

Review of *Harrogate & District Hospital NHS Foundation Trust* (*Postgraduate Medical*)



Quality Assurance of Local Education and Training Providers

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Guidance

From 1 April 2015 Health Education England, working across Yorkshire and the Humber (HEE YH) introduced a new quality function and team structure. The quality function is responsible for leading and overseeing the processes for the quality assurance and quality management of all aspects of medical and non-medical training and education. Our aim is to promote an ethos of multi-professional integrated working and believe that improving quality in education and training is at the heart of delivering outstanding patient care.

HEE YH invests £500 million every year on commissioning a wide range of education on behalf of local and national health systems. It has a duty to ensure that the Education Providers delivering this education provide a high standard of professional education and training.

In developing our new framework we have developed a set of standards for education providers built around five themes. The five themes have been chosen to reflect the multi-professional aspects of training and care and to ensure all Healthcare Regulator standards can be aligned.

All standards have been mapped against the following regulatory documents:

- NMC Quality Assurance Framework Part Three: Assuring the safety and effectiveness of practice learning
- Future pharmacists: Standards for the initial education and training of pharmacists (May 2011)
- HCPC Standards of education and training: Your duties as an education provider
- GMC Promoting Excellence: Standards for medical education and training

Standards are built around 5 core themes:

Theme 1	Supporting Educators
Theme 2	Supporting Learners
Theme 3	Learning Environment and Culture
Theme 4	Governance and Leadership
Theme 5	Curricula and Assessment

1. Details of the Review

Visit Date(s)	4 th October 2016
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This visit was conducted in conjunction with:

- School of Surgery
- School of Obstetrics & Gynaecology
- School of Medicine
- Foundation School

Visit Panel / team

Name	Role
Peter Taylor (Visit Chair)	Deputy Postgraduate Dean
David Eadington	Deputy Postgraduate Dean
Mark Steward	Deputy Head of School - Surgery
Gerard Reilly	Training Programme Director – Surgery
Jackie Tay	Head of School – Obstetrics & Gynaecology
Marina Flynn	Training Programme Director – Obstetrics & Gynaecology
Sunil Bhandari	Deputy Head of School – Medicine
Lynne Caddick	Deputy Foundation School Director
Tarun Bansal	Training Programme Director – Foundation
Meg Crossley	Director of Postgraduate Medical Education (Airedale NHS Foundation Trust)
Sarah Walker	Quality Manager
Vicky Jones	Quality Co-ordinator
Michele Hannon	Business Support Assistant
Rachel Cadwallader-Buckland	Programme Support Administrator
Janet Rutter	Business Support Officer

2. Summary of findings

The visit was well organised with good engagement from the Trust, trainees and trainers.

Considerable work has been undertaken by the Trust to respond to previous concerns relating to the specialities seen at this visit. There have been changes in terms of Trust structure and the Medical Education Directorate which has resulted in greater engagement between Medical Education and Directorate level.

There has been a reduction in elderly medical beds from 60 to 44 with a further reduction to 38 beds in the coming weeks which has had a positive impact on the trainees.

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The Trust has invested in the Advanced Care Practitioner roles and there is a training programme currently underway. Positive feedback was received from trainees throughout this visit on the support that these roles provide.

There has been a successful MTI programme in place within Anaesthetics and this is being expanded to support other specialities.

The Junior Doctors Forum has promoted trainee engagement however not all trainee groups are aware of its existence. Consideration should be given on raising awareness.

The previous concerns highlighted by trainees regarding spending a lot of time out of hours dealing with Patienttrack bleeps appear to have been resolved, with a reduction in the number of calls received. Bi-monthly training forums are being held and solutions have been identified through these, one being the implementation of a hand held device for trainees. There are still issues with the amount of systems that trainees have to access which leads to a reduction in the time spent with patients. The Trust is getting the WebV system which should address the login issues.

There were still numerous references to SHOs throughout the visit from trainers and trainees.

