

Quality review outcome report



Local office name:

Yorkshire and the Humber

Organisation:

North Lincolnshire and Goole Hospitals
NHS Foundation Trust

Placements reviewed:

Gastroenterology and Handover in
Medicine

Date of Review:

21 June 2017

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Date of report: 23 June 2017

Author: Julie Platts

Job title: Quality Manager

Review context

Background

Reason for review:	Negative junior doctor feedback over several years, multiple negative markers in 2016 GMC NTS
No. of learners met:	20
No. of supervisors / mentors met:	10
Other staff members met:	4
Duration of review:	Half a day
Intelligence sources seen prior to review: (e.g. CQC reports; NSS; GMC Survey)	GMC National Training Survey, PPQA survey, HEE Junior Doctor Survey, CQC report

Panel members

Name	Job title
David Eadington	Deputy Postgraduate Dean, HEE
Emma Jones	Head of Quality, HEE
Liz Kay	Head of School, Medicines Optimisation, HEE
Trevor Rodgers	Deputy Head of School – Medicine
Paul Docherty	Hull/York Medical School
David Ita	Lay representative/patient voice
Julie Platts	Quality Manager, HEE
Khalida Wilson	Programme Support Manager, HEE
Grace Johnson	Programme Support Coordinator, HEE

Executive summary

Following a CQC full inspection in October 2016, the Trust has received an inadequate rating overall (Safe and Well Led domains were deemed inadequate) and has been placed into Special Measures for the second time. An external improvement team has been formed to support the interim Chief Executive and the senior team.

The triggered visit to Gastroenterology is as a result of negative feedback on the GMC national training survey and from HEE quality visits in previous years. The review of handover in Medicine has been selected for similar reasons.

The feedback received at the visit confirmed that staffing shortages are compromising training delivery, sometimes seriously, in numerous parts of the Medicine Directorate. There is strong evidence that this is also

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leading to undermining behaviour by non-medical administrative staff around rota management and leave planning.

It was apparent that there is good practice for some learners with good supervision, teaching and a supportive learning environment.

Several issues have already been escalated to the North Yorkshire and Humber Quality Surveillance Group and some items will be referred to the GMC for enhanced monitoring.

The latest trainee feedback summary from the 2017 GMC National Training survey is summarised below; the situation at Scunthorpe is significantly better than in 2016, at DPOWH there are still very significant negative outliers, though clinical supervision is distinctly better over the past year. Overall satisfaction has gone down a little.

Post Specialty	Site	Indicator	2015	2016	2017	2015	2016	2017
Gastroenterology	Diana, Princess of Wales Hospital - RJL30	Overall Satisfaction				64.00	68.00	57.00
		Clinical Supervision				80.00	79.67	90.00
		Clinical Supervision out of hours				92.67	74.00	91.67
		Reporting systems					48.33	72.50
		Work Load				29.17	16.67	18.75
		Teamwork						61.11
		Supportive environment				51.67	75.00	65.00
		Induction				93.33	76.67	66.67
		Adequate Experience				70.00	80.00	55.00
		Curriculum Coverage						47.22
		Educational Governance						52.78
		Educational Supervision				91.67	100.00	75.00
		Feedback				47.22	66.67	
	Scunthorpe General Hospital - RJL32	Overall Satisfaction				79.00	60.80	61.67
		Clinical Supervision				85.75	73.90	73.33
		Clinical Supervision out of hours				82.75	75.00	83.33
		Reporting systems					59.00	65.00
		Work Load				43.75	20.00	31.25
		Teamwork						55.55
		Handover				91.67		
		Supportive environment				78.75	56.00	63.33
		Induction				57.08	70.00	81.25
		Adequate Experience				77.50	60.00	59.17
		Access to Educational Resources				68.77	51.84	
		Local Teaching				71.00		
		Study Leave				40.00		

Sign off and next steps

Report sign off

Outcome report completed by (name):	Julie Platts
Chair's signature:	David Eadington
Date signed:	7 July 2017
Date submitted to organisation:	7 July 2017

Organisation staff to whom report is to be sent

Job title	Name
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Ian McNeil	Director of Medical Education
Lawrence Roberts	Medical Director

Email to Julie Platts julie.platts@hee.nhs.uk within 2 weeks of receipt of report.

To be returned to HEE by (date): 21 July 2017

To be completed by (name): Ian McNeil

Findings and conclusions

Patient / learner safety concerns

Any concerns listed will be monitored by the organisation. It is the organisation's responsibility to investigate / resolve.

