

# Review of Sheffield Teaching Hospitals NHS Trust (Postgraduate Medical)



**Quality Assurance of Local Education and Training Providers**

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### Guidance

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

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

### Standards are built around 5 core themes:

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

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

<b>Visit Date(s)</b>	26 <sup>th</sup> February, 14 <sup>th</sup> / 15 <sup>th</sup> March 2016
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### Visit Panel / team

Name	Role	Organisation
<b>Jon Hossain</b>	Chair, Deputy Postgraduate Dean	Health Education England (Y&H)
<b>Paul Renwick</b>	Head of School (Surgery)	Health Education England (Y&H)
<b>Peter Hammond</b>	Head of School (Medicine)	Health Education England (Y&H)
<b>Jackie Tay</b>	Head of School (O&G)	Health Education England (Y&H)
<b>Sunil Bhandari</b>	Joint Deputy Head of School (Medicine)	Health Education England (Y&H)
<b>Trevor Rogers</b>	Joint Deputy Head of School (Medicine)	Health Education England (Y&H)
<b>Nandan Haldipur</b>	TPD, School of Surgery	Health Education England (Y&H)
<b>Susan Rutter</b>	TPD, School of O&G	Health Education England (Y&H)
<b>Craig Irvine</b>	Deputy Foundation School Director	Health Education England (Y&H)
<b>James Thomas</b>	GP, Quality Lead	Health Education England (Y&H)
<b>Victoria Palmer</b>	Lay Representative	
<b>Linda Garner</b>	Quality Manager	Health Education England (Y&H)
<b>Kim Maskery</b>	Quality Co-ordinator	Health Education England (Y&H)
<b>Alison Poxton</b>	Quality Administrator	Health Education England (Y&H)
<b>Sarah Merter</b>	Quality Administrator	Health Education England (Y&H)

## 2. Summary of findings

The two day visit was very well organised by the Trust and, on the whole, the turnout of Trainers and Trainees was satisfactory. The visiting panel were appreciative of the informative presentation from the DME. This included identification of areas still in development, for example, the issue of workload intensity. The Trust management were reported to be engaged with the problem in terms of changing the way acute admissions are dealt with, extending the hospital at night on both sites and co-ordinating the training of extra nurse practitioners. The DME reported that the core medical training quality criteria were helpful in providing a benchmark to work towards.

The panel reminded the Trust of the importance of being able to meet the July 2016 GMC Trainer Accreditation deadline. The Trust felt confident of being on target - from a total of 750 consultants, 390 are now reported to be fully accredited. Educational Supervisor (ES) training will be regularly reviewed via appraisal. A newly developed ES feedback form is to be completed at ARCP.

At the Royal Hallamshire Hospital (RHH) site the panel's overall finding was that the educational element seems to be struggling against the service element. Trainees reported concerns about a high intensity of workload and long working hours. However, the trainees were found to be engaged and upbeat and fully aware that when they did receive education it was of a high standard. The Trainers appear fully engaged and confirm that training is in their job plan. All trainees were aware of the Duty of Candour, although the Urology Trainees did require an explanation. The Trust has commendably taken an incremental approach on the implementation of Lorenzo, and this has caused no concerns.

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There is progress on clinical skills training, however, it was clear that Trainees have to attend other sites for simulation and skills training; for example Rotherham for Medicine, Mid-Yorks for Urology. Considering the investment from HEE specifically for simulation and skills training, the panel felt this should be available to trainees on the STH site.

At the Northern General Hospital (NGH) site the trainees were aware of the Duty of Candour and had been given information regarding this. There was widespread support of the hospital at night, hospital at weekend system which was reported to work very well. The Obstetrics & Gynaecology trainees commended the dedicated Gynaecology consultant during the day time, and Trauma & Orthopaedics appeared very well organised. However, the panel found an even larger imbalance between training and service requirement at the NGH site, with some Surgical foundation trainees feeling that education is not valued at NGH. Gastroenterology Core Medical Trainees feel a strong service element to their post, but there has been a recent restructuring of the firm to increase consultant presence.

All trainees thought they worked in a safe organisation with the exception of Weston Park Hospital (WPH) and Huntsman 5, the winter pressure ward at NGH.

