

Review of Health Education Yorkshire and the Humber

This visit is part of a regional review and uses a risk-based approach. For more information on this approach please see [the General Medical Council website](#).

Review at a glance

About the Local Education and Training Board

Geographical area	Yorkshire and the Humber
Number of trainees	March 2014 national training survey: 4704 doctors in training, including 1238 in foundation.
NHS organisations	HEYH works with 21 NHS trusts, 1 Ambulance Trust and almost 300 general practices.
Local medical schools	Hull York Medical School Leeds School of Medicine Sheffield Medical School
Last GMC visit	2009 – Quality Assurance of Foundation Programme (QAFP)
Outstanding actions from last visit	None

About the visit

Visit dates	HEYH – 3 - 4 December 2014
Sites visited	Northern Lincolnshire and Goole NHS Foundation Trust – 13 October 2014

	<p>Hull and East Yorkshire Hospitals NHS Trust – 14 October 2014</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust – 16 October 2014</p> <p>Barnsley Hospital NHS Foundation Trust – 15 October 2014</p> <p>York Teaching Hospital NHS Foundation Trust – 17 October 2014</p> <p>Calderdale and Huddersfield NHS Foundation Trust – 24 October 2014</p> <p>The Mid Yorkshire Hospitals NHS Trust – 30 October 2014</p>
Programmes reviewed	Foundation, emergency medicine, obstetrics and gynaecology, paediatrics.
Areas of exploration identified prior to the visit. Please see Appendix 2 for details of our findings in these areas.	LETB structure and governance, quality management, management of concerns, relationships with medical schools in the region, transfer of information, patient safety, local and regional teaching, lay representatives.
Were any patient safety concerns identified during the visit?	Yes – see requirement 1.
Were any significant educational concerns	Yes – see requirement 1.

identified?	
Has further regulatory action been requested via <u>enhanced monitoring</u>?	Yes – see requirement 1.

Summary

- 1** Health Education Yorkshire and the Humber (HEYH) was visited as part of our regional review of medical education and training in Yorkshire and the Humber. HEYH is a multi-professional local education and training board (LETB) and includes the former Yorkshire and the Humber Deanery. It is the body responsible for the management of postgraduate education and training across Yorkshire and the Humber, and is accountable to Health Education England. Health Education England has recently made further changes by introducing four National Directors and four Directors of Education and Quality, each of who cover a number of different LETBs. As of November 2014, HEYH is now part of the north geography along with Health Education North West and North East.
- 2** HEYH works with 21 NHS trusts, 1 Ambulance Trust and almost 300 general practices to deliver training for doctors in foundation, core and specialty training programmes across its three localities, –including East, West and South – with a central function that operates across all three.
- 3** In common with other LETBs, HEYH is facing a number of challenges both from outside and within. These include changes to its own structure (deaneries, LETBS and geographies), the impact of changes in funding and the way healthcare is delivered, alongside service pressures. HEYH is not alone in facing these challenges; however within this region such challenges are exacerbated by the geographical differences. It is essential that there is a strong core to drive quality in spite of these challenges, and we found a team of committed, enthusiastic individuals, and some examples of innovations. We also found HEYH to be providing good educational opportunities and in general is meeting our standards. However, areas for improvement were identified, and as a result we have specified a number of requirements and recommendations

concerning a lack of consistency and variation in the experience across HEYH. Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Paragraph in <i>The Trainee Doctor</i>	Areas of good practice for the LETB
1	TTD 5	HEYH has invested in simulation training and is using it in an innovative way.
2	TTD 2	HEYH has demonstrated a willingness to adopt and develop IT solutions to address challenges.

Good practice 1: The investment in simulation training.

- 4 We heard examples of simulation being used to facilitate doctors in training making the transition from one grade to another, for example in paediatrics where immersion simulation is used by all doctors in training progressing from ST3 to ST4. We also heard how simulation training was used by those returning to work, and that this training was also available to other healthcare professionals. This training is supported by simulation leadership fellows in each region. We also heard that there are plans to extend the use of simulation training across obstetrics and gynaecology, and those doctors in training who had experienced simulation felt that the use of simulation by other professionals helped to foster good working relationships within their teams.
- 5 We heard about some practical difficulties with simulation, for example access to simulation sessions across the three regions varied both across specialities and regions, and that opportunities in the South region were less than in the East or West regions. We also heard examples of doctors in training needing to attend sessions in their own free time rather than during their working hours.