Were any patient/learner safety concerns raised at this review?

YES / NO

To whom was this fed back at the organisation, and who has undertaken to action?

Junior doctors report that there are often insufficient staff on duty to provide effective patient care. There are issues around multiple ward rounds and the Consultants being unwilling to instigate a shared working model to support inpatient care and supervise the trainees. Difficulty with escalation of sick patients creates a risk to patient safety (see requirement 1).

Junior doctor staffing shortages are limiting effective training delivery. Multiple smaller ward rounds are reducing efficiency, and the small number of Consultants makes it more difficult to instigate a sustainable Consultant of the Week working model.

The Trust has only just begun strategy planning for training Advanced Care Practitioners (see requirement 2)

Widespread medical staff shortages are leading to undermining behaviour by rota organisers, all trainee groups in medical specialties are affected. There are reports of cancelled study leave, difficulty in booking annual leave, and excessive numbers of consecutive night duties (Requirement ref 16/0037 from 2016)

Feedback given to:

Richard Sunley, Interim Chief Executive Officer
 Steve Vaughan, Interim Operational Improvement Lead
 Lawrence Roberts, Medical Director
 Ian McNeil, Director of Education
 Harriet Stephens, Head of Education, Training and Development
 Lynn Young, Medical Education Manager

Summary of discussions with groups

Senior Organisation team

The senior team confirmed that staffing issues and difficulty in recruitment continue to be a concern at the Trust. The Interim CEO outlined the work being undertaken to embed the Trust's values and ethos into the organisation's operations and workforce.

The Director of Medical Education highlighted that he is reliant on HEE quality visits to identify education and training concerns within the Trust and provide action plans for improvement - he has felt in the past that if he raises issues they are not taken seriously enough and some clinicians with educational responsibilities refuse to engage with him. There are plans for a paper with a revised vision for how education and training is managed to be presented to the Trust Board Chair in the near future. The Interim CEO is keen to strengthen the links between the Trust Board and Education and Training.

A small workforce team has been developed to manage workforce planning more effectively including implementing alternative workforce solutions (AWS) at the Trust. It was noted that there has been some Consultant resistance to the recruitment of Physicians' Associates at the Trust. As a result it is less likely that the cohort who will graduate from HYMS in 2018 will be appointed to posts at NLAG.

The panel are aware that there is an imbalance between the numbers of Advanced Nurse Practitioners across the Trust with some specialties not having sufficient in post. It is essential that this situation is reviewed urgently as part of developing an effective future workforce. It is a major concern that the Trust has repeatedly not taken up the previous HEE offers of funding for Advanced Practice development.

Learners

Nursing Students (plus Nurse Managers and Staff Nurses)

PPQA survey feedback is consistently excellent at the Trust. The students described having a great experience with excellent supervision. There is a supportive, approachable team with all professional groups willing to teach including junior doctors and Consultants, for example explaining about chest drain insertion. In terms of pharmacy the learners are provided with a list of the most common medications, however, they reported they do not spend time with pharmacists.

The learners reported that there is sometimes lack of communication between their clinical placement provision and Hull University. However, the Clinical Practice Educator is proving to be a valuable contact at the Trust and acts as a conduit with the University.

Learners reported that they know who to escalate the issues to but have not had to use the process as yet. If they did they feel they would be taken seriously.

It was noted that there are very effective Advanced Nurse Practitioners working within the Gastroenterology team on specialist disease areas, but not involved with inpatient support.

It was reported that there is little simulation training for healthcare professional learners at present but this is set to increase. Preparation for practice simulation workshops have been instigated for 3rd year students that include management of sepsis.

Medical Students

There were no medical students at the Trust due to summer holidays but it was helpful to have a representative from HYMS on the panel. The feedback from HYMS surveys is consistently positive. The Ward Manager at DPOWH highlighted there are no links with medical students on her ward. However at SGH the Medical Students are supported to improve clinical skills, for example, insertion of cannulas.

Junior Doctors

The junior doctors reported they work together as a cohesive team. They are well supported by their supervisors with contact numbers provided and a willingness to help however small the task (for example insertion of a naso-gastric tube). The junior doctors value the Discharge Meetings where cases are discussed with opportunities for learning built into the sessions. It was noted that despite the various training issues raised most of the junior doctors would still recommend their post to a colleague – but this is more a tribute to their mutual supportiveness as a small team rather than the absolute quality of training as reflected in the survey data.