### Incident Reporting/Revalidation

The revalidation system has been fully operational for three years. The Trust continues to have a very low reporting rate for involvement of trainees in clinical incidents and complaints - 0.15 reports/100 trainees (HEE YH range 0.15 -29.6) – with an overall STEIS reporting rate which is average. This was recently discussed in the Revalidation Liaison Group; the Trust reported that an internal meeting is being planned to determine how to ensure full reporting. Recent SIs have been reviewed to confirm accurate recognition of trainee involvement, which is confirmed as being lower than in other LEPs. The Trust must ensure that the Director of Medical Education is involved in the incident governance process, and is informed about all serious incident investigations (level 2 and 3) which include trainees and all trainees named in conduct investigations or complaints.

### Urology

The Urology trainers and trainees were seen separately on 26<sup>th</sup> February due to conflicting events. Although the GMC NTS survey showed a pink flag for a supportive environment within Urology, the trainees reported that they are able to meet regularly with their Education Supervisors and go through their portfolio. Whilst it was clear that a lot of the training comes from service provision the trainees felt there was still room for training and the rotas do allow for attendance at teaching sessions. Despite the red flags in the GMC NTS survey for workload there were no reported issues and the trainees felt there was sufficient staff to allow for a good learning environment.

However, the trainees' experience of working in a multi-professional team was felt to be in danger of dilution due to the low number of nursing staff. Induction in cross-cover trainees, for example ENT, was considered to be in need of improvement and the panel understood that there is an appropriate information booklet available that could be shared. Whilst handover was occurring, it was considered un-coordinated and ad-hoc and tended to happen in silos, for example registrar to registrar. However, all felt the process was safe. There were no incidents of bullying or undermining reported and all the trainees would be happy for their friends and family to be treated within the Trust. The trainers felt fully supported when dealing with trainees in difficulty and were confident of the safety of the patient once in the Trust system.

### **Obstetrics & Gynaecology**

The trainees reported that in general the induction was satisfactory and good feedback was received regarding rotas, including training opportunities for ST2s with consultant supervision. However, there was a concern with the rotation pattern in terms of ST2s gaining their competencies. Supervision was reported to be good, but getting assessments completed was thought to be a problem, although the trainees are currently tackling this issue themselves by adopting various learning strategies. There is a modular programme in 5 week blocks for ST2 training and trainees reported that during the gynaecological oncology block they were often used on robotic lists to assist and in theatres. The panel appreciated that block in gynaecology is useful if it is used to achieve/ mapped against the targets in the curriculum for this subject. The panel felt it was good to rotate through specialities every five weeks and gain exposure to sub-specialities, but questioned the educational element of a trainee visiting gynaecological oncology twice, and this issue and the training opportunities should be reviewed.

There were no concerns reported regarding being released for training and education or clinical skills and simulation. Overall the trainees felt well supported. In particular the ST2s appreciated the educational opportunities available, for example a daily elective Caesarean list run by a consultant with an ST2 was an excellent opportunity. In addition there was support for the Consultant on call during daytime in Gynaecology and trainees felt that by taking referrals and allocating work this initiative saved a lot of unnecessary transfers to RHH from NGH.

### **Neurology/Oncology**

Oncology trainees felt the workload had improved at the Weston Park Hospital (WPH) site. The changes made in the last 12 months have made a big difference. However, the team based model of working is a work in progress and will need to be embedded. For example, trainees reported that the consultant ward round does not occur in practice as with 15 consultants looking after patients in one ward, there are only two patients per consultant. There were also concerns regarding the medical on-call team, some of whom were reported to make the presumption that WPH patients were lower priority.

Neurology trainees were enthusiastic about the availability of nurse practitioners and were keen to continue gaining lumbar puncture experiences supervised by the nurse practitioners. However, overall the neurology trainees felt unsupported with a lack of induction and no named consultant. The trainees reported problems when escalating clinical issues to an acute consultant at the NGH site.

