

Action Plan for Health Education Yorkshire and the Humber

Requirements

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
HEYH1	Next scheduled report to the GMC	<p>HEYH must work with the LEPs to address patient safety concerns identified at visits to the following sites:</p> <ul style="list-style-type: none"> • Hull and East Yorkshire Hospitals NHS Trust • Barnsley Hospital NHS Trust • The Mid Yorkshire Hospitals NHS Trust 	<p>The Postgraduate Dean / Deputy Dean spoke to each of the Trust Medical Directors, within 48 hours of the concern being raised, to ensure that all concerns have been reviewed at Trust Board Level and to ask that actions plans are put in place to resolve these concerns.</p> <p>Information relating to each concern has been shared with the relevant Heads of Postgraduate Schools to ensure the school follow-up progress with the training programme and trainees as part of local quality control.</p> <p>DMEs have been supplied with the concern summaries that will appear</p>	<p>The LETB will continue to monitor progress during the 2015 routine Quality Management visits.</p> <p>Trust link APDs will review action taken by the Trusts on a six weekly basis, reviewing evidence as necessary and supporting the DME to resolve the concerns. Reporting progress to the LETB Quality Team via the Quality Database.</p> <p>The LETB will review evidence supplied via the 2015 GMC National Trainee Survey to identify whether other comments have been made by</p>	April 2015	David Eadington (Supported by Julie Platts and APD Trust links)

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			<p>on the GMC enhanced monitoring pages on their website on 12 March. DMEs have also been advised of the enhanced monitoring process in terms of monitoring and subsequent closure of these conditions.</p> <p>Link APDs have been informed of the concerns and asked to review progress during formal meetings.</p> <p>All Trusts have submitted their action plans outlining their action taken to date and action plan for the next 3 months.</p>	<p>trainees.</p> <p>The enhanced monitoring concern summaries will be revised quarterly in conjunction with DMEs and Link APDs. The Link APDs will focus on these concerns at the meetings with DMEs.</p> <p>Following a routine HEYH visit to Mid Yorkshire on 9/2/2015 a revisit to O&G in June/July will take place to monitor concerns about work intensity. A SAC representative is attending; the LETB will request a GMC representative to attend.</p>		
HEYH2	Next scheduled report to the GMC	<p>HEYH must monitor and support the LEPs to meet the requirements and recommendations set out in the visit reports for the following sites:</p> <ul style="list-style-type: none"> • Northern Lincolnshire and Goole NHS Foundation Trust • Hull and East Yorkshire Hospitals NHS Trust • Sheffield Teaching Hospitals NHS Foundation Trust • Barnsley Hospitals 	<p>Routine visits to the LEPs have taken place as follows:</p> <ul style="list-style-type: none"> • Calderdale and Huddersfield 9 February 2015 • Mid Yorkshire 12 February 2015 • Sheffield Teaching Hospitals 3-4 March 2015 • Northern Lincolnshire and Goole 26-27 March 2015 <p>The GMC LEP reports including requirements and recommendations are supplied to QM visit panel members as part of the information packs prior to visits New conditions set are being linked</p>	<p>The LETB will continue to monitor progress during the 2015 routine Quality Management visits as follows:</p> <ul style="list-style-type: none"> • Hull and East Yorkshire 27 April 2015 • Barnsley General Hospital 2 October 2015 • York Teaching Hospital 2-3 November 2015 <p>Trust link APDs will review action taken by the Trusts on a six weekly basis, reviewing evidence as necessary and supporting the DME to resolve the concerns. Reporting</p>	December 2015	David Eadington (Supported by Julie Platts and APD Trust links)

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		<p>NHS Foundation Trust</p> <ul style="list-style-type: none"> • York Teaching Hospital NHS Foundation Trust • Calderdale and Huddersfield NHS Foundation Trust • The Mid Yorkshire Hospitals NHS Trust 	<p>to the GMC's requirements and recommendations. Enhanced monitoring conditions are receiving specific attention when briefing panel members and when setting conditions.</p> <p>The latest HEYH trainee and GMC surveys are being used extensively to triangulate evidence at QM visits. Full copies of the latest CQC report is also supplied along with any local soft intelligence data. ER reporting statistics are also provided to panel members and discussed with Trust representatives to highlight inconsistencies of reporting.</p> <p>Reports continue to be received from Trust Link APDs regarding their meetings with Trust representatives and these are shared with stakeholders to disseminate information and encourage consistency.</p>	<p>progress to the LETB Quality Team via the Quality Database.</p> <p>The LETB will review evidence supplied via the 2015 GMC National Trainee Survey to identify whether other comments have been made by trainees.</p> <p>The Quality database output reports will be used to monitor themes relating to concerns across the LETB.</p>		
HEYH3	Next scheduled report to the GMC	HEYH must review its quality management systems to ensure that processes are integrated, consistent and objective, with clear thresholds for escalation by all stakeholders and processes for closing the loop.	The LETB has developed a standard Conditions bank with clearer definitions of the evidence base required to close a condition. This will ensure conditions set are structured and consistent across all visits.	The conditions bank will be utilised in paper format for 6 months with a plan to incorporate into the quality database when processes have been agreed. In addition the LETB will be developing a standard operating procedure which describes the process for closing conditions.	July 2015	David Eadington and Michael Nelson

