

# Quality review outcome report



**Local office name:**

Yorkshire & Humber

**Organisation:**

Health Education England

**Placements reviewed:**

Sheffield Teaching Hospitals NHS Foundation Trust

**Date of Review:**

Tuesday, 27 February 2018

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## Quality review outcome report

**Date of report:** 25 May 2018

**Author:** Linda Garner

**Job title:** Quality Manager

## Review context

### Background

<b>Reason for review:</b>	Poor survey results with recurring historic concerns, low attendance at MSK Review in 2017 (Orthopaedics)
<b>No. of learners met:</b>	38
<b>No. of supervisors / mentors met:</b>	28
<b>Other staff members met:</b>	
<b>Duration of review:</b>	6 Hours
<b>Intelligence sources seen prior to review:</b> (e.g. CQC reports; NSS; GMC Survey)	GMC Survey, NETS Survey, PPQA Data, Current Open PG Medical Conditions, GoSWH Report

### Panel members

Name	Job title
David Eadington, Facilitator	Deputy Dean, Health Education England (HEE)
<b>Panel A (Clinical and Medical Oncology)</b>	
Peter Hammond (Chair)	Head of School, Medicine
Trevor Rogers	Deputy Head of School, Medicine
Ananya Choudhury	Specialist Advisory Committee Representative
Tracy Latham	Healthcare Professional Representative
<b>Panel B (Obstetrics and Gynaecology)</b>	
Jackie Tay (Chair)	Head of School, Obstetrics & Gynaecology
Sue Rutter	Training Programme Director, Obstetrics & Gynaecology
Jane Burnett	Business Manager, HEE
Rukhsana Kousar	Observer
Suzie Wood	Lay representative
Linda Garner	Quality Manager, HEE
Jo Seddon	Quality Co-ordinator, HEE
Emma Diggle	Quality Administrator, HEE

## Sign off and next steps

### Report sign off

Outcome report completed by ( <i>name</i> ):	David Eadington
Chair's signature:	
Date signed:	25/05/2018
Date submitted to organisation:	25/05/2018
Date published on HEE website:	May 2018

### Organisation staff to whom report is to be sent

Job title	Name
Medical Director	David Throssell
Director of Medical Education	Alison Cope
Business Manager	Lisa Dransfield

### Obstetrics & Gynaecology

The panel saw six Foundation/Core trainees, eight Higher trainees and eight Educators.

There were concerns expressed by Core trainees regarding rotas; it was felt that while training opportunities were available for the Higher speciality trainees, Core trainees felt they were mainly being used for service delivery. It was reported that the current rota co-ordinators are administrators and the rotas were unnecessarily complex and subject to constant change; for example, when released on a Friday, often by Monday the rota will have changed and the trainee is needed elsewhere. The consequence of this is the trainees have many lost learning opportunities and feel they are just a number put into a rota to fill a gap. Ensuring timely medical input into the rota design would help Foundation trainees get training opportunities and experience included in their rotation.

The junior doctor forum is trainee led and driven and was reported to be working well. Any concerns can also be raised via a feedback board. In addition, training with the College Tutor is working very effectively with feedback going two ways and was felt to be an excellent process. The panel felt that this should be used as an example of good practice within the School of Obstetrics and Gynaecology.

Reports of undermining behaviour from a single consultant based at Jessops were raised. The Core trainees have come together to raise this concern at their Junior Doctor Forum as this has affected one of the trainees quite badly. The trainees were aware of how to raise concerns further and were made aware of the workforce behaviours champion's contact details within the school. However, the panel felt that the Trust needed to provide more detail on action taken to demonstrate resolution.

The Higher trainees seemed very satisfied with their training and supervision. The consultants as a group were reported to be very approachable and helpful, but some concerns were raised by Higher trainees about the level of input into service provision by a locum consultant. The trainees emphasised that there have not been any specific incidents, but that clinics always run late under this consultant's supervision, with an adverse impact on trainee workload. This problem has been shared within the Junior Doctors Forum where support is given within the group and the College Tutor has also asked the trainees to monitor events.

Concerns were expressed that the written guidelines for different scenarios relating to when a sick patient should be escalated are not known by trainees. Some Foundation trainees reported trying to deal with issues on their own due to a lack of confidence in contacting a consultant. It was felt that more emphasis should be given to escalation processes at induction.

