

# Review of Hull and East Yorkshire Hospitals NHS Trust (*Postgraduate Medical*)



## Quality Assurance of Local Education and Training Providers

Developing people  
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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)	26 July 2016
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### Visit Panel / team

Name	Role
Peter Taylor (Visit Chair)	Deputy Postgraduate Dean
Sarah Kaufmann	Associate Postgraduate Dean
Michael Nelson	Associate Postgraduate Dean
Gautam Chakrabarty	Surgery TPD
Ben Cooper	Emergency Medicine TPD
Karin Schwarz	Head of School for Paediatrics
Daniel Scott	Head of School for Pathology
Nick Sowerby	Business Manager
Julie Platts	Quality Manager
Sarah Walker	Quality Manager
Kim Maskery	Quality Co-ordinator
Rachel Cadwallader Buckland	Programme Support Administrator

## 2. Summary of findings

The visit was well organised although there was poor engagement from the Trust with little representation of trainees and trainers on most panels. The Trust has done a lot of work to respond to previous concerns regarding Emergency Medicine and the details of this are set out in the Emergency Medicine specialty specific summary below.

### Surgery

The only specialty trainees present were from the Trauma and Orthopaedic (T&O) unit. A common theme emerging from the Surgery interviews related to the general busyness of the department and the problems caused by gaps in the rota. The trainees reported that opportunities for surgery are good provided time can be found to allow attendance. The weekends are reported to be well staffed with a consultant in surgery and one in clinic and the T&O trainees feel very well supported while on call. The higher trainees reported that they are getting a good breadth of experience.

Trainers in the surgical department feel supported and that their trainer roles are recognised in their job plans for training and also for educational opportunities.

The Core and Foundation surgery trainees would not recommend the post and would not be happy for family and friends to be treated in the T&O department due to the shortage of staff there. The higher trainees would recommend the post aside from the rota issues and would recommend the elective element to family and friends but not the trauma element.

### Paediatrics

The General Paediatrics Department was considered a good place to work with lots of support and learning opportunities and trainees would recommend the post to others. The trainees would be happy for family and friends to be treated in the department.

The Trust are planning to introduce an editable live document that can be used to support the discharge of patients and remove the need for Foundation year 1 trainees to do this job. It appears that it is part of the hospital culture that the discharge letter responsibility falls to F1s and the Trust are looking to change this. This will be explored further in condition seven.

Weekly general Paediatrics teaching takes place every Thursday morning and is attended by Foundation level to consultant level, the trainees feel that the teaching is of a good quality. All trainees feel that they are exposed to a good breadth of experience however, those based in Neonates feel that the department is not well suited to foundation and core trainees as it is very busy and a tough environment to work in. They would recommend the post for higher trainees.

### Emergency Medicine

In October 2014 the GMC visited Hull Royal Infirmary (Hull and East Yorkshire Hospitals NHS Trust) as part of their regional review of Yorkshire and the Humber. Both doctors in training and their educational and clinical supervisors described the workload in the emergency department as being extremely high. It was learned at the visit that this can affect the level of supervision available to doctors in training and that, in some circumstances it may be possible for a very sick patient to be seen and discharged by Foundation year 2 doctors without further

referral to a more senior colleague. This was raised as a concern on the visit and was referred to the HEE YH enhanced monitoring process.

Since the GMC's visit a new Emergency Medicine department has opened within the hospital. The enhanced monitoring status was reviewed at the quality visit on 26<sup>th</sup> July 2016. In view of the supportive clinical environment, the lack of any patient safety concerns, the excellent teaching opportunities, robust handover arrangements and much improved GMC NTS feedback the panel recommend the Emergency Medicine enhanced monitoring concern and other related conditions be closed.

The details are as follows:

### **Condition 1 (Database Ref: 15/0135)**

Emergency Medicine Foundation trainees present at the quality visit held on 27<sup>th</sup> April 2015 reported that they were having to 'pay back time' for attending teaching sessions. At the latest quality visit held on 26<sup>th</sup> July 2016 it was confirmed that the pay back arrangement ceased several months ago and trainees are able to access teaching during their rostered hours. An email documenting the change has been uploaded to the quality database. The panel agreed the condition can be closed.

