

Quality review outcome report (Urgent Risk Review)

Local office name:	Yorkshire & the Humber
Organisation:	Health Education England
Placements reviewed:	Leeds Teaching Hospitals NHS Foundation Trust
Date of Review:	Monday 22 October 2018

Date of report: 25 October 2018
Author: Sarah Rowson
Job title: Quality Support Manager

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Review context

Background

Reason for review:	Poor survey results with recurring historic concerns reported (Trauma & Orthopaedics and Neurosurgery)
Duration of review:	5 Hours
Intelligence sources seen prior to review: (e.g. CQC reports; GMC survey)	GMC NTS 2018 Survey, Current Open PG Medical Conditions, Guardian of Safe working report, focus group feedback from previous foundation trainee cohort in T&O and Vascular Surgery.

Panel members

Name	Job title
Visit organisation	
Jon Hossain (Facilitator)	Deputy Postgraduate Dean, HEE
Sarah Rowson	Quality Support Manager, HEE
Julie Platts	Quality Programme Manager, HEE
Peter Rolland	Patient Safety Lead, HEE
Michele Hannon	Quality Administrator, HEE
Jessica Booth	Quality Administrator, HEE
Alan Sutton	Lay representative
Panel A (Trauma & Orthopaedics and Vascular Surgery)	
Tony Browning, Panel Chair	Associate Dean, HEE
Ray Rayachaudhuri	Deputy Foundation School Director
Panel B (Neurosurgery)	
Andrew Lockey, Panel Chair	Associate Dean, HEE
Paul Renwick	Head of School, Surgery
Mark Steward	Deputy Head of School, Surgery

Sign off and next steps

Report sign off

Outcome report completed by (<i>name</i>):	Sarah Rowson
Chair's signature:	Jon Hossain
Date signed:	25 October 2018
Date submitted to organisation:	27 November 2018

Organisation staff to whom report is to be sent

Job title	Name
General Manager, Corporate Medical Directorate	Stuart Haines
Director of Medical and Dental Education	Jon Cooper
Medical Education Manager	Diane Fisher

There was excellent engagement by the Education team, the trainees and educators. The review was well organised, and the additional information provided by the team was useful to the panel.

The trainees interviewed had a positive attitude, were committed to patient care and clearly keen to be part of any solutions that are forthcoming. It was emphasised by the panel that the trainees need to be kept involved and informed of developments by the Trust.

Neurosurgery

The trainees were keen to highlight that they view the Trust as a centre of excellence for Neurosurgery and would all recommend their posts and feel comfortable for family and friends to be treated in the unit. They feel well supported by Educators and there are no reports of bullying and harassment. The trainees gave the panel a paper that outlined their viewpoint and offered potential solutions to current issues around workload. The panel noted that workload in Neurosurgery has been red (with mean scores around 25) for the past 7 years.

It was highlighted that only one Spinal Clinical Fellow is banded however future appointments will be banded to improve rota cover. The panel supported this development as a key factor in future improvements for trainee experience. In spinal surgery there are plans in place to develop a consultant of the week model but there is some reluctance from some consultants. The panel strongly recommend this is implemented to further support the trainees with their workload.

The ST1-2 trainees highlighted that they do not have access to a dedicated office and felt the provision of this would enhance their training experience significantly.

The relationship between the Neurosurgery team and the Emergency Department team was described several times by the trainees as 'toxic'. It was agreed the trainees spend a disproportionate amount of time dealing with potential cauda equina cases that have not

received a MRI scan before referral to the Neurosurgery team. The panel recognise that some feeder units do not have access to MRI scanning so more detailed guidelines of when to refer to the unit are required.

It is evident that a more sophisticated on-line referral system is required as a matter of urgency that includes the ability for staff in general practice to refer to the unit via this route. The panel were informed that a business case for such a system is currently being reviewed and HEE strongly support this development.

In addition, access to spinal cases in the private sector needs addressing as the trainees are not able to access these cases in scheduled working hours. This will be helped by orthopaedic spinal fellows on the day time on call rota and private sessions timetabled into job schedules. Access to other private institutions will need to be organised as well as Nuffield for NHS cases.

Trauma and Orthopaedics (T&O) (Foundation)

The trainees reported that they learn quickly in the placements and they offer a wide range of case mix. They were complimentary about the Orthogeriatricians who were supportive when they were in the unit and were willing to provide guidance on all patients. There are ten foundation trainees in the unit, 6 on T&O placements and 4 on Orthogeriatrics placements.