Surgery

The panel were concerned that there is no on-site senior supervision of F2 trainees out of hours. This is a GMC mandate. No patient safety issues were identified at the visit however this is a patient safety issue and puts FY2 trainees at significant risk.

There are pressures within the A&E department regarding to support prompt discharge of patients.

There were issues with handover and the loss of educational opportunities as there is a lack of consultant presence and the timings create difficulties for the trainees.

All surgical trainees were happy with the post and felt well supported, reporting excellent supervision. They would all recommend the post to colleagues and would be happy for friends and family to be treated in the department.

Foundation

The panel felt that improvements had been made with progress towards the previous conditions.

The feedback from the foundation trainees in elderly medicine was very positive, and trainees feel that they are well supported. All FY2 trainees would recommend their post and be happy for family and friends to be treated. However the FY1 trainees varied, medicine trainees would recommend but not for gastroenterology and the surgical trainees would recommend for the surgery elements but not for the aftercare.

Medicine

The panel was not able to meet with higher medical elderly trainees due to them rotating the previous day and therefore not having sufficient experience of the Trust. The Deputy

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Postgraduate Dean (Visit Chair) and Quality Manager will make alternative arrangements, including the School of Medicine, to meet with the higher trainees and obtain feedback.

There were no trainees present from Gastroenterology and therefore any previous conditions for this speciality remain unchanged.

The feedback from the core medicine trainees demonstrated that overall there have been improvements. All the core trainees would recommend the post and be happy for their family/friends to be treated. One trainee 'felt the job had been one of the best supported educationally'.

O&G

The panel found that there was a marked improvement with progress having been made towards the outstanding conditions 1/2015 and 5/2015.

Whilst handover was reported as working well, being very supportive and multidisciplinary there appears to be confusion over what is handover and what are case management discussions.

Trainees are happy to call the consultants and reported them as being supportive and 'always ready to teach'.

The trainees are very happy and reported that they receive the required training and are able to attend teaching sessions. All trainees would recommend their post and be happy for friends/family to be treated here.

Conditions from Previous Visits

There have been two recent Quality Management visits to the Trust one in February 2015 which visited paediatrics, obstetrics and gynaecology, medicine and surgical specialities. There was also a re-visit in January 2016 to the Trust following concerns raised by trainees in medicine.

The following provides updates on the previous conditions which were discussed at this visit:

GMC Enhanced Monitoring Concern – Conditions 1/2016 & 5/2016 (Database Refs: 16/0026 & 16/0030)

There had been an improvement in the feedback received by core medical trainees. Trainees confirmed that work intensity had improved and they were gaining access to the required amount of clinics and receiving consistent feedback. Elderly Medicine ward rounds are well supported with daily consultant presence and a lot of feedback. There were no reports of concerns regarding the completion of work based assessments.

The panel have reviewed the enhanced monitoring status and it was agreed that whilst there had been progress, a further three month period of review was required to ensure that the rota'd CMT clinic release system was embedded and functioning, before this condition could be closed.

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Clinical Supervision

Obstetrics & Gynaecology, Respiratory, Cardiology and General Surgery

Foundation, Core & Higher

Condition 1/2015 (Database Ref: 15/0052)

Concerns were identified at the visit in February 2015 in general surgery, respiratory and obstetrics and gynaecology regarding clinics taking place without direct explicit consultant supervision. O&G trainees reported that this issue has now been resolved and clinical supervision is not an issue, they are not running clinics on their own.

Surgical trainees reported no issues regarding support or supervision within clinics.

Previously there had been reports of Urology foundation trainees clerking patients in clinics prior to cystoscopy without any feedback, this practice has now ceased.

Core medicine trainees reported that they are receiving feedback and have no concerns relating to this condition.

The panel felt that there was sufficient feedback for this condition to be closed.

Clinical Supervision

Surgery

Foundation

Condition 3/2015 (Database Ref: 15/0054)

Work based assessments continue to be an issue for orthopaedic trainees who report it is almost impossible to obtain them.