- 6 We heard of plans to develop guidance on simulation for use by doctors in training and their supervisors, and that use of simulation training was monitored through the quality framework. We would also encourage the HEYH to evaluate the impact of this investment.

Good practice 2: The willingness to adopt and develop IT solutions to address challenges.

- 7 HEYH has demonstrated a willingness to adopt and develop IT solutions to address challenges.
- 8 One example of this is the monitoring database, a web based tool that aims to support the quality team with its work. The database records details of trusts, visits, quality management reports, conditions and progress updates, notable practices and serious untoward incidents. The database was initially piloted across eight trusts but has now been extended to all trusts within the region.
- 9 The monitoring database has the potential to support requirement 3 and we are keen to see progress with the database and the processes that support it, both at provider level (providing updates) and centrally (reporting).
- 10 HEYH has also developed a blended learning package for educational and clinical supervisors that combine e-learning with face to face training. The e-learning element of the course covers supervision, assessment and trainees in difficulty, and is followed by a three and a half hour training session which expands on the topics covered. Completion of the e-learning course can be recorded against each employee and monitored by the Trust.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>The Trainee</i>	Requirements for the LETB
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<i>Doctor</i>		
1	TTD 1	<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.
2	TTD 2.2	<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 NHS Foundation Trust • York Teaching Hospital NHS Foundation Trust • Calderdale and Huddersfield NHS Foundation Trust • The Mid Yorkshire Hospitals NHS Trust.

3	TTD 2.2 Standards for deaneries 1.1	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.
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Requirement 1: HEYH must work with the LEPs to address patient safety concerns identified at visits to the following LEPs.

- 11** At Hull Royal Infirmary (Hull and East Yorkshire Hospitals NHS Trust) both doctors in training and their educational and clinical supervisors described the workload in the emergency department as being extremely high. We heard that this can affect the level of supervision available to doctors in training and that, in some circumstances; it may be possible for a patient to be seen and discharged by foundation year 2 doctors without further referral to a more senior colleague. Whilst there are national guidelines that state when a FY2 must seek senior review prior to discharge, the trust must ensure that for all other scenarios appropriate support is available when needed.
- 12** We raised this as a serious concern both with the Trust and HEYH at the visit, and we received a written response from the Trust following the visit confirming that they were aware of and are monitoring the pressures on the emergency department through their risk register. While we acknowledge the pressures that emergency departments face, we remain concerned about the supervision levels in this department. We have therefore escalated emergency medicine at this site to our enhanced monitoring process.
- 13** We also heard about difficulties with access to supervision in the paediatrics emergency department at Hull Royal Infirmary and the original concern was expanded to cover this department as well.
- 14** At Barnsley Hospital (Barnsley Hospital NHS Trust) we heard from foundation year 2 doctors in training that they are supervised by a non-resident on-call middle grade doctor from 9pm on the general surgery ward. The foundation year 2 doctor in training is responsible for taking new acute referrals and admissions into the ward. But the new and potentially very sick patients may not be seen by a more senior doctor for more than 12 hours if the foundation year 2 doctor does not consider the

case requires immediate support from the non-resident on-call doctor. GMC standards stipulate that foundation doctors must never be left in a situation where their only help is outside the hospital or place of work.

