

Quality review outcome report



Local office name:	Yorkshire and the Humber
Organisation:	Health Education England
Placements reviewed:	Respiratory Medicine
Date of Review:	Thursday 7 November 2019

Date of report: December 2019

Author: Emma Diggle

Job title: Quality Coordinator

Review context

Background

Reason for review:	Negative outliers in the GMC NTS survey data and local intelligence.
No. of Trainees met:	21 (FY, CT, up to ST3 Level Trainees) 24 (ST5 and above) Total 45 Trainees
No. of supervisors / mentors met:	27
Other staff members met:	
Duration of review:	6.5 hours
Intelligence sources seen prior to review: (e.g. CQC reports; NSS; GMC Survey)	GMC NTS 2019, local intelligence, School self-assessment, Programme Summary and Presentation.

Panel members

Name	Job title
Jon Hossain	Deputy Postgraduate Dean and Clinical Lead for Quality (Review Chair)
Fiona Bishop	Acting Deputy Dean (Panel Chair)
Nicola Doddridge	Associate Dean (Panel Chair)
Pranab Haldar	External Advisor
Ian Forrest	SAC Representative
Kate Clough	Leadership Fellow
Elizabeth Chandra	Leadership Fellow
Kieran Conlon	Lay Representative

Key

Trainee Group	Trainee Levels within Trainee Group
Tier 1	FY1, FY2, and CT1
Tier 2	CT2, ST3 and ST4
Higher	ST5 and above

Educator and trainee representation at the review was excellent with twenty-seven educators and forty-five trainees from across the Yorkshire and Humber (Y&H) region in attendance. This high level of engagement was welcomed and appreciated. The review was required as a result of negative outlier scores on the General Medical Council National Training Survey 2019 (GMC NTS) results, historic quality-related concerns and local negative quality intelligence.

It should be noted that Training Programme Director (TPD) engagement during organisation and on the day of the review was excellent. In addition, trainees reported that the TPDs are very approachable, supportive, and work closely with the trainees to help them get the experience they need in both General Internal Medicine (GIM) and Respiratory Medicine to meet curriculum requirements.

There were numerous examples of good practice: The Physicians Associates (PAs) Programme at Leeds Teaching Hospitals NHS Trust (LTHT) has increased the employment of PAs in the workplace, and Harrogate & District NHS Foundation Trust (HDFT) too have PAs in medicine, acute medicine, gastroenterology and cardiology. The employment of this alternative workforce helps free time for training.

West and East Yorkshire rotations have a modular approach to covering the sub-specialties, which the trainees report works well. The panel, consequently, recommended that a requirement is opened for the TPDs to have a role in assigning the trainees to particular sub-specialty posts in the South rotation, as occurs in the other rotations (*20191107_HEEYH_RQ1*).

Trainees working at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH), The Rotherham NHS Foundation Trust, Chesterfield Royal Hospital NHS Foundation Trust, and Calderdale & Huddersfield NHS FT (CHFT) felt the consultants provide good support and there is a very supportive environment. Procedures training was reported to be good at Mid Yorkshire Hospitals NHS Trust (Mid Yorkshire). Further examples of good practice can be found on page 18.

Educational Supervisors (ESs) expressed concerns regarding the impact of rota gaps on service delivery and education and training within the speciality. The Head of School (HoS) reported that the introduction of the new curriculum and IM3 posts should help to reduce rota gaps and support trainees at tertiary units.

Some ESs stated they do not have enough PAs in their job plan to support trainees. The panel acknowledged that time in job plans for training should reflect the agreed standard of .25PAs per trainee and recommended that this could be picked up in the Self-Assessment Report and followed up at the Monitoring the Learning Environment Meetings.

The panel noted that induction in Respiratory Medicine received red flags in the GMC NTS 2019, with reports that trainees were not aware that they had received an induction and trainees starting outside of the training days not receiving a specialty induction. The panel asked that a requirement be opened for the TPD to make sure that trainees are seen face to face for a specialty induction, including those who start later in the programme or at a different time from other trainees (*20191107_HEEYH_RQ2*).