### **Condition 2 (Database Ref: 15/0136)**

At the quality visit held on 27<sup>th</sup> April 2015 the Foundation and Core Emergency Medicine trainees reported the new Accident and Emergency Department to be more spread out but that as a learning environment it was perceived to be no different from the old department except in terms of size; the department was just as busy because additional staff had not been brought in to the new work space. However, at the quality visit on 26<sup>th</sup> July 2016 the new A&E department was reported by the trainees to be a good place to meet curriculum requirements and undertake WBAs. It is a supportive environment, including during out of hours and the trainees never feel that they are working beyond their level of competence. There has been an increase in the number of consultants and nursing staff and the new building is structurally complete. Trainees have been feeding back at forum meetings for several months that they are receiving good training in the department and they have no patient safety concerns. The panel agreed that the condition can be closed.

### **Condition 3 (Database Ref: 15/0137)**

At the quality visit held on 27<sup>th</sup> April 2015 Emergency Medicine trainees expressed concerns regarding the handover process. The trainees felt that the process needed to be more organised and were concerned that documentation was not being completed adequately, leaving members of the team to make assumptions about patients being discharged which the trainees recognised as a patient safety risk. At the quality visit on 26<sup>th</sup> July 2016 all trainees were complimentary about the handover process. They said the introduction of the WRAP (Working diagnosis, Results reviewed, Actions taken, Plan) process was effective and the multi-professional face to face board rounds every two hours were robust and useful. The panel agreed the condition can be closed.

At the quality visit on 26<sup>th</sup> July 2016 trainees confirmed that discharge arrangements for foundation trainees are now in line with College and HEE guidelines. In terms of work intensity, although a busy department, the trainers and trainees report that the additional Consultant and nursing staff appointments have meant that their workload has become much more manageable. The induction process was considered to be very good and the trainees appreciated the arrangement that they were not expected to work nights when they first started in post. Local teaching is considered to be good and the Foundation trainees would like the opportunity to present to their peers more than once. The training sessions are valued by the trainees. All trainees would recommend the unit to colleagues and would feel comfortable for family and friends to be treated as a patient there.

An issue was reported regarding handover and trainees being expected to stay beyond the end of their shift to attend. This will be explored in condition 11.

### **3. Good Practice and Achievements**

- The ST1s and ST2s in General Paediatrics praised their supervisors for their support and mentioned Dr Gupta as a particularly supportive supervisor for providing comprehensive exam preparation support to the trainees.
- The introduction of the WRAP (Working diagnosis, Results reviewed, Actions taken, Plan) system to the Emergency Medicine handover process has enabled trainees and trainers to feel that patients are safe and accounted for.
- The trainees praised the nurses across the Paediatric departments for their supportive attitude and the trainees considered their working relationship with the nursing team to be excellent.

### Conditions

The following conditions were identified at the visit:

GMC Theme	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(R1.8 Clinical Supervision)</b>	<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>	
<b>HEYH Condition Number</b>	1	
<b>LEP Site</b>	Castle Hill	
<b>Specialty (Specialties)</b>	Surgery (T&O cross covering Plastics, ENT and Neurosurgery)	
<b>Trainee Level</b>	Foundation	
<b>Concern 1</b>	Trainees are often expected to provide clinical care without access to appropriate support from a senior trainee or consultant while cross covering other specialties.	
<b>Concern 2</b>	Foundation trainees are not provided with on-site support from a senior colleague while cross covering other specialties.	
<b>Concern 3</b>	Trainees do not know who to contact when seeking advice on clinical care for patients while cross covering other specialties.	
<b>Evidence for Concern</b>	<p>A condition was set for General Surgery as part of the quality visit held on 27<sup>th</sup> April 2015 which stipulated that Foundation year 2 trainees should be appropriately supervised at all times. Feedback received from trainees at the visit on 26<sup>th</sup> July 2016 has demonstrated that this is an ongoing issue and the 2016 GMC survey results show a drop in trainee satisfaction with regard to educational supervision at the Castle Hill site. It was reported that the T&amp;O F2 trainee is working unsupported and it is not clear to the trainee who to contact when support is needed while cross covering other specialties (ENT, Neurosurgery and Plastics). The trainee was unaware of any formal agreements for supervisory cover in instances where the team may be in theatre and has been expected to approach a variety of middle grade support who did not necessarily feel that this was their role. Less assertive trainees may find this arrangement challenging.</p> <p>It was highlighted that there is not a daily ward round at Castle Hill and the F2 trainee is often the only person seeing patients. It is not uncommon for patients to wait 48 hours before being seen by a consultant at Castle Hill and post-operative patients may not be seen in 24 hours. There is no consultant or registrar ward round on a Saturday or a Sunday.</p> <p>The trainee has been expected to cover the ward for a full 8am to 5pm shift. For later shifts the trainee is unsupervised with access to consultant support by telephone after 5pm. The F2 was not aware of any middle grade support on site either. This is problematic in instances where patients may require urgent attention.</p> <p>There could potentially be support available on site but the trainee does not know about it. This links to issues with handover and communication at the Trust and this will be explored further in condition two.</p>	
<b>Action 1</b>	Provide trainees with a named clinical supervisor at all times including shifts involving cross cover.	<b>Immediate</b>
<b>Action 2</b>	Provide Foundation trainees with access to on-site support at all times.	<b>Immediate</b>
<b>Action 3</b>	Provide trainees with clear guidance and an escalation policy that identifies who should be contacted when support is required.	<b>31/12/16</b>