Overall, the feedback from foundation trainees continues to be very poor. The trainees described feeling 'lonely and isolated' and that the service can be unsafe as they are, on occasions, learning from mistakes. It was noted that the Trust have not had any reported incidents in the past 12 months where a patient was harmed because a FY doctor was unable to get a medical opinion. The posts are ward based with very little surgical input into their training. The trainees reported they are sometimes moved from ward to ward at short notice thus impacting on continuity of care. It is recognised that the Trust strives to ensure trainees are allocated to the same ward for (at least) a full week. However, for a variety of reasons, this is not always possible (e.g. managing annual leave, zero days, night shifts etc). The Trust agreed to upload to the database example rosters from October 2018 which show that continuity was maintained throughout that month.

There was specific reference to the lack of robust bank holiday cover planning in August when foundation trainees were caring for many patients. It was reported that one middle grade doctor was provided but this was a locum with no detailed working knowledge of the organisation. The second foundation trainee did not have a working smart card and could not request investigations or access results although this was not escalated to the IT department.

At the review, the Trust tabled an action plan, which detailed the work that has either been completed or in process. Included in this document was information:

- the increase in the number of Orthogeriatrician PA's within the department;
- employing Clinical Support Workers on night shifts to provide support for appropriate tasks such as taking blood, cannulas etc
- employing Advanced Care Practitioners and Speciality Medical Doctors.

The Trust highlighted that there are plans to recruit a further four post foundation equivalent medical doctors to support the Orthopaedic and Spinal wards (with a medical rather than surgical focus).

It was noted that the number of exception reports has declined since 2018.

However, none of the trainees at the review would recommend their posts and would not feel comfortable for family or friends to be treated in the unit. These issues are longstanding, documented and although there have been efforts to resolve the issues the challenge has been about sustainability through slippage. This is very similar to the issues encountered in FY1 surgery posts at St James and a similar approach will be adopted.

Foundation T&O has been in GMC enhanced monitoring since 2012 and the GMC has been updated on the findings of the urgent risk review. In addition, the concern is currently at category 2 (serious concerns) as per the HEE Intensive Support Framework and is on the HEE quality reporting register as a result. Due to the issues outlined in this report the concern will be escalated to category 3 (major concerns) as the education and training has fallen well below the standards expected by HEE. The issues are causing significant impact to the quality of education and training provided to foundation trainees. HEE are giving notice that training will be suspended if rapid and sustained directed improvements are not made.

Vascular Surgery (Foundation)

The trainees reported feeling well supported by clinical supervisors during the day. Induction and handover are well organised and there were no reports of bullying and harassment. However, trainees reported feeling unsupported during the hours between 5 pm and 8 pm and out of hours, and that as a result, the service can feel unsafe during these times. They would not recommend the post to colleagues or wish for family or friends to be treated in the unit due to this issue.

Educational requirements

Requirements are set where HEE have found that standards are not being met; a requirement is an action that is compulsory.

Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (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.	
HEYH Condition Number	1	
LEP Site	LGI	
Specialty (Specialties)	T&O	
Trainee Level	Foundation	
Concern	Trainees are often expected to provide clinical care without access to appropriate support from a senior trainee and/or consultant	
Evidence for Concern	<p>There is very little clinical supervision, and this is not consistent or formalised. The Trust have middle grade orthopaedic registrars, who on a rotational basis, are a point of contact for FY doctors. These registrars are required to visit the ward at least once a day. However, they are also on a rota to carry out trauma (not elective) commitments during the day such as clinic or theatre so are not always readily available.</p> <p>The Orthogeriatricians are very helpful when they are in the department but again this support is not formalised and occurs at the request of the trainees. Trainees do not routinely accompany the OrthoGeriatricians on ward rounds due to their commitments on the ward. There is very little formal supervision for patients aged between 18 and 65 years with Foundation doctors deciding when patients are safe for discharge and FY1 doctors prescribing without supervision. There are early morning spinal ward rounds taking place independently by Clinical Fellows and these are not documented. The management of complex patients on the spinal ward is often left to Foundation Trainees.</p> <p>Orthopaedic and Orthogeriatric consultant ward rounds are timetabled but as they are not coordinated can impact adversely on ward tasks including discharge summaries. It is often very difficult to obtain a timely medical opinion for patients who are unwell on the orthopaedic wards</p>	
Action 1	Provide trainees with named clinical supervisor(s) who have regular clinical contact with the trainees	Immediate
Action 2	Involve the trainees in discussions around clinical support and the actions taken to address their concerns. Review trainee perceptions by February 2019.	February 2019
Evidence for Action 1	Copy of senior ward cover rota without said cover being timetabled for other elective activities	Immediate
Evidence for Action 2	<ol style="list-style-type: none"> 1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review 	Immediate December 2018 February 2019
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 Quality Team 	