Educators discussed the challenges presented while managing people back into the programme and recommended that a uniformed central approach or policy would be valuable. The panel recommended that an appointment of a Return to Training Lead would be beneficial to the programme to provide mentorship and guidance. The appointment should be someone other than a TPD.

Four higher trainees on a 6-month post working at STHT raised concerns that they are not getting a rounded training experience of the specialty area and do not know if they will have exposure to the areas they have missed once they have completed their 6-month post. They are advised they have a 12-month post at STHT, but they do not have advanced notice of a plan about how their training posts will meet their curricula requirements. It is recommended there needs to be increased clarity and ownership from the TPD in this area.

Educators and Trainees from Mid Yorkshire were vocal in highlighting the numerous challenges faced by the Trust. The Quality Team and the School are aware of the current challenges at Mid Yorkshire. A Learner/Educator Visit was held on 24 July 2019 and a Senior Leader Engagement Visit is organised for the 9 December 2019 to discuss ongoing concerns. Consequently, several requirements have already been developed and the Programme Review findings confirmed these concerns. The main areas highlighted at the review were Rota design, ability to attend outpatient clinics, and inconsistent Educational Supervision.

Higher Trainees at Mid Yorkshire reported problems with incorrect pay banding and trainees doing the same job on different pay bands. Additionally, there were three reported incidents of trainees upon starting their maternity leave having their pay stopped, with one trainee having to go to the job centre for financial assistance. The Trust has investigated the concerns raised and this issue has been resolved by HR.

Tier 1 trainees working at Bradford Teaching Hospitals NHS Foundation Trust (BTHT), DBTH, Sheffield Teaching Hospitals NHS Foundation Trust (STHT) and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) reported difficulty in accessing ultrasound training and getting pleural aspiration procedures signed off which are a requirement of their Annual Review of Competence Progression (ARCP). In addition, trainees reported feeling uncomfortable inserting chest drains out of hours as this is a procedure they do not undertake regularly enough to feel competent. The panel advised that SIM centres available at some Trusts could be utilised to help trainees maintain their skills. In addition, trainees should inform their educators and TPDs as early as possible about accessing pleural aspiration procedures training rather than waiting until their ARCP review. A requirement is already open at STHT for Foundation and Core trainees around chest drains (existing *requirement no: 18/0046*) and pleural aspiration procedure sign off for CT1 level trainees (existing *requirement no: 19/0013*).

Trainees working at STHT reported that there is apathy and lack of cross cover from consultants as well as poor morale from registrars which is filtering down to tier one trainee level, with two trainees working at STHT reporting mental health issues and thinking about leaving the medical profession. No trainee at the meeting said they would apply for a consultant post at STHT. It was felt that consultants need to increase their engagement and take responsibility for a change in culture.

STHT (Northern General Hospital) - referral process, lack of consultant cover and adequate support clinical supervision on wards (existing requirement no: 18/0045) - Inpatient referrals are exclusively dealt with by the higher trainees. This involves acute referrals that need to be seen on the day and requests for a specialist inpatient opinion from a consultant in a specialist area, for example cystic fibrosis cases. Higher trainees experience great difficulties in getting support if the on-call consultants do not have that specialist interest. Consultants who are not on call do not get involved with referrals. Consultants do not consistently communicate with one another and do not co-ordinate training. Consultants from other specialties are unhappy with a trainee-only opinion for what may be a complex patient and complaints have been made. Trainees receive little or no feedback on referrals. This is perceived by trainees to be a patient safety issue.

