EJDF), which SHSC hosts for all trainees of all grades on the South Yorkshire psychiatry rotation. The main purpose of the EJDF is to discuss the trainees' concerns and any on-going issues in their training placement with the higher management of the Trust, including the CEO and Medical Director so that they can receive immediate responses to their issues and immediate decisions to affect change. All DMEs and TPDs are also invited to attend in order to resolve any employment or training issues that the junior doctors may raise. The implementation of this forum has already led to a multitude of improvements such as the issuing of laptops to higher trainees on the on call rota, an on call rest facility room available 24 hours a day and the resolution of a number of minor issues such as parking permits etc.
- 'Focus on workplace behaviours'- Microsystems are widely promoted and utilised within SHSC both in postgraduate and undergraduate medical education specific to workplace behaviours and with the aim of making the most effective use of resources and skill-sets within the department for the benefit of trainees and by extension, service users.
- Regional ground rounds led by trainees and supported by PGME and DME.
- Also trainees are encouraged to take part in Schwartz Round and Balint Groups to improve their reflective practice and address any emotional and social issues that arise from work.
- Coaching services are also extensively promoted and utilised within the Trust to support the development of learners and this is a service available for any staff member who has specific learning outcomes that they would like to achieve in their role.

GMC theme 2 Educational Governance and Leadership

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

- *Monitoring of LEP use of financial resources provided by HEE to support training. The new Learning Development Agreement (LDA) will be used to link financial resource to quality of training. (See SAR section 4, page 18)*
- *Governance of programmes with complex structures (e.g. Pharmacy & Healthcare Science) where nationally coordinated processes can impact on local delivery within HEE. Clear identification through STEIS (Live Flow) reporting of trainees/learners involved in Never Events and SUIs for both pastoral support and revalidation reasons. (See SAR section 8.1, page 26)*

Trust's response

- The Trust has a dedicated Safeguarding Team and policies are in place for the reporting and management of incidents, which are communicated to the Trainees during induction and training.
- Annual appraisal of doctors, nurses and other support staff takes place and is managed by the Trust. The RO is Associate Medical Director, Dr Sobhi Girgis on behalf of the Medical Director, Dr Mike Hunter.
- The PGME and DME inform the HEE of any trainees' involvement in a complaint or SUI and this is examined during their ARCPs.
- Weekly meetings between PGME manager and the SHSC finance department to work closely together in managing the distribution of financial resources across the training placements

GMC theme 3 Supporting Learners

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

- *Improving support given to learners/trainees involved in Never Events/other adverse outcomes and subsequent clinical governance processes including Route Cause Analysis, Coronial Inquiries etc. (See SAR section 8.1, page 26)*

Trust's response

- The last annual CPD SEC (specialty education committee) event focussed upon supporting trainees who have been involved in serious incidents and never events. Workshops were held by various consultants and all trainees were invited to discuss their experience with serious incidents and how the trust can better improve their pastoral and educational support for trainees who have been involved with SUIs or never events (as above)
- Incident reporting procedures are covered at induction through the trust handbook and regularly discussed topic at training events to promote a culture of transparency and support from the LEP to its trainees who have been involved in significant events
Supportive and pastoral approach adopted by the trust. In addition, coaching has been promoted widely among trainees and utilised to support them achieve their maximum potential.

GMC theme 4 Supporting Educators

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

- *Use of the LDA to link the control/distribution of the financial resources provided by HEE to those managing training placements and the individual support to those providing educational supervision. (See SAR section 4)*

Trust's response

- Trainer Accreditation policies within SHSC- All clinical and educational trainers are tracked for mandatory training requirements (evidence of the adoption of the GMC's 7 principles of continual professional development, equality and diversity training etc.) this information is routinely audited and submitted to HEE.
- Annual placement Allocation Meetings with the Training Program Directors, Director of Medical Education and PGME staff require up to date job descriptions from all trainers to ensure that they have both the capability and capacity to educationally or clinically supervise trainees for the upcoming rotations.

GMC theme 5 Developing and implementing curricula and assessments

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

- *Assessment of the effects of 'Winter Pressures' on the ability to deliver training curricula across LEPs and the strategies being developed to mitigate impact across individual training placements and programmes. (See SAR Section 8.2, page 27)*

Trust's response

See section 8.2 for effects of winter pressures

- Quality Improvement Forum integrated into the Training Events Calendar each month explores various issues and resolutions, specific to both the curricular and also Trust procedures, which

promotes a self-reflective culture of mitigating both internal and external pressures upon service delivery.

HEE Theme 6 Developing a sustainable workforce

For additional guidance refer to HEE Quality Framework, page 17

HEE priority for 2018 reporting in this domain is:

- Monitoring placement capacity where the LEP's own service workforce may be insufficient to deliver training, especially for 'at risk' placements.
- Triangulation of training data with exception reporting data regarding implementation of the Junior Doctor contract.
- LEP engagement with HEE across the STP/Integrated Care System for all training & workforce planning to avoid loss of training approval in changing clinical services.