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<b>Action 4</b>	Discuss the perceptions trainees have regarding the perceived lack of support and take appropriate action to address the trainee's concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months.	<b>31/12/16</b>
<b>Evidence for Action 1</b>	Copy of senior cover rota.	<b>Immediate</b>
<b>Evidence for Action 2</b>	Copy of resident senior cover rota.	<b>Immediate</b>
<b>Evidence for Action 3</b>	Copy of guidance and escalation policy.	<b>31/12/16</b>
<b>Evidence for Action 4</b>	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	<b>Immediate</b> <b>31/10/16</b> <b>31/12/16</b>
<b>RAG Rating</b>	<b>Red*</b>	
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf">http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf</a> <a href="http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf">http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf</a> <a href="http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf">http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf</a>	

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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(R1.14 Handover)</b>	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.  <i>**Handover at the start and end of periods of day or night duties, every day of the week.</i>	
<b>HEYH Condition Number</b>	2	
<b>LEP Site</b>	Castle Hill	
<b>Specialty (Specialties)</b>	Surgery (T&O)	
<b>Trainee Level</b>	All	
<b>Concern 1</b>	Handover is not conducted at an appropriate time. There is not always someone to handover to at 5pm.	
<b>Evidence for Concern</b>	The F2 trainee frequently stays late to provide handover, the shift finishes at 5pm but there is generally nobody to handover to until 8pm. Problems relating to poor communication within the department were explored at the visit with particular emphasis on trainees turning up for a shift unsure of who they will be working with and whether they will have anyone to handover to. Trainees at all levels feel that this is an extremely common occurrence and do not appreciate the lack of warning regarding shortages of staff. It was explained that locum cover for absences is arranged but that details of cover are not communicated to trainees. The trainers explained that there are problems with recording absences on the e-Rostering system to display in real time. This had previously been coordinated by a consultant but this person has now moved to a different role. Another consultant is to be identified to take on the role which is being offered as paid time in the job plan. It was felt by the trainers that it may be difficult to find someone to oversee this area of work. Handover is recorded as a pink outlier for T&O in the 2016 GMC survey.	
<b>Action 1</b>	Make appropriate changes to working arrangements to allow relevant staff to attend handover. A notification process to alert trainees as to when there is a staffing shortfall and who to hand over to at 5pm should be introduced.	<b>31/12/16</b>
<b>Action 2</b>	Evaluate effectiveness of handover.	<b>31/03/17</b>
<b>Evidence for Action 1</b>	Summary of revised work arrangements.	<b>31/12/16</b>
<b>Evidence for Action 2</b>	Copy of the handover system evaluation.	<b>31/03/17</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>● Copies of documents must be uploaded to the QM Database</li> <li>● Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf">bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf</a> <a href="http://www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf">www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf</a>	