STHT – Outpatient clinic experience (20191107_HEEYH_RQ3) - Higher trainees reported that ward referral cover has been changed leading to cancellation of outpatient clinic experience opportunities. They valued the ward experience, but the pattern of cover needs to be reviewed to ensure that adequate clinic experience is also possible. Higher trainees reported that they have, on occasions, had to use study leave in order to get to clinics and TPDs are encouraging them to take study leave from other rotational attachments in order to return to the department to gain experience.

STHT (Northern General Hospital) – Out-patient Clinic Supervision (20191107_HEEYH_RQ4) - Clinics continue to be run by Tier 1 trainees providing a consultant is available in the hospital for email advice. Trainees mentioned that they had performed unsupervised procedures for complex cancer cases which they felt they were not adequately trained for early in their attachments. Trainees reported this occurs frequently for ST3 trainees

and they did not feel adequately supported to make some clinical decisions. A clear policy around clinic supervision and the level of supervision is required.

STHT - Workload (existing requirement no: 18/0046) - Higher trainees reported working long hours in some instances 8am – 8pm, and that there is a culture at the Trust that it is ‘part of the job’. Trainees are reluctant to Exception Report due to negative responses from consultants e.g. being asked how they can manage their time better to avoid working long hours. Trainees feel there is no point in completing DATIX forms as they will be criticised and not be listened to. The panel felt that the SAC could help with this, and that the DME may need to be more involved with the trainees, as they do not feel there is currently a supportive and confidential route for discussion of concerns. Additionally, trainees reported fragmented training in respiratory and the overwhelming burden of work e.g. trainees working on wards are seeing 12 – 15 patients with no consultant support.

Mid Yorkshire – Ward round by WhatsApp and Handover (20191107_HEEYH_RQ5) - Higher trainers reported that consultants communicate with trainees by WhatsApp, leaving lists of jobs for patients by bed location. This is not a robust handover. Messages frequently appear a long time after being sent by which time patients may have moved to another ward/bed. Electronic Health Record System (PPM+) does have the facility for a handover, but it is not being used. This was also raised as a patient safety concern.

Mid Yorkshire - Checklist of invasive procedures and identifying patients(20191107_HEEYH_RQ6) - Invasive procedures are performed in many locations, including the bedside or a treatment room on a ward. It is not clear that the room is suitable for invasive procedures in terms of infection control and it was reported that no checklists are used. There should be a Local Safety Standards for Invasive Procedures Policy (LocSSIPs).

Mid Yorkshire (Pinderfields Hospital) - Clinical supervision and communication between trainees and educators (existing requirement no: 18/0057) - All trainees were clear that consultants at Mid Yorkshire are supportive in their approach but there are no structured ward rounds. Higher trainees reported that consultants attend at unpredictable times to see their own patients on each of the three wards. Outlier patients have no named consultant but are overseen by the on-call consultant. Tier 1 trainees working at Pinderfields Hospital reported that patients can go two weeks without a consultation, that there is no consultant cross-cover and no hand over between consultants when they are away leading to patient safety concerns. Trainees recommended that the introduction of a consultant of the week model would be beneficial.

Mid Yorkshire – Rotas (existing requirement no: 18/0058) - Poorly designed rotas with unevenly distributed rota gaps (there are sometimes 3 gaps out of the 4 GIM posts). This is a patient safety concern and when trainees have found themselves in this position, they have not found help from the clinical and medical directors despite asking for it. Rotas are sometimes changed at short notice (3 weeks). Higher trainees reported that the Rota Coordinator is currently off sick and there are rota organisational issues. Rotas are disparate - sometimes full and other times not fully staffed. Mistakes have been made with the on-call rota whereby the rota appears fuller than it actually was; for example, a trainee who was on maternity leave at that time was included on the GIM rota. Higher trainees also raised concerns about trainees feeling isolated at Dewsbury; for example, ‘step-down’ ward being covered by two doctors, who could be as junior as FY2, and trainees were worried about the absence of more senior support if there was a problem. A clear escalation policy is required. Trainees expressed concerns at Pinderfields including rota gaps and workload. Examples were given of FY and CT level trainees going home in tears as well as trainees going on long term sick due to their training experience at the Trust.