Educators (medical)

The trainers felt the main issues were staff shortages, no Registrars for the night shift or on the wards during the day due to outpatient clinic commitments. The trainers would support the appointment of a Physicians Associate within the Gastroenterology team. The trainers highlighted there was a poor relationship between trainers and rota coordinators. The trainers felt the new Guardian of Safe Working exception reporting system is not highlighting the full picture of the long hours junior doctors are working as they are under-reporting this. They also felt that the travelling distance between DPOWH and SGH causes problems and more needs to be done to tackle issues locally. The trainers would welcome more opportunities to input their various issues and possible solutions to the senior team. The Trainers highlighted that the department lost Joint Advisory Group (JAG) on GI Endoscopy Accreditation and have not yet regained this – this is a threat to the retention of middle grade training posts.

Handover in Medicine – notes from the observation and discussions with learners and educators

An in depth review of handover in medicine at DPOWH took place at the visit with panel members attending morning handover with a dedicated multiprofessional cross-site learner/educator session to determine the current situation.

Observers' notes – 21 May Handover in Medicine

Handover commenced at 09:00am and lasted for approximately 45 minutes in the Operations Centre Room. Attendance included staff involved in day and night care.

- 6 x Consultants
 - F1s and F2s
 - Locums
 - Registrar
 - 1 x Nurse/Matron
 - Rota Coordinator
 - Manager
-
- A paper based attendance sheet was passed around the room for signature.
 - The room was small for the number of staff in attendance with administrative staff already working there.
 - The Consultants sat together around the table underneath the large electronic display board and directly in front of the smaller electronic display board. The remainder of attendees, which were, predominantly junior doctors, stood or sat in the far corner of the room
 - The rota coordinator informed the group that there was no day StR, and subsequently asked the StR present if he would cover the shift.

The large electronic display board is used to display the operating board which features the following:

- Trust bed occupancy (96.7%)
- No of free beds split by male and female
- No of patients in outliers split y male and female
- No of patients, by length of stay and split by male and female
- Patients with NEWS scores of 5-7 and 7 higher
- No of patients due to be discharged split by male and female.

This was navigated by an AMU Consultant who chaired the handover.

The Chair of handover reviewed each of the wards to display the individual bays and highlight those occupied by patients who are:

- Critically unwell
- Have not been seen by the Consultant on call
- NEWS score of 5 and higher

All wards were discussed including outliers and patient who were transferring to Medicine from ICU and A&E. Discussions were structured but spoken in low voices. It would have been difficult for the junior doctors at the far end of the room to hear the plans.

- The Chair asked questions about previous management plans and future management plans of junior doctors and Consultants. There was some tension between Consultants around the transfer of a patient from the emergency department on a neurological pathway and again around a patient who was not escalated to a Consultant the previous night.
- The Chair identified two patients to discuss further as part of teaching at the end.
- At 09:30 am a number of trainees were signposted to their wards to start ward round. Staff shortages were the cause of ward re-allocations.
- One doctor was assigned to AMU, asked to delegate any jobs following ward round to another junior doctor and then commence clerking.
- The remaining doctors stayed for the rest of the discussions and the subsequent teaching.
- The teaching was displayed on smaller display screen and included a discussion around an x-ray which was predominately led by the Chair with a little input from one junior doctor. Junior doctors were invited to view the x-ray and ask questions but there was not enough room for everyone to see the screen. A registrar asked one question. The Chair was unable to display the ECGs and said he would discuss this with IT.
- No feedback was offered on the junior doctor's interpretation of the CXR and therefore the learning cycle was incomplete and no new knowledge or consolidation of existing knowledge took place.
- No electronic notes were taken during the handover. The observers could not see that anyone was making any handwritten notes in terms of the decision making.
- The remaining junior doctors were again then allocated to wards and the Consultants to complete ward rounds.
- The attendees at handover generally appeared disengaged from the process

Multiprofessional Learner engagement session

The nursing handover process was described as 'robust' and takes place daily at 7 am. There is a printed report from the electronic Web V system and a structured discussion takes places around diagnosis, NEWS, the requirement for social care, dietician, OT, etc. It was described as being 'unified and professional'.