The Educators felt they worked closely with the trainees and hoped a trainee would feel confident to speak about a problem with a registrar or consultant whenever necessary. All the Educators have completed Educational Supervisor training and are well supported by senior management. The biggest issue in O&G currently was felt to be attrition rates, with an increasing number of trainees working part time. The Trust have been as supportive as possible given this is a national problem. Sickness rates were also felt to be a concern, but guidance on protocol for sick leave has been made available and trainees have been made aware of the impact of sickness on other trainees.

Overall the panel felt that there had been a great improvement in training within the department and were very pleased with the overall training environment and supervision offered. The panel members were impressed with the consultant educators that attended and their balanced approach to training. The department should be commended on the junior doctors' forum and the training offered to higher speciality trainees.

### Medical and Clinical Oncology

The panel saw 13 trainees (Core, GP trainees and ANPs), 11 higher trainees and 20 Educators/Senior Nurses

The overall opinion was that Weston Park Hospital has the potential to be an excellent location for learning opportunities with a strong camaraderie and team spirit. There are no issues with bullying and harassment and the Higher trainees appreciated the exposure to the broad range of patients they received. Trainees are often expected to provide clinical care without access to appropriate support from a clinical supervisor and this was causing concern among trainees and senior nursing staff. There is a gap between the Trust management and senior medical staff's risk assessments and the perceptions of the trainees that needs to be acknowledged and addressed.

Trainees reported having acute admissions at Weston Park Hospital and expressed concerns at the lack of supervision with wards being run by CMTs, F1s and F2s with little input from consultants. There is one registrar providing acute inpatient support, who is also supervising the walk-in day unit, and assisting the Nurse Specialists and Advanced Clinical Practitioners. This was corroborated by the Senior Nurse cohort present with Charge Nurses and Senior Sisters reporting that junior doctors do not get consistent senior input. This was felt to be due in part to Oncology covering many different specialty areas that some consultants may feel reluctant to give opinions on areas with which they are less familiar. The routine mode of communication with consultants is by e-mail - which was not felt to be educationally beneficial. Senior Nurses reported having to step in to call consultants when they have not responded to requests for help via e-mails from junior doctors. There were reports of delayed decisions on escalation thresholds and end of life decision making. It was felt that a Consultant of the week/month policy would help this situation with one named consultant having all inpatient clinical responsibility during this time. This would also provide the opportunity for more active bedside teaching on the ward, which e-mail contact does not provide. That consultant's outpatient work would need to be re-provided during that period. It is noted the Trust's data show that there have been no cardiac arrest calls in Weston Park since January 2017.

Supervision continued to be flagged as a concern with one trainee who was three months into a four-month placement only having met their Clinical Supervisor twice. The trainees expressed concerns that they often felt like they were "supervising themselves".

In terms of workload trainees reported this to be high with one trainee having 15 patients to look after alone. The panel felt this was a heavy workload for a Core trainee given how sick the patients can be, with variable senior support to aid decision making. Another trainee described a ward round that finished at 5 pm with subsequent tasks to be completed. It was felt that the high demand for service delivery within the Trust would be helped by increased senior input. Decision making would be faster and the increased timely decisions made during the day would ease the situation for the twilight staff.

The panel noted the work carried out by the WPH senior teams in future workforce planning, with staffing investment put in place across the specialty. In total there has been additional investment in 12 Consultants (nine substantive positions and three locums) over the last two years, three Specialty Doctors and a five-fold increase in the number of GP Clinical Assistants, bringing their total current number to 10.

There has also been a significant and welcome investment in Advanced Practice, and several ACPs attended the panel. There was some lack of clarity over where their role overlapped or replaced junior doctors, and working relationships need to be more clearly defined. The Trust will need to look further at how the ACPs might be deployed most effectively to either take on some of the junior doctors' workload directly and/or assist service model change. We understand that a detailed evidence-based organisational design and development exercise is underway. This exercise will involve the synthesis of information relating to workforce, processes, systems and understanding the factors impacting upon activity and demand. The aim is to increase the clarity of roles and development of positive working relationships across the team.

Access to equipment was flagged as a potential patient safety concern, for example an arterial blood gas analyser. This is particularly concerning in the event of a medical emergency at Weston Park Hospital during the day or overnight. However, it was highlighted by the Trust at the feedback session that a blood gas analyser is currently being purchased. Limited access to an on-site CT scanner was reported with trainees having to make decisions on whether to wait five hours for a scan to be made available or to transfer the patient to another hospital.

There was a view expressed that no Foundation or Core trainee would want a relative to be treated at Weston Park Hospital, particularly overnight. No Foundation or Core trainee and half the Higher Trainee cohort would recommend their post in its present format. Higher Trainees commented that the Trust prioritised “service over training”.

