


Quality review outcome report



Local office name:	Yorkshire and the Humber
Organisation:	Health Education England
Placements reviewed:	Diabetes and Endocrinology (D&E)
Date of Review:	Tuesday 7 May 2019

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Quality review outcome report

Date of report: 7 May 2019

Author: Emma Diggle

Job title: Quality Coordinator

Review context

Background

Reason for review:	Poor GMC NTS 2018 survey data and local intelligence.
No. of Trainees met:	23
No. of supervisors / mentors met:	24
Other staff members met:	
Duration of review:	6.5 hours
Intelligence sources seen prior to review: (e.g. CQC reports; NSS; GMC Survey)	GMC survey 2018, Leeds Teaching Hospitals Trust Trainee statement, School self-assessment, Programme Summary and Presentation,

Panel members

Name	Job title
Jon Hossain	Deputy Dean and Clinical Lead for Quality (Chair)
Fiona Bishop	Associate Dean (Chair)
Will Townsend	Associate Dean
Arutchelvam Vijayaraman	External Advisor
Iona Elborough-Whitehouse	Leadership Fellow
Diane McLennan	Lay Representative

Executive summary

Representation from the programme was excellent with twenty-four educators and twenty-three trainees in the Yorkshire and Humber (Y&H) region in attendance. The reason for the review was a result of poor General Medical Council National Training Survey (GMC NTS) results from 2018 for workload and clinical supervision which has been red flagged four consecutive years from 2015 – 2018. It should be noted that the high level of engagement from trainers and trainees was welcome and appreciated.

Trainee experience within the specialty was varied across the region. Trainees were vocal in highlighting the organisations that they felt were performing well such as Airedale where General Internal Medicine (GIM) was reported to be good and Bradford Teaching Hospitals Trust (BTHT) with trainees reporting that the organisation provides good training and specialty experience in D&E and supported the trainees. Scunthorpe General Hospital - Northern Lincolnshire and Goole NHS Trust (NLAG) were reported to have a well-designed rota with time for audit and personal study; and the trainee rotas are coordinated to mirror their educational supervisor's rota which provides greater learning opportunities. It was noted that core trainees coming into D&E had no previous clinical experience and that greater exposure to specialty clinics would help to broaden their knowledge e.g. BTHT Trainees reported that they do fourteen clinics a month (three clinics a week) and Barnsley trainees have six clinics a week. The panel chair recommended that all trainees should have a minimum of twelve clinics a month to ensure they meet the required element of the curriculum. Trainees and trainers agreed that collaborative and multi-professional working was beneficial and the use of healthcare professionals to cover wards should be encouraged and be developed further. Further examples of good practice can be found on page 12.

Trainees at Harrogate and Pinderfields General Hospital - Mid Yorkshire Hospital NHS Trust (Mid Yorkshire) reported that they felt like they are utilised to fill rota gaps and struggle to be released for mandatory training e.g. trainees at Mid Yorkshire mentioned that they are not being released for mandatory teaching even with 5 weeks' notice and study leave is also a struggle with 7–8 months' notice. Trainees also mentioned that GIM daytime cover and acute cover is impacting on their learning. It is recommended that the school should work towards trainees having a minimum of a year out of GIM to enhance specialist skills as this would provide trainees with a better learning experience.

The trainees enjoyed being together at the review and had very constructive, clear ideas. The cross fertilisation was encouraging, and it is recommended that trainees should be given access to pan-school deanery days. In addition, to help trainees with their exams local HEE exam preparation courses should be added to the courses available from the School and mandatory exam training included in job plans.

Trainees at Harrogate and Pinderfields General Hospital (Mid Yorkshire) raised concerns around the co-ordination of the on-call rota and handover due to staff shortages and a reluctance by trusts to cancel clinics e.g. a trainee at Harrogate was rota'd to cover an antenatal clinic, as well as look after 27 patients. Trainees also reported that they are being asked to cover Coronary Care and Respiratory Wards. It was recommended that trainees including those not on the new contract should report rota issues (particularly where they have been refused access to learning opportunities) to their Guardian of Safe Working Hours and exception report to ensure these concerns are documented.