Trust's response

- Annual Placement Allocation meeting audits each placement on the rotation that we provide our trainees to ensure that there are adequate supervision arrangements in place and that it is able to fully deliver all learning objectives that are to be met by the trainees within that placement.
- Exception reporting communicated through the risk department and discussed at management level with Director of Medical Education, MEM, relevant TPD to make any reasonable adjustments to placements following trainee involvement of a serious incident, or where a theme of near miss events has been identified.
- Employment and implementation of both clinical fellows and physician associates across various placements within the Trust to mitigate the problems caused by under recruitment of trainee doctors and to adapt to the emerging culture of a multi-disciplinary workforce. Monitoring placement capacity regularly through the monthly Medical Workforce Planning Group Meetings which is attended by all senior medical management to address any gaps or concerns in clinical capacity or training placement issues on a regular and on-going basis.

2.2.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2). When considering items to list here, please consider the GMC definition of good practice.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Compassion Conference	An annual SHSC conference promoting 'empathy, culture and compassion' and led mainly by service users to give staff their point of view of the services that we offer as a Trust and how they have been received. A strong	Reflective learning culture	Continual Professional Development

	example of promoting a reflective learning culture within the Trust and why it is demonstrative of good practise.		
Enhanced Junior Doctors Forum	Based upon the Supported and Valued Document issued by the Deanery, this quarterly forum focuses upon the specific requirement of the trainees to effectively carry out their responsibilities and solving any issues that inhibit them from doing as such. Presence of both senior Trust executives as well as higher medical management such as the Medical Director to immediately clarify or resolve any clinical issues/ codes of practise.		
Quality Improvement Conference in July 2018.	Annual Quality Improvement event showcasing the various good practices of individual trainees across the Trust, some of whom received prizes for the effective implementation of their various quality improvement initiatives.		

2.2.3. Challenges or important issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the programme this relates to)	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Under recruitment and attrition- additional burden placed upon medical staffing department to source increasing number of locum doctors for on call rota gaps when a large proportion of placements are unfilled and a		

<p>high percentage of the workforce are on long term sick leave/ maternity/ adoption leave. This has been mitigated in Medical Education by the employment of a rota coordinator whose role with singularly focus on sourcing locum doctors and mitigating the impacts from under recruitment and long term absences from the Trust.</p> <p>The additional implications of under recruitment have a direct impact upon the workload and quality of placement of our trainees for both their clinical placements and their on call commitments. In order to mitigate the impact of under recruitment upon the clinical placements, the Trust has employed Clinical Fellows on two year contracts and placed them on wards their the clinical workload is most demanding for the junior doctors. Additionally, a recruitment drive for the employment of physician associates is underway by the Trust with a view to achieving the same objective.</p> <p>Furthermore, in combating the gaps that are inevitably caused by the 'on call' rota by under recruitment, the Trust has worked closely with both the Higher Trainees and Consultants and reached an 'Acting Down' agreement with a group of consultants whereby the vacant rota gaps on the higher trainee on call rota are filled by Consultant slots, ensuring that the frequency and intensity of the junior doctors on call commitments are not adversely impacted.</p>		
--	--	--

2.2.4. Medical faculty roles, organisation and accountability

If there have been any changes to your organisation's educational governance structures within the reporting period please detail this here, otherwise please state 'no changes'.

If there are any vacant roles, or risks to medical education please describe these here, including any plans to mitigate that risk.

Trust's response:

Dr Hamid Alhaj appointed as the new Director of Medical Education
 Dr Abhijeeth Shetty appointed as the new General Adult Higher Training Program Director
 Dr Darran Bloye has been confirmed as the new Head of School for Psychiatry and will cease his role as Core Training Program Director by the end of September 2018- a replacement for this role is yet to be identified.

2.2.5. Staff and Specialty Grade Doctors (SASG) and Locally Employed Doctors (LEDs) Faculty development

Please provide answers to the following questions. You may wish to include funding details, as required. For further information in relation to LEDs please review the following NACT document LEDs across the UK <http://www.nact.org.uk/documents/national-documents/>.

Questions	Trust's answer
Number of SASG doctors within the trust	13

Total SASG funding received	£6,000	
Is the SASG funding ring-fenced to support SASG doctors only? (Y/N)	Yes	
Please describe the process by which the development needs of SASG doctors within your organisation were individually and collectively identified. Using funding allocated for SASG development; How were priorities decided?	Small group discussion in the SAS forum meeting about development needs of individuals and of SAS group as a whole. A written survey that all SAS doctors were asked to complete (return rate high). Following the above information courses with the most interest were selected and organised.	
SASG nominated lead within the trust	Dr Rosie Walwyn – SAS tutor	
Please provide a description of how the Trust makes decisions about the allocation of funding (1-5 below)		
	Spending	Detail
1. Individual doctor's development (i.e. details of spending used to support the development of individual doctors including an anonymised list of amounts and what it was used for)	None directly on one individual	
2. Courses/meetings arranged which are open to all SAS doctors (number of sessions, attendance and topics covered)	£2,224 £2,100	Study day on team building run by Fire events. (10 in attendance) Study day on mindfulness in clinical practice. (16 attended from region 6 from SHSC) Study day on non clinical role for SAS doctors and how to develop in these areas. (8 attended) 4 SAS doctor forum meeting where development needs of SAS doctors discussed and opportunities for SAS doctors locally and nationally discussed. Also time for Case based discussions. Average of 7 SAS doctors attend per session and the people differ each time. Minutes of meeting sent to all SAS doctors afterwards.
3. Payment for SAS tutors/leads sessions	£2,706.9	0.25 PA of SAS doctors salary in Trust.
4. Administrative costs to support SAS tutors	0	
5. Miscellaneous (i.e. any other use of the funding which falls outside the above with details of amounts and what it has been used for)	0	

2.3. Undergraduate Medical

2.3.1. Organisation overview linked to the HEE and GMC Standards

Please report, by exception, where your organisation does not meet the HEE Quality Framework/GMC Standards within the reporting period for undergraduate medical training. In addition, please provide an overall narrative along with some organisational / departmental / unit examples may support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.

