

Review of *Humber NHS Foundation Trust* (*Postgraduate Medical*)



Quality Assurance of Local Education and Training Providers

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Guidance

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

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

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

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

1. Details of the Review

Visit Date(s)	12 October 2016
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Visit Panel / team

Name	Role
David Eadington	Deputy Postgraduate Dean
Paul Rowlands	Head of School, Psychiatry
Andrew Brennan	Associate Postgraduate Dean
Richard Marriott	Deputy Training Programme Director
Julie Platts	Quality Manager

2. Summary of findings

There was excellent engagement from the postgraduate medical education team in organising the visit. It was noted that almost all trainees at the Trust attended the visit along with a significant number of trainers.

Trainees felt supported by senior colleagues and would all recommend their posts and be comfortable for family and friends to be treated at the Trust. It was noted that one higher trainee had been appointed as a consultant and recent training had been tailored to include management and leadership opportunities. There were comments that trainees 'really value their training', they are 'treated with respect' and a higher trainee who said it was 'the best placement they had had'. The Liaison posts received particularly good feedback from trainees.

The iPad handover system continues to receive good reviews from trainees and handover is felt to be robust.

With reference to the requirements highlighted in the recently published CQC report trainees had no patient safety concerns about the administration of rapid tranquillisation on the ward. However, they did welcome the review into the Trust's seclusion policy and had already begun to notice improvements.

Core trainees asked for an induction or face to face meeting at the start of their posts to go through the e-portfolio requirements, for example, the assessment of self-harm. It was noted that FY1 trainees are now sent a checklist of what they need to achieve and log in their eportfolio and this is also available on the web site.

The foundation trainees fed back that their placements had provided valuable training and important learning for future roles. It was noted that four F2 trainees who have had placements at the Trust have gone on to take up posts in core psychiatry. The panel gave the trainers advice that F1 trainees can be deployed flexibly into all Psychiatric subspecialties as appropriate. The trainers did highlight that F1 trainees going to Hull and East Yorkshire NHS Foundation Trust for a one month MAU block early in their placements led to a lack of continuity of training and patient care. In view of this feedback the Head of School for Psychiatry will review this arrangement.

The Trust is to be commended in appointing Michael Stephenson as Director of Medical Education and Gillian Hughes as Medical Education Manager. However, there are still concerns about the lack of resilience in the wider medical faculty to provide consistent medical education across the Trust, for example the lack of a College Tutor.

There was specific recognition from trainees of Dr Horn's role as TPD. Feedback was provided on how supportive he had been of the trainees in all aspects of their training programme including in-depth examination preparation.

The panel advised trainers that the NYEC Foundation Training Programme Director post that is currently being advertised is open to Humber Consultants to apply for.

At Humber the trainees reported that they value the Balint Group and have no problem accessing psychotherapy long cases. It was noted that NAVIGO does not have a Balint group, which can cause problems at ARCP. However NAVIGO does have a well-established Psychodynamic group and it was advised that this is developed into a Balint Group.

The Higher trainees would welcome more development of regional video teaching as the fortnightly trip to Leeds causes problems with child care arrangements and out of hours rota commitments. The trainees reported that the quality of the regional teaching provided is excellent.

Trainees reported that procedures around claiming travel expenses when working at remote sites was unclear and the Quality Manager will forward the HEE HY policy document to the Medical Education Manager. There was one trainee who had received an email from a senior colleague that could be viewed as undermining and this was reported to the DME.

Trainees report that there was no psychiatry session at the Careers Day and would welcome the inclusion of these in future events. They also highlighted that more psychiatry taster days would be useful.

Trainees welcome the opportunity to give a presentation to HYMS students but it would make it much easier for them to volunteer for this if the relevant Consultants were copied into the requests for help.

3. Good Practice and Achievements

- Ranked in the top ten nationally for the General Medical Council National Training Survey 2016 feedback.
- Invested in medical education and training through the appointment of a Director of Medical Education and Medical Education Manager.
- Involvement of Core Trainees in the recruitment of 6th Form Medical work experience scheme.
- Psychiatry trainee input into HYMS undergraduate programme

4. Conditions

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.15 Experience)	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
HEYH Condition Number	1	
LEP Site	Humber NHS Foundation Trust	
Specialty (Specialties)	Psychiatry	
Trainee Level	Core	
Concern 1	The posts in core psychiatry offer trainees with too little experience to meet curriculum requirements.	
Evidence for Concern	Psychotherapy short cases (CBT) are difficult to identify and core trainees described this issue as being 'stressful'. The Trust do not actively provide cases but expect trainees to identify suitable ones and then manage this process themselves.	
Action 1	Identify methods of providing support for trainees with identification and management of psychotherapy short cases.	31 Jan 2017
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	31 May 2017
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> ● Copies of documents must be uploaded to the QM Database ● Item must be reviewed and changes confirmed with the HEE YH quality team 	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.8 Clinical Supervision)	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.</p>	
HEYH Condition Number	2	
LEP Site	Humber	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and Core	
Concern 1	Trainees are sometimes expected to provide clinical care without access to appropriate support from a senior colleague	
Concern 2	Trainees do not always know who to contact when seeking advice on clinical care for patients	
Evidence for Concern	<p>Trainees feel that they are sometimes unsupported when dealing with patients with physical health concerns, in terms of their ability to identify complaints early and then how to escalate these to colleagues at Hull Royal Infirmary. Trainees described instances of Medical Registrars being unwilling to admit patients but advising more tests. The tests that can be carried out at Humber NHS Foundation Trust are quite limited. Trainees suggested that a visiting Consultant Geriatrician once or twice a week would be welcomed.</p> <p>Foundation trainees described operating as a GP but without the relevant supervision. However, they did highlight that they feel more supported on wards that have an allocated clinical support worker as investigations such as blood tests and ECGs are largely taken care of.</p> <p>The Head of School for Psychiatry will work with the Director of Medical Education to develop a Recognising and Assessing Medical Problems in psychiatry placements</p>	