It was highlighted that morning face to face medical handover consistently takes place and there is a regular meeting place allocated. Discussions are often structured using the Situation, Background, Assessment, Recommendation (SBAR) approach. The handover in Stroke was highlighted as good, for example, effort is made to make everyone understand what is going on, teaching takes place and includes presentations which are tailored to meet the educational needs of all attendees,

The issues relating to medical handover were identified as

- At DPOWH the handover does not commence until 9.00 am and it can be 9.50 before junior doctors are back on their wards. (At SGH handover commences at 8.30 am)
- The layout of the room is not conducive for those attending to feel engaged.
- Teaching is provided but junior doctors are not provided with feedback on x-ray interpretation for example.
- Reports of regular disputes between Consultants regarding who will chair handover described as 'a tussle for the crown'
- An Emergency Medicine Consultant tried to add value to the handover process but this has been discontinued.
- There is no formal handover with nursing staff and allied health professionals and as such important information is not consistently communicated
- There is no electronic record kept of medical handover discussions
- Inpatients on base wards and outliers are discussed on a global scale. This does not allow the doctors to prioritise the work efficiently, therefore some tasks do not get completed due to lack of time for communication e.g. they do not have time to read the reports from an Occupational Therapist.
- Patients with a NEWS greater than 5 are all discussed but feedback is that the majority of these patients are non-acute and do not need to be discussed at handover.
- Doctors at DPOWH receive the on call rota in advance only. The Rota Coordinator is the only member of staff who is aware of the day rota and who is working where and when. Doctors regularly get re-allocated to other wards to cover staffing shortages. However it does not fix the problem as it leaves gaps on the ward they have been reallocated from.
- There are negative working relationships with junior doctors reporting they avoid antagonising anyone as much as possible.
- A quote was 'one pack of consultants and another pack of consultants with patients getting lost in-between'

It was unanimously agreed that the learners' preference would be to have a localised multiprofessional handover that included an electronic record of clinical decision making. It was also suggested that DPOWH team members visit the SGH handover as this is regarded to be effective. It was described by a Foundation trainee as 'fast and efficient'.

Educational requirements

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

Update on open requirements (Medicine)

15/0120 (Identified at a HEE quality visit in 2015)

DPOWH & SGH Sites: Trainees in Medicine reported spending a large proportion of their time on repetitive, non-educational tasks, for example, taking blood samples

21 June 2017 progress update

There remains an overall capacity and demand imbalance for phlebotomy services. It was reported that the majority of nursing staff in AMU are not trained to take blood. The timing of ward work means that blood needs to be taken late in the day which impacts on the ability of junior doctors to finish their shift on time with an additional two hours worked a regular occurrence (approximately three times per week). A business case has been presented by Steve Vaughan (Interim Operational Improvement Lead) to implement a pilot to provide a phlebotomy service in the afternoons. The aim is to improve patient pathways and reduce the requirement for junior doctors to take blood. The panel strongly support this pilot in response to a serious issue that has been impacting negatively on the quality of education and training for several years and remains largely unresolved.

RAG Rating: RED (Status – action plans falling behind)

16/0039 (identified at a quality visit in 2016) (Medicine)

DPOWH and SGH sites: Trainees in Medicine report there are insufficient staff on duty to meet rota requirements. Trainees reported being moved from ward to ward at short notice that does not allow for either effective continuity of patient care or a valuable training experience.

21 June 2017 progress update

Trainees continue to be allocated to numerous wards with very short notice to cover gaps in rotas. The trainees report it is a problematic environment to train in view of this.

RAG Rating: RED (status – action plans falling behind)

The issue of staffing shortages and its impact on learners has been referred to the North Yorkshire and Humber Quality Surveillance Group.

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The following requirements have been set:

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	1 (links to 16/0037)	
LEP Site	DPOWH and SGH	
Specialty (Specialties)	Medicine	
Learners	All junior doctor grades	
Concern	Trainees and HEE have raised concerns about undermining behaviour by rota organisers with the Trust but there has been no/very little change in the behaviour.	
Evidence for Concern	Widespread staff shortages are leading to undermining behaviour by rota organisers, all trainee groups in medical specialties are affected. There are reports of cancelled study leave, difficulty in booking annual leave, and excessive numbers of consecutive night duties (7 nights). There were also reports of trainees being called in from zero days to provide cover in AMU. One trainee is resigning one month early due to the inability to agree annual leave absence. Trainees expressed concern about 'locums being used as footfalls' with very little consistency of where they are allocated.	
Action 1	a) 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. b) The Trust must take immediate action to improve interactions between junior staff and rota management staff.	Immediate
Action 2	Trainees must not work more than 4 consecutive night shifts without a 48 hour break. This has been an absolute requirement since 2009	Immediate
Action 3	The trust must produce an action plan to address the inappropriate undermining behaviours.	August 2017
Action 4	The trust must show that the undermining behaviour has ceased.	December 2017
Evidence for Action 1	Summary of the investigation and confirmation that the results have been shared including evidence that interactions between junior staff and rota organisers have improved.	August 2017
Evidence for Action 2	Revised rotas demonstrating trainees do not work more than 4 consecutive night shifts.	August 2017
Evidence for Action 3	Copy of the action plan.	August 2017
Evidence for Action 4	Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.	December 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 	