Action	Clinical and educational supervisors must be reminded of their responsibilities and provided with training and sufficient time in their job plans to complete assessments for trainees.	March 2017
Evidence for Action	Copy of action plan. Confirmation that trainees have experienced a change in educational culture.	March 2017
RAG Rating	Remain Amber	
LEP Requirements	<ul style="list-style-type: none">• Copies of documents must be uploaded to the QM Database• Item must be reviewed and changes confirmed with HEE YH Quality Team	

Undermining

Obstetrics & Gynaecology

Foundation, Core & Higher

Condition 4/2015 (Database Ref: 15/0055)

Although progress has been made regarding the nature of feedback following clinical incidents being delivered in a constructive and educational manner the panel still had concerns. There appears to be one member of the O&G consultant body who is not very effective at giving

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feedback. Whilst the higher trainees reported that the consultant's intentions are good feedback is not constructive and is often given in front of colleagues or given via colleagues eg. discussing the case with another trainee who provided the feedback.

The Trust is required to investigate this further and highlight this with the member of staff and explore avenues of support/training.

Concern 1	Trainees have experienced undermining behaviour from an O&G consultant.	
Action 1	The trust must investigate the trainee's concerns. They must discuss the results of the investigation with appropriate members of staff (including the trainees) in an appropriate manner.	Immediate
Action 2	The trust must produce an action plan to address the inappropriate undermining behaviours.	November 2016
Action 3	The trust must show that the undermining behaviour has ceased.	March 2017
Evidence for Action 1	Summary of the investigation and confirmation that the results have been shared.	November 2016
Evidence for Action 2	Copy of the action plan.	November 2016
Evidence for Action 3	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	March 2017
RAG Rating	Remain Amber	
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team 	

Induction

Cardiology, Elderly Medicine, Obstetrics & Gynaecology

Foundation & Core

Condition 5/2015 (Database Ref: 15/0056)

Trainees did not raise any issues regarding departmental or speciality induction. All O&G trainees reported that they had received logins and that this is no longer an issue.

The panel recommend that this condition can now be closed.

Handover

Medicine and Surgery

Foundation & Core

Condition 6/2015 (Database Ref: 15/0057)

The FY1 and FY2 medicine trainees reported an improvement in handover and feel that it works well. The weekend handover was felt to be robust and trainees are comfortable that their

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patients would be seen. The acute ward handover seemed less structured but there were no instances reported of patients being missed.

The core medicine trainees also felt there had been an improvement on MAU with a face to face handover during which the consultants and other team members would see the patients. However the handover process for the wards seemed to still rely on a telephone call. There did not appear to be consultant involvement in the evening handover. There was a handover at 9 pm where the day and night teams discussed issues/patients that required reviewing. It is felt that some elements of the handover system still appear to be quite 'ad hoc' and whilst the trainers had reported use of an electronic e-bulletin handover system the trainees did not seem to be aware of this. The previous actions for this element of the condition remain the same.

This condition has not been resolved for surgery. The surgical handover is scheduled for 7.30 am – 8 am and the panel felt that it is completely unstructured with no-one appearing to lead it. The night to morning handover for T&O is done at the trauma meeting and results in the night team having to stay late to go to the trauma meeting. Trainees who change shift and not able to stay lose the educational feedback element.

Action 1	Make appropriate changes to rotas/working arrangements to allow relevant staff to attend handover.	December 2016
Action 2	Appoint an appropriate senior member of staff to lead the handover.	December 2016
Action 3	Evaluate effectiveness of handover.	December 2016
Evidence for Action 1	Summary of revised rotas/work arrangements.	December 2016
Evidence for Action 2	Copy of process authorising arrangements for the leadership of handover.	December 2016
Evidence for Action 3	Copy of the handover system evaluation.	March 2017
RAG Rating	Regrade to Amber	
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with the HEE YH Quality Team 	

Workload Medicine Foundation & Core Condition 7/2015 (Database Ref: 15/0058)

The rota issues for foundation trainees have been resolved with the exception of A&E. Issues were highlighted regarding the A&E rota pattern where trainees work 3 consecutive weeks of the Friday twilight shift, working until 4 am on Saturday morning. However the Saturday is considered as the rest day. This new Emergency Medicine rota running across 3 weeks is currently being trialled and requires monitoring.