GMC standard theme 1 – Learning Environment and Culture

- Students were provided with sufficient opportunities to meet learning outcomes
- Students received sufficient feedback to track and direct their learning
- Students were satisfied with the overall organisation of the placement
- Students were satisfied with the overall quality of the Stage
- Clinical teachers were punctual and reliable in their attendance. (Due regard will be given to mitigating circumstances of urgent clinical need)
- The overall quality of the teaching was of a consistently high standard

- All students attend a 3 day Introduction to Psychiatry; each session is designed to build up students' knowledge base and understanding of psychiatry including an overview of the course and assessment system. Students then receive a central Trust induction which includes a session on personal safety and risk assessment. The psychiatry specific Integrated Learning Activities (ILAs) are delivered either centrally or by firms in small groups using seminar and flipped classroom techniques. Students are given exposure to a variety of specialist areas of psychiatry including older adult, liaison, substance misuse, acute inpatient wards, home visits and community clinics.
- Students are given regular feedback during weekly clinical cases discussion groups and are provided with an initial/mid and end review with a Placement Lead. The performances of students are shared and distributed amongst clinicians following any sessions with them.
- Reporting arrangements for the first day of placement are distributed to the students 2 weeks prior to commencement and clear and concise personalised timetables 1 week prior to placement. Cancellations are inevitable due to the nature of the service and are communicated to students as soon as possible via phone. Mixed feedback has been received with regards to organisation and processes are constantly being updated in order to standardise them across the different sites.
- Clinicians are provided with an Outlook calendar invitation to attend their session(s) and are conscientious in the high standards of delivery of teaching. Any absences are generally covered by colleagues to avoid cancellations.
- Trainee led teaching sessions run each week and have an Assessor of Teaching allocated and all ILAs have clear lesson plans and objectives. The trainees are encouraged to be creative in making the sessions engaging and interactive. All consultants are required to complete HEEYH's Educational Supervisor Training (face to face and e-learning components), which is valid for 5 years. They must also complete mandatory equality and diversity training, which is valid for 3 years.

All consultants participate in a peer group in which they have regular meetings to discuss development needs for the year, in preparation for their appraisal.

Specific educational opportunities and support have been organised to assist with training for teachers include:

- University of Sheffield Gateway for Psychiatrists Course
- SHSC Skills Sharing Workshops using Appreciative Inquiry methodology: recent topics – Observed Long Case, ILA teaching, 3B Masterclasses, students in difficulty, student use of ECR, OSCE practice in placements.
- SHSC Placement leads updates.
- Regional placement leads meetings: Set up to review and agree standards, raise difficulties and share good practice and update re changes.
- Quality Improvement sessions on Medical Education
- Further educational opportunities by HEEYH and the Royal College of Psychiatrists.
- Placement Leads and other consultants and senior trainees who take an active role in teaching are also been invited to Department of Medical Education teaching at Sheffield Medical School.
- Several consultants and higher trainees have undertaken postgraduate qualifications in Medical Education.

GMC standard theme 2 – Educational Governance and Leadership

- Trust systems are in place to detect and investigate patient harm involving or as a result of student activity
 - Trust systems are in place to ensure informed consent is taken in areas where patients may encounter students
 - Clinicians / teachers are appraised against their teaching
-
- The Trust has a dedicated Safeguarding Team and policies are in place for the reporting and management of incidents.
 - Patients/Service Users are given notice of the possibility of students being in attendance/interviewing. Trust documentation for appointments inform new or current patients that students may be present.
 - Annual appraisal of consultants, postgraduate trainee doctors, nurses and other support staff takes place and is managed by the Trust. The RO is Associate Medical Director, Dr Sobhi Girgis on behalf of the Medical Director, Dr Mike Hunter.

GMC standard theme 3 – Supporting Learners

- Appropriate guidance and support was available outside of formal teaching
- Students were satisfied with the overall quality of the facilities for students.
- Teaching took place in appropriate settings and surroundings
- Good quality learning resources were available to support learning
- Access to IT facilities was adequate
- The programme of study outlined for the course was delivered

- Information regarding the key contacts of support is provided during the Trust induction and regular contact (email, phone and face to face) with students is maintained throughout the duration of placements.
- The Trust has various offices and rooms available for students and access to computers including a Medical Education library at Fulwood House where they can access computers and learning resources.
- The Medical Education Department has IT equipment to support the delivery of training e.g. interactive whiteboard, projectors, laptops etc. Large suites / rooms are available for teaching students.
- A variety of psychiatry textbooks and journals and a notice board giving details of issues/projects relevant to medical students are available in the medical education library. The students also have a psychiatry course handbook which provides a range of links to videos and online sources to support the learning.

The Trust provides secure code-free IT access for all medical students and access to Insight, the electronic patient record system. This process has recently been streamlined following feedback from students and should be available from the beginning of placement. Electronic notes inputted by students are countersigned by a relevant qualified clinician. Students have access to Wi-Fi throughout the Trust as part of the free NHS Public Wi-Fi initiative.