### **Core Medical Training**

At the RHH site the trainees were enthusiastic and felt the training was very good. They reported a good work-life balance with a rota that is not too onerous. However, there were complaints of pressure to fill rota gaps and being asked for reasons if unavailable to volunteer to fill a shift. All had access to and were released for skills training at Rotherham, Bassetlaw and Doncaster and all achieved the procedural skills needed. The panel was concerned that the lack of faculty support meant that training at the STH site was not happening and other providers were being relied upon. All trainees were expected to act only at their level of competence. The trainees reported concerns about the WPH site and reported that there was no on site middle grade support after 9pm; cover was provided by a non-resident registrar who would need to travel in to attend a patient whose care needed escalating. All trainees said they would not want to be treated as a patient at the WPH. Haematology trainees felt that service on the ward was not balanced with educational and training needs. ID trainees were reported to be struggling to get to teaching sessions. In addition, Haematology trainees were unable to get to clinic every other week due to covering gaps in rotas. The trainees reported that on paper there is opportunity, but in practice this does not happen.

The panel felt there was disconnect between the trainers and the trainees at the NGH site. All of the specialities have ward cover in place, but this works differently from consultant to consultant. A CT1 trainee reported the lack of robust cross-cover caused by a consultant being away. For example if a trainee thinks there is a sick patient he will ask another consultant, but it is the trainee that is making this decision, both in terms as to whether to seek advice about a patient and which consultant to go to. Cardiology trainees reported patients being missed or not seen by a consultant for a week. It was felt this lack of communication and teamwork could cause patients to be missed. Overall the trainees reported concerns that they were given responsibility to sort out their own training, for example in clinics, but were unable to attend as this would create patient safety issues on the ward. Respiratory trainees were unable to attend study days as two trainees were covering 40 patients on one ward. Consequently the panel felt there was little structure in place other than in Diabetes where there was more cohesive working. Core medical trainees in Cardiology and Gastro would not recommend their posts.

Rotas are received very late and trainees cannot plan leave. The rota co-ordinator will roster a trainee onto a study day date that has been planned since the beginning of the year. Acute medicine trainees reported a lack of leadership, supervision and feedback. The core trainee will make the decision as to which team to join and will not receive feedback on that decision. Handover in the evening worked well, but was haphazard in the morning; if a patient had been sick overnight the trainee can sometimes have to wait until 11 o'clock ward round to find out about it. Trainees reported that they cannot be released for CMT training days whilst on the Oncology firm, which could have a negative effect on their training outcome and extend their training. Concern was expressed about the engagement of clinical supervisors (CS) with clinical sign off. If trainees are struggling to get sign off, the ES will struggle to sign off the trainees for competence if they have not got WBA sign off from their CS.

### Surgery

Overall the higher trainees at the NGH site were happy. Orthopaedic trainees felt that handover was excellent in quality with plenty of educational opportunities. Trauma meetings were used as an educational tool by way of assessment. There was widespread support for the consultant led handover in General Surgery and Trauma & Orthopaedics. However, there were concerns regarding induction, in particular the Trust induction with reports of extensive chasing for passwords and cards. Core trainees were keen to get theatre experience, but felt service needs prevented this in some cases. For example one trainee reported being withdrawn from an appendectomy in theatre to take bloods/clerk a patient on the ward. Clinics were reported to be covered without support with advice, if needed, available in T&O. However, general surgeons reported feeling alone in a big clinic, and Lorenzo was not felt to be helpful in this situation. FY1 trainees would not recommend their post.