NOTE: The issue of rota management difficulties has been escalated to the North Yorkshire and Humber Quality Surveillance Group and will be discussed with the GMC regarding escalating the issue to the enhanced monitoring process.

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GMC Theme	DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT	
Requirement (R5.9e Multi-professional)	The LEP must give learners the opportunity to work and learn together to support inter-professional multidisciplinary working.	
HEE YH Condition Number	2	
LEP Site	Diana, Princess of Wales Hospital and Scunthorpe General Hospital	
Specialty (Specialties)	Medicine	
Learners	All learners	
Concern 1	Cooperation between clinical professionals is sometimes poor, which leads to inefficient/unsafe patient care	
Concern 2	Learners have little opportunity to attend inter-professional multidisciplinary meetings and miss out on important educational opportunities.	
Evidence for Concern	<p>Concern 1 There were no AHP learners interviewed as there were none on placement at the visit. However, the Nurse Managers and Staff Nurses reported that doctors do not work effectively with AHPs such as Physiotherapists or Occupational Therapists. They tend to use nurses as the link with this group which can lead to miscommunication. An example given was a doctor could agree to discharge a patient but they may need to remain an inpatient for rehabilitation or social care provision reasons.</p> <p>Concern 2 Learners have very few opportunities to attend inter-professional multidisciplinary meetings. There is a MDT meeting on Mondays that the learners value and request more learning opportunities such as this. As an example at DPOWH it was reported there is a lack of understanding amongst the junior doctors of when to transfer patients from intravenous to oral antibiotics as this is mainly covered by the nurses.</p>	
Action 1	Investigate the working relationships between medical staff, nurses and AHPs. Produce an action plan to address any areas of poor or unsafe practice.	September 2017
Action 2	Identify opportunities for learners to become involved in multi-professional team meetings and learning opportunities and make appropriate changes that will allow them to attend.	September 2017
Evidence for Action 1	Copy of investigation and action plan into improved multi-disciplinary working practices. Review impact of changes.	October 2017
Evidence for Action 2	Copy of investigation and action plan into multi-disciplinary meetings and learning opportunities. Review impact of changes.	October 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 Quality Team 	

