

Review of Harrogate & District NHS Foundation Trust



Quality Assurance of Local Education and Training Providers

Introduction

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 we believe that improving quality in education and training is at the heart of delivering outstanding patient care.

HEE YH invests £500 million every year in 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.

1. Details of the Review

This review was conducted at Harrogate & District NHS Foundation that is a revisit following concerns raised by trainees in medicine to the School of Medicine at HEE YH.

As part of this review the following sites and learning environments were visited:

- Medicine

Visit Panel / team

Name	Role	Organisation
Peter Taylor (Visit Chair)	Deputy Postgraduate Dean	HEE YH
Sunil Bhandari	Deputy Head of School – Medicine	HEE YH
David Ita	Lay Representative	
Julie Platts	Quality Manager	HEE YH
Khalida Wilson	Medical Workforce Manager	HEE YH

2. Information about this Local Education Provider

Harrogate and District NHS Foundation Trust delivers a range of acute and community services serving the population of Harrogate, parts of North Yorkshire, York and North and West Leeds. It has 372 beds, a 24-hour A&E, maternity and children's departments and a range of other services. The Trust employs more than 3,700 staff and has an annual budget of £186 million. Harrogate and District NHS Foundation Trust was founded under the Health and Social Care (Community Health and Standards) Act 2003 and authorised as an NHS Foundation Trust from 1 January 2005. The Trust is the principal provider of hospital services to the population of Harrogate and surrounding district, and also provides some services to the north and west Leeds representing a catchment population of approximately 900,000. In addition, on 1 April 2011, the Trust took responsibility for a wide range of community-based services covering the Harrogate and District locality and some services covering the whole of North Yorkshire, as part of the Transforming Community Services programme.

3. Summary of findings

The review was well organised with a high level of engagement from the Trust team. The information relating to how junior doctors are supported in the integrated care directorate and an update on conditions set at previous visits, and all the necessary actions that had been taken to ensure compliance, were useful. The honest appraisal of the issues facing the trainees by the Director of Medical Education was welcomed by the panel.

It was noted that all trainees had a Trust induction that was felt to be comprehensive and the vast majority also had a useful departmental induction.

Trainees reported that they are sometimes asked to take consent for procedures they have not been trained for but feel confident to refuse these requests. Trainees are informed about consent guidelines at induction and they felt this worked well.

Trainees were complimentary about their supervisors being willing to help and approachable. They reported that the posts offer them a good breadth of experience. There was particular praise for the posts in General Medicine, Rheumatology, Stroke, Dermatology, Cardiology and Haematology Oncology. They said the Trust has a friendly, close-knit atmosphere that they value.

There were no issues with handover and no specific patient safety issues were raised.

A F2 trainee did raise a concern that they had been asked by email to act up to middle grade level on the out of hours' rota. However a member of the senior Trust team was able to reassure the panel that although F2 trainees are asked to staff the rota this was in the capacity of 'an extra pair of hands' to assist a Consultant who was in attendance on that shift. The Trust agreed to ensure their communication was clear in future to prevent further trainee misunderstandings. The panel recognised that the presence of numerous locums on the rota is a challenge to the Trust.

There were various problems reported about the Patienttrack system in particular the threshold that triggers automatic bleeping, although this is based on the National Early Warning Score thresholds and triggers. Trainees highlighted they spend a lot time out of hours dealing with Patienttrack bleeps that are distracting and not infrequently resulted in time spent trying to contact a clinical area, because nursing staff were not aware there was a particular patient problem. An area of concern was that the trainee may miss attending to an acutely sick patient due to the large number of 'alarms'. The trainees have had an opportunity to report their concerns at trainee forums but all were in agreement that they did not feel their feedback had been fully listened to. They also described having several different logins for the various systems they need to access across the Trust that is both time consuming and frustrating.