- 15** We raised this as a serious concern with both the Trust and HEYH on the visit, and as a result the Trust implemented resident on-call middle grade to support foundation year 2 doctors during out of hours. While we acknowledge the immediate steps taken by the Trust, we have escalated this concern to our enhanced monitoring process to ensure that the solution put in place is both effective and sustainable.
- 16** At Pinderfields Hospital (The Mid Yorkshire Hospitals NHS Trust) we heard of risks to patient safety as a result of workload intensity in gynaecology. We heard from obstetrics and gynaecology higher specialty trainees that a registrar could be on call for both obstetrics and gynaecology and that when they are put in this position, they feel unable to provide a good level of care for gynaecology patients due to the competing pressures within the obstetrics unit. Clinical and educational supervisors also spoke of the rota gaps within this department as being an issue of concern. Although we heard that steps were being taken to fill the gaps and develop new job plans; there was an acknowledgement that this had led to a lack of support for trainees within the unit.
- 17** We raised this as a serious concern both with the Trust and HEYH on the visit and it has since been escalated to our enhanced monitoring process. The Trust response was that the gap in consultant acute gynaecology cover is well recognised and at the moment competes with obstetrics. The Trust have managed to remodel the service, and pending agreed job plan sign off by consultant colleagues, acute gynaecology consultant cover will increase to between 9am and 5pm on the Pinderfields site on 1 in 4 weeks, and between 9am and 1pm for 3 in 4 weeks. The Trust anticipates that by April 2016 they will have separate acute obstetrics and gynaecology rotas following the implementation of the Clinical Services Strategy changes. Trainees will be asked and expected to escalate lack of cover to consultants if there are competing urgent demands. While we acknowledge the pressures that rota gaps has placed on workload in this department, and that there may be long term plans that will address this, we remain concerned at the workload levels in this department. We have therefore referred obstetrics and gynaecology at this Trust to our enhanced monitoring process.

Requirement 2: HEYH must monitor and support the LEPs to meet the requirements set out in the LEP reports.

- 18** At each of the seven LEP visits that were undertaken as part of this review, the doctors in training and staff we met with frequently used the term senior house officer (SHO) and referred to SHO rotas. SHO can refer to doctors in training from foundation year 2, core medical training years 1 and 2, as well as junior specialty trainees. Additionally we heard from the foundation doctors that there is no distinction on these rotas between the different training grades. The term senior house officer or SHO provides ambiguity for doctors in training, members of the multidisciplinary team and patients. This is because it does not specify the level of training of the individual doctors, and may lead to doctors being asked to work outside the limits of their competence or without appropriate supervision. Moving forward the grades of doctors in training must therefore be used, so that everyone has an awareness of the level of training that each individual doctor is currently at.
- 19** We also learned of variable induction practices across departments, attendance at which was not always monitored. This variability was found within trusts, for example we heard from foundation doctors in training at Calderdale and Huddersfield NHS Foundation Trust that departmental induction in obstetrics and gynaecology was very good, but the quality of that provided in colorectal surgery was less so.
- 20** Education and training was not always formally considered at trust board level, and although we were assured that exception reporting did occur the threshold for escalation was not clear. The review of the quality framework should ensure that the quality of training is considered as mandated by the HEYH Learning and Development Agreement.
- 21** We heard variable experiences of job planning across specialties and LEPs we visited, and it is clear that this is a challenge for many trusts. On our visit to Calderdale and Huddersfield NHS Foundation Trust we heard how those with an educational supervisor role in paediatrics did have time within their job plans, but that their equivalents in obstetrics and gynaecology did not. We heard from HEYH that although they recommend 0.25 PA per trainee for supervisors, and that this is monitored through quality visits with feedback provided at LEP level, ensuring time for training is a challenge. We also heard from Training Programme Directors that

although HEYH provides clear guidance on time that should be allocated in their job plans for their role, and that this was checked on HEYH monitoring visits, there was variation in how the tariff was applied. For example, at Calderdale we heard that educational supervisors received 0.125 PA. It is important that those with an educational role have time to train.

- 22** Across the seven LEPs we heard of challenges in providing appropriate supervision, especially for foundation doctors in training (for example see requirement 1). This was largely due to rota gaps and service pressures. We also found challenges in providing adequate supervision for higher specialty doctors in training. For example at Hull and East Yorkshire Hospitals NHS Trust we heard that doctors in training (ST4+) are undertaking gynaecology clinics without access to direct consultant supervision, when less experienced doctors in training would benefit from appropriate direct clinical supervision. This was raised with the Trust and HEYH at the visit and immediate steps were taken to provide appropriate supervision to the less experienced doctors in training (ST3, ST4 & ST5).
- 23** We also heard of challenges in providing learning opportunities for doctors in training to progress. We heard from doctors in training in obstetrics and gynaecology at Northern Lincolnshire and Goole that although there are ultrasound facilities there is competition for their use, for example from sonographers. Additionally, at Hull and East Yorkshire Hospitals NHS Trust we heard that ultrasound training was not available at all sites (although simulation training was). This may impact on the doctors in training's ability to meet curriculum requirements. We also heard that service pressures impacted on learning opportunities, either in reducing opportunities for on the job learning, or in time to attend teaching.