## 3. Conditions

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<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>	1	
<b>LEP Site</b>	Weston Park Hospital	
<b>Specialty (Specialties)</b>	Oncology	
<b>Trainee Level</b>	Foundation and Core	
<b>Concern 1</b>	Trainees are sometimes expected to provide clinical care on the ward without access to appropriate support from a senior trainee or consultant.	
<b>Concern 2</b>	Foundation trainees on the ward are not provided with on-site support from a senior colleague	
<b>Evidence for Concern</b>	<p>At WPH out of hours cover is provided by a core level trainee who has to walk from RHH to WPH at night. There is no senior level cover on site. If a patient became ill at WPH the trainee would need to phone the non-resident oncology registrar at home. The on call medical registrar for the RHH was reported to be not permitted to leave this site to attend WPH. The FY's, therefore, cannot be considered to have on site direct supervision.</p> <p>Trainees cannot get medical equipment to care for these patients, for example if blood gasses are required the trainee needs to ring the laboratory technician half an hour in advance. There is also no portable chest X-ray available. Trainees occasionally have to cross from RHH to WPH at night to make decisions on the DNA CPR status of patients.</p> <p>The GMC state that F2s cannot work on a site without direct resident supervision. Clarity and reassurance is required that F2s would have onsite cover to deal with medical emergencies.</p>	
<b>Action 1</b>	Provide trainees with a named clinical supervisor during out of hours on call cover	<b>Immediate</b>
<b>Action 2</b>	Provide Foundation trainees with access to on-site support (SpR3 or above)	<b>Immediate</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>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 APD</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> 538 17963.pdf	
<b>Question Reference</b>	Trainer 8 / Trainee 8, 9	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement (R1.13 Induction)</b>	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> <li>• their duties and supervision arrangements</li> <li>• their role in the team</li> <li>• how to gain support from senior colleagues</li> <li>• the clinical or medical guidelines and workplace policies they must follow</li> <li>• how to access clinical and learning resources</li> </ul> <p>As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.</p>	
<b>HEYH Condition Number</b>	2	
<b>LEP Site</b>	Northern General Hospital	
<b>Specialty (Specialties)</b>	Surgery, All	
<b>Trainee Level</b>	Foundation, Core	
<b>Concern 1</b>	Core Trainees are not provided with a relevant or useful induction/introduction to work at the Trust that provides them with access to relevant policies, IT, or initial mandatory training.	
<b>Concern 2</b>	Trainees are not provided with access to essential IT at the start of their post.	
<b>Concern 3</b>	Trainees are not provided with a useful introduction to work in Surgery. They are not provided with essential guidance on the management of the important or common conditions they are expected to manage as soon as they take up post.	
<b>Evidence for Concern</b>	<p>The Trust induction was not thought to be relevant and trainees had to chase departments for passwords and IT cards. The Departmental induction was also felt to be poor, particularly for general surgeons. There seems to be confusion as to what a core surgical trainee does out of hours with regards to Plastic Surgery and Acute General Surgery. Surgical trainees have been told that when on call they need to cover wards as well as go to theatre. For example, one trainee was called away from an educational/training experience in theatre at an appendectomy to take routine bloods on the ward. It is essential the trainee understands their role and is able to gain the required access to education and training. There was a lack of induction for FY1 trainees who had their first post in Psychiatry, but second post at STH. There needs to be clarity for the role of the core trainee covering plastics and general surgery and this should be described at induction. This role needs to allow for the trainee to attend educational activities such as performing supervised operating out of hours.</p>	
<b>Action 1</b>	Provide all trainees with an appropriate Trust induction.	<a href="#">Next intake</a>
<b>Action 2</b>	Review induction content to ensure it is relevant.	<a href="#">Before next intake</a>
<b>Action 3</b>	Provide relevant mandatory training at induction.	<a href="#">Next intake</a>
<b>Action 4</b>	Provide trainees access to IT (smart cards/log ins) before they are due to begin work.	<a href="#">Next intake</a>
<b>Action 5</b>	Provide trainees with easy access to essential guidelines and policies.	<a href="#">Next intake</a>