The trainees at all levels in acute medical specialties described feeling overwhelmed by the level of work intensity they encounter on a very regular basis, particular out of hours. The trainees in these posts would not recommend their jobs to a colleague or feel comfortable for family and friends to be treated in the department during the weekend. The Trust needs to urgently review staffing levels and develop strategies to improve the input from non-training

grade staff. A review of how clinical support workers are utilised should take place with a view to expanding the numbers of those who can work at the level of a F1 doctor.

In view of the level of dissatisfaction of core trainees in particular the following enhanced monitoring concern will be escalated to the GMC's enhanced monitoring process. The following wording will be forwarded to the GMC:

- *A revisit to Medicine at Harrogate District Hospital by HEE YH took place in January 2016. It was highlighted that work intensity was resulting in core trainees based in acute medical specialities not having adequate access to clinics as required in their curriculum or receiving consistent feedback on their clinical management planning. It was noted that none of the core trainees in acute medical specialties who attended the visit would recommend their posts to a colleague.*

The HEE YH quality team will work closely with the Director of Medical Education and Medical Education Manager to provide quarterly updates for the GMC. A copy of the process will be provided to the Trust. The link to the enhanced monitoring pages on the GMC website is <http://www.gmc-uk.org/education/27111.asp>

4. Good Practice and Achievements:

- Excellent end of life care teaching in elderly medicine
- Pharmacy course for Foundation trainees
- Consultants are very supportive with Dr Ray and Dr McCreanor mentioned by name.
- F1 Teaching - Dawn Martin (Foundation Training Programme Coordinator) was mentioned by name
- Post Take Ward Round on AMU
- Elderly Medicine morning and evening handover (face to face night/day. In the morning the whole team is included with Consultants readily available.
- Ambulatory Care service training that helps to develop risk management skills

5. Conditions

The following conditions were identified during the review:

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	1	
LEP Site	Harrogate District Hospital	
Specialty (Specialties)	Acute Medicine	
Trainee Level	Foundation, Core	
Concern 1	Trainees receive little or no feedback on their performance.	
Evidence for Concern	There were reports of ward rounds with F2 being the most senior person with Consultants in outpatient clinic who can be bleeped if needed. As a result of this arrangement the trainees are not receiving consistent feedback on their management planning decisions. Trainees find WBAs difficult to complete due to Consultants not having sufficient time to spend on this aspect of their education and training. It was noted that StRs are assisting where possible with this task. However, the trainees highlighted that they are falling behind with compliance on completing WBAs in their roles.	
Action 1	Identify methods of providing support for trainees with repetitive tasks. Specifically to identify improvements to the current support workforce. To produce a strategy, with timelines and including numbers of staff, and agreed areas of working, for an alternative workforce (i.e. advanced practitioner grade) and how this would be expected to impact the current rota/intensity issues.	30 May 2016
Action 2	Trainees must be provided with regular useful feedback on their performance. Clinical and educational supervisors should be reminded of their responsibilities and provided with training and sufficient time in their job plans	30 May 2016
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	30 September 2016
Evidence for Action 2	Copy of action plan. Trainee's views on change to educational culture in the form of surveys and trainee forums that must confirm that opportunities for useful feedback have improved.	30 September 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 link APD 	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.15 Experience)	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
HEYH Condition Number	2	
LEP Site	Harrogate District Hospital	
Specialty (Specialties)	Acute Medicine	
Trainee Level	Foundation and Core	
Concern 1	Trainees spend too much time on tasks with little or no educational value	
Evidence for Concern	Trainees were concerned that nurses are not trained to catheterise patients or undertake ECGs so they spend a lot of time carrying out these tasks. Although there is phlebotomy support this is not always available.	
Action 1	Identify methods of providing support for trainees with non-educational tasks	30 May 2016
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	31 August 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 link APD 	