- During introduction week, induction and follow up teaching sessions emphasis is placed on wellbeing and the importance of reflection and debriefing in clinical encounters.

Observed Long Case (OLC) simulation sessions provide an opportunity for the Nurse Educator to review with students and identify learning and support needs.

Leads meet weekly to review and plan learning opportunities and share any support needs of students and remedial action required. In addition leads in placement areas maintain regular communication to identify and share support concerns or welfare issues students may be experiencing.

GMC standard theme 4 – Supporting Educators

- Clinicians / teachers have time in job plans for teaching including educational supervision.

- Placement leads, Tutors and other with significant teaching components to their job plans are identified as “Educators” for the purpose of appraisal and re therefore expected to provide evidence mapped onto GMC Educator domains. The GMC feedback forms from the Medical School are now providing good data to support this.

Dr Crimlisk has 2.5 PAs allocated to the post of Director of Undergraduate Psychiatry and Psychiatry Phase Lead at Sheffield Medical School. 2 PAs are allocated to each of the Clinical Tutors and 0.5 PAs to each of the Placement Leads. There are a number of trainees who make significant contributions to undergraduate Medical Education.

Health Education England

All Consultant Placement Leads and staff who provide education and training of medical students have a contract of employment with Sheffield Health and Social Care NHS Foundation Trust. Consultant contracts stipulate the contribution of the clinician towards the education and training of others.

All consultants are required to have clinical or educational supervisor training as part of their CPD and are expected to provide evidence and demonstrate of their competence to train and educate others.

The Nurse Educator meets the competency requirements of the Nursing & Midwifery Council (NMC) through revalidation and registration

GMC standard theme 5 – Developing and implementing curricula and assessments

- The Trust has processes to ensure those undertaking summative assessments are appropriately trained
 - The Trust has a system in place to provide educational supervision
 - The Trust has an executive or non-executive director at board level responsible for supporting training programmes
-
- All assessors are provided with guidance on the Observed Long Case Assessments for medical students. Training delivered by SHSC is in accordance with *Tomorrow's Doctors Promoting excellence and Good Medical Practice*.

HEE Theme 6 Developing a sustainable workforce

For additional guidance refer to HEE Quality Framework, page 17

Trust's response

Shaping the Future, the Trusts Strategy and strategic planning framework 2017 to 2020 has a set of objectives including: managing change positively and ensuring support for staff, a strategic approach to workforce transformation, promoting an effective culture of leadership and management based on Trust values and prioritising the health and wellbeing of employees. Trust Board Director leads are tasked with delivery objectives and report to an Executive Director Group and the Trusts workforce and OD committee. The Trust also has a wellbeing strategy for staff and students as well as a healthy living strategy.

The Trust works collaboratively with Sheffield Medical school and publishes an annual tariff visit report. This includes: The availability of facilities, staff and support needed to deliver clinical teaching and its appraisal: Contribution of teachers to the management and development of the clinical education they provide and specific programmes to attract students to Psychiatry.

In addition the Trust has regional meetings with the Medical school regarding placement capacity and capability and learner outcomes and experience.

2.3.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2). When considering items to list here, please consider the GMC definition of good practice.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Out of Hours Scheme (Trust Wide)	Additional opt in learning opportunity which has been a very positive experience for the students		
Grand Rounds/CPD Sessions	Provides additional specialist teaching		
Nurse Educator post	Interprofessional training broadens learning experience for students who will experience Multidisciplinary team working on placement		

2.3.3. Challenges or important issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the programme this relates to)	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Reconfiguration of services and administrative support		
Relocation of Medical Education in the upcoming future		
Changes in the curriculum for medical students		

2.4. Academic Training

Please describe how your organisation supports academic learners, including Integrated Academic Training Programmes e.g. NIHR, clearly highlighting any challenges or good practice items.

Trust's response

SHSC do not currently host any PGME academic trainees.

Section 3: Reference List of Supporting Information

Organisational policies and processes in support of delivery of the HEE Quality Framework.

This section will need completing once, in subsequent annual returns only changes and updates will need to be highlighted.

Please list key policies and processes and provide a brief narrative how the policy helps the organisation to meet the domains and standards. Add as many rows as required.

Please advise which domains and standards are being supported the policy.

Please note, we do not require copies of documents. Please do not embed documents or insert links. If required the quality team will request a copy by exception.

Please advise if you have made a reference to a policy/process in other section(s) of the SAR.

Description of supporting information	HEE/GMC Domain(s)	HEE/GMC Standard(s)	Please advise if document referenced in the SAR e.g. SAR, section 1.4 and 2.1.1



Health Education England

Section 4: 17/18 and 18/19 LDA Funding

		Total paid in 17/18	Estimated 18/19 funding
Total paid to the trust in 17/18:		£3,704,699.25	n/a
Total initial 18/19 LDA value (including undergraduate):		n/a	£2,851,618.04
Total for salaries for doctors in training:		£874,645.00	£874,633.00
Tariff for placement activity			
Postgraduate Medical	Tariff (as per DoH guidance* £12,152 + MFF)	£504,995.00	£506,779.00
	Contribution to basic salary costs (as per DoH Annex A*)	£874,645.00	£874,633.00
	Total	£1,379,640.00	£1,381,412.00
Total Non-medical placement tariff: (as per DoH guidance* £3,112 + MFF)		£228,361.00	£228,355.56

[*2017-18 Education & training placement tariffs: Tariff guidance and prices from 1st April 2017](#)

A placement in England that attracts a tariff payment must meet each of the criteria in line with the DoH guidance*. Please provide details of how you utilised your 17/18 placement tariff within the financial year April 17 to March 18 to support learners and educators.