Mid Yorkshire - Induction (20191107_HEEYH_RQ7) - ST3 and ST4 level trainees reported that induction to the programme was inadequate and that they had had no information about what to do when on-call. An example was provided of a trainee starting on a night shift who had not had any induction or log in information. The trainees had flagged this in advance of their arrival but received no reply to emails.

NLAG (Scunthorpe General Hospital) - Named Educational Supervisor Clinical Supervision (20191107_HEEYH_RQ8) – There is only one substantive consultant in Scunthorpe, who is the

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named Educational Supervisor for trainees. Tier 1 trainees mentioned it being very difficult to access clinic supervision including incidents at NLAG (Scunthorpe Hospital) where trainees were a nurse refused to allow them to see a consultant for advice.

NLAG (Scunthorpe General Hospital) - Unsupervised clinics (20191107_HEEYH_RQ9)–

Trainees reported that ST3 and ST4 level Trainees working at Scunthorpe (NLAG) are undertaking unsupervised clinics for complex cancer cases. ST3 and ST4 trainees should not be carrying out clinics unsupervised and clear policy around clinic supervision and the level of supervision is required. There is no procedural training as there is only a single supervisor. An external approach will be required and the TPD will need to address this.

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	LEARNING ENVIRONMENT AND CULTURE	
Requirement (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 Concern Number	20191107_HEEYH_RQ1	
School	School of Respiratory Medicine	
Specialty (Specialties)	Respiratory Medicine (South)	
Learner Level	All Levels	
Concern 1	The post in Respiratory Medicine offer trainees in the South (All Levels) with too little experience in Respiratory Medicine to meet the curriculum.	
Evidence for Concern	West and East Yorkshire rotations have a modular approach to covering the sub-specialties, which the trainees report works well. The panel, consequently, recommended that a requirement is opened for the TPDs to have a role in assigning the trainees to particular sub-specialty posts in the South rotation, as occurs in the other rotations.	
Action 1	Identify methods of providing support for Learners with Sub Specialities in the South.	March 2020
Action 2	Review and amend Learner timetables/work schedules to allow them access to more educational opportunities in the department.	March 2020
Action 3	The Training Programme Director/Head of School to review the new modular approach.	June 2020
Evidence for Action 1	Copy of action plan identifying the additional support, implementation date.	June 2020
Evidence for Action 2	Copy of new timetables identifying new educational opportunities.	June 2020
Evidence for Action 3	The TPD/HoS will review at school board to discuss the impact and assess sustainability.	June 2020
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> Copies of documents with accompanying explanatory narrative 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 learners 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 learners must meet their team and other health and social care professionals they will be working with.	
HEYH Concern Number	20191107_HEEYH_RQ2	
School	School of Respiratory Medicine	
Specialty (Specialties)	Respiratory Medicine	
Learner Level	All	
Concern 1	Learners are not provided with a relevant/useful Specialty induction to work at the Trust that provides them with access to relevant policies, IT, or initial mandatory training.	
Concern 2	Learners are not provided with a relevant/useful Specialty induction to work in Respiratory Medicine. 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	The panel noted that induction in Respiratory Medicine received red flags in the GMC NTS 2019, with reports that trainees were not aware that they had receive an induction and trainees starting outside of the training days not receiving a specialty induction. The panel asked that a requirement be opened for the TPD to make sure that trainees are seen face to face for a specialty induction, including those who start later in the programme or at a different time from other trainees.	
Action 1	Provide all Learners with an appropriate Specialty induction.	Next intake
Action 2	Make induction arrangements for Learners starting later in the programme or at a different time from other Trainees.	Next intake
