NHS
Health Education England

Review of *Harrogate& District Hospital NHS Foundation Trust (Postgraduate Medical)*

Quality Assurance of Local Education and Training Providers

Developing people
for health and
healthcare

www.hee.nhs.uk

THE NHS
CONSTITUTION
the NHS belongs to us all

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)	23rd November 2016

Visit Panel / team

Name	Role
Peter Taylor (Visit Chair)	Deputy Postgraduate Dean
Sarah Walker	Quality Manager

2. Summary of findings

This visit was arranged to obtain feedback from the higher medical elderly trainees. At the previous visit on the 4th October these trainees had only rotated the previous day and therefore the panel did not meet with them as they did not have sufficient experience of the Trust.

The visit was well organised with good engagement from the Trust, trainees and trainers.

Considerable work has been undertaken by the Trust to respond to the previous concerns raised regarding higher medical elderly trainees. The reduction in elderly medical beds from 60 to 38 beds has also had a positive impact on the trainees.

Induction into the Trust and the department is reported as working well, with log in details and access to systems given on starting in post. Trainees reported that consultants are always available and supportive, encouraging trainees to discuss patients and they felt fully supported out of hours. The previous issues regarding the rota appear to have been resolved. The current rota gaps are covered by a locum and spread across the whole of the medical directorate rota.

It was reported that trainees are released to attend regional teaching and local teaching is delivered 4 days per week at the Trust.

The current handover system for ward patients appears to be ad-hoc with referrals being written on a post-it note and stuck on the nurses' board. The nurses then allocate where to put the patient, when the patient arrives their name is added to the nurses' board and once they have been dealt with their details are removed resulting in no record of the event. Also patients that are being handed over during the day or those that deteriorate overnight are done on an ad-hoc basis. A lot of handover happens with the doctors on the tier 2 rota and it is thought that they are using the electronic handover system. Whilst there have been no patient safety incidents reported this is an area that the Trust should think about adopting a standard handover process.

Trainee feedback demonstrated that overall there have been improvements. The post was recommended and would pass the 'happy for family or friends to be treated in the Unit' test.

Conditions from Previous Visits

There have been two recent Quality Management visits to the Trust one in February 2015 which visited paediatrics, obstetrics and gynaecology, medicine and surgical specialities. There was also a re-visit in January 2016 to the Trust following concerns raised by trainees in medicine.

The following provides updates on the previous conditions which were discussed at this visit:

Workload
Medicine
Higher
Condition 7/2015 (Database Ref: 15/0058)

There were no reports of issues regarding cross-covering other specialities, and this appears to have been resolved.

The panel recommend that this element of the condition can now be closed.

Feedback
Medicine
Higher
Condition 3/2016 (Database Ref: 16/0028)

Although the original condition of trainees routinely conducting in-patient ward rounds independently without a consultant presence has been resolved there are still concerns regarding feedback. Trainees reported that they are undertaking 2 consultant ward rounds per week however there is no specified time for feedback. The concern the trainers have is that the trainees do a supervised ward round which then makes it difficult to give feedback when the trainee is following an action plan that has been devised by someone else. It is felt that it would be better if the trainee could take the lead and present patients to the consultants.

There are also concerns regarding the post take ward rounds, one trainee reported that due to the hours they work they are not there when the consultant comes in and therefore do not receive any feedback. It is felt that this could impact on their ACAT sign-off. On some shifts the trainees do not attend the 5 pm handover which results in a loss of feedback opportunity.

Feedback needs to be more structured and the speciality need to look at ways in giving feedback ensuring it is given to all trainees irrespective of their shift pattern. It is felt that all trainees on shift should attend the 5 pm handover.

Action 1	Trainees must be provided with regular useful feedback on their performance. Clinical and educational supervisors should be reminded of their responsibilities and provided with training and sufficient time in their job plans	**December 2016**
Evidence for Action 1	Copy of action plan. Trainee's views on change to educational culture (survey/forum) must confirm that opportunities for useful feedback have improved.	**May 2017**
RAG Rating	Remain Red	
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with the HEE YH Quality Team	

Rotas
Medicine
All
Condition 6/2016 (Database Ref: 16/0031)

There were no concerns raised regarding the previous issues of the rota and opportunities for rest and recreation. Trainees reported that they are not pressured to fill any gaps on the rota.

The panel recommend that due to this and the positive feedback received from the foundation and core trainees at the visit on the 4th October that this condition can now be closed.

3. Good Practice and Achievements

- ST3 trainees are encouraged to deliver training to the medical students, which is evaluated.

4. Conditions

GMC Theme	**DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT**	
Requirement (R5.9b Experience)	Postgraduate training programmes must give DiT sufficient practical experience to achieve and maintain the clinical or medical competencies (or both) required by the curriculum.	
HEYH Condition Number	1 (HEYH Quality Database Ref: 17/0011)	
LEP Site	HDH	
Specialty (Specialties)	Elderly Medicine	
Trainee Level	Higher	
Concern 1	Whilst the post offers the potential for a broad experience in elderly medicine, trainees are unable to take advantage of them.	
Evidence for Concern	Although the broad availability of clinics is good the booking process is felt to be a barrier. One trainee reported that in the 6 weeks they had been at the Trust they had only attended one clinic. The system involves trainees having to look on the rota for clinics then book in with the secretary and then book in with the rota co-ordinator, there are no fixed session/week. It is felt if this continues for the next 6 months this could potentially impact on trainees' clinical experience and WBPA. This could give trainees a positive training opportunity with the options of working with a variety of consultants and a variety of sub-specialities. It is recommended that there is an expectation that trainees will do one clinic/week.	
Action 1	Review and amend the booking process to allow trainees access to more educational opportunities in the department. (One clinic/week)	**February 2017**
Evidence for Action 1	Copy of the new clinic booking process identifying the one clinic/week requirement.	**March 2017**
RAG Rating		
LEP Requirements	• 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	**SUPPORTING LEARNERS**
Requirement (R3.3 Undermining)	Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.
HEYH Condition Number	2 (HEYH Quality Database Ref: 17/0012)
LEP Site	HDH
Specialty (Specialties)	Elderly Medicine
Trainee Level	Higher
Concern 1	Trainees have experienced undermining behaviour.

Evidence for Concern	Trainees have experienced undermining from staff in AMU. One trainee reported that they had experienced undermining behaviour from a consultant. They were questioned on their actions in what they felt was a very robust manner in a public place.	
Action 1	The trust must investigate the trainees' concerns. They must discuss the results of the investigation with appropriate members of staff (including the trainees) in an appropriate manner.	**Immediate**
Action 2	The trust must produce an action plan to address the inappropriate undermining behaviours.	**December 2016**
Action 3	The trust must show that the undermining behaviour has ceased.	**May 2017**
Evidence for Action 1	Summary of the investigation and confirmation that the results have been shared.	**December 2016**
Evidence for Action 2	Copy of the action plan.	**December 2016**
Evidence for Action 3	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	**May 2017**
RAG Rating		
LEP Requirements	• Copies of documents must be uploaded to the QM Database • Item must be reviewed and changes confirmed with HEE YH Quality Team	

Date of first Draft	29th November 2016
First draft submitted to Trust	30th November 2016
Trust comments to be submitted by	12th December 2016
Final report circulated	6th December 2016
Report published	6th December 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*