Please note figures entered below should reconcile to the 17/18 tariff figures shown in the table above. Please provide details of expenditure and associated costs.

	Trust's Response
Postgraduate Medical Placement Tariff <i>The E&T placement tariffs cover funding for all direct costs involved in delivering E&T by the provider, for example (please see DoH guidance page 6):</i> <i>Direct staff teaching time within a clinical placement</i> <i>Teaching and student facilities, including access to library services</i> <i>Administration costs</i> <i>Infrastructure costs</i>	SHSC can confirm that the above figures are correct and we are currently seeking clarification for some of the elements such as excess travel and Curriculum Delivery for 18/19. Funds are utilised appropriately and we have recently upgraded the facilities in the library and upgraded computer hardware.
Non-Medical Placement Tariff <i>As above</i>	This is divided across the non-medical professions based on placement numbers as follows: Psychology 45K, OT 10k, and nursing 163K. Some of the HEE resource is also ring-fenced to support learner experience across the multi-disciplinary team We have a Placement Quality Learning fund of 10k where teams can request resources to support learners i.e. laptops, simulation equipment and books. This has enabled us to respond to student feedback from evaluations The HEE financial resource for nursing is used to provide the infrastructure for quality education and learning. Together

	with Trust resources it supports the cost of 2 Band 6 Placement Quality Facilitators, Band 6 Vocational Lead, and 2 Band 5 Vocational assessors/tutors. Leadership of the Trust's placement quality team is through a senior nursing post - the Professional Lead for Education, Training, and Development..
Additional Funding <i>Please confirm how any additional money has been spent.</i>	<p>We receive annual funds for the Core Psychiatry Training Course which is used to support course administration, lecturers, resources and materials for teaching.</p> <p>We receive training grant support for the development of new roles. For Advanced Clinical Practitioners this is used for back fill to cover learning (practice and study) and for supervision from medical staff. For trainee Nursing Associates the training grant only covers part of the backfill costs for study and practice placements, this is a significant financial cost pressure on services to develop these roles. Assessor/mentor support is funded through a proportion of the apprenticeship levy funding and managed through the university provider.</p>

Section 5: Simulation, Patient Safety and Human Factors

5.1. Patient safety

Please consider the following questions below.

Questions	Trust's response
1. Who is the Lead for Patient Safety in your organisation? What support do they receive in delivering this role? E.g. job-planned time, resources etc.	Anita Winter, Associate Director of Patient Safety. Substantive post working across the Trust and supported by a patient safety team of 4 x WTE
2. Please advise up to three areas relating to patient safety agenda that you have worked on in the last two years and you are most proud of? Could these be applied regionally and be shared with HEE?	<ul style="list-style-type: none"> • Suicide prevention and postvention awareness for staff • Reducing prone restraint • Reducing patient falls <p>All could be applied regionally and shared with HEE</p>
3. In which areas would you like support from HEE? E.g. educational events, funding, specific areas of training for example quality improvement?	We would like funding support around suicide prevention training and evaluation of the impact of training in this area. Focus on family carers and how we support them. This could be approached as a city wide or regional project.

5.2. Simulation

Prompt: We advise you to consult with your Simulation Manager or Lead when compiling your response.

Questions	Trust's response
1. Who is the Simulation lead in your organisation? Please advise on name, job title and email address. What support do they receive in delivering this role? E.g. job-planned time, resources etc. Are they linked in with the HEE Simulation Network in their locality?	We do not have a designated simulation lead within the Trust at present and this is to be confirmed. Simulation is used in some resuscitation training (ILS) and on the RAMPPS study day. This is undertaken within existing roles and supported and run by Charlie Turner, Deputy Physical Health Nurse. Charlie.turner@shsc.nhs.uk Overseen by Kate Virgo Resuscitation Officer and Physical Health Lead Nurse kate.virgo@shsc.nhs.uk
2. Who is responsible for keeping an inventory of the simulation equipment within the Trust including all task trainers and low fidelity mannequins?	Charlie Turner, Deputy Physical Health Nurse.
3. How many simulation specific trained faculty does the trust have?	The RAMPPS facilitators (20 staff made up of nurses/doctors/support workers) have attended a 1 day simulation debrief training using the HEE agreed content and presentation delivered in house.
4. Which directorates or inter-professional groups are actively engaged with simulation based education within your organisation? How do you encourage equitable access to simulation for all staff?	All staff, including the support workforce, are able to apply to attend RAMPPS, currently run twice a year. All inpatient doctors and nurses do in-house developed ILS. Once a year there is a simulation day run for health and social care apprentices run by the Trust trainers.
5. Is there strategic engagement and representation in simulation activity in the organisation i.e. board level, clinical governance, patient safety, incident reviews?	Senior members of staff are invited to attend and observe RAMPPS and to engage in the simulation process.

