Health Education
Yorkshire and the Humber

Leeds Teaching Hospitals NHS Trust

2014 Quality Management Visit

Leeds General Infirmary March 3 2014
St James University Hospital March 4 2014

DAY 1

Dr Peter Taylor	Deputy Postgraduate Dean (CHAIR)
Dr Anthony Arnold	Head of School of Medicine
Prof Mike Gough	Head of School of Surgery
Prof Gautam Chakrabarty	Surgery TPD
Dr Meg Crossley	CD Airedale NHS Foundation Trust
Dr Tony Browning	Associate Postgraduate Dean
Dr Michael Nelson	Associate Postgraduate Dean
Dr Bret Claxton	Head of School for Anaesthesia
Mr Robin Benstead	GMC Visiting and Monitoring Manager
Dr Ian Barker	GMC Enhanced Monitoring Associate
Ms Debbie Caroll	Lay Representative
Ms Julie Platts	Quality Manager
Ms Laura Tattersall	Quality Officer
Ms Sarah Gibson	Programme Support Coordinator
Ms Michele Hannon	Administrator
Ms Jo Aisthorpe	Programme Support Administrator

DAY 2

Dr Peter Taylor	Deputy Postgraduate Dean (CHAIR)
Dr Anthony Arnold	Head of School of Medicine
Dr Meg Crossley	CD Airedale NHS Foundation Trust
Dr Tony Browning	Associate Postgraduate Dean
Mr Jon Ausobsky	General Surgery TPD
Mr Paul Renwick	Deputy Head of School of Surgery
Dr Sudipto Ghosh	TPD Medicine
Dr James Petit	TPD Anaesthetics
Dr Alison Cooper	DME Rotherham
Mr Robin Benstead	GMC Visiting and Monitoring Manager
Ms Rachel Daniels	GMC Education Quality Analyst
Dr Ian Barker	GMC Enhanced Monitoring Associate
Ms Debbie Caroll	Lay Representative
Ms Julie Platts	Quality Manager
Ms Laura Tattersall	Quality Officer
Ms Amanda Cartwright	Programme Support Administrator
Ms Rachel Cadwallader	Programme Support Administrator

Specialties Visited:

Anaesthetics
Medicine (GIM and Acute)
Surgery
Pathology

This report has been agreed with the Trust.

The Trust Visit Report will be published on HEYH website

Conditions that are RAG rated as Amber, Red and Red* will be reported to the GMC as part of the Deanery Reporting process, the reports are published on the GMC website.

Date of First Draft	**05/03/14**
First Draft Submitted to Trust	**14/03/14**
Trust comments to be submitted by	**28/03/14**
Final Report circulated	**07/05/14**

NOTABLE PRACTICE

GMC DOMAIN DELIVERY OF CURRICULUM

School of Surgery

At Leeds General Infirmary Vascular Surgeons provide Foundation Trainees a day in theatre with a dedicated training list.

CONDITIONS

Condition 1

GMC DOMAIN 1 – PATIENT SAFETY – Handover

- continues from Condition 19 - June 2013 Trust QM visit report - O&G Handover

Surgery and Medicine - Foundation, Core, Higher (both sites)

There was no consistent formal handover in place for Foundation Trainees. No written or electronic records are being kept.

POST VISIT NOTE: The Trust does have handover policy document but not all areas are adhering to this.

There were reports of Foundation Trainees having difficulties identifying all the patients under their care and which Consultant was supervising their Training., particularly outlying patients at the Leeds General Infirmary site.

At St James' Hospital, the Surgical Foundation Trainees reported there were problems with handover from the night to the various day shift teams. An example was given of a single FY trainee on night duty being required to handover to 5 or 6 day teams in the morning. Although the white boards on in-patient wards display lists of patients who are on the ward, Surgical Foundation Trainees said these were regularly out of date.

Higher Trainees handed over to each other successfully, but agreed the Foundation and Core Trainees may miss out on handover procedures. The Higher Trainees also recognised that patients who were admitted to outlying wards may be a patient safety risk. They gave an example, at the LGI site, of not finding out about patients who had become ill overnight until the 3pm ward round the next day.