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			<p>The LETB has begun an audit of all QM processes to identify where there is (or could be a perceived) a lack of consistency and objectivity.</p>	<p>Following the audit of QM processes where issues are identified to develop SOPs and training materials to ensure all LETB staff are consistent in their approaches to quality management.</p>	<p>July 2015</p>	<p>Emma Jones and Julie Platts</p>
			<p>The quality framework has been amended so that a Trust link APD should not form part of the LETB visiting panel to that LEP, to remove any potential conflicts of interest.</p>	<p>Training for all Trust link APDs on the use of the quality database, their role as Trust link and their role within the quality framework. This will include workshops delivered at APD events to make the processes for managing conditions more consistent.</p>	<p>September 2015</p>	<p>David Eadington and Julie Platts</p>
			<p>A review of the Quality Framework meeting structure is underway to ensure that the structure is simplified to allow for improved transparency.</p>	<p>Implementation of the revised quality meetings structure; into a Planning Group and Outcomes Group (including patient safety issues).</p>	<p>November 2015</p>	<p>David Eadington and Emma Jones</p>
			<p>An evaluation is currently underway of the pilot sites that have used the Quality Database to provide live progress updates against conditions. Discussions are taking place with quality and data team representatives from the GMC to discuss the initiative and determine if live reporting can piloted with them.</p>	<p>Establishment of a Multi professional Patient Safety Steering Group, which reviews data for all professions and works with all providers, Area Teams and the Clinical Skills network. The aim is to ensure all patient safety concerns are reported and addressed. There is a need to develop reporting and recording systems, which</p>	<p>September 2015</p>	<p>David Eadington (Supported by Julie Platts, Jill Hanson Cheryl Day, Ray Cuschieri and Fiona Bishop)</p>

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			Senior school medical representative on the LETB Board will continue.	<p>will allow us to identify trends and work with providers to implement 'lessons learned'.</p> <p>The development of SOPs which describes the LETBs thresholds for escalation and escalation processes.</p> <p>Creation of a communication protocol at all levels, including timescales. Training for all Trust link APDs on the communication protocol within the quality framework.</p> <p>Establish routine data flows between the LETB and Medical Schools to ensure information regarding placement quality will be held centrally and available to all stakeholders. This information will be used to review, monitor and improve the quality of all training environments.</p> <p>Review the current feedback mechanisms available to the LETB (PPQA, MS Surveys, HEI Surveys and Junior Doctor Surveys) and develop a process which enables this information to be used multi professionally</p>	<p>July 2015</p> <p>August 2015</p> <p>October 2015</p>	<p>David Eadington (Supported by Julie Platts, Emma Jones, Michael Nelson and Michael Hayward)</p> <p>David Eadington (supported by Laura Tattersall)</p> <p>Peter Taylor (Supported by Emma Jones Michael Nelson Jonathan Brown)</p> <p>Peter Taylor (supported by Emma Jones)</p>

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				to monitor and improve the quality of all training environments. For most providers this will require an annual multi-disciplinary quality review meeting.		
BH1	Next scheduled report to the GMC	Doctors in Foundation training must have access to on-site, residential supervision at all times.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The Surgical registrar rota has now changed to a full shift rota so there is always senior on-site supervision for the foundation doctors. The new rota went live on the second week of 2015.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p> <p>The LEP has confirmed they will continue to monitor the impact of the new rota on training and educational opportunities.</p>	May 2015	David Eadington and Michael Nelson
BH2	Next scheduled report to the GMC	Clinical handover should be scheduled to coincide with rotas so doctors in training are not required to stay beyond scheduled shifts in order to achieve safe handover of care.	<p>The LETB has contacted the LEP for a progress update and can confirm that the LEP is due start an audit.</p> <p>All shifts will be audited to ensure that shift start / end times do not impact on the outgoing doctor's ability to provide safe handover. Hours monitoring to be completed on each rota to ensure EWTD compliance.</p>	Trust Link APD will monitor progress with the DME regarding the audit. The LETB will follow at the next routine QM visit on 2 October 2015 to ensure that clinical handover coincides with rotas.	October 2015	David Eadington and Michael Nelson

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BH3	Next scheduled report to the GMC	Doctors in training must have access to essential clinical information such as handover notes during induction period.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>All IT access is now set up before changeover period to ensure that all Drs have access to correct systems required to perform their duties.</p>	<p>Trust Link APD will monitor compliance of induction with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	October 2015	David Eadington and Michael Nelson
BH4	Next scheduled report to the GMC	Terminology used to refer to and identify doctors in training and medical students must be such that patients and colleagues are aware of the status and training grade of each individual. The terms SHO must not be used.	<p>The LETB has written out twice to all LEPs to ask they review their current terminology and cease the use of pre MMC terminology with immediate effect and to confirm that name badges for the February rotation will not refer to pre MMC terminology.</p> <p>This issue has now been incorporated as a key standard within the quality framework, asking for progress reports at visits and asking for evidence as part of the annual LEP self-assessments.</p> <p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>All new ID badges at February 2015 intake stated correct Doctors grade and will continue to monitor the use of the correct terminology.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p> <p>Through our educational events and at the next PGMDE conference, we will identify examples where standards of supervision were poor because the educational needs of the trainees were not understood.</p> <p>Development of an educational video.</p> <p>Develop a suggested alternative terminology.</p>	October 2015	David Eadington and Michael Nelson

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			Communication sent to all medical staff from PGME director stating the correct terminology to be used. A trust wide communication will go to all staff relating to use of correct terminology.			
BH5	Next scheduled report to the GMC	Doctors in training during on-calls must have reliable means of communication such as pagers to access senior support.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>An audit has been undertaken regarding pager access and all on-call teams have appropriate access to pagers as required for their role.</p> <p>A business case was put forward at Trust Board 24th February for investment in a new pager system which if approved will be rolled out in Quarter 1 of 2015/16</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	October 2015	David Eadington and Michael Nelson
BH6	Next scheduled report to the GMC	Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Clinical Supervision is included in the core SPA of all job plans. Educational supervision is allocated at 0.125 for each trainee</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p> <p>To monitor as new guidelines for Clinical and Educational supervision are introduced.</p>	October 2015	David Eadington and Michael Nelson