Technical skills training and pacing are needed to ensure trainees maintain their skillset as some trainees reported that they have not undertaken procedures for almost two years and no longer feel confident to do drains, cannulas and lumbar punctures. The trainees need to maintain their skillset and a 'boot camp', technical skills training and pacing is recommended for building confidence in undertaking procedures and assess training requirements would be beneficial.

The main themes for improvement identified were:-

Annual Review of Competence Progression (ARCPs) where trainees raised concerns as they only received feedback on ARCPs when there is an adverse outcome (Condition: 20190507_HEEYH_RQ1)

Induction at Mid Yorkshire (Condition: 20190507_HEEYH_RQ2) and NGH (STHT) reported that they had no timetable on starting at the hospital (Condition: 20190507_HEEYH_RQ3).

Unsupervised clinics at Leeds Teaching Hospitals Trust (LTHT), NLAG and Mid-Yorkshire where trainees reported there was no consultant present or available on call (Condition: *20190507_HEEYH_RQ4, 20190507_HEEYH_RQ5, and 20190507_HEEYH_RQ6*).

The panel chair stipulated that unsupervised clinics should cease with immediate effect as this is a patient safety issue. HEE are aware of the concerns at Mid Yorkshire and a Trainee / Educator Quality Review has been scheduled for 24 July 2019.

The trainees recognised the significant clinical pressures being placed upon their ESs, and the ESs were unanimous in corroborating this. The Head of School stated that from 2021 the IM3 trainee posts will come into the workforce and this should resolve a lot of the challenges faced by the D&E trainees.

Sign off and next steps

Report sign off

Outcome report completed by (name):	Emma Diggle
Chair's signature:	Jon Hossain and Fiona Bishop
Date signed:	12 June 2019
HEE authorised signature:	Jon Hossain (Deputy Dean and Clinical Lead for Quality)
Date signed:	12 June 2019
Date submitted to organisation:	20 June 2019

Organisation staff to whom report is to be sent

Job title	Name
Head of School	Peter Hammond
Business Manager	Becky Travis
Programme Support Manager	Rachel Noble