In addition, Surgical Trainees report there is no dedicated handover meeting room for Vascular, Trauma or Neurosurgery Trainees at the LGI site.

Action To Be Taken:

1) The Trust to take appropriate actions to understand why some areas are not adhering to the overarching Handover policy that was developed and introduced in 2011.
2) The Trust to investigate the handover procedures that are currently in place and implement a robust, documented system for trainees.
3) Review management of patients on outlying wards at LGI and ensure all Trainees are aware of newly admitted patients Provide a dedicated room for Vascular, Trauma and Neurosurgery Trainees at LGI.

RAG Rating:		**Timeline:** June 2014 (HEYH/GMC Revisit)

Evidence/Monitoring:

1. The Trust overarching handover policy
2. Confirmation of a formal, documented, Trust-wide handover procedure for each department that includes access to a list of all relevant inpatients
3. Evidence of a protocol in place to ensure Trainees are informed when patients are admitted to outlying wards at LGI so their care can be managed appropriately
4. A room is available for handover at LGI for Trainees who currently do not have a dedicated space for this purpose.

Condition 2

GMC DOMAIN 5 – CURRICULUM DELIVERY

- continues from Condition 6 - June 2013 Trust QM visit report

School of Medicine and Surgery - Foundation

The quality of the FY1 Tuesday lunchtime teaching, that is delivered via a video link from St James' Hospital, was said to be poor, which reduced attendance.

The Foundation Trainees highlighted that Neurological departmental teaching was unreliable and if this was provided consistently it would make a positive difference to the quality of the posts.

The Trust reported that a new Tutor post is being appointed to manage education and training at Leeds General Infirmary.

At the St James' Hospital site, the Surgical FY1s are unable to attend the Foundation year one teaching programme and are prevented from attending the mandatory(PDP days) due to their ward service commitments. Trainees informed the panel they had only attended about 2 out of the 10 available days so far in their 4 month placement. They had reported this to the Training Programme Director but he has not been able to facilitate their attendance.

There is no formal departmental teaching at St James' Hospital for Foundation Surgery Trainees, apart from in Breast surgery. There are no opportunities to go to theatre or clinic.

It was apparent that information regarding the Taster sessions that are organised by the Foundation Schools has not been communicated to the Foundation Trainees.

POST VISIT NOTE: The Trust pointed out that the Taster sessions form part of the FY2 Induction (which was delivered three times in 2013) and is also on the Medical Educational Virtual Learning Environment.

Action To Be Taken:

1) Foundation trainees must be able to attend the mandatory PDP days
2) Departmental Consultant or Registrar-led teaching for Foundation Trainees in all specialties every week, coordinated and managed by the Foundation Programme Director
3) Trust to continue with plans to appoint an RCP Tutor
4) Communicate information about Taster sessions

RAG Rating:		* **Timeline:** June 2014 (HEYH/GMC Revisit)

Evidence/Monitoring:

1. Programme of relevant training
2. Attendance Registers, specifically the PDP days and Foundation weekly teaching

Condition 3

GMC DOMAIN 1 – PATIENT SAFETY – Induction and Clinical Supervision

- continues from Condition 3 - June 2013 Trust QM visit report

Surgery - Foundation School (LGI and St James) and OMFS (Higher)
Surgery - Higher Trainees (St James)

At both sites, Trainees reported difficulties with the Trust induction in terms of delays being allocated logins and training for the EDAN discharge system. There were also reports of Trainees who started later than others not having an induction. An example was given of a Trainee at St James' Hospital arriving new to the Trust for an out of hours' shift not knowing which ward they should be working on.

The Higher Surgical Trainees at St James' Hospital would welcome the PPM dictation system being included in the Trust induction, along with information about the on call arrangements at St James' Hospital.

At the last Trust visit in 2013, some FY2 trainees on community placements were told they were not required to attend the Trust Induction. On this occasion, the FY2 Trainees had had an induction but the FY1 Trainees on community placements had not.

As far as departmental induction was concerned, Foundation Trainees at St James' did receive a booklet but several Trainees were not able to access the face to face departmental induction due rota logistics. The Trainees described using their own initiative to find out relevant information, such as setting up a Facebook page to share good practice from the previous FY1 Trainees.