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
CHFT1	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.	<p>The LETB has written out twice to all LEPs to ask they review their current terminology and cease the use of pre MMC terminology with immediate effect and to confirm that name badges for the February rotation will not refer to pre MMC terminology.</p> <p>This issue has now been incorporated as a key standard within the quality framework, asking for progress reports at all visits and asking for evidence as part of the annual LEP self-assessments.</p> <p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> • Trust wide email outlining the correct terminology to be used • Follow up email to all doctors in training asking them to inform medical education of areas where the incorrect terminology is used • Message also reinforced by Director of Nursing to all nursing and midwifery staff • All rotas have been checked and amended • Policies and procedures are being checked and amended 	<p>Ongoing reinforcement and monitoring of the situation</p> <p>Trust Link APD will monitor progress against the condition at 6 weekly meetings with DME.</p> <p>Through our educational events and at the next PGMDE conference, we will identify examples where standards of supervision were poor because the educational needs of the trainees were not understood.</p> <p>Development of an educational video.</p> <p>Develop a suggested alternative terminology.</p>	October 2015	David Eadington and Ros Roden

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<ul style="list-style-type: none"> Reinforced correct terminology at doctor in training induction Correcting staff that uses the wrong terminology Item to be published in Trust newsletter <p>LEP response checked at the HEYH Routine QM visit on 9 February 2015 and condition added to quality database that links to the GMC requirement.</p>			
CHFT2	Next scheduled report to the GMC	Foundation doctors in surgical posts must have timely access to senior support at weekends.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken: Since October 2014 the hours of consultant presence on the ward has been changed. During the weekend:</p> <ul style="list-style-type: none"> There are twice daily consultant led ward rounds at the weekend for acute surgical placements There is a post take consultant led ward round at 8.00pm There is a daily middle grade ward round for non-acute patients The escalation protocol has been reiterated to doctors in training <p>At the HEYH routine visit on 9</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	May 2015	David Eadington and Ros Roden

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			February 2015 the clinical supervision arrangement for Foundation doctors in surgical posts was reviewed.			
CHFT3	Next scheduled report to the GMC	There must be scheduled, regular educational teaching sessions in place, and doctors in training at all levels must be able to access them.	<p>The LETB has contacted the LEP for a progress update and can confirm the Trust does host regular teaching sessions but particular concerns were raised by FY2's with regard:</p> <ul style="list-style-type: none"> • their ability to attend due to rota gaps • the lack of generic teaching at FY2 level <p>The Trust recognises that gaps in the rotas can impact upon the trainee's ability to attend sessions. The Trust is reviewing the timings of the programmes in consultation with the trainees. They are discussing with the Foundation School the approach to be taken with regard to FY2 generic teaching.</p> <p>At the routine QM visit to CAH on 9 February access to scheduled, regular educational teaching for all trainees was reviewed.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	May 2015	David Eadington and Ros Roden

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CHFT4	Next scheduled report to the GMC	All doctors in training must receive a departmental induction. An up to date, accurate record of those who have, and have not received a departmental induction should be closely monitored.	<p>The LETB has contacted the LEP for a progress update and they confirm all specialties do arrange departmental induction but accept that not all doctors have attended and the content of local induction can be variable. The Trust are:</p> <ul style="list-style-type: none"> • Revising the departmental induction guidance • Standardising the attendance register format which medical education is then responsible for collating • Securing dates of departmental induction prior to changeover <p>For the induction following the GMC visit (February 2015) each specialty completed a departmental induction and the registers of attendance are held by medical education. Collation of attendance registers at each transition time for doctors in training.</p> <p>At the routine QM visit to CAH on 9 February access to departmental induction was reviewed.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	May 2015	David Eadington and Ros Roden
CHFT5	Next scheduled report to the GMC	Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> • The LEP have circulated widely the need for educational supervisors to have an 	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality</p>	May 2015	Peter Taylor and Michael Hayward

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			<p>allocation in their job plans for the role and we will be auditing job plans to ensure this is clearly identified</p> <ul style="list-style-type: none"> The LEP appreciate that there is a need to recognise clinical supervision within job plans and we are working on a strategy to incorporate this Review of consultant job planning across the Trust being conducted at present <p>At the routine QM visit to CAH on 9 February adequate allocation of time in ES and CS job plans was reviewed.</p>	monitoring.		
HEY1	Next scheduled report to the GMC	Doctors in training conducting outpatient clinics in obstetrics and gynaecology must be appropriately supervised at all times.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Following the GMC visit all ST 3, 4 and 5 Trainees are not left alone in Antenatal and Gynaecological Clinics. For ST 6 & 7 who have had all core competencies signed off at an ARCP, should they occasionally be on their own a communication stream has been set up to ensure that there is a direct link to the consultant on call.</p>	<p>The clinics will be monitored to ensure that this new practice does not change.</p> <p>Clinical Supervision for trainees conducting outpatient clinics in O&G will be reviewed at the HEYH routine QM visit to the LEP on 27 April 2015</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	April 2015	David Eadington and Mike Hayward

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HEY2	Next scheduled report to the GMC	Foundation doctors in training in the emergency department must have access to appropriate levels of supervision when discharging patients.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The inappropriate discharge of patients by Junior medical staff is recognised as a clinical risk by the service and is on the risk register. The active controls in place to prevent this happening include:-</p> <ul style="list-style-type: none"> • Consistent senior presence on ED 24 hours a day, 7 days a week • A consultant presence 16 hours a day from 0800 to midnight • Acting down of Consultants when there is unfilled registrar gaps between 0000 and 0800 • The implementation and introduction of an Ambulatory Care Unit (ACU) and an Acute Frailty Unit (AFU) to help minimise crowding in the department and creating a more conducive environment for training and supervision • Review of medical workforce and departmental activity 	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	April 2015	David Eadington and Mike Hayward
HEY3	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical	The LETB has written out twice to all LEPs to ask they review their current terminology and cease the use of pre MMC terminology with immediate effect and to confirm that name badges for the February	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes</p>	October 2015	David Eadington and Mike Hayward