Action 3	Evaluate the effectiveness of induction.	After next intake
Evidence for Action 1	Copy of induction programme.	Before next intake
Evidence for Action 2	Copy of arrangements for induction for Learners who start at a different time from the main group.	After next intake
Evidence for Action 3	Copy of induction evaluation and plans for modifications (if indicated).	After next intake
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> • Copies of documents with accompanying explanatory narrative 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 (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 Concern Number	20191107_HEEYH_RQ3	
LEP Site	Sheffield Teaching Hospitals NHS Foundation Trust (STHT)	
Specialty (Specialties)	Respiratory Medicine	
Learner Level	Higher	
Concern 1	Whilst the post offers the potential for a broad experience in Respiratory Medicine, Learners are unable to take advantage of them because of their timetables/clinical duties.	
Concern 2	The post in Respiratory Medicine offer higher learners with too little experience in clinics to meet curriculum.	
Evidence for Concern	Higher trainees reported that ward referral cover has been changed leading to cancellation of outpatient clinic experience opportunities. They valued the ward experience, but the pattern of cover needs to be reviewed to ensure that adequate clinic experience is also possible. Higher trainees reported that they have, on occasions, had to use study leave in order to get to clinics and TPDs are encouraging them to take study leave from other rotational attachments in order to return to the department to gain experience.	
Action 1	Review and amend Learner outpatient clinic timetables/work schedules to allow them access to more educational opportunities in the department.	March 2020
Evidence for Action 1	Copy of new outpatient clinic timetables identifying new educational opportunities.	June 2020
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> • Copies of documents with accompanying explanatory narrative 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)	<p>Organisations must make sure that learners 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 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 Concern Number	20191107_HEEYH_RQ4	
LEP Site	Sheffield Teaching Hospitals NHS Foundation Trust (STHT) – Northern General Hospital	
Specialty (Specialties)	Respiratory Medicine	
Learner Level	Tier 1 (FY1, FY2 and CT1) and ST3	
Concern 1	Learners are often expected to provide clinical care without access to appropriate support from a senior Learner or consultant in Respiratory Medicine	
Concern 2	Tier 1 (FY1, FY2 and CT1) and ST3 Learners are not provided with on-site support from a senior colleague	
Concern 3	Learners are expected to carry out duties which are not appropriate for their stage of training Tier 1 Tier 1 (FY1, FY2 and CT1) and ST3 level trainees in Respiratory Medicine.	
Evidence for Concern	Clinics continue to be run by Tier 1 trainees providing a consultant is available in the hospital for email advice. Trainees mentioned that they had performed unsupervised procedures for complex cancer cases which they felt they were not adequately trained for early in their attachments. Trainees reported this occurs frequently for ST3 trainees and they did not feel adequately supported to make some clinical decisions. A clear policy around clinic supervision and the level of supervision is required.	
Action 1	Provide Foundation Learners with access to on-site clinic support from a senior learner or consultant in Respiratory Medicine.	Immediate
Evidence for Action 1	Copy of senior cover rota.	Immediate
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> • Copies of documents with accompanying explanatory narrative 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 (Handover)	Handover** of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice. <i>**Handover at the start and end of periods of day or night duties, every day of the week.</i>	
HEYH Concern Number	20191107_HEEYH_RQ5	
LEP Site	Mid Yorkshire Hospitals NHS Trust (Mid Yorkshire)	
Specialty (Specialties)	Respiratory Medicine	
Learner Level	All Levels	
Concern 1	Handover is not attended by appropriate members of consultant staff.	
Concern 2	Handover in Respiratory Medicine is not supported by appropriate documentation.	