It was also reported that OMFS Higher Trainees provide out of hours theatre cover for Mid Yorks Hospitals. However, they were not induced into the Trust and, as a consequence, did not have swipe card access the OMFS department. The Higher Trainees also described regularly working unsupervised when at Trust.

Action To Be Taken:

1) Review of the Trust induction arrangements, in particular the allocation of logins and training for the EDAN discharge system, the PPN dictation system and out of hours' rota arrangements.
2) The Trust to define induction arrangements for trainees arriving 'out of synch, or for their first night on call
3) Ensure all Trainees attend a Trust Induction including those in community placements and those that are not synchronised with placement rotations.
4) OMFS Higher Trainees to be induced into working at Mid Yorks Hospitals, so they are provided with essential information. (To be communicated to MYHT for their action).
5) Induction, supervision and escalation arrangements to be confirmed when OMFS Higher Trainees are working at Mid Yorks Hospitals

RAG Rating:		* **Timeline:** June 2014 (HEYH/GMC Revisit)

Evidence/Monitoring:

1. Revised Induction planning for 'out of synch' and 'first night cover' trainees
2. Induction records.
3. MYHT to be informed that Induction, supervision and Escalation Policy for OMFS Trainees working at Mid Yorkshire Hospitals is required

Condition 4

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

- continues from condition 5 - June 2013 Trust QM visit report

Foundation School (LGI)

As reported in 2013, FY2 Trainees are still attending some resuscitation events without any senior medical and anaesthetic cover. FY2 and CMT Trainees continued to report they are the most senior Trainees in attendance.

This again needs urgent attention at the most senior level in the Trust by the person responsible for ensuring patient safety.

Action To Be Taken:

1) An identified medical and anaesthetic registrar must be identified for each crash team, and is communicated to all trainees.

RAG Rating:		**Timeline:** June 2014 (HEYH/GMC Revisit)

Evidence/Monitoring:

Confirmation of resuscitation team structures from the Trust

Condition 5

GMC DOMAIN 1 PATIENT SAFETY – Clinical Supervision/Work intensity

GMC DOMAIN 5 – CURRICULUM DELIVERY

- continue from Condition 1 - 25/1/2013 Re-visit to Foundation QM report

Surgery and Medicine - Foundation

Leeds General Infirmary

The Foundation Trainees (T&O) felt unsupported and unsupervised and were taking direction from nursing staff. Trainees felt that there was insufficient consultant presence with no consultant-led ward rounds They felt unsupported by vascular services with an example given of a seven hour wait for a patient to be cannulated.

According to the Trainees, there are no documented escalation policies and they may sometimes not see a T&O Consultant or Higher Trainee for a week. A situation often arises of Foundation Trainees managing around 115 patients at weekends with no direct senior cover. Trainees were very concerned and stressed by the lack of senior cover which they reported did impact upon patient safety.

In their self-assessment the Trust confirmed that Trainees are still not being released from ward work for acute experience of the surgical assessment unit.

A particularly telling comment from the trainees was “you do not feel part of the team”.

Action To Be Taken:

See condition 5 St James’ University Hospital site

RAG Rating:		**Timeline:** June 2014 (HEYH/GMC Revisit)

Condition 6

GMC DOMAINS – as above

SPECIALTIES – as above

St James' University Hospital

Foundation Surgical Trainees (Urology) find that Higher Trainees were resistant to providing senior support. Indeed, a FY1 Trainee recently had to resort to calling the crash team as Higher Trainees were not able to respond to requests for assistance. The Higher Trainees in Urology expressed concern about the number of patients (up to 70) that a single FY1 Trainee is required to manage and they felt this was a patient safety risk. However, it was reported that Consultants are approachable and helpful if they are asked to assist.

Several of the Surgical Foundation Trainees felt they were being asked to carry out procedures beyond their competence. One Trainee described being put under pressure to remove VasCaths even though training had not been provided but managed to resist this request. It should be noted a VasCath is a very large bore multi lumen vascular catheter used for Haemofiltration. Catastrophic haemorrhage is a complication of inappropriate removal of this device. It was noted that none of the Trainees, apart from Breast Surgery Trainees, would recommend their posts.