Requirement 3: HEYH must continue to review its quality management systems and processes to ensure they are integrated, consistent and objective.

- 24** HEYH has an established quality management framework, supported by a programme of annual visits to local education providers and, as of last year, programme reviews. HEYH also carry out a number of triggered visits to address concerns they have about safety. HEYH have worked hard at including primary care in this framework, and they aim to visit each general practice once every five years. The HEYH quality framework was under review at the time of our visit.

- 25** HEYH are also using a monitoring database to record conditions from visits and progress in addressing concerns. This enables them to monitor outstanding actions and check for consistency across the region. We heard that there are a considerable number of conditions to be managed, and the database will assist the monitoring and closure of these conditions, but it is important that there are clear processes for confirming satisfactory completion of the applied condition (see good practice 2).
- 26** The visit process is established, but would benefit from a more consistent approach when following up previous visits. For example, it might be useful to meet with the same cohort of higher specialty trainees when checking progress in addressing issues. This may not be possible for foundation doctors in training due to rotations; however this would ensure that original concerns have been addressed. Similarly there needs to be assurance that satisfying one condition does not create another problem and subsequent condition. We also heard that conditions from visits are monitored by Associate Postgraduate Deans (APDs), although it is the Quality team and the Deputy Postgraduate Dean with responsibility for quality who agree to close conditions.
- 27** We heard that APDs are responsible for monitoring local quality control and feeding into the LETBs quality management processes, and can be included on HEYH visit panels. Whilst APDs can bring detailed knowledge about their trusts to the panel, it is important that there is no conflict. This is something HEYH are aware of and have considered. We also heard from HEYH that they had worked on embedding the role of APDs within the quality framework to ensure that APDs act on behalf of the region rather than their assigned trust. The use of a monitoring database to record progress in meeting conditions will help to promote consistency across APDs, as will the use of a standard reporting template produced by HEYH.
- 28** During our seven LEP visits, we heard that the formal processes for communication between the Trust and the APD, and the APD and the LETB were unclear and variable, and often reliant on personal relationships. We heard examples of positive working, but this needs to be underpinned by a formal process that supports a minimum level of communication.
- 29** Thresholds for escalation – from trust to Quality team, to HEYH Board and externally, for example to regulators such as CQC and GMC are not currently covered by the quality framework, but we heard these will be. The Board do receive bi-annual reports on new and closed visit conditions, and any triple reds from the GMC National

Training Survey. There should be robust guidance on exception reporting which would help clarify the escalation process.

- 30** We also learned on our site visits that there was an inconsistent approach to the representation of education at Trust Board level, and that education was not a standing item at trust board level. Training must be considered at board level, and if not as a standing agenda item then there should be clear guidance on exception reporting. Learning development agreements (LDAs) will also need to demonstrate that there is board level engagement.
- 31** We heard that the three medical schools have representation on the LETB Board through a rolling representative. We also heard that there is a discrepancy between levels of representation - Dean/Pro Vice Chancellor – and that these act as representatives of workforce and not just medical students. We also heard of regular meetings between the Postgraduate Dean and his undergraduate equivalents, although this level of communication needs to be supported by a flow of quality data across the continuum of medical education and training. For example, although we found that there was a lot of quality data from the postgraduate side, and from non-medical students and nurses, there was a gap in terms of undergraduate data as links between HEYH and the medical school tend to have developed along business lines rather than quality management initiatives. Quite often doctors in training and medical students will inhabit the same training locations, and quality information from both HEYH and the medical schools should inform each other. We heard on our visit that there is work underway between HEYH and the medical schools on sharing of information, as well as non-medical feedback.
- 32** Patient safety is explicit in the quality framework, and we heard that such concerns tend to be addressed immediately and outside of the visit process. Although we heard that all trusts had signed up to report any conduct issues, complaints and serious incidents that involve doctors in training to HEYH via APDs, we also heard that the thresholds for reporting these concerns are variable. Again, a robust escalation process would ensure consistency of reporting from trust to LETB. We also heard that patient safety issues were discussed at HEYH Board level although the escalation process was not clear.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>The Trainee Doctor</i>	Recommendations for the LETB
1	Standards for deaneries 5.1, 5.3	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.
2	TTD 8.1, 8.3	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.