Concern 3	Handover in Respiratory Medicine is not appropriately led with consultant communicating with Trainees by WhatsApp.	
Evidence for Concern	Higher trainers reported that consultants communicate with trainees by WhatsApp, leaving lists of jobs for patients by bed location. This is not a robust handover. Messages frequently appear a long time after being sent by which time patients may have moved to another ward/bed. Electronic Health Record System (PPM+) does have the facility for a handover, but it is not being used. This was also raised as a patient safety concern.	
Action 1	Introduce a handover system that meets HEE standards.	June 2020
Action 2	Make appropriate changes to rotas/working arrangements to allow relevant staff to attend handover.	March 2020
Action 3	Introduce a reliable method of documenting the handover. If this involves IT, there must be easy access in all clinical areas.	March 2020
Action 4	Allocate an appropriate senior member of staff to lead the handover.	March 2020
Action 5	Evaluate effectiveness of handover.	June 2020
Evidence for Action 1	1. Production of handover policy 2. Staff training completed 3. Handover introduced 4. Introduction evaluated 5. Handover policy explained to new starters	2 months March 2020 4 months June 2020 Induction
Evidence for Action 2	Summary of revised rotas/work arrangements.	March 2020
Evidence for Action 3	1. Copies of handover documentation 2. Description of e-handover system	March 2020 March 2020
Evidence for Action 4	Copy of process authorising arrangements for the leadership of handover.	March 2020
Evidence for Action 5	Copy of the handover system evaluation.	June 2020
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> Copies of documents with accompanying explanatory narrative 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	EDUCATIONAL GOVERNANCE	
Requirement (Impact)	Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public and employers.	
HEYH Concern Number	20191107_HEEYH_RQ6	
LEP Site	Mid Yorkshire Hospitals NHS Trust (Mid Yorkshire)	
Specialty (Specialties)	Respiratory Medicine	
Learner Level	All Levels	
Concern	The Trust has no clear policy or checklist for invasive procedures, and there is no clearly identifiable room for invasive procedures to ensure infection control, this has had a negative impact on the delivery of medical education and training in Respiratory Medicine.	
Evidence for Concern	Invasive procedures are performed in many locations, including the bedside or a treatment room on a ward. It is not clear that the room is suitable for invasive procedures in terms of infection control and it was reported that no checklists are used. There should be a Local Safety Standards for Invasive Procedures Policy (LocSSIPS).	
Action 1	The Trust must introduce a LocSSIPS (Local Safety Standards for Invasive Procedures Policy) for invasive procedures.	March 2020
Action 2	Copy of the policy/procedure	March 2020
Evidence for Action 1	Copy of impact analysis	March 2020
Evidence for Action 2	Action plan to disseminate policy to all trainees	June 2020
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> • Copies of documents with accompanying explanatory narrative 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)	<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 Concern Number	20191107_HEEYH_RQ7	
LEP Site	Mid Yorkshire Hospitals NHS Trust (Mid Yorkshire)	
Specialty (Specialties)	Respiratory Medicine	
Learner Level	ST3 and ST4	
Concern 1	Learners ST3 and ST4 level are not provided with a relevant induction to work at the Trust that provides them with access to relevant policies, IT, or initial mandatory training.	
Concern 2	Learners are not provided with access to essential IT at the start of their post.	
Concern 3	Learners are not provided with a relevant induction to work in Respiratory Medicine. 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	ST3 and ST4 level trainees reported that induction to the programme was inadequate and that they had had no information about what to do when on-call. An example was provided of a trainee starting on a night shift who had not had any induction or log in information. The trainees had flagged this in advance of their arrival but received no reply to emails.	
Action 1	Provide all Learners with an appropriate induction.	Next intake
Action 2	Make induction arrangements for Learners starting on night shifts.	Next intake