The FY1 Trainees in Surgery and Medicine are spending most of their time carrying out tasks such as phlebotomy, cannulation, and compilation of discharge summaries and transcription of drug charts. They remarked that quite regularly the Phlebotomists do not attend wards at weekends so all the blood-related tasks are carried out by the FY1 Trainees where there are two or three FY1 Trainees to manage around 300 patients.

Also, the Trainees felt that patient safety was compromised if the condition of more than one patient under their care deteriorated. They gave an example that on out of hours' shifts, the administration of fluids can be significantly delayed due to the intensity of FY1 Trainees' workload. They felt that recent changes to the Core Surgical Trainee rota have compounded the problems and created a significant gap in clinical service provision at night.

The FY1 Trainees in Medicine are required to cover HDU that is staffed by nurses with no middle grade or senior cover. It was reported that prior to the rota changes a Core Trainee would have conducted a ward round on HDU.

Trainers explained that Advanced Nurse Practitioners are being recruited and trained to fill the gaps that have been left by the removal of Training numbers and rota changes. There is also the possibility of Psychiatry Trainees being rostered to cover out of hours shifts from April 2014.

Action To Be Taken:

1) The current supervisory arrangements for Foundation doctors in Orthopaedics are unacceptable, alternative cover arrangements for these doctors need to be identified urgently.
2) Instigate a weekly consultant–led Foundation Teaching programme
3) Review the working practices of the vascular access team, and confirm the level of support currently available, by ward, to Foundation doctors by Clinical Support workers and others. To define the Trusts expectations of the Foundation doctors providing phlebotomy support
4) Define Supervisory escalation pathways
5) Audit Foundation Trainee workload, in terms of the competing demands of ward cover, routine repetitive tasks and cover to other units ie Surgical Admissions Unit
6) FY1 Trainees should not provide unsupervised medical cover for HDU
7) All FY1s in General Surgery must be given adequate experience in acute surgical assessment (SAU).

RAG Rating:		* **Timeline:** June 2014 (HEYH/GMC Revisit)

Evidence/Monitoring:

There will be a revisit to the Trust in 12 weeks to specifically review the supervisory arrangements for orthopaedic foundation doctors As discussed the continued placement of orthopaedic trainees on the LGI site is dependent upon the provision of adequate supervision.

The visit will also include:

1. Ensure that unsupervised Foundation doctors are not covering the HDU
2. That there is an agreed training program for the F2 required to prescribe chemotherapy and that this is embedded in the induction program including a requirement for this to be documented in the e-portfolio (see condition 7)
3. Review of non-medical phlebotomy provision
4. Programme and attendance registers for teaching programme
5. Workload audit for foundation doctors

Condition 7

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of Medicine - Foundation and Core (LGI)

FY2 Trainees/Core Medical Trainees are occasionally expected to review the CT Scans out of hours to determine if they need to call a Consultant to carry out thrombolysis The Trainees do not receive training for this and currently there are no facilities for the Consultants to review the CT Scans at home.

Trainees highlighted the situation can be stressful as if it eventually transpires that the patient has not had a stroke then the Consultant was called in unnecessarily. The Consultants said they were rectifying this situation with additional specialised nurses or there should always be a Registrar on call to respond to concerns. However, it was necessary for them to respond by attending the hospital they would be willing to do so.

Action To Be Taken:

Trust to review procedure for reporting of CT Scans and escalating concerns about potential stroke patients requiring thrombolysis treatment. The role of trainees regarding escalation in the stroke thrombolysis pathway to be confirmed

RAG Rating:		**Timeline:** June 2014 (HEYH/GMC Re-visit)

Evidence/Monitoring:

Revised procedure document and inclusion in induction materials.

Condition 8

GMC DOMAIN 1 PATIENT SAFETY – Clinical Supervision

Medicine – Neurology - FY2 (LGI)

Foundation Year 2 Trainees are prescribing variable dosage intravenous chemotherapy to patients. Training for this is provided by a Pharmacist who delivers a PowerPoint presentation on the topic but if a Trainee missed the training they would still be able to prescribe the drugs. A Pharmacist determines the dosage and prepares the prescription but the Trainees sign to authorise this.