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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.14 Handover)	Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for learners in clinical practice.	
HEYH Condition Number	3	
LEP Site	DPOWH	
Specialty (Specialties)	Medicine	
Learners	All	
Concern 1	Handover in Medicine is not consistently efficient or effective	
Concern 2	Handover in Medicine is not attended by appropriate members of staff	
Concern 3	Handover in medicine is not conducted at an appropriate time (9am is felt to be too late by junior doctors) and the venue is not conducive to effective discussions due to the layout and being used for other purposes.	
Concern 4	Handover in medicine is not supported by appropriate documentation (verbal only)	
Concern 5	Handover in medicine is not always appropriately led; there are disputes about its leadership.	
Evidence for Concern	Learners identified that handover in medicine is not always using the time of those concerned effectively. There were issues around the room layout, start time, content, feedback on learning opportunities and disputes between Consultants. There were also concerns that important healthcare professional information is not being communicated effectively. Trainees felt that much of the time was wasted in routinely discussing all patients with high early warning scores, many of whom were receiving end of life care	
Action 1	Review HEE's Handover investigations and develop an action plan to address concerns.	October 2017
Action 2	Review how healthcare professionals input into medical handover discussions	October 2017
Action 3	Review the timings of handover and where this is located	July 2017
Action 4	Introduce a reliable method of documenting the handover discussion/actions/job list/responsible individuals. If this involves IT, there must be easy access in all clinical areas.	October 2017
Action 5	Review the perception that there are disputes about the leadership of handover.	July 2017
Action 6	Evaluate effectiveness of handover against an SOP identifying what does and what does not need discussion.	November 2017
Evidence for Action 1	Action plan following the review HEE's findings	October 2017
Evidence for Action 2	Review of how handover can receive input from all professions.	October 2017
Evidence for Action 3	Details of venue identified and time provided.	August 2017
Evidence for Action 4	1. Copies of handover documentation and/or 2. Description of e-handover system	August 2017 August 2017
Evidence for Action 5	Copy of process authorising arrangements for the leadership of handover.	August 2017
Evidence for Action 6	Copy of the handover system evaluation.	November 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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GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (R1.7 Staffing)	Organisations must make sure that working patterns are efficient with sufficient clinical supervision, for patients to receive care that is safe and of a good standard, while creating learning opportunities.	
HEYH Condition Number	4	
LEP Site	DPOWH	
Specialty (Specialties)	Gastroenterology	
Learners	All	
Concern 1	Learners reported that multiple wards rounds were impacting on their ability to provide an efficient level of patient care. Although there are three named consultant firms with different junior doctors allocated to each, in practice there is only one junior team who support each other as well as they can manage according to the daily pressures. The nursing team highlighted that the multiple ward rounds are difficult to manage from their perspective as sometimes Consultant ward rounds operate in parallel and do not have sufficient staff to allocate to support them and provide effective patient care	
Concern 2	Learners reported the requirement to support wards rounds for three consultants was impacting on their ability to attend programmed teaching sessions/clinics which are essential to meet curriculum requirements.	
Evidence for Concern	Learners report that there are often insufficient staff on duty to provide effective patient care. There are issues around multiple ward rounds and the Consultants being reticent to instigate a shared working model to support inpatient care and supervise the trainees. A 'Consultant of the week' model was trialled in Scunthorpe last year – it was deemed unsustainable, but it seems that other workload was not reduced. It was not rolled out more widely.	
Action 1	Review working patterns of Medical Educators and review the effectiveness and efficiency of learner involvement in inpatient care	September 2017
Action 2	Review rotas and timetables and make appropriate modifications that will allow junior doctors to meet their curriculum requirements.	September 2017
Evidence for Action 1	Copy of review and action plan.	October 2017
Evidence for Action 2	Copy of review report and summary of rota and timetable modifications	October 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 	

Appendix 1: HEE Quality Framework Domains & Standards

Domain 1 – Learning environment and culture

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

Domain 2 – Educational governance and leadership

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

Domain 3 – Supporting and empowering learners

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

Domain 4 – Supporting and empowering educators

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

Domain 5 – Developing and implementing curricula and assessments

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

Domain 6 – Developing a sustainable workforce

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

Appendix 2: HEE Risk matrix

Likelihood	RAG RATING MATRIX				
5. Almost Certain	G	A	A/R	R	R
4. Likely	G	A	A/R	R	R
3. Possible	G	G/A	A	A/R	R
2. Unlikely	G	G/A	A	A	A/R
1. Rare	G	G	G/A	G/A	A
Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Significant

Likelihood	RAG RATING MATRIX				
5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5
Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Significant

Score	Likelihood	Impact
1	Rare: <ul style="list-style-type: none"> Will probably never happen Could only imagine it happening in rare circumstances 	Negligible: <ul style="list-style-type: none"> Very low effect on service/project/ business area No impact on patients/trainees/public/staff No reputational impact, i.e. no press interest No financial loss
2	Unlikely: <ul style="list-style-type: none"> Do not expect it to happen It is possible that it may occur 	Minor: <ul style="list-style-type: none"> Minimal disruption to service/project/business area Limited impact on patients/trainees/public/staff Minimal reputational impact Limited financial loss
3	Possible: <ul style="list-style-type: none"> Might occur Could happen occasionally 	Moderate: <ul style="list-style-type: none"> Moderate impact on service/project/business area Moderate level of impact on patients/trainees/public/staff Medium level of reputational impact Medium financial loss
4	Likely: <ul style="list-style-type: none"> Will probably happen in most circumstances Not a continuing occurrence 	Major: <ul style="list-style-type: none"> Major effect to service/project/business area Major level of impact to patients/trainees/public/staff Major impact on reputation, i.e. Major press interest Major financial loss
5	Almost certain: <ul style="list-style-type: none"> Expected to happen Likely to occur in most circumstances 	Significant: <ul style="list-style-type: none"> Loss of service/project/business area Detrimental effect on patients/trainees/public/staff National press coverage Significant financial loss