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		supervision and expectations of doctors' competence.	<p>rotation will not refer to pre MMC terminology.</p> <p>This issue has now been incorporated as a key standard within the quality framework, asking for progress reports at all visits and asking for evidence as part of the annual LEP self-assessments.</p> <p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> • All Rotas have been re-written to ensure that current terminology is being used. The Human Resources and Medical Education Team have reviewed practices and processes to ensure that the term SHO is no longer used • The issue has also been discussed at the Medical Education Committee and Educational Leads across all specialties have been informed and asked to implement • Review of Departmental Induction Programmes and Teaching Programmes as part of Quality Management Process to ensure that all terminology is up to date 	<p>a routine part of quality monitoring.</p> <p>Through our educational events and at the next PGMDE conference, we will identify examples where standards of supervision were poor because the educational needs of the trainees were not understood.</p> <p>Development of an educational video.</p> <p>Develop a suggested alternative terminology.</p>		

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HEY4	Next scheduled report to the GMC	Adequate access to ultrasound training must be provided such that doctors in training are confident that they will be able to meet the requirements of their curriculum.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The Trust has recently appointed a new Consultant who has completed training in Ultrasound Training and will be delivering training to the trainees in the O & G department To organise training sessions to start from August 2015</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Mike Hayward
MY1	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.	<p>The LETB has written out twice to all LEPs to ask they review their current terminology and cease the use of pre MMC terminology with immediate effect and to confirm that name badges for the February rotation will not refer to pre MMC terminology.</p> <p>This issue has now been incorporated as a key standard within the quality framework, asking for progress reports at all visits and asking for evidence as part of the annual LEP self-assessments.</p> <p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> Communication has been sent to Medical Staffing 	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p> <p>Through our educational events and at the next PGMDE conference, we will identify examples where standards of supervision were poor because the educational needs of the trainees were not understood.</p> <p>Development of an educational video.</p> <p>Develop a suggested alternative terminology.</p>	October 2015	David Eadington and Alison Pittard

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			<ul style="list-style-type: none"> New trainees were made aware at February 15 induction Communication (most recent letter from David Wilkinson) to be sent to all training grade and non-training grade doctors The instruction to be published in the next edition of the MY Medical Journal 			
MY2	Next scheduled report to the GMC	There must be formal, well organised handover arrangements in place across all specialties.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>A statement has been received from specialties that such arrangements are in place Handover audits will be requested as a routine audit and results published in MY Medical Journal as well as included in Board report</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Alison Pittard
MY3	Next scheduled report to the GMC	Foundation doctors in surgical posts must have timely access to on site senior support, and there must be a clearly defined pathway for accessing this support at all times.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Rotas have 4 tiers with senior support always available. Trainees told at departmental induction how/when to escalate and to whom</p> <p>Defined pathway for surgical trainees to contact medical consultants in the event of outliers</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	April 2015	David Eadington and Alison Pittard

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			<p>on surgical wards.</p> <p>Meeting with trainees on a regular anonymous basis both as Foundation and Surgery to gauge 'success'</p>			
MY4	Next scheduled report to the GMC	There must be clearly defined and formalised quality control processes in place in relation to postgraduate education, to demonstrate how issues are managed locally, and in collaboration with the LETB.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Minuted formal meetings with the APD every 6 weeks</p> <p>Revision of QC processes as part of Trust overall review</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Alison Pittard
MY5	Next scheduled report to the GMC	All doctors in training must receive a departmental induction. An up to date, accurate record of those who have, and have not received a departmental induction should be closely monitored.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> Confirmation of specialty induction is deemed mandatory by Medical Education and all new doctors who Medical Education are aware of are asked to return a confirmation slip, this includes those doctors who start out of synch Trainees are advised to contact their educational supervisor for an early initial meeting. Induction discussion is recorded at this meeting. Educational supervision 	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Alison Pittard

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			<p>acknowledged in job plans</p> <ul style="list-style-type: none"> Information (percentages) provided to and discussed with senior clinical leadership teams (may be part of Board report) 			
MY6	Next scheduled report to the GMC	The workload of higher specialty doctors in training within obstetrics and gynaecology must be reviewed to ensure that the intensity of work is appropriate in ensuring the delivery of high-quality, safe patient care.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> Currently under review by the O/G team and changes being made progressively within consultant job plans Regular meeting with trainees and College tutor to discuss such issues Further job plan adjustments and appointments 	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	June 2015	David Eadington and Alison Pittard
MY7	Next scheduled report to the GMC	Learning opportunities must be integrated into service provision to ensure that trainees are able to progress appropriately within their training.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>There are regular training sessions including grand rounds at both acute sites.</p> <p>In gynaecology the rotas and theatre lists are being checked to ensure optimum provision of training.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Alison Pittard

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
MY8	Next scheduled report to the GMC	The quality and sustainability of medical education and training must be formally considered at local education provider (LEP) board level.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Discussed by Medical Director following weekly meetings with DME as well as 3 and 6 monthly 1:1 meetings. Discussions are taking place around sending quarterly updates to Board via Medical Director</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	May 2015	David Eadington and Alison Pittard
NLAG1	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.	<p>The LETB has written out twice to all LEPs to ask they review their current terminology and cease the use of pre MMC terminology with immediate effect and to confirm that name badges for the February rotation will not refer to pre MMC terminology.</p> <p>This issue has now been incorporated as a key standard within the quality framework, asking for progress reports at all visits and asking for evidence as part of the annual LEP self-assessments.</p> <p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> A document detailing terminology that should be 	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p> <p>Through our educational events and at the next PGMDE conference, we will identify examples where standards of supervision were poor because the educational needs of the trainees were not understood.</p> <p>Development of an educational video.</p> <p>Develop a suggested alternative terminology.</p>	October 2015	David Eadington and Mike Hayward