There is approval for a walkway to link Weston Park Hospital to the Jessop Wing and thus to the Tower Block – this will help to solve the security and accessibility of senior colleague issues that are expressed during out of hours with a completion date of Spring 2019. It will not provide immediate solutions to the supervision concerns expressed by the trainees which will need to have an earlier solution.

## Educational requirements

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

Domain	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> (Clinical supervision)	Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.  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.	
<b>Requirement Number</b>	1	
<b>LEP Site</b>	Weston Park Hospital	
<b>Specialty (Specialties)</b>	Oncology	
<b>Learner</b>	Foundation, Core, Higher	
<b>Concern 1</b>	Trainees are often expected to provide clinical care without access to appropriate support from a clinical supervisor.	
<b>Concern 2</b>	Trainees are expected to carry out duties which are not appropriate for their stage of training	
<b>Evidence for Concern</b>	<p>The lack of consultant led ward rounds and consultant supervision on the wards was highlighted as a concern. The wards were reported to be run largely by CMTs, F1s and F2s. This was corroborated by Senior Nurses who felt that junior doctors do not get sufficient supervision on the ward.</p> <p>Contact with clinical supervisors is generally poor. There is a lack of communication and trainees do not know when a consultant will be present on the ward to review patients.</p> <p>The Shape of Training group's decision on the role of Acute Medicine training for Medical Oncology and Clinical Oncology is awaited before deciding whether to make any new recommendations.</p>	
<b>Action 1</b>	Provide trainees with regular access to a named clinical supervisor	<b>August 2018</b>
<b>Action 2</b>	Provide trainees with access to greater on-site support from consultant supervision on wards	
<b>Evidence for Action 1</b>	Copy of senior cover rota	<b>Immediate</b>
<b>Evidence for Action 2</b>	Copy of resident senior cover rota (out of hours supervision of Foundation)	<b>Immediate</b>
<b>RAG Rating</b>		
<b>EP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE YH Quality Team</li> </ul>	

<b>Domain</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(Consent)</b>	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with the GMC guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.	
<b>Requirement Number</b>	2	
<b>LEP Site</b>	Weston Park Hospital	
<b>Specialty (Specialties)</b>	Oncology	
<b>Learner</b>	Core	
<b>Concern</b>	Core Trainees are delegated to obtain consent for procedures that they do not feel competent performing or for which they have not been provided with training	
<b>Evidence for Concern</b>	The delegated consent policy within the Trust was reported to be a concern as some training is via e-learning and power-point presentation and the trainees do not always feel competent or equipped to give consent; for example, insertion of a Hickman line. Core Trainees should not be asked to consent for procedure for which they do not feel competent.	
<b>Action 1</b>	If trainees are to be involved in the consent process, they must be provided with appropriate training, guidance and support	<b>August 2018</b>
<b>Evidence for Action 1</b>	Copy of training programme.	<b>August 2018</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE YH Quality Team</li> </ul>	



Domain	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> (Clinical supervision)	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.</p>	
<b>Requirement Number</b>	3	
<b>LEP Site</b>	Weston Park Hospital	
<b>Specialty (Specialties)</b>	Oncology	
<b>Learner</b>	Higher	
<b>Concern</b>	<p>The lack of supervision within clinics is a longstanding concern within Weston Park Hospital. This requirement follows on from the Quality visit in 2016 (Condition number 16/0055; QM visit 14/03/016). Concerns still remain that ST4 trainees are expected to run peripheral clinics without Consultant supervision.</p>	
<b>Evidence for Concern</b>	<p>The trainees reported that ST4s are expected to run clinics without consultant supervision. This was reported to occur not just during periods of staff absence. The team based model referred to in 2016 as a possible solution when embedded does not seem to be working. Service demands must not override training provision. It cannot be assumed that if a Trainee has reached ST4 level that the required competencies are present to deliver an oncology opinion and, therefore, explicit supervision is required.</p> <p>In addition, trainees are asked to cover clinics in an oncology sub-speciality which they are not currently involved with and in several cases in which they have had no experience.</p> <p>These issues will be reviewed in 12 months' time with a view to escalating to GMC enhanced monitoring if the situation has not improved. This item will be added to the GMC Dean's report.</p>	
<b>Action 1</b>	Make alternative arrangements for cross cover or provide a named appropriate clinical supervisor for Oncology clinics, with particular reference to peripheral clinics. Trainees should only work outwith their current sub-speciality in out-patient clinics where they have prior experience.	<b>August 2018</b>
<b>Evidence for Action 1</b>	1. Confirmation of changes made to cross cover arrangements 2. Copy of training programme/guidance provided 3. Copy of senior cover rota during cross cover	<b>Immediate</b>  <b>August 18 Immediate</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE YH Quality Team</li> </ul>	

### **Post visit note from the Trust:**

#### Supervision of StRs in specialist clinics at WPH

Consultant Team acknowledge that in some circumstances eg an external commitment or annual leave, there may be occasions where a consultant is not physically present at a specialist clinic.