The Rota Co-ordinator received good feedback from the medicine trainees. There have been reduced commitments in the amount of weekends trainees are required to do, however some

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element of pressure may still be present. Trainees are informed of rota gaps and the core trainees are still being asked to act up, clarification is required regarding if these trainees are pre or post PACES training as pre PACES is not permitted.

The issues pertaining to the higher medicine trainees will be reviewed at their visit and therefore these aspects of this condition remain unchanged.

RAG rating to remain at amber.

Learning Environment

Medicine & Surgery

Core & Higher

Condition 8/2015 (Database Ref: 15/0059)

Core medicine trainees were still reporting concerns regarding gaining access to speciality clinics. Six ambulatory clinics have been established and these are timetabled for and are reported as being well organised. However there appears to be a resource issue as there are insufficient rooms for trainees to see patients. The panel noted that there was a disparity between who the trainees and trainers felt ought to address this issue. Whatever the outcome of who is responsible for organising the clinics a process needs to be in place detailing how to do this, when and who to contact.

RAG rating to remain at Amber.

Feedback

Medicine

Foundation & Core

Condition 1/2016 (Database Ref: 16/0026)

There were still reports of ward rounds with the FY2 being the most senior person with the exception in Elderly Medicine where it is well supported with daily consultant presence and a lot of feedback. In the other medical specialities ward round consultant presence only occurs twice a week. Although the middle grades are reported as being very supportive they are often busy doing other things. The previous actions for this element of the condition remain the same.

RAG rating to remain at red.

Learning Opportunities

Medicine

Foundation & Core

Condition 2/2016 (Database Ref: 16/0027)

There is good support provided on tasks with no educational value which were previously undertaken by trainees. Twice daily there are phlebotomy and ECG rounds and during the night specific support teams are available.

The panel recommend that this condition can now be closed.

**Rotas
Medicine
All**

Condition 6/2016 (Database Ref: 16/0031)

On the whole previous issues regarding the rota and opportunities for rest and recreation have improved. Trainees report that they are informed of the rota gaps but there is no pressure from the Rota Co-ordinator to fill these. The core medicine trainees were very complimentary about the Rota Co-ordinator and some advised being 'the best they had ever worked with'.

As the issues raised also pertained to the higher medicine trainees this will be reviewed at their visit.

3. Good Practice and Achievements

- Two trainee engagement events have been held and these have generated ideas from trainees for solutions to some of the issues that were raised.
- Establishment of bi-monthly trainee forums.
- There are 4 Advanced Care Practitioners (ACPs) about to complete their training. These roles are also looking at being expanded across the Trust.
- Recruitment is also underway for 4 MTI doctors who will start work in Elderly Medicine, Cardiology and Gastroenterology January 2017.

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4. Conditions

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.	
HEYH Condition Number	1 (HEYH Database Reference 17/0001)	
LEP Site	HDH	
Specialty (Specialties)	Surgery	
Trainee Level	Foundation	
Concern 1	Foundation trainees are not provided with on-site support from a senior colleague out of hours in surgery.	
Concern 2	Trainees do not know who to contact when seeking advice on clinical care for patients in medical specialities.	
Evidence for Concern	There is no resident on-site registrar cover at present out of hours. This results in FY2 trainees having no on-site senior support and unclear who they can escalate issues to. Although no patient safety issues were raised this is a GMC mandate. The T&O FY1s are unclear who to call for medical problems for orthogeriatric patients that are shared care. One trainee reported spending an hour trying to bleep someone as their team were in theatre.	
Action 1	The Trust must introduce senior on-site support.	1 November 2016
Action 2	The Trust must introduce an action plan to address the concerns. The opinions of the clinical staff and their suggestions for possible solutions should be considered when drawing up the action plan.	1 November 2016
Action 3	Provide trainees with clear guidance/an escalation policy that details who should be contacted for patients who are under shared care.	December 2016
Evidence 1	Written confirmation of escalation policy and details of senior on-site support.	1 November 2016
Evidence 2	Copy of the action plan.	1 November 2016
Evidence 3	Copy of guidance/escalation policy.	December 2016
RAG Rating		