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<b>Action 6</b>	Provide all trainees with a relevant departmental, specialty or ward induction/orientation.	<b>Next intake</b>
<b>Action 7</b>	Evaluate the effectiveness of Trust/departmental induction.	<b>After next intake</b>
<b>Evidence for Action 1</b>	Copy of induction programme.	<b>Before next intake</b>
<b>Evidence for Action 2</b>	Copy of induction programme outlining changes.	<b>Before next intake</b>
<b>Evidence for Action 3</b>	Copy of induction programme	<b>Before next intake</b>
<b>Evidence for Action 4</b>	Confirmation that all trainees are provided with access to IT.	<b>After next intake</b>
<b>Evidence for Action 5</b>	Confirmation that trainees are provided with access to guidelines and policies.	<b>After next intake</b>
<b>Evidence for Action 6</b>	Copy of departmental induction programme.	<b>After next intake</b>
<b>Evidence for Action 7</b>	Copy of induction evaluation and plans for modifications (if indicated).	<b>After next intake</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 APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://careers.bmj.com/careers/advice/view-article.html?id=20000724">http://careers.bmj.com/careers/advice/view-article.html?id=20000724</a>	
<b>Question Reference</b>	Trainer 11 Trainee 12, 13	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> <b>(R1.11 Consent)</b>	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with the GMC guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.	
<b>HEYH Condition Number</b>	3	
<b>LEP Site</b>	Royal Hallamshire Hospital, Northern General Hospital	
<b>Specialty (Specialties)</b>	Urology/Surgery	
<b>Trainee level</b>	Foundation, Core & Higher	
<b>Concern 1</b>	Trainees are delegated to obtain consent for Radiology procedures that they are not comfortable performing or for which they have not been provided with training.	
<b>Evidence for Concern</b>	Although a different speciality, this condition relates to Condition 11 of STH QM report dated 3 <sup>rd</sup> / 4 <sup>th</sup> March 2015. Trainees reported they are consenting for Radiology procedures, particularly intervention radiology. This was confirmed by Trainers. In addition Surgery trainees are being asked to consent for non-vascular interventional radiology; for example for drainage of an abdominal abscess. The Radiologists will refuse to do a procedure unless a patient was consented.	
<b>Action 1</b>	Trainees must not be asked to obtain consent for Radiology procedures and alternative arrangements must be introduced.	<b>Immediate</b>
<b>Action 2</b>	Urology/Surgery must introduce a policy for obtaining radiology consent for patients that meets GMC standards.	<b>3 months</b>
<b>Action 3</b>	All relevant staff must be informed of the consent policy and their role in the consent process.	<b>3 months</b>
<b>Evidence for Action 1</b>	Copy of method of dissemination confirming the new arrangements have been introduced.	<b>Immediate</b>
<b>Evidence for Action 2</b>	Copy of policy.	<b>3 months</b>
<b>Evidence for Action 3</b>	Copy of method of dissemination confirming the new policy has been shared with all relevant members of staff.	<b>3 months</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 APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.gmc-uk.org/static/documents/content/Consent_-_English_0914.pdf">http://www.gmc-uk.org/static/documents/content/Consent_-_English_0914.pdf</a>	
<b>Question Reference</b>	Trainee 18	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<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>	4	
<b>LEP Site</b>	Weston Park Hospital	
<b>Specialty (Specialties)</b>	Oncology	
<b>Trainee Level</b>	Higher	
<b>Concern 1</b>	Trainees are expected to provide clinical care without access to appropriate support from a senior trainee and/or consultant	
<b>Concern 2</b>	Trainees are expected to carry out duties which are not appropriate for their stage of training	
<b>Evidence for Concern</b>	In Oncology ST4s are expected to run peripheral clinics without a consultant present. Preparation and debrief is given by some consultants, but this is often due to pro-activity on the part of the trainee, and is not the norm. Whilst the team based model of working is a work in progress and when embedded effectively may be a solution, a more immediate robust process is required. It cannot be assumed that if a Trainee has reached ST4 level that the required competencies are present to deliver an oncology opinion and, therefore, explicit supervision is required.	
<b>Action 1</b>	Provide trainees with a named clinical supervisor(s) for oncology clinics, with particular reference to peripheral clinics	<b>Immediate</b>
<b>Evidence for Action 1</b>	Copy of senior cover rota.	<b>Immediate</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 APD</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> 538 17963.pdf	
<b>Question Reference</b>	Trainer 8 / Trainee 8, 9	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<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>	5	
<b>LEP Site</b>	Royal Hallamshire Hospital	
<b>Specialty (Specialties)</b>	Obstetrics & Gynaecology	
<b>Trainee Level</b>	Higher	
<b>Concern 1</b>	Trainees are expected to provide clinical care without access to appropriate support from a senior trainee and/or consultant	
<b>Concern 2</b>	Trainees are expected to carry out duties which are not appropriate for their stage of training	
<b>Evidence for Concern</b>	Obstetrics & Gynaecology trainees at ST2 and ST3 level are performing ante natal clinics without supervision. It is not recommended that O+G trainees perform this until they have passed the MRCOG. The O&G trainees should have passed the MRCOG, but must still have a designated contact with whom they can escalate problems.	
<b>Action 1</b>	Provide trainees with access to on-site support from consultant grade supervision for antenatal clinics.	Immediate
<b>Evidence for Action 1</b>	Copy of resident senior cover rota.	Immediate
<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 APD</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> 538 17963.pdf	
<b>Question Reference</b>	Trainer 8 / Trainee 8, 9	