## Review of Hull and East Yorkshire Hospitals NHS Trust

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(R1.8 Clinical Supervision)</b>	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.	
<b>HEYH Condition Number</b>	3	
<b>LEP Site</b>	Hull Royal Infirmary & Castle Hill	
<b>Specialty (Specialties)</b>	Surgery (T&O)	
<b>Trainee Level</b>	Foundation & Core	
<b>Concern 1</b>	Trainees are expected to provide cross cover (ENT, Neurosurgery, Plastics) without having been provided with sufficient training, guidance or senior support.	
<b>Evidence for Concern</b>	A condition was set for Surgery as part of the quality visit on 27 <sup>th</sup> April 2015 that stipulated that trainees expected to cross-cover specialties must be appropriately inducted. This remains an issue as trainees reported that there is an expectation for them to cover a number of specialties without having received adequate induction or support. Handbooks are available for the areas outside of the trainees' main specialty although a formal induction detailing who to go to and what to do was not available. Trainees reported feeling unprepared to cross cover other specialties. At the February rotation an induction for each specialty was provided but the date of the induction was moved due to the Junior Doctors Strike and some trainees did not receive an induction into the specialties that they cross cover. It was estimated that trainees are losing 30% of training time covering other specialties.  The rota is complex and is shared between F2 and CT2 cross covering four specialties, T&O, Neurosurgery, Plastics and some ENT. There are on average three to four gaps putting further pressure on the trainees. The trainees do not feel that the cross cover rota is effective and do not feel that wards are adequately covered.	
<b>Action 1</b>	Make alternative arrangements for cross cover or provide appropriate training, guidance and clinical supervision for cross cover.	<b>31/12/16</b>
<b>Action 2</b>	Discuss the perceptions trainees have regarding the perceived lack of support during cross cover and take appropriate action to address the trainee's concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months.	<b>31/12/16</b>
<b>Evidence for Action 1</b>	1. Confirmation of changes made to cross cover arrangements 2. Copy of training programme and guidance provided 3. Copy of senior cover rota during cross cover	<b>Immediate</b> <b>31/12/16</b> <b>Immediate</b>
<b>Evidence for Action 2</b>	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	<b>Immediate</b> <b>31/10/16</b> <b>31/12/16</b>
<b>RAG Rating</b>	<b>Red*</b>	
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>● Copies of documents must be uploaded to the QM Database</li> <li>● Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf">http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf</a> <a href="http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf">http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf</a> <a href="http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf">http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf</a>	

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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(R1.9 Level of Competence)</b>	Learner's responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of supervision.	
<b>HEYH Condition Number</b>	4	
<b>LEP Site</b>	Castle Hill	
<b>Specialty (Specialties)</b>	Surgery (Plastics)	
<b>Trainee Level</b>	Foundation	
<b>Concern</b>	F2 trainees are often required to carry out clinical duties (such as discharging patients) that are beyond the expected level of competence for their stage of training.	
<b>Evidence for Concern</b>	The F2 trainee reported that while cross covering other specialties they have discharged Plastics patients as on site consultant support has not been available.	
<b>Action 1</b>	Investigate how often F2 trainees are expected to carry out the discharging of patients.	<b>31/10/16</b>
<b>Action 2</b>	Provide alternative arrangements for staff to carry out these duties. Senior review of all patients discharged must be ensured, this should not be an F2 only review. A clear process should be in place for trainees to follow to ensure that patients are safe and that they are discharged appropriately and safely.	<b>31/10/16</b>
<b>Action 3</b>	Confirm that alternative arrangements have been adopted.	<b>31/12/16</b>
<b>Evidence for Action 1</b>	Summary of investigation.	<b>31/10/16</b>
<b>Evidence for Action 2</b>	Summary of alternative arrangements.	<b>31/10/16</b>
<b>Evidence for Action 3</b>	Written confirmation that policy has been adopted.	<b>31/12/16</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		