5.3. Human Factors

Questions	Trust's response
1. Who is the Lead for Human Factors in your organisation? What support do they receive in delivering this role? E.g. job-planned time, resources etc.	We do not have a named lead for this. Human factors is taught on the RAMPPS course using material from the RAMPPS handbook and delivered on the facilitators update day.
2. Please describe the extent to which your HF training covers the following domains: <ul style="list-style-type: none"> • People – the individual & teamwork • Environment – the physical aspects of a workspace • Equipment and technology • Tasks and processes • Organisation • Ergonomics and research methods 	The training that is currently delivered does not break it down into this level of detail however; situational awareness to time, place, person, environment and equipment is discussed in the debrief of each situation on the course.
3. For the training delivered in the reporting period please also consider and describe the following: <ul style="list-style-type: none"> • The audience to which HF training is being delivered, including details of multi- 	Staff attending RAMPPS faculty or simulation event training. Twice yearly for faculty and also twice yearly for delegates attending RAMPPS.

<p>professional staff.</p> <ul style="list-style-type: none"> • Frequency of training, or whether ad hoc events. • Who are the faculty that deliver the training? Please describe their “HF expertise”, professional background, specialty, whether they have job-planned time to deliver HF training. • What is the wider Trust context within which HF training is delivered. Is there a link between patient safety incidents, SI investigations, root cause analysis? • To what extent is HF training seen as part of a wider patient quality and safety agenda or integrated into clinical governance structure/process? 	<p>Primary HF training is currently delivered to the RAMPPS faculty by Charlie Turner, this is then cascade trained on the RAMPPS course by the facilitators. Professional background is RMN and root cause analysis level 3 trained and previously clinical risk manager for the Trust.</p>
---	--

Section 6: Equality and Diversity

The HEE Quality Framework states clearly that education and training opportunities should be based on principles of diversity and inclusion.

The HEE equality, diversity and inclusion strategy reflects HEE's commitment to this important area of work and features strategy for HEE employees, as well as the opportunity to influence wider. An example of this is the HEE workforce strategy, used to inform our work in developing a comprehensive system-wide understanding of workforce needs for the future. Diversity and inclusion will be integral in how we look to influence the healthcare system to achieve greater representation and social mobility.

As well as applying these principles across all professional groups, there is also a specific work stream and duty to consider and capture information for doctors in training. The GMC continue their work in equality and diversity, reflecting their standards; promoting excellence.

For medical education, the GMC and local offices continue to consider differential attainment; different rates of attainment between different groups of doctors. This work includes ethnicity and country of primary medical qualification.

Prompt: In the responses below, please consider:

- *Organisation wide themes*
- *Examples of good practice from across professional groups*
- *As well as specific consideration and comment on differential attainment for doctors in training*

Question	Trust Response
Name of Trust Equality, Diversity and Inclusion Lead:	Liz Johnson,
1. How do you ensure that learners with different protected characteristics are welcomed and supported into the trust, demonstrating that you value diversity as an organisation?	<p>The Trust is a disability Confident Employer and has a Disabled Staff Policy covering our areas of responsibility.</p> <p>All learners are supported in the same way as employed staff and have information and training through Trust welcome and induction which includes topics of diversity and inclusion.</p> <p>Nursing Students are encouraged to contact the Trust prior to placement to discuss any reasonable adjustments that they require. During the 2 day Induction people have another opportunity to let us know if reasonable adjustments are required. We can then offer additional one to one support from PQFs.</p> <p>Through engagement with SHU link lecturers, the learner and the placement area the PQT is able to ensure that reasonable adjustments for those student nurses with protected characteristics are made and adhered to.</p> <p>Medical Junior doctors are encouraged to join the BME staff</p>

	<p>network group.</p> <p>HEE provides LTFT options for those with health inequalities and disabilities. The PGME Medical Staffing function is able to refer to Occupational Health to determine what adjustments are required and get these implemented. Support is further provided by Educational and Clinical Supervisors</p>
<p>2. How do you liaise with your trust Equality, Diversity and Inclusion Lead to:</p> <ul style="list-style-type: none"> • Ensure trust reporting mechanisms and data collection take learners into account? • Implement reasonable adjustments for disabled learners? • Ensure your policies and procedures do not negatively impact learners who may share protected characteristics? • Analyse outcome data (such as exam results, assessments, ARCP outcomes) by protected characteristic? 	<p>We routinely monitor applications for post registration specialist skills training (funded by HEE) by ethnicity and use this information to inform our annual Trust WRES report.</p> <p>Our Placement Quality Facilitators and mentors work with the universities to identify and learning needs and reasonable adjustments for disabled learners in line with the Trust Disabled Staff policy.</p> <p>All Trust policies include a mandatory Equality impact analysis to ensure they don't negatively impact learners.</p>
<p>3. How do you support learners with protected characteristics to ensure that known barriers to progression can be managed effectively?</p>	<p>PGME: We monitor exam results for International medical graduates and have created a focus group and mentoring for IMGs who are struggling with progression. Support for any identified issues re progression are given by TPD and educational supervisors</p> <p>Nursing– we work with university in developing individual learning contracts for students identified needs</p>
<p>4. How do you educate learners on equality and diversity issues that may relate to themselves, their colleagues, or the local population of the trust?</p>	<p>We provide mandatory and online training in equality, Diversity, and inclusion. Our Equality and Inclusion Lead provides advice and training.</p> <p>We apply the principles of our Trust values in practice and monitor knowledge and behaviours through practice assessments,</p>
<p>5. How do you support your educators to develop their understanding of, and support for, learners with protected characteristics?</p>	<p>All educators are expected to follow the Trust policies and undertake mandatory training on diversity and inclusion. The application of Trust values in practice are monitored through supervision and performance reviews.</p> <p>PGME – All supervisors are accredited and have undertaken E and D training and take advice from the</p>