## Review of Sheffield Teaching Hospitals NHS Trust

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.12 Rotas)	<p>Organisations must design rotas to:</p> <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 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>	
HEYH Condition Number	6	
LEP Site	Royal Hallamshire Hospital	
Specialty (Specialties)	Neurology/ Surgery/CMT/Oncology/Obstetrics & Gynaecology	
Trainee Level	Higher	
Concern	Trainees are provided with rotas which are very difficult to modify.	
Evidence for Concern	<p>Non-GIM trainees in Neurology have had their rota extended from 1.30 – 5.00 to 9.00 – 5.00 Monday to Friday to cover acute medicine. The trainees feel this was for service commitment reasons and feel unsupported in the change. They reported receiving no induction into the change and no consultant supervision other than telephone cover from NGH.</p> <p>Overall the majority of trainees across the specialities felt that the rotas were produced late and this presented problems with booking annual leave. This problem was reported in both medicine and surgery.</p>	
Action 1	Work with trainees and educational supervisors to develop timely rotas that have an appropriate balance between the needs of the patient safety and clinical service and the trainee's legitimate expectations for supervision and learning.	3 months
Action 2	Review the impact of the introduction of new rotas/rota arrangements.	6 months
Evidence for Action 1	Copies of rotas.	3 months
Evidence for Action 2	Summary of the impact of any changes made.	6 months
RAG Rating		
LEP Requirements	<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 APD</li> </ul>	
Further Review		
Resources	<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>	
Question Reference	Trainee 11	

## Review of Sheffield Teaching 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>	7	
<b>LEP Site</b>	Northern General Hospital	
<b>Specialty (Specialties)</b>	Core Medical Training	
<b>Trainee Level</b>	Core	
<b>Concern</b>	Trainees reported that there was insufficient staff at all levels on duty to provide a safe level of care.	
<b>Evidence for Concern</b>	STH QM report dated 3 <sup>rd</sup> / 4 <sup>th</sup> March 2015 states that Ward Huntsman 5 was a concern due to its status as a winter pressure ward. This brought problems associated with understaffing and the lack of dedicated medical staff. These problems now seem to have gravitated to Ward Huntsman 1. Again this appears to be a temporary winter ward and the trainees' concerns included the lack of dedicated consultants, no dedicated physiotherapists, poor IT equipment and staff needing to be brought in from other wards to cover. The lack of regular ward staff gave rise to a care continuity concern.	
<b>Action</b>	Review staffing levels in all winter pressure wards and develop an action plan to address the deficiencies.	<b>3 months</b>
<b>Evidence for Action</b>	Copy of review and action plan and summary of rota and timetable modifications.	<b>3 months</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 APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.jrcptb.org.uk/assessment/workplace-based-assessment">http://www.jrcptb.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>	
<b>Question Reference</b>	Trainer 7 Trainee 7	



## Review of Sheffield Teaching Hospitals NHS Trust

GMC Theme	EDUCATIONAL GOVERNANCE	
<b>Requirement</b> <b>(2.7 Concerns)</b>	Organisations must have a robust reporting system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised and this must involve feedback to the individuals who raised the concerns.	
<b>HEYH Condition Number</b>	8	
<b>LEP Site</b>	Royal Hallamshire Hospital, Northern General Hospital, Weston Park Hospital	
<b>Specialty (Specialties)</b>	Neurology/ Surgery/CMT/Oncology/Obstetrics & Gynaecology	
<b>Trainee Level</b>	All	
<b>Evidence for Concern</b>	<p>The panel were concerned at the low numbers of exception reporting within the Trust. For example, Sheffield Teaching Hospital Trust has similar birth rates to Leeds Teaching Hospital Trust, but there is an imbalance in the numbers of incident reporting in Obstetrics &amp; Gynaecology. We would expect STH to have a similar reporting rate as other large organisations. Whilst it is clear there are incidents occurring at STH and consultants are aware there is a need to complete Datix forms, it appears the importance of ticking the trainee box is overlooked. Consequently the DME does not automatically get informed.</p> <p>There was an overall lack of understanding of exception reporting with Trainees feeling outside of the incident process in terms of learning. Some Trainees had completed reports but were unsure as to what grade of incident they were dealing with and were unsure if they should report this to their Responsible Officer via Form R at ARCP. It is imperative that if a trainee is involved in an incident, that a clear robust process is triggered that is fit for purpose and addresses the needs of revalidation and learning.</p>	
<b>Action 1</b>	Develop and implement a policy that ensures appropriate governance guidelines are adhered to reporting incidents. Ensure any inclusion of Trainee where appropriate is comprehensive in terms of a learning/educational experience.	<b>3 months</b>
<b>Action 2</b>	Monitor and review policy to evaluate effectiveness.	<b>6 months</b>
<b>Evidence for Action 1</b>	Copy of the policy/procedure.	
<b>Evidence for Action 2</b>	Copy of the review and evaluation results	
<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 APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		
<b>Question Reference</b>	Trainer 1, 2, 3, 4 Trainee 1, 2, 3, 4	