Action 3	Provide Learners access to IT log ins before they are due to begin work.	Next intake
Action 4	Provide Learners with easy access to essential guidelines and policies.	Next intake
Evidence for Action 1	Copy of induction programme.	Before next intake
Evidence for Action 2	Copy of arrangements for induction for Learners who start at a different time from the main group.	After next intake
Evidence for Action 3	Confirmation that all Learners are provided with access to IT.	After next intake
Evidence for Action 4	Confirmation that Learners are provided with access to guidelines and policies.	After next intake
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> • Copies of documents with accompanying explanatory narrative 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 learners 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 learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.	
HEYH Concern Number	20191107_HEEYH_RQ8	
LEP Site	Northern Lincolnshire and Goole NHS Foundation Trust - Scunthorpe General Hospital	
Specialty (Specialties)	Respiratory Medicine	
Learner Level	Tier 1 (FY1, FY2 and CT1)	
Concern 1	Tier 1 (FY1, FY2, CT1) Learners are often expected to provide clinical care without access to appropriate support from a consultant.	
Concern 2	Some clinical supervisors in Respiratory Medicine are reluctant to be contacted for advice or are unapproachable.	
Evidence for Concern	There is only one substantive consultant at Scunthorpe Hospital, who is the named Educational Supervisor for trainees. Tier 1 trainees mentioned it being very difficult to access clinic supervision including incidents at NLAG (Scunthorpe Hospital) where trainees were a nurse refused to allow them to see a consultant for advice.	
Action 1	Provide Learners with a named clinical supervisor/s.	Immediate
Action 2	Provide Tier 1 Learners with access to on-site support from consultant.	Immediate
Action 3	Provide Learners with clear guidance and escalation policy that identifies who should be contacted for advice.	March 2020
Evidence for Action 1	Copy of senior cover rota.	Immediate
Evidence for Action 2	Copy of resident senior cover rota.	Immediate
Evidence for Action 3	Copy of guidance/escalation policy.	March 2020
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> • Copies of documents with accompanying explanatory narrative 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 (Patient Safety)	The learning environment is safe for patients and supportive for learners. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	
HEYH Concern Number	20191107_HEEYH_RQ9	
LEP Site	Northern Lincolnshire & Goole NHS Foundation Trust - Scunthorpe General Hospital	
Specialty (Specialties)	Respiratory Medicine	
Learner Level	ST3 and ST4 Level	
Concern 1	Learners raised requirements about the standard of care provided to patients in cancer clinic	
Concern 2	ST3 and ST4 Learners are not provided with on-site support from a senior colleague whilst working in the cancer clinic.	
Concern 3	Learners do not know who to contact when seeking advice on clinical care for patients in the cancer clinic with complex cases.	
Concern 4	ST3 and ST4 Learners are expected to carry out duties which are not appropriate for their stage of training in the cancer clinic.	
Evidence for Concern	Trainees reported that ST3 and ST4 level Trainees working at Scunthorpe (NLAG) are undertaking unsupervised clinics for complex cancer cases. ST3 and ST4 trainees should not be carrying out clinics unsupervised and clear policy around clinic supervision and the level of supervision is required. There is no procedural training as there is only a single supervisor. An external approach will be required and the TPD will need to address this.	
Action 1	The Trust must introduce an action plan to address the Requirements. The opinions of the clinical staff and their suggestions for possible solutions should be considered when drawing up the action plan.	March 2020
Action 2	The Trust must evaluate the effect of any changes introduced to ensure that the problems have been resolved.	June 2020
Evidence for Action 1	Copy of the action plan.	March 2020
Evidence for Action 2	Copy of the evaluation report.	June 2020
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> • Copies of documents with accompanying explanatory narrative must be uploaded to the QM Database • Item must be reviewed, and changes confirmed with the HEE Quality Team 	