The Trainees interviewed recognised they are ultimately responsible for the administration of the drugs.

Action To Be Taken:

Trust to define the approved training and ensure delivery and documentation for portfolio

RAG Rating:		**Timeline:** June 2014 (HEYH/GMC Revisit)

Evidence/Monitoring:

Training programme in place that is documented in the Trainee portfolio.

Condition 9

GMC DOMAIN 5: DELIVERY OF CURRICULUM

School of Surgery - T&O - Higher Trainees

Trainees complained about the inefficient way operating theatres are managed out of hours. It was outlined that the T&O team operate a two tier system for the 18 Trainees – junior (ST3/4) and senior. The Senior Trainees feel the system works reasonably well and have few problems meeting their curriculum requirements. However, the ST3/4 Trainees feel that the system means they have great difficulty in meeting the numbers of trauma cases for curriculum requirements. It was acknowledged that the T&O SAC are quite specific about curriculum requirements.

The Trainees described working in locum roles to enable them to meet minimum curriculum requirements.

Action to be taken:

1. Review the organisational arrangements to develop a process to allow all Trainees to meet the SAC's curriculum requirements.
2. Head of School/TPD to check on ISCP progress

RAG Rating		**Timeline:** June 2014 (HEYH/GMC Revisit)

Evidence/Monitoring:

Process in place to ensure all Trainees have access to the required number of cases to meet minimum curriculum requirements.

ISCP data analysis.

Condition 10

GMC DOMAIN 1 – PATIENT SAFETY – Consent taking

- condition 13 in 2013 report identified a similar problem in the School of GP - O&G

School of Surgery - Core

Core Surgical Trainees are consenting for procedures they have not had training for.

Action To Be Taken:

Confirm training is in place for consent training, and define which procedures trainees should be consenting for induction and that the training materials are readily available.

RAG Rating		**Timeline:** June 2014

Evidence/Monitoring:

1. Training documentation
2. Attendance lists

Condition 11

GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity

School of Medicine – Core (SJUH)

Care of Elderly (Gledhow Wing)

There were numerous concerns over work intensity for these doctors associated with the large number of wards covered especially out of hours.

Action To Be Taken:

The Trust to review the workload arrangements, and develop an exception reporting tool for when trainees are unable to leave work on time.

RAG Rating:		**Timeline:** July 2014

Evidence/Monitoring:

1. Review of workload
2. Exception reporting policy for doctors working beyond contracted hours
3. Confirmation from the Trust that this has been communicated to all trainees and a copy of the communication.

Condition 12

GMC DOMAIN 3 – EQUALITY & DIVERSITY

- continues from Condition 2 in the 2013 Trust report

Foundation School (SJUH) – General Medicine

In the 2013 Trust QM visit report Foundation Trainees were being undermined by Haematology and Oncology Consultants but there were no such reports on this occasion. At this visit Trainees felt undermined by nursing staff in General Medicine overall and Elderly Medicine in particular as they are harassed to carry out tasks such as providing premedication even though they may have more urgent clinical priorities.

Action To Be Taken:

The Trust must ensure that all nursing staff are aware of this example of undermining of the trainees. Director of Medical Education (DME) to seek trainee feedback on its resolution.

RAG Rating:		**Timeline:** June 2014 (HEYH/GMC Revisit)

Evidence/Monitoring:

Trust to confirm that this message has been communicated to relevant nursing staff.

Condition 13 (continues from Condition 10 in the 2013 Trust QM visit report)

GMC DOMAIN 5 – CURRICULUM DELIVERY

School of Medicine

Trainees reported difficulties in gaining feedback on their performance and getting Work Based Placement Assessments (WBPA) completed.

Action To Be Taken:

The Trust to ensure that the trainees and trainers are both reminded of their responsibilities towards completing WBPAs.

RAG Rating:		**Timeline:** July 2014

Evidence/Monitoring:

Copy of communication sent to trainees and trainers.