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	(RAMMPs) course at the Trust.	
Action 1	Ensure there is a clearly defined acute pathway referral route	Immediate
Action 2	Provide trainees with clear guidance/an escalation policy that identifies who should be contacted	31 Jan 2017
Action 3	Discuss the perceptions trainees have regarding the perceived lack of support and take appropriate action to address the trainees' concerns. Trainees must be reassured that their concern has been addressed.	31 February
Evidence for Action 1	Provide a clearly defined acute pathway referral route	Immediate
Evidence for Action 2	Copy of guidance/escalation policy.	31 Jan 2017
Evidence for Action 3	1. Confirmation that discussion has taken place 2. Copy of action plan to address concerns 3. Copy of report from trainee review	Immediate 31 Dec 2017 31 March 2017
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> ● Copies of documents must be uploaded to the QM Database ● Item must be reviewed and changes confirmed with the HEE YH quality team 	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.13 Induction)	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> ● their duties and supervision arrangements ● their role in the team ● how to gain support from senior colleagues ● the clinical or medical guidelines and workplace policies they must follow ● how to access clinical and learning resources <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>	
HEYH Condition Number	3	
LEP Site	Humber	
Specialty (Specialties)	Psychiatry	
Trainee Level	Higher	
Concern 1	Trainees are not provided with an induction to work at the Trust that provides them with access to relevant policies, IT, or initial mandatory training in a timely manner.	
Evidence for Concern	Higher trainees who started in October did not receive a Trust induction on starting in post. Although this is planned for next week it has been difficult to work without a Trust induction in terms of knowing how the out of hours rota operates, etc.	
Action 1	Provide all trainees with an appropriate Trust induction as soon as they start in post, irrespective on when they commence.	Feb 2017
Evidence for Action 1	Copy of arrangements for induction for trainees who start at a different time from the main group.	Feb 2017
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> ● Copies of documents must be uploaded to the QM Database ● Item must be reviewed and changes confirmed with the HEE YH Quality Team 	

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HEYH Condition Number	4	
LEP Site	Humber	
Specialty (Specialties)	Psychiatry	
Trainee Level	Foundation and core	
Concern 1	Trainees are not provided with essential IT training and access at the start of their post	
Evidence for Concern	<p>Trainees highlighted being unable to access blood results on line using the Lorenzo system and reported having to ring the pathology lab at Hull Royal Infirmary. However, the trainers said that it is currently possible for all trainees to review blood tests on line and recommended training to be included at induction. There was also confusion about different versions of Lorenzo (Mark 1 and Mark 2) due to non-compatibility of login information.</p> <p>There were also reports of trainees having to borrow access cards to the Electronic Patient Record system in Humber Centre when working out of hours.</p>	
Action 1	Provide trainees access to Lorenzo training at induction that includes how to access blood tests on line and makes clear the access to the different versions	Feb 2017
Action 2	Evaluate the effectiveness of Lorenzo training at induction with particular reference to accessing blood tests on line.	31 March 2017
Action 3	Provide trainees working out of hours at the Humber Centre access to the ESR system to allow patient records to be updated.	Immediate
Evidence for Action 1	Copy of induction programme.	31 Jan 2017
Evidence for Action 2	Copy of induction evaluation and plans for modifications	31 March 2017
Evidence for Action 3	Evidence that trainees working out of hours at the Humber Centre have access to the ESR system.	30 Nov 2017
RAG Rating		
LEP Requirements	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with link APD 	

Date of first Draft	12 October 2016
First draft submitted to Trust	30 October 2016
Trust comments to be submitted by	29 November 2016
Final report circulated	30 November 2016
Report published	30 November 2016

RAG Rating Guidance

The RAG rating guidance is based on the GMC RAG rating to ensure a consistent approach. The model takes into account impact and likelihood.

Impact

This takes into account:

- a) patient or trainee safety
- b) the risk of trainees not progressing in their training
- c) educational experience – eg, the educational culture, the quality of formal/informal teaching

A concern can be rated high, medium, or low impact according to the following situations:

High impact:

- patients or trainees within the training environment are being put at risk of coming to harm
- trainees are unable to achieve required outcomes due to poor quality of the training posts/ programme

Medium impact:

- trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement
- patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement

Low impact:

- concerns have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

Likelihood

This measures the frequency at which concerns arise eg. if a rota has a gap because of one-off last minute sickness absence, the likelihood of concerns occurring as a result would be low.

High likelihood:

- the concern occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the concern eg. if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of concerns arising as a result would be 'high'.

Medium likelihood:

- the concern occurs with enough frequency that if left unaddressed could result in patient safety concerns or affect the quality of education and training, eg. if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of concerns arising as a result would be 'medium'.

Low likelihood:

- the concern is unlikely to occur again eg. if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of concerns arising as a result would be 'low'.

Risk

The risk is then determined by both the impact and likelihood, and will result in a RAG Rating, according to the below matrix:

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