## Review of Sheffield Teaching Hospitals NHS Trust

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(S1.1 Patient Safety)</b>	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.	
<b>HEYH Condition Number</b>	9	
<b>LEP Site</b>	Royal Hallamshire Hospital, Northern General Hospital, Weston Park Hospital	
<b>Specialty (Specialties)</b>	All	
<b>Trainee Level</b>	All	
<b>Concern</b>	Trainees are expected to carry out duties which are not appropriate for their stage of training.	
<b>Evidence for Concern</b>	The panel expressed concerns that the term "Senior House Officer" was still in wide use by both administrative staff, Management, Trainers and Trainees across the Trust. "SHO" rotas are published and circulated. This term refers to a wide range of training grade doctors and creates confusion in nursing and other colleagues' expectations about a trainee's experience and training.	
<b>Action</b>	<p>The Trust must ensure that the term SHO is removed from rotas, name badges and any other documentation so the level of the trainee is clear to staff at all times.</p> <p>The Trust must ensure that the following terminology is used across all sites:-  Foundation Trainee:- FY1/FY2,  Core Trainee:- CT, CST, CMT, GPST or ST1-ST2/3  Specialist Trainee:- ST3/4 – ST8</p>	<b>1 month</b>
<b>Evidence for Action</b>	Copy of rotas and a summary of how the Trust has addressed this problem.	<b>1 month</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 APD</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> 53817963.pdf	
<b>Question Reference</b>	Trainer 8 Trainee 8, 9	

## Review of Sheffield Teaching Hospitals NHS Trust

GMC theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.16 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	10	
LEP Site	Northern General Hospital	
Specialty (Specialties)	Core Medical Training	
Trainee Level	Core	
Concern 1	Whilst the department organises clinic sessions, trainees are unable to attend, or are frequently interrupted, because of work commitments.	
Concern 2	Trainees are not released to attend sufficient mandatory clinic days to meet their curriculum requirements.	
Evidence for Concern	Core Medical Trainees in Cardiology expressed frustration at being unable to attend clinics. Trainees have been told by their Consultants to come down to clinics when time is available on the ward. In reality, if the ward is short staffed, this is not possible. Out of 8/9 trainees in Cardiology only 2/3 have managed to get to clinic. The panel felt that respect and recognition should be given on the ward in terms of prioritising the importance of education. The curriculum states it is mandatory for a trainee to attend clinic, not optional. <b>This is a serious concern and if it is not resolved rapidly it will be recommended to the General Medical Council for escalation to their enhanced monitoring process.</b>	
Action 1	Steps must be taken to improve trainee attendance in clinics	3 months
Action 2	Steps must be taken to reduce the frequency of interruptions.	3 months
Evidence for Action 1 & 2	Summary of action taken and confirmation of improved attendance and relief from interruption has been achieved.	6 months
RAG Rating		
LEP Requirements	<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 APD</li> </ul>	
Further Review		
Resources		
Question Reference	Trainer 15 Trainee 22	

## Review of Sheffield Teaching 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>	11	
<b>LEP Site</b>	Northern General Hospital	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	Foundation	
<b>Concern</b>	Foundation trainees in General Surgery report that there is insufficient staff on duty to prevent the trainees working beyond their rostered hours.	
<b>Evidence for Concern</b>	<p>General Surgery foundation trainees are expected to attend 30-45 minutes each day prior to the start of the ward round. On arrival F1 trainees are expected to go from ward to ward to generate a list of patients for their team. There is no IT system that tracks a patient's movement overnight.</p> <p>Additionally the trainees regularly work an extra 2-3 hours at the end of shift after they are rostered due to the requirement to do an evening ward round. The trainees reported that they are instructed at induction that this is the way the system works within the organisation.</p>	
<b>Action</b>	<p>Review rotas and timetables and make appropriate modifications that will not require trainees to work beyond their contracted working hours.</p> <p>Ensure that the instruction at induction is changed and no longer conveys the message that this is the way the system works.</p>	<b>3 months</b>
<b>Evidence for Action</b>	Copy of review report and summary of rota and timetable modifications	<b>3 months</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 APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.jrcptb.org.uk/assessment/workplace-based-assessment">http://www.jrcptb.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>	
<b>Question Reference</b>	<p>Trainer 7</p> <p>Trainee 7</p>	