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LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with HEE YH Quality Team
Resources	http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainee%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf
Question Reference	Trainer 8 / Trainee 8, 9

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.7 Staffing)	Organisations must make sure that there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating learning opportunities.	
HEYH Condition Number	2 (HEYH Database Reference 17/0002)	
LEP Site	HDH	
Specialty (Specialties)	Surgery (Orthogeriatrics)	
Trainee Level	FY1	
Concern 1	Trainees report that there are insufficient staff on duty to provide a safe level of patient care.	
Evidence for Concern	<p>A geriatric patient was handed over to the on call team however when the trainee came back on duty 36 hours later the patient had not been reviewed.</p> <p>Following this visit from 10th October an SASG/middle grade doctor commenced working 3 days per week in orthogeriatrics, to improve staffing levels and provide support for trainees.</p>	
Action 1	Review staffing levels in orthogeriatrics and develop an action plan to address the deficiencies.	December 2016
Evidence for Action 1	Copy of review and action plan.	December 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with HEE YH Quality Team 	
Resources	http://www.jrcptb.org.uk/assessment/workplace-based-assessment http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.	
HEYH Condition Number	3 (HEYH Database Reference 17/0003)	
LEP Site	HDH	
Specialty (Specialties)	Surgery (T&O)	
Trainee Level	Foundation	
Concern 1	Trainees are often expected to provide clinical care without access to appropriate support from a senior trainee or consultant.	
Concern 2	Foundation trainees are not provided with on-site support from a senior colleague.	
Evidence for Concern	The surgery rotas are complex and the cover in orthopaedics appears to be FY1s and FY2s seeing their patients on their own with no senior presence. There were also reports of elective ward patients not always being reviewed.	
Action 1	Confirmation that details of their named supervisor have been communicated to trainees and a reminder has been sent following this visit.	Immediate
Action 2	Provide trainees with clear guidance/an escalation policy that identifies who should be contacted.	December 2016
Evidence for Action 1	Copy of the communication sent to trainees.	Immediate
Evidence for Action 2	Copy of guidance/escalation policy.	December 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team 	
Resources	http://www.cgc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainee%20Accreditation%20Policy.pdf	

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	http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf
Question Reference	Trainer 8 / Trainee 8, 9