Steps taken to address this issue

- 1) They believe this scenario occurs rarely but have developed a system to capture the actual frequency, so that they will have supportive data moving forwards.
- 2) 'On schedule system': For instance only 2 consultants do gynae-oncology. If one is on leave, the on schedule system allows the trainee to open a spreadsheet, see exactly where their senior is, and how they should be contacted. Mobile phone numbers are readily available on the system.
- 3) Clinics are RAG rated according to the grade of trainee present and the experience of that trainee. For example if a gynae clinic was scheduled, and the appointed trainee hadn't done a gynae placement, they would ensure consultant presence. In exceptional circumstances a detailed handover would be provided in advance with a clear management plan for each patient.
- 4) Team have identified that some clinics become heavily overbooked. The outpatient operational group have worked with a service improvement team, to identify the causes and limit the frequency with which this happens. An StR has been involved in this quality improvement work so that they can share opinion and also have awareness of the efforts being taken.

An additional work-stream has involved radiology. Reports from in-patient imaging were typically available late in the day, and were requiring action by the out-of-hours teams. This reporting has been brought forwards so that reports appear in a timely manner and can be actioned by the day-time team.

<b>Domain</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (workload)</b>		
<b>Requirement Number</b>	4	
<b>LEP Site</b>	Weston Park Hospital	
<b>Specialty (Specialties)</b>	Oncology	
<b>Learner</b>	Foundation, Core, Higher	
<b>Concern</b>	High levels of workload are a longstanding concern within Weston Park Hospital. This requirement follows on from the Quality visit in 2015 (Condition number 15/0067; QM visit 3/03/015). Concerns still remain regarding the high level of service pressure and resulting workload experienced by all levels of Trainee which was felt to be unsustainable.	
<b>Evidence for Concern</b>	<p>The panel recognise the new consultant posts that have been added by the Trust. It is also acknowledged that the Trust have expanded the use of Advanced Clinical Practitioners to provide support. However, this is still a work in progress' as the Trainees' concerns with the very high level of workload remain. Valuable learning opportunities are often missed due to ward staffing being at minimum or below. The workload caused by intense service pressure was described as "overwhelming" and unmanageable during weekend on calls.</p> <p>These issues will be reviewed in 12 months' time with a view to escalating to GMC enhanced monitoring if the situation has not improved. This item will be added to the GMC Dean's report.</p>	
<b>Action 1</b>	Review staffing levels and develop an action plan to address the deficiencies.	<b>August 2018</b>
<b>Evidence for Action 1</b>	<ul style="list-style-type: none"> <li>• Summary of review</li> <li>• Ensuing action plan</li> <li>• Revised timetables</li> <li>• Summary of arrangements</li> </ul>	<b>August 2018</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with the HEE YH Quality Team</li> </ul>	

### Post visit note from the Trust:

Additional staffing proposals developed by WPH leaders have emphasised the importance of maximising skills and competencies of those in advanced non-medical clinical roles, and integrating these roles to improve multi-professional clinical leadership and service agility. An innovative approach will be needed to enable services to become more efficient and more responsive to changing needs of the increasing patient population. The model hopes to build capacity for the future whilst reducing demand on junior doctors and expense of medical staff. A detailed evidence-based organisational design and development exercise is underway. This exercise will involve the synthesis of information relating to workforce, processes, systems and understanding the factors impacting upon activity and demand. This will ultimately lead to increased clarity of roles and development of positive working relationships across the team.