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	3	
LEP Site	Harrogate District Hospital	
Specialty (Specialties)	Elderly Medicine	
Trainee Level	Higher	
Concern 1	Trainees receive little or no feedback on their performance	
Evidence for Concern	Higher Trainees are routinely conducting in-patient ward rounds independently without a Consultant presence. This situation is resulting in trainees not receiving consistent feedback on their management planning decisions.	
Action 1	Trainees must be provided with regular useful feedback on their performance. Clinical and educational supervisors should be reminded of their responsibilities and provided with training and sufficient time in their job plans	30 May 2016
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	30 Sept 2016
Evidence for Action 1	Copy of action plan. Trainee's views on change to educational culture in the form of surveys and forums that must confirm that opportunities for useful feedback have improved.	30 Sep 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 link APD 	

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	4	
LEP Site	Harrogate District Hospital	
Specialty (Specialties)	Medicine	
Trainee Level	Foundation and Core	
Concern 1	Trainees report that there are insufficient senior staff on duty to provide a safe level of patient care	
Evidence for Concern	Core trainees reported that they were expected to 'act up' as a Higher Trainee in Medicine out of hours. Trainees also described the quality of advice from the numerous locums on the rota to be variable. The Gastroenterology trainees described 'major problems with staffing and sickness absence'. The core trainees are expected to cross cover other specialities out of hours that can leave them feeling exposed and working outside of their competence. One trainee reported feeling anxious about their GMC registration every day at Harrogate.	
Action 1	Review staffing levels out of hours and develop an action plan to address the deficiencies.	30 May 2016
Evidence for Action 1	Copy of review and action plan.	30 May 2016
Evidence for Action 1	1. Copy of review report and summary of rota and timetable modifications	30 May 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 link APD 	

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	5	
LEP Site	Harrogate District Hospital	
Specialty (Specialties)	Acute Medicine	
Trainee Level	Core	
Concern 1	The posts offer trainees with too narrow an experience to meet curriculum requirements.	
Evidence for Concern	The trainees are not attending the required number of clinics as set out in their curriculum. This is currently 12 per year up to August 2016 and will be 20 per year subsequently.	
Action 1	Review and amend trainee timetables to allow them access to the required number of outpatient clinics as set out in their curriculum.	30 May 2016
Action 2	Review, with the involvement of trainees, the opportunities for a broader educational experience.	30 May 2016
Evidence for Action 1	Copy of new timetables identifying clinic attendance opportunities.	31 August 2016
Evidence for Action 2	Copy of review summary and action plan to introduce new educational opportunities.	31 August 2016
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> Copies of documents must be uploaded to the QM Database 	

	<ul style="list-style-type: none"> Item must be reviewed and changes confirmed with link APD 	
GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.12 Rotas)	Organisations must design rotas to: <ul style="list-style-type: none"> ensure learners have appropriate clinical supervision support doctors in training to develop the professional values, knowledge, skills and behaviours (KSB) required of doctors working in UK provide learning opportunities that allow doctors in training to meet the requirements of the curriculum and training programme give learners access to ES minimise the effect of fatigue and workload 	
HEYH Condition Number	6	
LEP Site	Harrogate District Hospital	
Specialty (Specialties)	Medicine	
Trainee Level	All	
Concern 1	Trainees are provided with rotas that do not provide them with sufficient opportunities for rest and recreation.	
Evidence for Concern	The trainees are working numerous shifts out of hours, for example some trainees are working every alternative weekend.	
Action 1	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	30 May 2016
Action 2	Review the impact of the introduction of new rotas/rota arrangements.	31 August 2016
Evidence for Action 1	Copies of rotas.	31 August 2016
Evidence for Action 2	Summary of the impact of any changes made.	31 August 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 link APD 	
Resources	http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns http://careers.bmi.com/careers/advice/view-article.html?id=20001163#	

See appendix 1 for RAG rating guidance.

Date of first Draft	02 February 2016
First draft submitted to Trust	05 February 2016
Trust comments to be submitted by	19 February 2016
Final report circulated	25 February 2016
Report published	25 February 2016

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*