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>using for all posts other than Consultants has been widely circulated to all staff explaining that using old terminology makes identification of the level of supervision required & the level of competency a doctor has achieved difficult</p> <ul style="list-style-type: none"> • We have insisted that the use of old terminology ceases as a matter of urgency • To continue to monitor and re-circulate information 			
NLAG2	Next scheduled report to the GMC	Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The Medical Directors Office is currently reviewing all Consultant Job Plans & 0.25 PAs per trainee are being allocated to Educational Supervisors.</p> <p>To allocate similar PAs for Clinical Supervisors would have major implications.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	Peter Taylor and Mike Hayward
STH1	Next scheduled report to the GMC	Consultants must oversee handover and this must be scheduled in a way that ensures patient safety and continuity.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Handover Steering Group established with representation from Hospital at Night (H@N),</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and John Jolly

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>Deputy Medical Director, Healthcare Governance, Medical Education, and Learning & Development. The Steering Group has examined current practice, piloted a standardised pro forma, and improved the physical environment for H@N handover.</p> <p>GIM trainees in the South attended a training day focusing on handover and leadership in January 2015. eLearning package has been developed for F1's focusing on SBAR and Handover communications.</p> <p>The Handover Policy has been ratified and will be in place by August 2015. The Policy will be trialled in simulation prior to its launch. Communication around the Policy in place. The Policy will define roles and responsibilities including Consultant oversight. The Policy will set a minimum standard for handover in all clinical situations that can be developed as required.</p>			
STH2	Next scheduled report to the GMC	Terminology used to refer to and identify doctors in training and medical students must be such that patients and colleagues are aware of the status and training	The LETB has written out twice to all LEPs to ask they review their current terminology and cease the use of pre MMC terminology with immediate effect and to confirm that name badges for the February rotation will not refer to pre MMC	Trust Link APD will monitor progress with the DME. The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality	October 2015	David Eadington and John Jolly

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
		grade of each individual. The terms SHO must not be used.	<p>terminology.</p> <p>This issue has now been incorporated as a key standard within the quality framework, asking for progress reports at all visits and asking for evidence as part of the annual LEP self-assessments.</p> <p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>All new starters and new rotations will receive name badges that conform to the following nomenclature: Foundation Doctor, Core Trainee, and Specialty Trainee.</p> <p>The Trust is comfortable with the term Medical Student and the issue was raised at the October 2014 Clinical Management Board meeting.</p> <p>Nomenclature will continue to be asserted via name badges and the issue will be raised at the March 2015 meeting of the Clinical Management Board.</p>	<p>monitoring.</p> <p>Through our educational events and at the next PGMDE conference, we will identify examples where standards of supervision were poor because the educational needs of the trainees were not understood.</p> <p>Development of an educational video.</p> <p>Develop a suggested alternative terminology.</p>		
STH3	Next scheduled report to	Working patterns and intensity of work by day and by night must be	The LETB has contacted the LEP for a progress update and can confirm the following action has been	Trust Link APD will monitor progress with the DME.	November 2015	David Eadington and John Jolly

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
	the GMC	appropriate for learning in accordance with the approved curriculum, add educational value and be appropriately supervised.	<p>taken:</p> <p>Repatriation of the Royal Hallamshire Specialty Registrar to the afternoon shift at the Northern General to cover the workload. Hospital at Weekend (H@W) pilot underway which has improved the working environment and available support to medical trainees. Additional Consultant sessions in Medicine over the winter with F2/Core Trainee support.</p> <p>Progress the Acute Medical Care Programme (Triple A) which incorporates Acute Assessment Development, Acute Workforce Development and Ambulatory Care Pathways.</p> <p>The Acute Assessment Development work stream will streamline the process not only to improve patient flow but will facilitate the use of protocols and guidelines reducing the workload of medical trainees.</p> <p>The Acute Workforce Development work stream will develop an innovative workforce for the future thus ensuring that medical trainees are supported by a robust and well trained multidisciplinary team.</p>	The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.		

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			The Ambulatory Care Pathways work stream focuses on best practice and protocol management leading to a reduction of unnecessary admissions.			
STH4	Next scheduled report to the GMC	Doctors in training must be given adequate time to complete the trust induction. Local induction in all specialties must cover how posts fit within the programme, duties and reporting arrangements, roles within the team and departmental policies.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Overhaul of Corporate Medical Induction has been completed. Corporate Medical Induction takes place on the first Wednesday of each month and Medical Personnel schedule new starters onto the most appropriate Corporate Induction session.</p> <p>Local Induction, whilst comprehensive in some specialties, is under review.</p> <p>The Trust is utilising PALMS, the Trust's learning management system, and application of the Skills for Health standards to develop each specialty's local induction needs, tailored to each trainee. Work with the Lead in each specialty to develop a robust local induction package that each trainee can access via PALMS, the Trust's web-based learning management</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and John Jolly

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			system. Compliance monitoring is undertaken centrally by the Medical Education team and informs the Trust's overall compliance.			
STH5	Next scheduled report to the GMC	Doctors in training must receive training in consent to ensure they understand the appropriate intervention and its risks, and are prepared to answer associated questions the patient may ask. This training must be monitored to ensure it is taking place before the consent is taken.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Delegated consent training packages are available and a process in place. Delegated consent is included in the Trust's Corporate and Local Induction content. Streamline the content of each delegated consent training package and manage compliance via PALMS and local induction. This process will allow compliance to be monitored at a central and specialty level.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and John Jolly
STH6	Next scheduled report to the GMC	Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Job plans are being transferred to an electronic platform to allow detailed interrogation and collation of time allocated to these activities across the Trust. Currently approximately 450 out of 650 job plans have been transferred to the</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	December 2015	Peter Taylor and Michael Hayward