Recommendation 1: 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.

- 33** HEYH is undergoing a period of change, both internally and in terms of the external challenges it faces. It is therefore essential that HEYH continues to develop its strategic relationships with stakeholders to secure the quality and development of education and training in the face of these challenges.
- 34** HEYH should continue to strive for involvement with stakeholders in both service redesign and reconfiguration, whether this is trust led or commissioner led change, to ensure the continuity and quality of medical training. We found that the level of HEYH involvement in such changes varied across the seven LEPs we visited; however it is essential that HEYH has a voice in and overview of these changes.

35 HEYH should also continue to develop links with medical schools to improve flow of information and data across the transition from medical school to foundation programme.

Recommendation 2: The LETB should work with health economies to develop a co-ordinated plan to address the recruitment needs for delivery of healthcare in the region.

36 Throughout our visit we heard a great deal about the changing nature of the health economy, and how all LETBs need to adapt to provide the health workforce of the future, and to grow and retain their own workforce. We heard that HEYH monitor CCT output and that a high proportion is retained locally. However, HEYH might benefit from a formal recruitment strategy based on future workforce requirements.

37 We also heard, both on the HEYH visit and on our site visits, that there were challenges to recruitment and retention in the region – both in terms of doctors in training but also at consultant level. This added to existing tensions between service and training, and how training is used to deliver service rather than complementing it. We heard of the impact of rota gaps, which vary by specialty and geography, on the quality of training (and service) and we would encourage HEYH to continue to identify and develop solutions to this.

38 There is a proactive role for HEYH in anticipating and helping to develop the future workforce and this will benefit service delivery which in turn will help address service pressures that can impact negatively on the quality of training. One example of identifying and addressing a need was the use of advanced practitioners to maintain the provision of primary care services in the East Riding of Yorkshire when a lack of general practitioners threatened the sustainability of the service. A further example was provided from paediatrics where LETB funding has enabled nurses to undergo development as Assistant Nurse Practitioners (ANPs) to working alongside doctors to support patients and how LETB funding has allowed nurses go on training courses.

Acknowledgement

We would like to thank Health Education Yorkshire and the Humber and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Visit Team

Visit team

Team leader	Prof Steve Heys
Visitor	Prof Simon Carley
Visitor	Dr Barry Lewis
Visitor	Ms Elaine Tait
Visitor	Prof David Croisdale-Appleby
Visitor	Prof Liz Hughes
Visitor	Dr Roisin Finn
GMC staff	Robin Benstead, Quality Assurance Programme Manager Kimberley Archer, Education Quality Analyst Louise Devlin, Education Quality Analyst Jessica Lichtenstein, Joint Head of Quality Assurance

Appendix 2: Visit action plan

The document register (in appendix 3) gives more detail on the documents we reviewed.

Paragraph in <i>The Trainee Doctor</i>	Areas explored during the visit	Documents reviewed	Cross Reference to LEP visit (brackets refer to sections in LEP visit report)	People interviewed	Our findings
Domain 1: Patient safety					
1.2 - Trainees must be appropriately supervised according to their experience and competence, and must only undertake appropriate tasks in which they are competent or are	Explore rota terminology and differentiation between grades of doctors, particularly the use of 'SHO' within rotas	LEP visits	Calderdale and Huddersfield LEP report – Requirements 1 The Mid Yorkshire Hospitals NHS Trust LEP report – Requirements 1 Barnsley Hospital NHS Foundation	At LETB: Heads of School Trainee representatives Senior management team At LEPs: Foundation and higher specialty	Over the course of the visit to seven LEPs across the Yorkshire and the Humber, the vast majority of doctors in training at both foundation and higher specialty level, used the term senior house officer or SHO when discussing rotas and levels of training. Use of this terminology provides ambiguity for doctors in training, members