	Medical Staffing function
--	---------------------------

Section 7: Libraries and Knowledge Services (LQAF)

We recommend that you consult with your Library and Knowledge Services Manager or Lead to complete this section. Please provide narrative and evidence (for 1, 3 and 4) on the following 4 areas for your Library and Knowledge Service. Please also highlight any issues or concerns, including any areas which are not being met. If your Library and Knowledge Service is provided via a service level agreement, please consult with the providing Library and Knowledge Services Manager. Additional prompts have been added under each heading.

1. Describe how your Trust is implementing the **HEE Library and Knowledge Services Policy** (<https://hee.nhs.uk/sites/default/files/documents/NHS%20Library%20and%20Knowledge%20Services%20in%20England%20Policy.pdf>) namely:

“To ensure the use in the health service of evidence obtained from research, Health Education England is committed to:

- Enabling all NHS workforce members to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement.
- Developing NHS librarians and knowledge specialists to use their expertise to mobilise evidence obtained from research and organisational knowledge to underpin decision-making in the National Health Service in England.”

Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. You could provide evidence from your Library and Knowledge Services’ strategy or annual action/implementation/business/service improvement plan.

Trust’s response

There is a library facility provided for junior doctors and medical students which gives access to books, journals, and online resources.

Non-medical students access library services at the Universities as part of their studies

2. HEE's **Library and Knowledge Services Policy** is delivered primarily through local NHS Library and Knowledge Services.
 - Please identify the budget allocated to your Library and Knowledge Service in the current financial year.
 - If possible please identify the sources of this funding, differentiating for example between educational tariff funding and any contribution from your organisation.

Prompt: Your Finance department and/or your Library and Knowledge Service Manager should be able to supply this information.

Trust's response

The medical library resource is partially funded through the placement rate in the LDA.

3. Please tell us about any areas of Library and Knowledge Services good practice that you would like to highlight.

Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. You could provide evidence of impact on clinical practice, impact on management decision-making (including cost savings) and any innovation submissions originating from your Library and Knowledge Service.

Trust's response

4. The **Learning and Development Agreement** that Health Education England has with your organisation states that the LKS should achieve a minimum of 90% compliance with the national standards laid out in the current Library Quality Assurance Framework (LQAF).

If your LKS has a score below 90% please describe the improvements you are planning to attain this minimum requirement in 2018-19.

Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. The details should be available from the LQAF Action Plan developed following the 2017-18 LQAF.

Trust's response

We have identified the need to strengthen our library and knowledge services. As a relatively small trust we don't have our own Library and Knowledge Service Manager. In 2018/19 we will complete the LKS self-assessment to identify any gaps and draw up an action plan to address them.

Section 8: Additional Information

8.1 Supporting Learners at Coroners' Court and following Serious Incidents

To help HEE better understand how your organisation supports learners please complete the questions below.

Serious Incidents and Never Events

Questions	Trust's Response
Please provide an account of how your organisation identifies learner involvement in Serious Incidents. How is that degree of involvement defined?	The Trust uses various methods to identify learners at the commencement of all serious incident investigations and links closely with the postgraduate support team. Involvement in serious incidents is defined by the Serious Incident Management policy and the NHS National

	<p>Framework.</p> <p>Learners are identified via Ulysses – e-incident reporting. Incidents reports then sent to relevant department (i.e. DME/MEM for PGME)</p>
<p>What support systems exist to support learners? How are these systems monitored?</p>	<p>The risk management team provide support to all staff and learners as a part of their approach to investigating serious incidents and offer a range of shadowing opportunities along-side opportunities to have supported involvement in investigating serious incidents.</p> <p>PGME – pastoral support and reflective practice provided by DME, MEM and Clinical supervisors (referral to workplace wellbeing if appropriate)</p>
<p>What feedback do you receive from learners about their experience of being involved in Serious Incidents?</p>	<p>Feedback is provided via various methods both formally and informally. The risk team also links with the post-graduate team in order to receive and provide feedback. During serious incident interview all staff being interviewed are asked for their feedback on the process and this is captured and shared via the narrative detail of the report.</p>
<p>What formal organisational links exist between the Governance team coordinating investigations and the Postgraduate team supervising the trainees? the HEI's supporting learners?</p>	<p>These teams have worked together to develop links and share learning and the post-graduate team are a part of the same corporate directorate.</p>
<p>How many patient safety incidents have you reported to NHSI.</p>	<p>1 August 2017 to 31 July 2018=4056 incidents</p>
<p>How many serious incidents impacting on trainees revalidation have you made to your HEE local office within the reporting period? What proportion of these have been resolved/closed after completion of investigations?</p>	<p>PGME – not given feedback from HEE about how many have impact on revalidation 99% are closed after completion of investigation</p>
<p>How does your organisation disseminate learning from Root Cause Analysis reports? How does your organisation promote a patient safety culture?</p>	<p>The Trust has a number of methods of disseminating learning. All learning from incidents is reported via the quarterly report which is initially approved and shared via the Service User Safety Group and the Network patient safety meeting. Incident learning is summarised via lessons learned bulletins and the staff electronic magazine 'Connect'. All lessons learned are fed into the clinical risk training via the trainers and these are then introduced into sessions.</p>