Condition 14

GMC DOMAIN 5 – DELIVERY OF CURRICULUM

Anaesthetics - Higher (at both sites)

The instigation of Consultants being resident on call (who apparently prefer to work in theatre rather than intensive care) has reduced the amount anaesthesia for emergency surgery for Higher Trainees to be involved in as Trainees are not now required to cover the acute lists. To replace this, the Trainees cover more Intensive Care Medicine activity.

Higher Trainers described the requirement to support the Intensive Care Unit was impacting on their exposure to Anaesthetics training. One Trainee reported he had only had twelve days in theatre during a three month Anaesthetic placement. There were also reports of Higher Trainees being removed from a day training list to cover an out of hours shift.

Presently, there is no evidence of the effect of the reduction in trainee numbers on the ability of the training programme to meet the curriculum requirements for intermediate, higher and advanced training in Anaesthesia in the relevant specialties. The curriculum does not prescribe indicative numbers of cases but it does have a comprehensive list of learning objectives, core clinical learning outcomes and individual competencies which are to be assessed and achieved, normally by Workplace Based Assessment. The trainees have concerns that the way the balance of their training has shifted is detrimental to their training experience.

There were no reported patient safety issues.

Action To Be Taken:

TPD to work with the Trust to collate how many curriculum requirements are being delivered and where this can be increased.

RAG Rating:		**Timeline:** July 2014

Evidence/Monitoring:

Detailed breakdown of Trainees achievement of curriculum requirements.

Condition 15

GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity

GMC DOMAIN 5 – DELIVERY OF CURRICULUM

School of Medicine - Microbiology

Overall there is good feedback in terms of the support but Trainees complained of spending a lot of time on call over the weekend and they felt their rota was probably not compliant. Clearly the Trainees provide a huge amount of service. There is an impending change to the Microbiology curriculum in 2015 whereby the Trainees' roles will be more clinical than laboratory-based. Therefore, the current working arrangements will be unsustainable going forward.

Action to be taken:

The Trust to produce a plan on how they will manage the curriculum changes.

RAG Rating		**Timeline:** September 2014

Evidence/Monitoring:

Revised rota / Microbiology plan to manage the changes to the curriculum in 2015

Condition 16

GMC DOMAIN 5 – DELIVERY OF CURRICULUM

Histopathology ST 3 (SJUH)

The Histopathology Trainees do not have adequate access to Haematology Malignancy Diagnostic Service (HMDS) expertise even though this is a resource of international standing. The Trust had agreed to provide access to HMDS for Histopathology trainees

Action To Be Taken:

Trust to ensure HMDS training programme is available for Histopathology Trainees including the ability to participate in the reporting process.

RAG Rating:		**Timeline:** August 2014

Evidence/Monitoring:

Histopathology Trainees are trained in HMDS techniques within the SJUH.

Condition 17

GMC DOMAIN 5 – DELIVERY OF CURRICULUM

Surgery and Neurosurgery – Higher (LGI)

Neurosurgery has a specific difficulty delivering the curriculum for functional neurosurgery. It is difficult to deliver as there is not a Neurophysiologist based at the hospital.

Action to be Taken:

A plan to deliver functional Neurosurgery

RAG Rating		**Timeline:** September 2014

Evidence/Monitoring:

1. Functional Neurosurgery plan

FINAL COMMENTS

The Trust had organised the visit well and ensured there was good attendance of Trainers and Trainees at the majority of the panels.

Medicine - Neurology and Cardiology - Foundation (LGI)

Trainees reported they all had Educational Supervisors who are approachable, supportive and willing to teach. The Trainees are released to attend PDP days and there is a structured educational programme for Foundation Trainees. Rotas are compliant and usually provided well in advance and there is good access to library facilities.

All the Trainees interviewed would recommend the Foundation posts in Cardiology and Neurology.

Anaesthetics - Higher (LGI)

The 15 Higher Trainees who attended confirmed they had had a Trust and Departmental induction. In addition the Trainees reported the ICU and Acute Handover works well and the Trainees do not feel they are working outside of their level of competence. There is a structured training programme and the Trainees are well supervised. In addition, the College Tutors are felt to be supportive and helpful. There is a good case mix that provides the opportunity to complete WPBAs and there were no reports of bullying and harassment.