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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.12 Rotas)</b>	Organisations must design rotas to: <ul style="list-style-type: none"> <li>• make sure learners have appropriate clinical supervision</li> <li>• support doctors in training to develop the professional values, knowledge, skills and behaviours (KSB) required of doctors working in the UK</li> <li>• provide learning opportunities that allow doctors in training to meet the requirements of the curriculum and training programme</li> <li>• give learners access to ES</li> <li>• minimise the effect of fatigue and workload</li> </ul>	
<b>HEYH Condition Number</b>	5	
<b>LEP Site</b>	Hull Royal Infirmary and Castle Hill	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	All	
<b>Concern 1</b>	Trainees are provided with duty rotas which do not allow them sufficient opportunities to meet the requirements of their curriculum.	
<b>Evidence for Concern</b>	<p>The trainees expressed their concerns of meeting high service requirements when there are gaps in the rota. The rota was altered six months ago from a two tier to a one tier format and middle grade trainees are covering lower grade work in addition to their own work. The rota is complex and communication regarding arrangements to cover the gaps is not getting through to the trainees.</p> <p>One trainee reported working nights and then having days as time off, this shift pattern can continue for weeks and is interfering with the trainee getting access to daytime surgical experience. The trainee is concerned about potentially requiring a training extension to cover the required competencies. The higher trainees echoed the concerns relating to service demand and gaps in the rota.</p> <p>An F2 trainee reported that they have only managed to attend one training day in four months. Departmental training is held at HRI and trainees based at Castle Hill are unable to attend as they are unable to leave patients.</p>	
<b>Action 1</b>	Work with trainees and rota organisers to ensure that rotas are provided with sufficient notice and flexibility and fairly distribute clinical duties and responsibilities.	<b>31/12/16</b>
<b>Action 2</b>	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.	<b>31/12/16</b>
<b>Action 3</b>	Review the impact of the introduction of new rotas.	<b>31/03/17</b>
<b>Evidence for Action 1</b>	Copies of rotas.	<b>31/12/16</b>
<b>Evidence for Action 2 &amp; 3</b>	Summary of the impact of any changes made.	<b>31/03/17</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns">http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns</a> <a href="http://careers.bmj.com/careers/advice/view-article.html?id=20001163#">http://careers.bmj.com/careers/advice/view-article.html?id=20001163#</a>	

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<b>GMC Theme</b>	<b>SUPPORTING LEARNERS</b>	
<b>Requirement</b> <b>(R3.3 Undermining)</b>	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	
<b>HEYH Condition Number</b>	6	
<b>LEP Site</b>	Hull Royal Infirmary	
<b>Specialty (Specialties)</b>	Surgery & Emergency Medicine	
<b>Trainee Level</b>	Foundation & Core	
<b>Concern 1</b>	<p>Foundation and Core Surgery trainees have experienced undermining behaviour from senior nursing staff on ward 12 at HRI.</p> <p>Trainees have experienced undermining behaviour from senior nursing staff in the Emergency Department.</p>	
<b>Evidence for Concern</b>	<p>There were reports of undermining from senior nursing staff on Ward 12 at HRI. Trainees reported being asked to carry out procedures outside of their level of competence.</p> <p>In Emergency Medicine a potential undermining incident was brought up involving a matron openly voicing her opinion that one of the Foundation trainees was not working hard enough, this was demoralising for the Foundation trainee in question and lack of speed had been down to the Lorenzo system running slowly.</p>	
<b>Action 1</b>	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.	<b>Immediate</b>
<b>Action 2</b>	The trust must produce an action plan to address the inappropriate undermining behaviours.	<b>31/10/16</b>
<b>Action 3</b>	The trust must show that the undermining behaviour has ceased.	<b>31/03/17</b>
<b>Evidence for Action 1</b>	Summary of the investigation and confirmation that the results have been shared.	<b>31/10/16</b>
<b>Evidence for Action 2</b>	Copy of the action plan.	<b>31/10/16</b>
<b>Evidence for Action 3</b>	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	<b>31/03/17</b>
<b>RAG Rating</b>	<b>Red*</b>	
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		

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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.15 Experience)</b>	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.	
<b>HEYH Condition Number</b>	7	
<b>LEP Site</b>	Hull Royal Infirmary	
<b>Specialty (Specialties)</b>	Paediatrics	
<b>Trainee Level</b>	Foundation	
<b>Concern 1</b>	Foundation year 1 trainees spend too much time on repetitive tasks with little or no educational value such as writing discharge letters.	
<b>Evidence for Concern</b>	Foundation year 1 trainees are spending a lot of time writing discharge letters which impacts on their ability to see patients. This is not an effective use of trainee time nor is it appropriate for trainees to carry out this task as they are unlikely to have the right experience to construct discharge information and will not have been involved in the patients' care.	
<b>Action 1</b>	Review and amend trainee timetables/work schedules to allow them access to more educational opportunities in the department.	<b>31/12/16</b>
<b>Action 2</b>	Review, with the involvement of trainees, the opportunities for a broader educational experience.	<b>31/12/16</b>
<b>Evidence for Action 1</b>	Copy of new timetables identifying new educational opportunities.	<b>31/03/17</b>
<b>Evidence for Action 2</b>	Copy of review summary and action plan to introduce new educational opportunities.	<b>31/03/17</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		