Educational requirements

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

HEE Theme	SUPPORTING TRAINEES	
Requirement (Feedback)	Trainees must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme and be encouraged to act upon it. Feedback must come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers	
HEYH Concern Number	20190507_HEEYH_RQ1	
Specialty (Specialties)	Diabetes and Endocrinology	
Trainee Level	Higher	
Concern	Trainees receive little or no feedback on their performance.	
Evidence for Concern	Trainees voiced that they only receive feedback on ARCP outcomes when there is an adverse outcome and not for anything positive. Senior trainees also reported that they did not feel confident to progress to a consultant even though they have passed their ARCP and perceived the ARCP process as a 'tick box exercise'. Trainees recommended that a detailed e-portfolio as well as regular meetings with their Educational Supervisor would be advantageous, and that they would benefit from face to face ARCPs as this would give them the opportunity to discuss any concerns.	
Action 1	Identify methods of providing support for Trainees with ARCP Feedback. 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	Aug 2019
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date and impact.	Dec 2019
Evidence for Action 2	Trainees views on change to educational culture must confirm that opportunities for useful feedback have improved.	Dec 2019
RAG Rating	RED	
LEP	<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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HEE Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Induction)	Organisations must make sure Trainees have an induction for each placement that clearly sets out <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 As part of the process Trainees must meet their team and other health and social care professionals they will be working with.	
HEYH Concern Number	20190507_HEEYH_RQ2	
LEP Site	Mid Yorkshire Hospital NHS Trust	
Specialty (Specialties)	Diabetes and Endocrinology	
Trainee Level	Higher	
Concern 1	Trainees within D&E are not provided with a useful induction to work at the Trust that provides them with access to relevant policies, IT, or initial mandatory training.	
Concern 2	Trainees are not provided with a relevant induction to work in D&E. They are not provided with essential guidance on the management of the important or common requirements they are expected to manage as soon as they take up post.	
Evidence for Concern	Trainees at Mid Yorkshire are not receiving an appropriate induction and there is no clear evidence of access to departmental policies. One ST3 reported that they had not had a hospital induction but were put on-call on nights on their very first day.	
Action 1	Provide all Trainees with an appropriate Trust induction.	Next intake
Action 2	Provide all Trainees with an appropriate Departmental induction.	Next intake
Action 3	Make induction arrangements for Trainees starting on night shifts.	Next intake
Evidence for Action 1	Copy of Trust induction programme.	Next intake
Evidence for Action 2	Copy of Departmental induction programme.	Next intake
Evidence for Action 3	Copy of arrangements for induction for Trainees who start at a different time from the main group.	Next intake
RAG Rating	RED	
LEP	<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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HEYH Concern Number	20190507_HEEYH_RQ3	
LEP Site	North General Hospital (NGH) – Sheffield Teaching Hospitals NHS Trust (STHT)	
Specialty (Specialties)	Diabetes and Endocrinology	
Trainee Level	Higher	
Concern 1	Trainees within D&E are not provided with a useful induction to work at the Trust that provides them with access to relevant policies, IT, or initial mandatory training.	
Concern 2	Trainees are not provided with a relevant induction to work in D&E. They are not provided with essential guidance on the management of the important or common requirements they are expected to manage as soon as they take up post.	
Evidence for Concern	Trainees at NGH (STHT) reported that they had no timetable on starting at the hospital. This creates a lot of work pressure as they get calls from the Ward, GP and junior doctors.	
Action 1	Provide all Trainees with an appropriate Trust induction.	Next intake
Action 2	Provide all Trainees with an appropriate Departmental induction.	Next intake
Action 3	Make induction arrangements for Trainees starting on night shifts.	Next intake
Evidence for Action 1	Copy of Trust induction programme.	Next intake
Evidence for Action 2	Copy of Departmental induction programme.	Next intake
Evidence for Action 3	Copy of arrangements for induction for Trainees who start at a different time from the main group.	Next intake
RAG Rating	RED	
LEP	<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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HEE Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Clinical Supervision)	Organisations must make sure that Trainees have an appropriate level of clinical supervision always by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual Trainee's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the Trainee and the supervisor.	
HEYH Concern Number	20190507_HEEYH_RQ4	
LEP Site	Mid Yorkshire Hospital NHS Trust – GIM Ward	
Specialty (Specialties)	Diabetes and Endocrinology	
Trainee Level	Higher	
Concern 1	Trainees are often expected to provide clinical care without access to appropriate support from a consultant.	
Concern 2	Some consultants within D&E are reluctant to be contacted for advice or are unapproachable/contactable.	
Evidence for Concern	Trainees at Mid Yorkshire raised patient safety concerns on GIM Ward with unsupervised clinics and consultants not always present in the building or available to call.	
Action 1	Provide Trainees with a named clinical supervisor.	Immediate
Action 2	Provide Trainees with clear guidance and an escalation policy that identifies who should be contacted.	Aug 2019
Action 3	Discuss the perceptions Trainees have regarding the perceived lack of support and take appropriate action to address the Trainees requirements. Trainees must be reassured that their concern has been addressed. Review Trainee perceptions after 3 months.	Aug 2019
Evidence for Action 1	Copy of senior cover rota.	Immediate
Evidence for Action 2	Copy of guidance/escalation policy.	Aug 2019
Evidence for Action 3	1. Confirmation that discussion has taken place 2. Copy of action plan to address Requirements 3. Copy of report from Trainee review	Immediate Jul 2019 Aug 2019
RAG Rating	RED	
LEP	<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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HEYH Concern Number	20190507_HEEYH_RQ5	
LEP Site	North Lincolnshire and Goole NHS Trust (NLAG) – Scunthorpe General Hospital	
Specialty (Specialties)	Diabetes and Endocrinology	
Trainee Level	Higher	
Concern 1	Trainees are often expected to provide clinical care without access to appropriate support from a consultant.	
Concern 2	Some consultants within D&E are reluctant to be contacted for advice or are unapproachable/contactable.	
Evidence for Concern	Trainees at Scunthorpe General Hospital (NLAG) raised patient safety concerns regarding unsupervised clinics and consultants not always present in the building or available to call.	
Action 1	Provide Trainees with a named clinical supervisor.	Immediate
Action 2	Provide Trainees with clear guidance and an escalation policy that identifies who should be contacted.	Aug 2019
Action 3	Discuss the perceptions Trainees have regarding the perceived lack of support and take appropriate action to address the Trainees requirements. Trainees must be reassured that their concern has been addressed. Review Trainee perceptions after 3 months.	Aug 2019
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HEYH Concern Number	20190507_HEEYH_RQ6	
LEP Site	Leeds Teaching Hospitals Trust (LTHT)	
Specialty (Specialties)	Diabetes and Endocrinology	
Trainee Level	Higher	
Concern 1	Trainees are often expected to provide clinical care without access to appropriate support from a consultant.	
Concern 2	Some D&E consultants are reluctant to be contacted for advice or are unapproachable/contactable.	
Evidence for Concern	LTHT trainees reported that antenatal and diabetic foot clinics are commonly left unsupervised with no diabetic consultant present or available on call; and that they feel unsafe.	
Action 1	Provide Trainees with a named clinical supervisor.	Immediate
Action 2	Provide Trainees with clear guidance and an escalation policy that identifies who should be contacted.	Aug 2019
Action 3	Discuss the perceptions Trainees have regarding the perceived lack of support and take appropriate action to address the Trainees requirements. Trainees must be reassured that their concern has been addressed. Review Trainee perceptions after 3 months.	Aug 2019
Evidence for Action 1	Copy of senior cover rota.	Immediate
Evidence for Action 2	Copy of guidance/escalation policy.	Aug 2019
Evidence for Action 3	1. Confirmation that discussion has taken place 2. Copy of action plan to address Requirements 3. Copy of report from Trainee review	Immediate Jul 2019 Aug 2019
RAG Rating	RED	
LEP	<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 	