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			electronic platform. Full analysis of allocations to ensure sufficient to provide high quality educational supervision.			
YOR1	Next scheduled report to the GMC	Paediatric medicine – Appropriate level of cover must be provided for the paediatric medicine night duty on-call rota.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The Deputy Medical Director immediately arranged cover for the evening of the visit. Three consultants have been successfully appointed and a mandated part of their role is on-call residency. The rota has been changed accordingly. Plans are in place for further consultant expansion and these posts also include resident on-call. Continued review of each element through the Postgraduate management team bi-weekly meeting</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Kevin Sherman
YOR2	Next scheduled report to the GMC	Current terminology must be used when referring to the grades of doctors in training to ensure appropriate clinical supervision and expectations of doctors' competence and experience.	<p>The LETB has written out twice to all LEPs to ask they review their current terminology and cease the use of pre MMC terminology with immediate effect and to confirm that name badges for the February rotation will not refer to pre MMC terminology.</p> <p>This issue has now been incorporated as a key standard within the quality framework,</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p> <p>Through our educational events and at the next PGMDE conference, we will identify</p>	October 2015	David Eadington and Kevin Sherman

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>asking for progress reports at all visits and asking for evidence as part of the annual LEP self-assessments.</p> <p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The Medical Director has written to all consultants and circulated a letter from the Postgraduate Dean. This has been announced on the Trust intranet.</p> <p>HR and Postgrad are reviewing policies and processes to ensure there are no references to SHO. What has been identified is that the term SHO / SHMO is used in the terms and conditions of service for medicine and dentistry trainees from NHS Employers. We have asked for and would welcome clarification from the GMC on the terminology to be used as there appears to be conflicting information.</p>	<p>examples where standards of supervision were poor because the educational needs of the trainees were not understood. Development of an educational video.</p> <p>Develop a suggested alternative terminology.</p>		
YOR3	Next scheduled report to the GMC	The work intensity of clinical placements must be appropriate for learning.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The LEP are aware that some areas of the hospital are under pressure</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Kevin Sherman

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			and will continue to work with HEYH to aid recruitment. There are areas of the hospital with significant vacancies in training posts which exacerbates the problem. There has been limited success in trying to recruit locally to fill these posts and efforts are still ongoing. There are a number of initiatives in place such as an Advanced Clinical Practitioner (ACP) training programme, the first cohort of which have completed training. Cohort 2 is in place and plans are in place for a third cohort. The trained ACPs have been placed in areas of greatest need. The phlebotomy provision has also been expanded across the Trust.			
YOR4	Next scheduled report to the GMC	Adequate access to ultrasound training must be provided such that doctors in training are confident that they will be able to meet the requirements of the curriculum.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Ultrasound training is provided across the Trust. Evidence of which was taken to the GMC wrap up meeting on 3 Feb. This included posters advertising ultrasound guided access and a FAST course. O&G specific training mapped to curriculum is available on both sites. An O&G SAS doctor in Scarborough has recently been trained to deliver Ultrasound sessions to trainees. There is an</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	September 2015	Jon Hossain and Kevin Sherman

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			ongoing programme in York.			
YOR5	Next scheduled report to the GMC	Trust and departmental induction must be reviewed such that it is standardised and all doctors receive induction in a timely manner.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The LEP are aware that issues have been raised previously about departmental induction and are already attempting to address this. Please see evidence on HEYH quality database. The Trust induction is standardised, it is robust and well evaluated and all doctors receive induction in a timely manner.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	November 2015	David Eadington and Kevin Sherman

Recommendations

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
HEYH4	Next scheduled report to the GMC	HEYH should continue to develop strategic relationships with its stakeholders – including LEPs and medical schools - as it faces challenges in funding, restructure and service pressures.	<p>Focussing on medical schools the LETB is initiating a discussion/event with our three partner medical schools in order to agree</p> <ol style="list-style-type: none"> 1. Our common interests 2. Our relative responsibilities to the LETB, NHS providers and each other accountabilities 3. How we work together 4. Information sharing 	<p>The LETB will implement recommendations that arise from the task and finish group. The changes made will be evaluated and further action taken as required.</p> <p>The LETB will ensure that Education and Training is a standing agenda item and</p>	<p>November 2015</p> <p>May 2015</p>	David Eadington and Peter Taylor (supported by Emma Jones and Michael Nelson)

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>5. SLAs / contracts / placement agreements</p> <p>A task and finish group is being established led by Professor Tony Weetman, Pro Vice Chancellor and includes representatives from the three medical schools and the LETB.</p>	there is a nominated representative on all LEP Boards.	May 2015	
HEYH5	Next scheduled report to the GMC	HEYH should work with health economies to develop a co-ordinated plan to address the recruitment needs for delivery of healthcare in the region, as rota gaps have a clear impact on quality of training. This may involve HEYH re-evaluating the effectiveness of careers advice in relationship to future workforce needs.	<p>The LETB has undertaken a review of all rota gap data available to the LETB (PGMDE recruitment / rotational data and DRS) by organisation and specialty</p> <p>The LETB has developed a quality improvement programme which will review the rotational management process to ensure information is processed in a timely fashion, using V10 as an IT solution to support the transfer of information.</p>	<p>Following this review the LETB will identify trends to rota gaps which will inform workforce planning and commissioning.</p> <p>To work with LEPs to ensure that vacancies and gaps are managed appropriately, monitored with flows of information to support LEPs.</p> <p>The LETB will implement a process that supports TPDs to develop rotations that are appropriately coordinated to meet the needs of Trainees and Providers.</p> <p>PGMDE are linking with the wider LETB workforce planning team to repeat the consultant CCT workforce plan. In addition, this area of work has been included on the LETB</p>	<p>August 2015</p> <p>August 2015</p> <p>August 2015</p>	<p>Jon Hossain (Supported by Peter Taylor, Emma Jones and Jonathan Brown)</p> <p>Julie Honsberger (supported by Sarah Kaufmann, Emma Jones and Medical Workforce Managers)</p> <p>Peter Taylor (Supported by Emma Jones, Jill Hanson, Kay Appleyard, selected DEEF members and Sarah Kaufman)</p> <p>Jon Hossain and Johnathon Brown (supported by Julie Honsberger)</p>