Post visit note from the Trust: steps have already been taken to augment supervision, and these were in place at the time of the review. There are consultant-led ward rounds held in Orthopaedics twice a day. Additionally, there are Orthogeriatric consultant-led ward rounds held on two of the orthopaedic wards (L34 and L37) on four out of five mornings Monday to Friday and on three out of five days on the remaining orthopaedic ward.

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The Orthogeriatric consultants are available by phone during the afternoon when they are based at SJUH and colleagues do report that they are regularly contacted by T&O trainees. In addition, based on discussions held between the TRS and Emergency & Specialist Medicine CSUs, with effect from 16 November 2018, Orthogeriatric job plans are being amended further in order to provide cover four in five mornings on all three orthopaedic wards as well as ensuring that all wards receive a ward round on Monday and Friday - immediately following and prior to the weekend.

The Trust have escalation arrangements as follows and Foundation trainees will be further empowered to contact:

- two trust grade Speciality Doctors supporting FY doctors for medical-based escalations during Mon - Fri 8-5
- on-site orthopaedic Core Trainee and Junior Registrar level doctors available 24/7.
- on-call contactable Senior Registrar 24/7
- On call General Trauma and Orthopaedic Consultants 24/7
- On call Major Trauma Centre consultants 24/7.
- On call, on site Cardiac and Anaesthetic Registrars out of hours for medical advice and support
- On call Medical Registrar at SJUH 24/7 available for advice only

Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Patient Safety)	The learning environment is safe for patients and supportive for learners. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	
HEYH Condition Number	2	
LEP Site	LGI	
Specialty (Specialties)	T&O	
Trainee Level	Foundation (year 1)	
Concern	Trainees are expected to carry out duties which are not appropriate for their stage of training	
Evidence for Concern	Foundation trainees are prescribing including initiating therapy without appropriate supervision. They are also making decisions about whether patients are safe to be discharged.	
Action 1	The Trust must investigate the concerns described above. The investigation should consider the opinions of all the clinical staff who work in the clinical area.	December 2018
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.	February 2019
Action 3	The Trust must evaluate the effect of any changes introduced to ensure that the problems have been resolved.	May 2019
Action 4	The Trust must continue to monitor the (clinical area) to ensure problems with patient care do not reoccur.	November 2019
Evidence for Action 1	Copy of the investigation report.	December 2018
Evidence for Action 2	Copy of the action plan.	February 2019
Evidence for Action 3	Copy of the evaluation report.	May 2019
Evidence for Action 4	Description of monitoring process. Copy of monitoring reports.	November 2019
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 Quality Team 	

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Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Protected time)	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.	
HEYH Condition Number	3	
LEP Site	LGI	
Specialty (Specialties)	T&O	
Trainee Level	Foundation	
Concern	Whilst the department organises a weekly teaching session, trainees are unable to attend consistently, or are frequently interrupted, because of work commitments.	
Evidence for Concern	Trainees sometimes cannot attend the teaching sessions due to workload issues on the ward. Although the sessions are badged as 'bleep free' they are bleeped and this is detrimental to the learning opportunity.	
Action 1	Steps must be taken to improve trainee attendance/reduce the frequency of interruptions. Trust to carry through with its commitment to appoint 3 intermediate grade doctors to provide support for Foundation Doctors	February 2019
Action 2	Trainees must be released to attend a minimum of 70% of their scheduled teaching sessions. Steps must be taken to ensure that this is achieved.	February 2019
Evidence for Action 2	Summary of action taken and confirmation that attendance/relief from interruption has been achieved.	May 2019
Evidence for Action 3	Summary of action taken and confirmation of improved attendance.	May 2019
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 Quality Team 	

Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Handover)	Handover** of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice and be supervised by a senior doctor at registrar level or above. <i>**Handover at the start and end of periods of day or night duties, every day of the week.</i>	
HEYH Condition Number	4	
LEP Site	LGI	
Specialty (Specialties)	T&O	
Trainee Level	Foundation	
Concern 1	Handover is not supported by appropriate documentation.	
Concern 2	Handover is not appropriately led.	
Concern 3	Handover does not provide opportunities for learning/completion of workplace assessments.	
Evidence for Concern	The foundation trainees meet at 7.45 am to handover between themselves with no senior input. They are situated at the back of the room where the Trauma meeting takes place at 8.00 am. If they are deemed to be speaking too loudly they will be asked to reduce the noise level. They do have the opportunity to escalate sick patients, but the focus is on trauma rather than patients with co-morbidities.	
Action 1	Introduce a handover system that meets GMC/College/Specialty standards.	May 2019
Action 2	Introduce a reliable method of documenting the handover discussion/actions/job list/responsible individuals.	February 2019

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Action 3	Appoint an appropriate senior member of staff to lead the handover that should include the foundation trainees and ensure learning/completion of workplace assessments is included.	February 2019
Action 4	Evaluate effectiveness of handover.	May 2019
Evidence for Action 1	1. Production of handover policy 2. Staff training completed 3. Handover introduced 4. Introduction evaluated 5. Handover policy explained to new starters	- 2 months - February 2019 - 4 months - May 2019 - Induction
Evidence for Action 2	1. Copies of handover documentation 2. Description of e-handover system	- February 2019 - February 2019
Evidence for Action 3	Copy of process authorising arrangements for the leadership of handover.	February 2019
Evidence for Action 4	Copy of the handover system evaluation.	May 2019
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 Quality Team 	

Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (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	5	
LEP Site	LGI	
Specialty (Specialties)	Vascular Surgery	
Trainee Level	Foundation	
Concern	Trainees are often expected to provide clinical care without access to appropriate support from a senior trainee and/or consultant)	
Evidence for Concern	Trainees sometimes find accessing a senior clinical opinion 'difficult' and contact the outreach service during the 5 pm and 8 pm and out of hours. Subsequently they are reprimanded by senior clinical staff for contacting outreach.	
Action 1	Provide trainees with a named clinical supervisor during 5 pm to 8 pm and out of hours	Immediate
Action 2	Discuss the perceptions trainees have regarding the perceived lack of support and take appropriate action to address the trainees' concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after February 2019.	February 2019
Evidence for Action 1	Copy of senior cover rota.	Immediate
Evidence for Action 2	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	Immediate December 2018 February 2019
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 Quality Team 	

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Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Induction)	Organisations must make sure learners have an induction for each placement that clearly sets out: <ul style="list-style-type: none"> • their duties and supervision arrangements • their role in the team • how to gain support from senior colleagues • the clinical or medical guidelines and workplace policies they must follow • how to access clinical and learning resources As part of the process learners must meet their team and other health and social care professionals they will be working with.	
HEYH Condition Number	6	
LEP Site	LGI	
Specialty (Specialties)	T&O	
Trainee Level	Foundation	
Concern	Trainees are not consistently provided with an introduction to work in the T&O unit. This is particularly true for the 4 Foundation trainees who are part of the Geriatric Team and are required to attend induction at St James.	
Evidence for Concern	The trainees who are part of the Geriatric team did not have a consistent introduction to the T&O unit in August 2018	
Action 1	Provide all trainees with a relevant departmental, specialty or ward induction/orientation.	Next intake
Action 2	Evaluate the effectiveness of departmental induction.	After next intake
Evidence for Action 1	Copy of departmental induction programme.	After next intake
Evidence for Action 2	Copy of induction evaluation and plans for modifications (if indicated).	After next intake
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 Quality Team 	

Post visit note from the Trust: It was a one-off administration error in August 2018 that resulted in the Orthogeriatric trainees being sent to SJUH for their local induction. It certainly did not occur the previous year. In fact, one of the four FY2 orthogeriatric trainees did ensure they received a local induction at the LGI, despite having been sent to SJUH in error. The remaining three FY2s were given induction information by our consultant along with details of how to contact him with any further queries. All other trainees rotating into T&O receive a consultant-led induction on their first day in the department.

In addition, all FY1 doctors receive a comprehensive 4-day induction immediately prior to starting in post in August (Preparation for Professional Practice - PPP). Two days of this programme is spent being inducted onto their wards. There was 100% attendance in this specialty.

Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Assessment)	Organisations must make sure that assessment is valued, and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.	
HEYH Condition Number	7	
LEP Site	LGI	
Specialty (Specialties)	T&O	
Trainee Level	Foundation	
Concern	Trainees struggle to obtain their workplace-based assessments because supervisors are reluctant/have no time/have little training to complete them.	
Evidence for Concern	Trainees are too busy with ward-based tasks to complete work-based assessments. They highlighted they will not complete HORUS on this placement due to work pressures.	