GMC Theme	SUPPORTING LEARNERS	
Requirement (R3.3 Undermining)	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	
HEYH Condition Number	4 (HEYH Database Reference 17/0004)	
LEP Site	HDH	
Specialty (Specialties)	All	
Trainee Level	FY1	
Concern 1	Trainees (FY1) have experienced undermining behaviour.	
Evidence for Concern	FY1s have experienced undermining from staff in microbiology, dermatology, radiology & one member of staff in emergency medicine. Trainees are experiencing this when they have been asked to make a referral. On contacting the relevant department with their request and informing them of their grade they are then experiencing undermining behaviour.	
Action 1	The trust must investigate the trainee's concerns. They must discuss the results of the investigation with appropriate members of staff (including the trainees) in an appropriate manner.	Immediate
Action 2	The trust must produce an action plan to address the inappropriate undermining behaviours.	November 2016
Action 3	The trust must show that the undermining behaviour has ceased.	March 2017
Evidence for Action 1	Summary of the investigation and confirmation that the results have been shared.	November 2016
Evidence for Action 2	Copy of the action plan.	November 2016
Evidence for Action 3	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	March 2017
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team 	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.</p>	
HEYH Condition Number	5 (HEYH Database Reference 17/0005)	
LEP Site	HDH	
Specialty (Specialties)	Medicine & Surgery	
Trainee Level	FY1	
Concern 1	Trainees are expected to provide clinical care without access to appropriate support from a senior trainee and/or consultant.	
Concern 2	Foundation trainees are not provided with on-site support from a senior colleague.	
Concern 3	Trainees do not know who to contact when seeking advice on clinical care for patients or receive contradictory advice.	
Evidence for Concern	<p>In medicine the twilight shift was highlighted, this is 5 pm – 9 pm and the FY1 could be the only person covering a number of wards with no-one senior to support them. There is a registrar who is on the Assessment Unit but they are very busy and trainees do not feel that they can access this senior.</p> <p>The surgical FY1s reported spending an hour trying to bleep someone if they had a problem, as their team were in theatre and resulted in calling the on-call registrar. There is also a lack of clarity on who should be called for with patients with joint care from medical and surgery an example was given regarding an elderly medical patient who had had surgery and all was ok but then they became poorly.</p>	
Action 1	Provide trainees with named clinical supervisors.	Immediate
Action 2	Provide Foundation trainees with access to on-site support from.	Immediate
Action 3	Provide trainees with clear guidance/an escalation policy that identifies who should be contacted.	December 2016
Evidence for Action 1	Copy of senior cover rota.	Immediate
Evidence for Action 2	Copy of resident senior cover rota.	Immediate
Evidence for Action 3	Copy of guidance/escalation policy.	December 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database 	

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	<ul style="list-style-type: none"> Item must be reviewed and changes confirmed with the HEE YH Quality Team
Resources	http://www.cgc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf
Question Reference	Trainer 8 / Trainee 8, 9

GMC Theme	SUPPORTING LEARNERS	
Requirement (R3.13 Feedback)	Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme and be encouraged to act upon it. Feedback must come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers	
HEYH Condition Number	6 (HEYH Database Reference 17/0006)	
LEP Site	HDH	
Specialty (Specialties)	Obstetrics & Gynaecology	
Trainee Level	Core	
Concern 1	Trainees spend too much time on admin tasks with little or no educational value.	
Evidence for Concern	<p>Trainees receive a print out of patients' results (eg. bloods, swabs, microbiology) which they are required to review. These are not their patients. This is not classed as educational, it is purely an admin task and admin time is not allocated for the trainees to undertake this task. The trainees also reported that they do not always have access to the computer which is needed to complete this task.</p> <p>This is also a potential patient safety risk as these results may be from tests taken up to one month previously. An example was given of a result which highlighted chlamydia in pregnancy and this had not been picked up.</p>	
Action 1	Identify methods of providing support for trainees with checking results.	December 2016
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	March 2017
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with HEE YH Quality Team 	
Resources		
Question Reference	Trainee 14, 15	