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
				<p>Transformation Programme Board to contribute to the design and development of alternative solutions.</p> <p>Develop a task and finish group to evaluate the current careers advice provision available to all professions and identify where improvements can be made. To make recommendations to LETB Management Team.</p>	June 2015	Peter Taylor (Supported by John Jolly, Kash Purhit, Jon Hossain, Kate McCarthy and Katie Cobb)
BH1	Next scheduled report to the GMC	The educational value of community placements in paediatrics and other Foundation training posts in primary care should be evaluated.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The Community paediatrics post was a new post in 2014 after feedback from the first placement the rota was adapted so the F1 spent 50% in the community and 50% in the acute paediatric setting – feedback from this change has been good.</p>	Continue to work with the new community placements and share best practice to ensure they are able to fulfil the competencies set out in the foundation curriculum	October 2015	David Eadington and Michael Nelson
BH2	Next scheduled report to the GMC	Approaches to clinical supervision, support and care in the paediatrics and neo-natal unit should be consistent at all times.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> • Currently the guidelines on the intranet being reviewed and updated • Staff are invited to have CBD and workplace based assessment linked to 	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Michael Nelson

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>individualised teaching and needs</p> <ul style="list-style-type: none"> • Medical Director to meet with the department to evaluate the concerns raised 			
CHFT1	Next scheduled report to the GMC	Clinical supervisors should receive feedback on the quality of assessments they are providing, and regular appraisals for their roles.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <ul style="list-style-type: none"> • Circulated the results of the HEYH 2014 trainee survey to all clinical supervisors via the college tutors so they have an understanding of the feedback received from doctors in training • Reiterated the requirement to appraisers for educational roles to be discussed as part of the main appraisal process • Will be discussing models of feedback with HEYH <p>Feedback to trainers when results of GMC Survey 2015 published</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Ros Roden
CHFT2	Next scheduled report to the GMC	The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>A non-executive director has been appointed to take a lead on all education issues at Trust Board level.</p> <p>Whole system review of multi-professional Education strategy</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	May 2015	David Eadington and Ros Roden

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			currently being conducted within the Trust			
CHFT3	Next scheduled report to the GMC	The LEP should work with the LETB to consider the impact of rota gaps on the quality of postgraduate training going forward.		This will be dealt with under our response to HEYH5.	August 2015	David Eadington and Ros Roden
HEY1	Next scheduled report to the GMC	Foundation doctors should not sign discharge letters that they themselves have not written and for patients with whom they have had no prior contact.	The LETB has contacted the LEP for a progress update and can confirm the following action has been taken: All Foundation Doctors have been advised that they should only complete IDL's related to their primary specialty and for these to be started, completed and signed the day before discharge. Reminder by DME to address at Trust and Departmental Inductions	Trust Link APD will monitor progress with the DME. The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.	August 2015	David Eadington and Mike Hayward
HEY2	Next scheduled report to the GMC	The Trust should clarify and prioritise the range of initiatives described to the visiting team to address workforce issues which affect education and training using the role of the Chief Medical Officer in the broader	The LETB has contacted the LEP for a progress update and can confirm the following action has been taken: The Trust has been working with the CCG to explore a fellowship programme which can be jointly set up to encourage better recruitment	Trust Link APD will monitor progress with the DME. The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.	November 2015	David Eadington and Mike Hayward

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
		health community partnerships.	<p>of Doctors in Training.</p> <p>The HEYH sponsored leadership and management programme has been utilised by the Trust to attract Junior Doctors from other hospitals to work in Trust within fields of simulation based medical education.</p> <p>An MSc Healthcare leadership programme has been established with the University of Hull to develop workforce and attract staff to work within the Trust.</p> <p>The MTI scheme provided by the Royal Colleges has been utilised to recruit new staff in 6 different specialties.</p> <p>Also, in conjunction with the Hull Clinical Commissioning Group, East Riding Clinical Commissioning Group, City Healthcare Partnership CIC Humber Foundation Trust, we are developing a programme namely 'A Day in the life of the NHS' to attract school leavers to pursue a career in the NHS through the various medical and non-medical opportunities that are available.</p>			

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
HEY3	Next scheduled report to the GMC	There must be formal, well organised handover arrangements in place across all specialties.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>In Medicine the evening handover at 5pm has been implemented with 13 out of a possible 14 doctors regularly in attendance.</p> <p>A designated room has also been identified to hold the evening handover. Plans are also in place to extend the Hospital at Night service to 5pm and also the weekends. A system for the morning handover in medicine is also being piloted.</p> <p>Discussions are in place to develop a Handover Tool.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	<p>August 2015</p> <p>October 2015</p>	David Eadington and Mike Hayward
HEY4	Next scheduled report to the GMC	Foundation doctors must be made aware of the requirements of the foundation curriculum and how their clinical placements enable them to meet the competencies required of them.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>This issue has been discussed at the Medical Education Committee and the Foundation Training Programme Directors Meetings to decide a plan of action. The following has been agreed:-</p> <ul style="list-style-type: none"> • The Trainees will be surveyed • An F1 Teaching session will be dedicated to how the programme is linked 	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Mike Hayward