## Review of Sheffield Teaching Hospitals NHS Trust

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.18 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	12	
LEP Site	Northern General Hospital	
Specialty (Specialties)	Surgery	
Trainee Level	Foundation	
Concern	Foundation trainees struggle to obtain their workplace based assessments because supervisors are unavailable to complete them.	
Evidence for Concern	Although Trainers reported having time in their job plans for educational supervision, the Foundation trainees struggled to obtain assessments, for example mini-CEX, CBDs. The trainees find it difficult to have meetings with their supervisors other than at induction and supervisors end of placement meeting. The overwhelming number of WBAs are performed by non-consultant staff. There is a need for more assessment to be performed by consultants.	
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.	6 months
Evidence for Action	Copy of action plan. Confirmation that trainees have experienced a change in educational culture.	6 months
RAG Rating		
LEP Requirements	<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 APD</li> </ul>	
Further Review		
Resources		
Question Reference	Trainee 16	

## Review of Sheffield Teaching Hospitals NHS Trust

<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>	13	
<b>LEP Site</b>	Royal Hallamshire Hospital, Northern General Hospital, Weston Park Hospital	
<b>Specialty (Specialties)</b>	Oncology/Surgery	
<b>Trainee Level</b>	Foundation/Core/GP	
<b>Concern 1</b>	Trainees have experienced undermining behaviour from security staff within the Trust.	
<b>Concern 2</b>	Trainees have previously raised concerns about undermining behaviour with the Trust but there has been no change in the behaviour.	
<b>Evidence for Concern</b>	<p>Condition 2 STH QM report dated 3<sup>rd</sup> / 4<sup>th</sup> March 2015 and Condition 4 STH report dated 19<sup>th</sup>/20<sup>th</sup> February 2014 both include conditions relating to trainees feeling unsafe when travelling between sites out of hours. The Oncology trainees reported that when travelling between RHH and WPH there is a facility to be escorted by security staff. However, there were several examples of trainees being belittled when making this request, especially the male staff. The trainees reported that the Trust had tried to make improvements, but felt that there had been no change in behaviour.</p> <p>In addition Surgery trainees reported several undermining examples from two particular Trainers. The panel Chair discussed these issues with the Medical Director during the visit.</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>1 month</b>
<b>Action 3</b>	The Trust must show that the undermining behaviour has ceased.	<b>6 months</b>
<b>Evidence for Action 1</b>	Summary of the investigation and confirmation that the results have been shared.	<b>1 month</b>
<b>Evidence for Action 2</b>	Copy of the action plan.	<b>1 month</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>6 months</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 APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		
<b>Question Reference</b>	Trainer EG4 Trainee EG2	



## Review of Sheffield Teaching Hospitals NHS Trust

GMC theme	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> <b>(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>	14	
<b>LEP Site</b>	Royal Hallamshire Hospital, Northern General Hospital, Weston Park Hospital	
<b>Specialty (Specialties)</b>	Neurology/ Surgery/CMT/Neurology/Oncology/Obstetrics & Gynaecology	
<b>Trainee Level</b>	Core, Higher	
<b>Concern 1</b>	Trainees are not provided with any specialty-based teaching.	
<b>Evidence for Concern</b>	There was little evidence of formal departmental teaching in STH, apart from the Foundation Year 1 Programme	
<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>6 months</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>6 months</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 APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>		
<b>Question Reference</b>	Trainer 15 Trainee 22	

	7/4/2016	
<b>Date of first Draft</b>		
<b>First draft submitted to Trust</b>	05/05/2016	13/06/2016
<b>Trust comments to be submitted by</b>	19/05/2016	17/06/2016
<b>Final report circulated</b>	21/06/2016	