Patient / Trainee safety concerns

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

Were any patient/Trainee safety concerns raised at this review?	YES
To whom was this fed back at the organisation, and who has undertaken to action?	
Brief summary of concern	
<p>Trainees at Mid Yorkshire reported that staff shortages and a reluctance by trusts to cancel clinics has left trainees feeling vulnerable with trainees not seeing all acutely ill patients regardless of staying until 6-7pm. Mid-Yorks trainees had no hospital induction, and an ST3 was put night on call on the very first day which was a trainee and patient safety issue. Additionally, safety concerns were raised by trainees working at Mid-Yorkshire on GIM Ward with reports that consultants are not always present in the building or available on call.</p> <p>A trainee at Harrogate was rota'd to cover an antenatal clinic, as well as look after 27 patients.</p> <p>Trainees at LTHT reported that if a consultant is on leave that they are covering antenatal clinics and diabetic foot clinics unsupervised.</p>	

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that are worthy of wider dissemination, deliver the very highest standards of education and training or are innovative solutions to previously identified issues worthy of wider consideration.

Learning environment / Prof. group / Dept. / Team	Good practice	Related Standard(s)
Diabetes and Endocrinology at Sheffield Teaching Hospitals Trust	Use of Video-conferencing to provide MDT training – STHT are exploring the use of VC to provide MDT training to trainees at Northern General Hospital who are unable to attend training sessions provided at the Royal Hallamshire Hospital.	Standards 1, 3 and 5
Diabetes and Endocrinology at Bradford teaching Hospitals trust and Barnsley	Minimum number of clinics – Trainees at BTHT reported that they attend fourteen clinics a month (three clinics a week) and at Barnsley six clinics a week. It was agreed that a minimum standard of twelve clinics a month should be encouraged across the specialty.	Standards 1, 3 and 5

Appendix 1: HEE Quality Framework Standards & Standards

Standard 1 - Learning environment and culture

- 1.1. Trainees 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 Trainees are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for Trainees 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 Trainees 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 Trainees 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.

Standard 2 – Educational governance and leadership

- 2.1 The educational governance arrangements measure performance against the quality standards and actively respond's 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 Trainees are identified or Trainees are involved in patient safety incidents.

Standard 3 – Supporting and empowering Trainees

- 3.1 Trainees 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 Trainees 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 Trainees feel they are valued members of the healthcare team within which they are placed.
- 3.4 Trainees receive an appropriate and timely induction into the learning environment.
- 3.5 Trainees understand their role and the context of their placement in relation to care pathways and patient journeys.

Standard 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 Trainees 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 Trainees as required.

Standard 5 – Developing and implementing curricula and assessments

- 5.1 The planning and delivery of curricula, assessments and programmes enable Trainees 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 Trainees in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Standard 6 – Developing a sustainable workforce

- 6.1 Placement providers work with other organisations to mitigate avoidable Trainee attrition from programmes.
- 6.2 There are opportunities for Trainees 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 Trainees 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 Trainee.

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