Coroners Hearings

Questions	Trust's Response
<p>What support is available for learners who are required to provide statements and/or attend Coroners hearings?</p>	<p>The clinical risk team provide support to learners throughout the process and this includes support to complete statements, opportunities to attend court as an observer and full pre-court support that covers issues of court requirements for individuals. The Trust also</p>

	provides debriefs of learners that have been asked to give evidence in coroners court. The Trust has good links into coroner's court and keeps abreast of on-going developments and shares these with learners and the wider staff team.
How is your organisation involving learners in responding to Duty of Candour responsibilities?	Duty of Candour cases are treated on an individual basis, however lessons learned are shared widely via a range of mediums including the Trust wide staff communication document 'connect' and the quarterly serious incident report. Lessons learned from this process are also shared via the Service User Safety Group and the Network safety meeting which plays a key role in disseminating learning.

Guardians of Safe Working

Questions	Trust's Response										
10. Please describe the interrelationship between the GOSW and the Director of Education?	The GOSW and director of Education work together both informally and in scheduled meetings. Both attend the Junior Doctors forum, which is chaired by the GOSW. At this meeting, the themes from the previous quarter of exception reports is discussed, the quarterly report to the board is reviewed, and the trainees have an opportunity to raise any concerns directly. Other meetings are jointly attended including the medical workforce planning group, Medical staffing committee, enhanced junior doctor's forum and specialist medical education meeting. Issues relating to safe working have been raised in these meetings. The GOSW and Director of Medical Education have also met informally to discuss issues raised by individuals.										
11. Please provide a summary of the exception reports you have received within the reporting period, number, type and time to resolve.	<p>Between August 2017 and August 2018 42 exception reports have been received. 6 were about work patterns and the rest were about working hours.</p> <p>Reports pertaining to the pattern of work were resolved by the medical education department liaising with human resources and the BMA. An hour monitoring exercise was also carried out to confirm the appropriate level of compensation for the work performed on the rota.</p> <p>Reports relating to working for longer than the work schedule have usually been resolved in conjunction with the clinical supervisors. These events have mostly been about medical emergencies happening in an unpredictable manner at the end of the day. These issues have also been discussed at the junior doctor's forum, and the role of the electronic handover system has been highlighted at the forum and at induction. A senior nurse has also been employed to help the wards prioritise work to be carried over to the out of hours teams.</p> <p>Of the 42 reports, 26 were resolved within 7 days, 9 were resolved within 8-14 days, 6 within 15-28 days and 1 longer than 28 days</p> <table border="1" data-bbox="635 1765 1294 1928"> <tr> <td>Number of episodes in period:</td> <td>50</td> </tr> <tr> <td>Total completed</td> <td>48</td> </tr> <tr> <td>Total unresolved</td> <td>2</td> </tr> <tr> <td>Resolution rate</td> <td>96%</td> </tr> </table> <table border="1" data-bbox="635 1966 1294 2004"> <tr> <td>Total Exception Reports</td> <td>42</td> </tr> </table>	Number of episodes in period:	50	Total completed	48	Total unresolved	2	Resolution rate	96%	Total Exception Reports	42
Number of episodes in period:	50										
Total completed	48										
Total unresolved	2										
Resolution rate	96%										
Total Exception Reports	42										

	Average Resolution Period		11 Days
	Outcomes	TALLY	%
	Compensation & work schedule review	5	11.9%
	Compensation: Time off in lieu	21	50.0%
	Compensation: Overtime payment	9	21.4%
	No further action	6	14.3%
Initial decision upheld	1	2.4%	

8.2. Educational Opportunities during winter pressures

Please describe how your organisation Maintains curriculum delivery opportunities during winter pressures

Questions	Trust's response
<p>1a) Please describe how winter pressures in 2017/18 affected your ability to deliver training to all learners within your organisation?</p> <p>1b) Please detail the specific areas, placements and programmes which were adversely affected by last winter's pressures.</p>	<p>The Trust does not experience winter pressures such as those encountered by acute Trusts. The mental health of our service users is not as severely affected as those with poor physical health. We do not see an increased demand for service during the winter months. Systems and policy are in place to ensure uninterrupted service provision during periods of adverse weather.</p>
<p>2. Please describe what strategies you used to protect training for all learners across their whole placement with your organisation in 2017/18 e.g. moving educational sessions to times of less pressure, ringfencing specific clinics, lists etc for training</p>	<p>Deputy Chief Executive Clive Clarke is the designated individual who takes the lead on advising staff of working and travelling in adverse weather conditions; widely distributes and promotes the Trust policy on how to deliver a continued and uninterrupted service in adverse conditions. However, the winter pressures referred to are more relevant to acute Trusts whereas within SHSC this is less prevalent due to the mental health of our service users not being as severely affected as physical health symptoms during the winter months, therefore placing fewer burdens upon our doctors and their clinical placements.</p>
<p>3. Please describe what plans you are putting in place to mitigate the effects of winter service pressures on training in 2018/19.</p>	<p>We have policies and procedures for winter pressures and adverse weather conditions as described above.</p>

--	--