Sign off

Report sign off

Outcome report completed by (name):	Emma Diggle
Chair's signature:	Jon Hossain, Fiona Bishop & Nicola Doddridge
Date signed:	18 December 2019
HEE authorised signature:	Jon Hossain
Date signed:	18 December 2019
Date submitted to organisation:	18 December 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

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?	
Mid Yorkshire Hospitals NHS Trust (Mid Yorkshire)	
Brief summary of concern	
<ol style="list-style-type: none"> 1. Higher Educators reported that consultants communicate with Trainees by WhatsApp, leaving lists of jobs for patients by bed location that is not a robust handover. Messages frequently appear a long time after being sent by which time, patients may have moved to another ward/bed. Electronic Health Record System (PPM+) does have the facility for a handover, but it is not being used. This was also raised as a patient safety concern. 2. Checklist of invasive procedures and identifying patients – These are performed in many locations, including the bedside or a treatment room on a ward. It is not clear that the room is suitable for invasive procedures in terms of infection control. No checklists are used. There should be a LocSSIPS (Local Safety Standards for Invasive Procedures Policy). 	
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?	
Northern Lincolnshire & Goole NHS Foundation Trust (NLAG) - Scunthorpe General Hospital site	
Brief summary of concern	
<ol style="list-style-type: none"> 1. Trainees reported that ST3 and ST4 level Trainees working at Scunthorpe (NLAG) are undertaking unsupervised clinics for complex cancer cases. ST3 and ST4 should not be carrying out clinics unsupervised and clear policy around clinic supervision and the level of supervision is required. There is no procedural training as there is only a single supervisor. An external approach will be required and the TPD will need to address this. 	
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?	
Sheffield Teaching Hospitals NHS Foundation Trust (STHT) - Northern General Hospital	
Brief summary of concern	
<ol style="list-style-type: none"> 1. Clinics continue to be run by Tier 1 Trainees providing a consultant is available in the hospital for email advice. Trainees mentioned that they had performed unsupervised procedures for which they felt they were not adequately trained for early in their attachments. Trainees reported this occurs frequently and includes ST3 level Trainees and they did not feel adequately supported to make some clinical decisions. Clear policy around clinic supervision and the level of supervision is required. 2. Inpatient referrals are exclusively dealt with by the higher Trainees. This involves acute referrals that need to be seen on the day and requests for a specialist inpatient opinion from a consultant in a specialist area (Cystic Fibrosis etc). Higher Trainees experience great difficulties in getting support from the latter if the on-call consultants do not have that special interest. Consultants who are not on call do not get involved with referrals. 	

Consultants do not communicate with one another and do not coordinate training. Consultants from other specialties are unhappy with a Trainee-only opinion for what may be a complex patient and complaints have been made. Trainees receive little or no feedback on referrals. This is perceived by Trainees to be a patient safety issue.

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)
Sheffield Teaching Hospitals NHS Foundation Trust (STHT) – Handover	Handover has a good electronic system to support it. LDI Clinic consultant at STHT very supportive. STHT has introduced a check list and clean room for checking procedures. It was felt that checklists should be used regularly and across the board.	Standard 1
Hull University Teaching Hospitals NHS Trust (HUTH) - Supervision	Good feedback about respiratory training was reported by HUTH Trainees at all levels, who feel well supported by consultants and it is easy to access supervision when needed. Good structure of training and Trainees are well distributed to cover each day with great collaborative culture. It is highlighted as a good place for higher training. Additionally, the improved rota design and the modular structure works well.	Standards 1, 2, 3 and 5
Leeds Teaching Hospitals NHS Trust (LTHT) -St James Hospital Site – Training Sessions	A CT2 Trainee at LTHT reported that Trainees have weekly fixed training. The modular approach used at LTHT allows Trainees to rotate though specialities and works well. Trainees have protected clinics, procedural lists and protected time whilst in post.	Standard 1
Calderdale & Huddersfield NHS Foundation Trust (C&H) – Breakfast Teaching	Trainees working within C&H have a breakfast teaching session ahead of ward rounds.	Standard 1
Leeds Teaching Hospitals NHS Trust (LTHT) and Harrogate & District NHS Foundation Trust (HDFT) – New Roles	LTHT has introduced a Physicians Associates (PA) programme which has helped to promote the use of PAs in the workplace, and HDFT have utilised PAs in medicine, acute medicine, gastroenterology and cardiology with two working alongside on the Wards.	Standards 1, 2 and 6

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

Quality review outcome report

- 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.