## Review of Hull and East Yorkshire Hospitals NHS Trust

GMC Theme	<b>SUPPORTING LEARNERS</b>	
<b>Requirement</b> <b>(R3.3 Undermining)</b>	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.	
<b>HEYH Condition Number</b>	8	
<b>LEP Site</b>	Hull Royal Infirmary	
<b>Specialty (Specialties)</b>	Paediatrics	
<b>Trainee Level</b>	Foundation, ST1 and ST2	
<b>Concern 1</b>	Trainees have experienced undermining behaviour from a Neonates consultant.	
<b>Concern 2</b>	Trainees have raised concerns about undermining behaviour with the trust but there has been no change in the behaviour.	
<b>Evidence for Concern</b>	There are concerns in the Neonatal department regarding undermining behaviour directed at tier 1 trainees by consultants. Trainees reported that there have been instances of perceived underperformance of a trainee by a consultant and then harsh criticism of the trainee in front of their peers. The Head of School was aware of a previous issue with a consultant displaying undermining behaviour but this issue had been raised formally and an investigation had taken place, it was felt to have been dealt with. It is to be noted that this is an extremely busy department, and has a high pressure environment and this may impact on team member behaviour, however this type of reaction is not acceptable.	
<b>Action 1</b>	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.	<b>Immediate</b>
<b>Action 2</b>	The trust must produce an action plan to address the inappropriate undermining behaviours.	<b>31/10/16</b>
<b>Action 3</b>	The trust must show that the undermining behaviour has ceased and more supportive working relationships are being established, particularly for the most junior members of the medical team.	<b>31/03/17</b>
<b>Evidence for Action 1</b>	Summary of the investigation and confirmation that the results have been shared.	<b>31/10/16</b>
<b>Evidence for Action 2</b>	Copy of the action plan.	<b>31/10/16</b>
<b>Evidence for Action 3</b>	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	<b>31/03/17</b>
<b>RAG Rating</b>	<b>Red*</b>	
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>● Copies of documents must be uploaded to the QM Database</li> <li>● Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		

## Review of Hull and East Yorkshire Hospitals NHS Trust

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.7 Staffing)</b>	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.	
<b>HEYH Condition Number</b>	9	
<b>LEP Site</b>	Hull Royal Infirmary	
<b>Specialty (Specialties)</b>	Paediatrics	
<b>Trainee Level</b>	Higher	
<b>Concern 1</b>	Trainees report that there are insufficient staff on duty to provide a safe level of patient care.	
<b>Evidence for Concern</b>	Despite two Consultants being available for the neonatal unit and the post-natal wards, the registrar responsible for these areas still has a very high workload. Consideration needs to be given as to how the trainees can be better supported. It was reported that Neonates is permanently short-staffed which is causing stress with regard to cover. Midwives and ANPs do not carry out baby checks; which does occur in other units and could support trainees in this busy clinical environment.	
<b>Action 1</b>	Review staffing levels and develop an action plan to address the deficiencies.	<b>31/12/16</b>
<b>Evidence for Action 1</b>	Copy of review and action plan.	<b>31/12/16</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.ircptb.org.uk/assessment/workplace-based-assessment">http://www.ircptb.org.uk/assessment/workplace-based-assessment</a> <a href="http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors">http://bma.org.uk/practical-support-at-work/ewtd/ewtd-juniors</a> <a href="http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns">http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns</a>	