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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.	May 2019
Evidence for Action	Copy of action plan. Confirmation that trainees have experienced a change in educational culture.	May 2019
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 Quality Team 	

Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Rotas)	Organisations must design rotas to: <ul style="list-style-type: none"> • make sure 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	8	
LEP Site	LGI	
Specialty (Specialties)	Neurosurgery	
Trainee Level	Higher	
Concern	Trainees are provided with duty rotas which do not currently allow them sufficient opportunities to meet the requirements of their curriculum	
Evidence for Concern	Since the introduction of the new contract the constraints have impacted on the ability for trainees to gain exposure across the curriculum, for example experience in carrying out lumbar spine surgery and accessing private units such as the Nuffield to gain this experience.	
Action 1	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of the patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	February 2019
Action 2	Review the impact of the introduction of new rotas/rota arrangements.	May 2019
Evidence for Action 1	Copies of rotas.	February 2019
Evidence for Action 2	Summary of the impact of any changes made.	May 2019
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 Quality Team 	

Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Protected time)	Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.	
HEYH Condition Number	9	
LEP Site	LGI	
Specialty (Specialties)	Neurosurgery	
Trainee Level	Higher	
Concern 1	Trainees are not provided with consistent specialty-based teaching	
Evidence for Concern	The trainees are not regularly attending regional teaching sessions even though there is a requirement for them to attend 70 per cent this is not checked upon by the	

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	School. Although there was a regional teaching day in Leeds the same week as the visit only one trainee was aware of this so communication from the School needs to be reviewed. There is also a culture that the trainees prefer/are encouraged to stay to be in attendance for the surgical list.	
Action 1	A regional teaching attendance register should be kept and monitored by the School of Surgery and action should be taken to address poor attendance. The educational impact of the teaching sessions should be regularly evaluated by the School of Surgery	May 2019
Action 2	Trainees must be released to attend a minimum of 70% of their scheduled mandatory teaching sessions. Steps must be taken to ensure that this is achieved by the Trust and the School.	February 2019
Evidence for Action 1	Copy of the teaching programme with confirmation of regular high attendance. Copies of evaluation of educational effectiveness. ACTION BY: HEE School of Surgery	May 2019
Evidence for Action 2	Summary of action taken and confirmation that attendance at 70 per cent has been achieved. ACTION BY: HEE School of Surgery and the Trust	May 2019
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database (the School of Surgery will lead on this requirement). • Item must be reviewed, and changes confirmed with the Quality Team 	

Domain	LEARNING ENVIRONMENT AND CULTURE	
Requirement (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	10	
LEP Site	LGI	
Specialty (Specialties)	Neurosurgery	
Trainee Level	ST1/2	
Concern	Trainees spend too much time on repetitive tasks with little or no educational value	
Evidence for Concern	Trainees reported spending a large proportion of their time on tasks such as taking blood, inserting cannulae and naso-gastric tube insertion. This is a problem in the High Dependency Unit where nurses do not carry out these tasks. The nursing staff present at the review highlighted they are very short staffed.	
Action	Identify methods of providing support for trainees with repetitive tasks	February 2019
Evidence for Action	Copy of action plan identifying the additional support, implementation date and impact.	May 2019
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 Quality Team 	

Appendix 1: HEE Quality Framework Domains & Standards

Domain 1 - Learning environment and culture

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.
- 1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge services.
- 1.6. The learning environment maximises inter-professional learning opportunities.

Domain 2 – Educational governance and leadership

- 2.1 The educational governance arrangements measure performance against the quality standards and actively respond's when standards are not being met.
- 2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3 The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.
- 2.4 Education and training opportunities are based on principles of equality and diversity.
- 2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

Domain 3 – Supporting and empowering learners

- 3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
- 3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.
- 3.3 Learners feel they are valued members of the healthcare team within which they are placed.
- 3.4 Learners receive an appropriate and timely induction into the learning environment.
- 3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Domain 4 – Supporting and empowering educators

- 4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2 Educators are familiar with the curricula of the learners they are educating.
- 4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4 Formally recognised educators are appropriately supported to undertake their roles.
- 4.5 Educators are supported to undertake formative and summative assessments of learners as required.

Domain 5 – Developing and implementing curricula and assessments

- 5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
- 5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
- 5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Domain 6 – Developing a sustainable workforce

- 6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
- 6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
- 6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
- 6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.