Anaesthetics – Higher (SJUH)

The Trainees reported they all had assigned Educational Supervisors and met them regularly. They said the Consultant body were friendly and approachable and willing to help when requested. The Trainees said handover works well in the department and they considered this to be safe practice. The teaching is cross site and works well.

Medicine - Higher Trainees (LGI)

There is an on line induction that was of high quality and there are drop in sessions to update on certain areas. Handover works well with a dedicated half an hour assigned to this that is written down but not auditable.

Consultants are supportive in helping Trainees to achieve their curriculum objectives

Teaching was described as 'superb' and offered broad on call experience. There is a strong level of supervision and Higher Trainees are encouraged to adapt sessions to address training needs for any outstanding curriculum competencies. It was reported that Training Programme Directors, Educational and Clinical Supervisors assist in the facilitation and management of this. All the Trainees interviewed would recommend posts due to the clinical experience and support they receive.

However, there is a lack of dedicated office space for the 13 Registrars in Cardiology with only two hot desks in a public area that do not have telephones. As there is no office or lockers Trainees have to carry their belongings with them during their shifts.

Medicine (Higher Trainees) SJUH

The trainees the panel met from medical departments confirmed improvements since the last Trust visit in revisions of their time-tables and dialogue with their trainers. The improved departments were Medical Oncology, Respiratory Medicine and Renal Medicine

Surgery - Vascular

Vascular Training has improved at all Training levels across both sites.

Surgery - Foundation (SJUH)

Trainees said that a team working culture had developed between FY1s. They also explained there are interesting and complex Colo-rectal cases referred from all over the UK. The Trainees said the posts had prepared them well for FY2 posts in terms of organisation skills. All Trainees had been allocated Educational Supervisors.

Ophthalmology - ST1 (run through)

The ST1 Trainees had had a Trust and departmental induction, are well supervised and teaching is very good. They were particularly impressed with the cataract simulation training. The Trainees were able to attend Regional Teaching and able to achieve their WPBA curriculum requirements. The Trainees felt the quality of care would mean they would be comfortable for family and friends to be treated at the Trust. The posts could be further improved if they had their own clinic lists.

Surgery - Higher (SJUH)

The Higher Trainees felt their handover procedures worked well and there were some examples of written handover taking place. The Trainees reported they get ample opportunities for training and exposure to a broad case mix. They said they have 'inspirational' Consultants, get excellent training and teaching both informal and formal.

It was noted that no General Surgery Core Trainees came to meet the visiting panel.

GIM and Acute Medicine - Higher (SJUH)

Cardiology

Very tailored structured week

Consultants very open – good with timetables to cover curriculum

HIV care very good experience

Dermatology

Teaching superb

Variety of sub-speciality training

The red star actions affecting foundation doctors in training in surgical posts at LGI (clinical supervision) and clinical supervisions and access to education(SJUH) have been escalated to the GMC enhanced monitoring process for the past year, with little substantive improvement. The GMC is aware of and is fully supportive of HEYH intention to revisit in three months to ensure that foundation doctors in training in the named surgical posts are training in a safe and learning environment. Failure to demonstrate improvement may result in the deanery removing trainees, or the GMC removing approval for these training posts which would impact all foundation trainees at the Trust and not just those in the named posts.

Approval Status

Approval pending until conditions set out in this report are met

Signed on behalf of Health Education Yorkshire and the Humber

Name: Dr Peter Taylor

Title: Deputy Postgraduate Dean (Panel Chair)

Date: 04/03/14

Signed on behalf of the Trust

Name: Dr Jon Cooper

Title: Director of Postgraduate Medical Education

Date: as per email of 07/05/14

Appendix 1

RAG Rating Guidance

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

Impact

This takes into account:

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

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

High impact:

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

Medium impact:

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

Low impact:

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

Likelihood

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

High likelihood:

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

Medium likelihood:

- the concern occurs with enough frequency that if left unaddressed could result in patient safety concerns or affect the quality of education and training, eg. if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of concerns arising as a result would be 'medium'.

Low likelihood:

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

Risk

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

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

Please note:

* These conditions will be referred to the GMC Reponses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012