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GMC Theme	DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT	
Requirement (R5.9b Experience)	Postgraduate training programmes must give DiT sufficient practical experience to achieve and maintain the clinical or medical competencies (or both) required by the curriculum.	
HEYH Condition Number	7 (HEYH Database Reference 17/0007)	
LEP Site	HDH	
Specialty (Specialties)	Obstetrics & Gynaecology	
Trainee Level	Higher	
Concern 3	Whilst the post offers the potential for a broad experience in obstetrics & gynaecology procedures, trainees are unable to take advantage of them because of theatre efficiency/previous experience.	
Evidence for Concern	<p>Trainees are able to identify cases and carry out theatre lists however theatre efficiency seems to be an issue impacting on the amount of procedures the trainees are able to do. There are late starts which then pose a risk that they will need to cancel the last case to finish on time, this leads to trainees not being given the opportunity to undertake the procedures. Caesarean elective sections are carried out 3 times a week, in this instance the first case is a caesarean using a spinal block which takes 45 mins and impacts on the theatre list not starting until 9 am. The trainers are also frustrated by this and it has been identified on the risk register.</p> <p>Trainees' previous experience is not necessarily being accepted as competence by all consultants. If a trainee has had 3 OSATs previously signed as 'competent', trainers should allow trainees to perform the procedure, as maintaining continuing competency is required for the ARCP. Trainees need to clearly identify and agree the case with the trainer in advance.</p>	
Action 1	Identify methods of providing support for trainees with access to theatre.	December 2016
Action 2	Identify methods of providing support for trainees with previous competencies.	December 2016
Evidence for Actions 1 & 2	Copy of action plan identifying the additional support, implementation date and impact.	March 2017
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team 	
Resources		
Question Reference	Trainee 14, 15	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.</p>	
HEYH Condition Number	8 (HEYH Database Reference 17/0008)	
LEP Site	HDH	
Specialty (Specialties)	Surgery	
Trainee Level	Foundation & Core	
Concern 1	Trainees are often expected to provide clinical care without access to appropriate support from a middle grades in surgery.	
Concern 2	Foundation trainees are not provided with on-site support from a senior colleague in A&E.	
Evidence for Concern	There are pressures from the A&E department regarding reviewing and discharging of patients. There is not always a middle grade available to support prompt discharge as they are busy or in theatre. Foundation and core trainees are not able to discharge patients. When the patient is close to breach it is resulting in them being admitted to the surgical unit as there is no one appropriate to review/discharge them.	
Action 1	Provide trainees with named clinical supervisors.	Immediate
Action 2	Provide Foundation trainees with access to on-site support from middle grades.	Immediate
Action 3	Provide trainees with clear guidance/an escalation policy that identifies who should be contacted in relation to reviewing/discharging patients.	December 2016
Evidence for Action 1	Copy of senior cover rota.	Immediate
Evidence for Action 2	Copy of resident senior cover rota.	Immediate
Evidence for Action 3	Copy of guidance/escalation policy.	December 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database Item must be reviewed and changes confirmed with the HEE YH Quality Team 	
Resources	http://www.cgc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainee%20Accreditation%20Policy.pdf http://www.gmc-	

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	uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf_53817963.pdf
Question Reference	Trainer 8 / Trainee 8, 9

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.7 Staffing)	Organisations must make sure that there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating learning opportunities.	
HEYH Condition Number	9 (HEYH Database Reference 17/0009)	
LEP Site	HDH	
Specialty (Specialties)	Medicine	
Trainee Level	Core	
Concern 1	Trainees report that there are insufficient staff on duty at weekends to provide a safe level of patient care.	
Evidence for Concern	<p>There is insufficient ward cover on nights and weekends. With one core trainee based in the Acute Unit with a registrar. There is another core trainee covering 6 wards with no foundation support.</p> <p>There are concerns with jobs not being completed. Trainees are requesting tests on a Friday however when they return on a Monday they find that they have not been completed.</p>	
Action 1	Review staffing levels and develop an action plan to address the deficiencies.	December 2016
Evidence for Action 1	Copy of review and action plan.	December 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with the HEE YH Quality Team 	
Resources	http://www.jrcptb.org.uk/assessment/workplace-based-assessment http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.10 Identification)	Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this so that learners are not expected to work beyond their competence.	
HEYH Condition Number	10 (HEYH Database Reference 17/0010)	
LEP Site	HDH	
Specialty (Specialties)	All	
Trainee Level	All	
Concern 1	Trainees and trainers are using incorrect titles when referring to Doctors in Training (DiT).	
Evidence for Concern	There was continued use of the term “SHO” throughout the visit on all panels.	
Action 1	Ensure all staff understand the importance of using appropriate terms of address when making reference to DiT and do not use out-dated terms.	December 2016
Evidence for Action 1	Summary of action taken to raise awareness and promote a change of current practice.	December 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team 	
Resources	http://www.nhsemployers.org/campaigns/hello-my-name-is http://yh.hee.nhs.uk/2015/01/30/hello-my-name-is/	

Date of first Draft	17/10/16
First draft submitted to Trust	01/11/16
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Final report circulated	06/12/16
Report published	06/12/16

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

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- 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:

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