<b>HEE Domain</b>	<b>SUPPORTING LEARNERS</b>	
<b>Requirement (Feedback)</b>	Learners 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	
<b>HEYH Condition Number</b>	5	
<b>LEP Site</b>	Weston Park Hospital	
<b>Specialty (Specialties)</b>	Oncology	
<b>Trainee Level</b>	Foundation, Core, Higher	
<b>Concern</b>	Learners receive little or no feedback on their performance	
<b>Evidence for Concern</b>	Learners confirmed that Datix reports were completed following incidents. However, it was reported that feedback was not available which limited reflection and the ability to learn from an incident.	
<b>Action</b>	Trainees must be provided with regular useful feedback following a reported incident.	<b>August 2018</b>
<b>Evidence for Action</b>	Copy of action plan. Trainee's views on change to educational culture via survey/forum must confirm that opportunities for useful feedback have improved.	<b>December 2018</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with HEE YH Quality Team</li> </ul>	

### Post visit note from the Trust:

A pro forma for incorporation into the datix report has been devised by BK and ratified at the MEG meeting to ensure that the DME office will be able to identify those trainees who have had significant involvement in any adverse event such that necessary support, feedback and training gaps can be identified and shared with directorates and HEE. The Datix system already includes a tick box to identify incidents which have involved a trainee, but the additional pro-forma will request information about whether the trainee's ES or CS are aware of the incident and have discussed it with the trainee concerned. It should also be noted that following a recent development of the system, Datix now notifies the reporter of an incident by e-mail about the outcome of an incident investigation.

## Quality review outcome report

HEE Domain	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> (Rotas)	<p>Organisations must design rotas to:</p> <ul style="list-style-type: none"> <li>• make sure learners have appropriate clinical supervision</li> <li>• support doctors in training to develop the professional values, knowledge, skills and behaviours (KSB) required of doctors working in UK</li> <li>• provide learning opportunities that allow doctors in training to meet the requirements of the curriculum and training programme</li> <li>• give learners access to ES</li> <li>• minimise the effect of fatigue and workload</li> </ul>	
<b>HEYH Condition Number</b>	6	
<b>LEP Site</b>	Jessop	
<b>Specialty (Specialties)</b>	Obstetrics & Gynaecology	
<b>Trainee Level</b>	Core	
<b>Concern 1</b>	Trainees are provided with duty rotas which are very complex and subject to change at very short notice.	
<b>Concern 2</b>	Trainees are provided with duty rotas which do not allow them sufficient opportunities to meet the requirements of their curriculum.	
<b>Evidence for Concern</b>	While training opportunities were reported to be available for the higher speciality trainees, Core trainees felt they were mainly being used for service delivery. Current rota co-ordinators are administrators and the rotas were felt to be unnecessarily complex and subject to constant change; for example, when released on a Friday, often by Monday the rota will have changed and the trainee is needed elsewhere. The consequence of this is the trainees have many lost learning opportunities and feel they are just a number put into a rota to fill a gap. Ensuring timely medical input into the rota design would help Foundation trainees get training opportunities and experience included in their rotation.	
<b>Action 1</b>	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of the patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	<b>August 18</b>
<b>Action 2</b>	Ensure timely medical input is included in the rota design	<b>August 18</b>
<b>Action 3</b>	Review the impact of the introduction of new rotas/rota arrangements.	<b>December 18</b>
<b>Evidence for Action 1 &amp; 2</b>	Copies of rotas.	<b>December 18</b>
<b>Evidence for Action 3</b>	Summary of the impact of any changes made.	<b>December 18</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with HEE YH Quality Team</li> </ul>	

<b>HEE Domain</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(Clinical Supervision)</b>	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session.</p>	
<b>HEYH Condition Number</b>	7	
<b>LEP Site</b>	Jessop	
<b>Specialty (Specialties)</b>	Obstetrics and Gynaecology	
<b>Trainee Level</b>	Foundation	
<b>Concern 1</b>	Foundation Trainees do not know when to contact a consultant for support when seeking advice on clinical care for sick patients	
<b>Evidence for Concern</b>	Written guidelines for different scenarios relating to when a sick patient should be escalated are not known by trainees. Some Foundation trainees reported trying to deal with issues on their own due to a lack of confidence in contacting a consultant. It was felt that more emphasis should be given to escalation processes at induction.	
<b>Action 1</b>	At induction provide trainees with an escalation policy that gives clear guidance on the escalation of care of a sick patient.	<b>August 18</b>
<b>Evidence for Action 1</b>	<ul style="list-style-type: none"> <li>• Copy of guidance/escalation policy.</li> <li>• Copy of Induction programme</li> </ul>	<b>August 18</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with HEE YH Quality Team</li> </ul>	

### 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 Domain(s) & Standard(s)
Obstetrics & Gynaecology	The junior doctor forum is trainee led and driven and was reported to be working well. Any concerns can also be raised via a feedback board. In addition, training with the College Tutor is working very effectively with feedback going two ways and was felt to be an excellent process	

# Appendix 1: HEE Quality Framework 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'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
- 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.