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<ul style="list-style-type: none"> A review of the current Foundation Job Descriptions to ensure the roles and responsibilities have a clear link to clinical competencies <p>To date the trainees have been surveyed and this is due to close on 13 March 2015</p> <p>The F1 Teaching Session will take place on 2 April 2015. The review of the Job Descriptions will start on 10 March 2015.</p>			
MY1	Next scheduled report to the GMC	The success and impact of current initiatives for disseminating information to trainees across the trust should be measured, to ensure they are effective.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>All trainees are informed at induction that the trust email address is the method of communication via the trust including updates on educational event.</p> <p>The Trust is currently auditing the way trainees prefer to be contacted. Medical Education will be informed of the outcome and take action accordingly.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	November 2015	David Eadington and Alison Pittard
NLAG1	Next scheduled report to the GMC	The impact on training of high vacancy rates amongst doctors should be addressed.	The LEP are aware of the impact their vacancy rate has on their training. NLAG is working to incentivise and encourage doctors to consider working and training in	This will be dealt with under our response to HEYH5.	November 2015	David Eadington and Mike Hayward

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			NLAG. We also require the support of HEYH in filling our training posts.			
NLAG2	Next scheduled report to the GMC	Communication with service commissioners should be improved such that it includes the role of the Trust in medical education and training.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The Trust agree that Education and staff development needs a higher profile and be more widely recognised.</p> <p>Medical Education is represented on the Trust Board and these issues are to be taken forward.</p> <p>Further discussion with Commissioners is being planned.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	October 2015	David Eadington and Mike Hayward
NLAG3	Next scheduled report to the GMC	Transfer of information between the Trust and LETB should be improved such that it occurs in an efficient and timely manner.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>The new quality database has made the transfer of information more easily available.</p>	A meeting between LETB Senior Team and NLAG Board Representatives is scheduled for March 16 2015. One of the purposes is to explore ways of improving LETB / Trust communications.	October 2015	David Eadington and Mike Hayward
NLAG4	Next scheduled report to the GMC	The quality control processes in the Trust should be more clearly defined such that best practice is shared across sites within the region.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>All HEYH and GMC Conditions and Recommendations are now</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality</p>	September 2015	David Eadington and Mike Hayward

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>included in the Trust's Quality Action Plan.</p> <p>An updated Quality Control process for Medical Education is being currently developed.</p>	monitoring.		
NLAG5	Next scheduled report to the GMC	Trust and departmental induction must be reviewed such that it is standardised and all doctors receive induction in a timely manner.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Both the Trust and Departmental inductions have been reviewed with a template for specialty inductions being circulated so that these are standardised.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Mike Hayward
NLAG6	Next scheduled report to the GMC	The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Medical Education is represented on the Trust Board and these issues are to be taken forward.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Mike Hayward
STH1	Next scheduled report to the GMC	Ensure that feedback to doctors in training is balanced and constructive. This should include both positive and negative comments.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Implementation of the HEYH Medical Supervision blended learning package that incorporates</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and John Jolly

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
			<p>an eLearning element and a face to face element as part of the GMC's Recognition and Approval of Trainers guidance. The eLearning package is available via PALMS and also the Deanery's Learning Management System. The package has been offered to all Consultants and Trainers and includes teaching and assessment of feedback to doctors in training.</p> <p>Completion of the requirements for Recognition and Approval of Trainers for Educational Supervisors, Clinical Supervisors, Undergraduate Lead roles and those with an Educational Management role via the Trust's appraisal and revalidation mechanism.</p>			
YOR1	Next scheduled report to the GMC	Funding for medical education should be monitored and managed to mitigate against future funding cuts.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Funding for medical education is monitored and managed and assurance of this was given by the Assistant Director for Financial Management on the day of the visit.</p>	As part of our quality processes the LETB will review the use of educational support resources to ensure they are being effectively utilised to improve the learning environment and educational outcomes.	August 2015	David Eadington and Kevin Sherman

Report Ref	Due Date	Description	Action taken by LETB to date	Further action planned by the LETB	Timeline for action (month/ year)	LETB lead
YOR2	Next scheduled report to the GMC	The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.	<p>The LETB has contacted the LEP for a progress update and can confirm the following action has been taken:</p> <p>Education is reported quarterly to the Board.</p> <p>Education is a standing agenda item at the monthly executive board.</p> <p>There is a named executive Director with responsibility for Education and a Deputy Medical Director with responsibility for Education.</p>	<p>Trust Link APD will monitor progress with the DME.</p> <p>The LETB will add the conditions to the Quality Database to ensure it becomes a routine part of quality monitoring.</p>	August 2015	David Eadington and Kevin Sherman

Good practice

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the LETB)	Any further developments planned to enhance the area of good practice	Timeline for action (month/ year)	LETB lead
HEYH1	Next scheduled report to the GMC	HEYH has invested in simulation training and is using it in an innovative way.	Simulation training information is disseminated through LETB conferences including Future Leaders, school reports, clinical skills network and website, academic publications and at Quality Management visits.	Equipment Replacement Programme and Research Programmes commencing in main simulation facilities in Hull, Bradford, York	Ongoing	David Wilkinson (supported by Cheryl Day and Katie Cobb)
HEYH2	Next scheduled report to the GMC	HEYH has demonstrated a willingness to adopt and develop IT solutions to address challenges.	Live progress update reporting using the Quality Database is being shared with the GMC on 17 March. The ER reporting aspect of the database is being shared at a national revalidation conference.	Following the feedback evaluation from LETB stakeholders the LETB has ongoing development planned for online packages including prescribing skills.	October 2015	Peter Taylor and Nick Sowerby
YOR1	Next scheduled report to the GMC	Medical students are given the opportunity to spend up to two weeks at the hospital on a voluntary basis prior to taking up their foundation post.	The LEP has been invited to speak about good practice at the Annual HEYH Foundation Schools Conference April 17 2015.		April 2015	Kevin Sherman