## Review of Hull and East Yorkshire Hospitals NHS Trust

<b>GMC theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.16 Protected time)</b>	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.	
<b>HEYH Condition Number</b>	10	
<b>LEP Site</b>	Hull Royal Infirmary	
<b>Specialty (Specialties)</b>	Paediatrics (Neonates)	
<b>Trainee Level</b>	Foundation	
<b>Concern 1</b>	Foundation trainees are not provided with any specialty-based teaching.	
<b>Concern 2</b>	Foundation trainees are not released to attend sufficient mandatory training days to meet their curriculum requirements.	
<b>Evidence for Concern</b>	<p>There does not appear to be any Neonatal teaching. It needs to be established how many Neonatal teaching sessions are arranged and how many are attended. It was not known if there were teaching sessions available but trainees were not free to attend due to their high workload.</p> <p>Teaching time is not protected across the department and the trainers reported that they do not feel that there is time for teaching.</p> <p>None of the trainees have been able to access SIM training. All senior trainees have had opportunity to complete the diploma, the majority of which will have been completed in the trainees' own time as there is little opportunity to do this in work time. Project and curricula work is also carried out in trainees' own time.</p> <p>Foundation trainees are not getting clinic opportunities, to meet the demands of the curriculum they should be attending ten clinics in six months, this is not happening.</p>	
<b>Action 1</b>	A regular teaching programme must be introduced. This must be scheduled at a time that allows maximum attendance. The content of the programme should be jointly agreed with the trainees and aimed towards meeting the requirements of the relevant curriculum. An attendance register should be kept and monitored. Action should be taken to address poor attendance. The educational impact of the teaching sessions should be regularly evaluated.	<b>31/03/17</b>
<b>Action 2</b>	Trainees must be released to attend a minimum of their scheduled mandatory teaching sessions. Steps must be taken to ensure that this is achieved.	<b>31/12/16</b>
<b>Evidence for Action 1</b>	Copy of the teaching programme with confirmation of regular high attendance. Copies of evaluation of educational effectiveness.	<b>31/03/17</b>
<b>Evidence for Action 2</b>	Summary of action taken and confirmation of improved attendance.	<b>31/03/17</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		



## Review of Hull and East Yorkshire Hospitals NHS Trust

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> (R1.14 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.  <i>**Handover at the start and end of periods of day or night duties, every day of the week.</i>	
<b>HEYH Condition Number</b>	11	
<b>LEP Site</b>	Hull Royal Infirmary	
<b>Specialty (Specialties)</b>	Paediatrics and Emergency Medicine	
<b>Trainee Level</b>	All	
<b>Concern 1</b>	Handover in the Paediatrics and Emergency Medicine departments is not conducted at an appropriate time.	
<b>Evidence for Concern</b>	<p>There is a consultant led handover at 5pm in the Paediatrics department but trainees finish their shift at 5pm so are staying beyond the end of their shift to complete handover. The trainees feel that the handover process is effective in that they feel that a clear plan is established by the end of the process however, the only issue is the extra time required of the trainees to attend.</p> <p>Similarly, Emergency Medicine trainees finish their shift at 8pm and are then expected to attend the 8pm board round. The trainees are working over their allotted hours.</p>	
<b>Action 1</b>	Provide an appropriate time for effective handover. It is recommended that handover board rounds are incorporated formally into rotas.	<b>30/11/16</b>
<b>Action 2</b>	Evaluate effectiveness of handover.	<b>31/03/17</b>
<b>Evidence for Action 1</b>	Details of venue identified and time provided.	<b>30/11/16</b>
<b>Evidence for Action 2</b>	Copy of the handover system evaluation.	<b>31/03/17</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf">bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf</a> <a href="http://www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf">www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf</a>	

## Review of Hull and East Yorkshire Hospitals NHS Trust

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.19 Capacity)</b>	Organisations must have the capacity resources and facilities** to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme, and to provide the required ES and support.  <i>**Resources and facilities may include: IT systems so learners can access online curricula, workplace based assessment, supervised learning events and learning portfolios; libraries and knowledge services; information resources; physical space; support staff; and patient safety orientated tools.</i>	
<b>HEYH Condition Number</b>	12	
<b>LEP Site</b>	Hull Royal Infirmary	
<b>Specialty (Specialties)</b>	Paediatrics	
<b>Trainee Level</b>	All	
<b>Concern 1</b>	Paediatrics Trainers are concerned that the department does not have the sufficient resources (quiet space for prescribing) to provide high quality training for trainees.	
<b>Evidence for Concern</b>	Concerns were expressed about the lack of a quiet area in which trainees can safely prescribe. Trainees are regularly interrupted while prescribing and there is the potential for trainees to make mistakes which is a patient safety issue.	
<b>Action 1</b>	Investigate the trainer's concerns and produce an action plan to address them.	<b>31/03/17</b>
<b>Evidence for Action 1</b>	Copy of investigation and action plan with a review of the impact of the changes that have made.	<b>31/03/17</b>
<b>RAG rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link Quality Manager</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		

<b>Date of first Draft</b>	12 <sup>th</sup> August 2016
<b>First draft submitted to Trust</b>	21 <sup>st</sup> September 2016
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