<p>learning to be competent, and with adequate supervision.</p>			<p>Trust report – Requirement 4</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust – Requirement - 2</p> <p>Northern Lincolnshire and Goole NHS Foundation Trust – Requirement 1</p> <p>York Teaching Hospital NHS Foundation Trust – Requirement 2</p> <p>Hull & East Yorkshire Hospitals NHS Trust –</p>	<p>doctors in training</p> <p>Clinical and educational supervisors</p> <p>Senior and education management teams</p>	<p>of the multidisciplinary team, and patients, as it does not specify the level of training of the individual doctors and may lead to doctors being asked to work outside the limits of their competence or without appropriate supervision. Please see requirement 2.</p> <p>During the LETB visit TPDs indicated that there had recently been some guidance from the LETB around how trainees should be introducing themselves. The senior management team confirmed that the LETB had recently written to all medical directors to communicate the action they would like Trusts to take to</p>
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			Requirement 3		address this issue.
<p>1.2 - Trainees must be appropriately supervised according to their experience and competence, and must only undertake appropriate tasks in which they are competent or are learning to be competent, and with adequate supervision.</p> <p>1.11 - Foundation</p>	<p>Explore clinical supervision, including out of hours supervision.</p>	<p>YH5-001 – 018: QM reports for Trusts</p> <p>YH1-001</p> <p>YH2-006</p>	<p>Calderdale and Huddersfield LEP report – Requirement 2</p> <p>Barnsley Hospital NHS Foundation Trust report – Requirement 1</p> <p>Hull & East Yorkshire Hospitals NHS Trust LEP report – Requirement 1</p> <p>The Mid Yorkshire Hospitals NHS Trust LEP report –</p>	<p>At LETB: HEYH management team</p> <p>Heads of School, Training Programme Directors.</p> <p>Foundation and Emergency Medicine trainee representatives</p> <p>At LEPs: Foundation doctors in training (foundation and</p>	<p>Clinical supervision and rota gaps were recognised as an issue within many local education providers across the Yorkshire and Humber region. Serious concerns were raised on visits to Hull and East Yorkshire Hospitals NHS Trust, Barnsley Hospital NHS Trust and The Mid Yorkshire Hospitals NHS Trust, where we found that an intense workload and rota gaps can affect the level of supervision available to doctors in training. Please see requirement 1.</p> <p>Foundation and Emergency</p>

doctors must always have direct access to a senior colleague who can advise them in any clinical situation.			Requirements 3 York Teaching Hospital NHS Foundation Trust – Requirement 1	higher specialty) Clinical supervisors Senior management team	Medicine trainee representatives we met with during the visit also indicated that supervision and rota gaps were an issue.
1.7 - There must be robust processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern.	Explore how patient safety concerns are identified and managed	YH2-008: Patient safety steering group terms of reference YH3-002 YH3-003 YH8-001		At LETB: Meeting with QM staff Meeting with senior and education management teams Meeting with training programmes	From a review of the documentation provided by the LETB prior to the visit, it was not always clear what the formal processes were for routinely sharing patient safety information between LEPs, the medical school and LETB. During our seven LEP visits, we heard that the formal processes

<p>1.8 - Immediate steps must be taken to investigate serious concerns about a trainee's performance, health or conduct, to protect patients.</p>				<p>directors (TPDs)</p> <p>At LEPs:</p> <p>Meetings with clinical and educational supervisors</p> <p>Meetings with senior and educational management teams</p> <p>Meetings with doctors in training.</p>	<p>for communication between the Trust and the APD, and the APD and the LETB were unclear and variable, and often reliant on personal relationships. Please see requirement 3.</p>
<p>Domain 2: Quality assurance, review and evaluation</p>					
<p>2.1 - Programmes, posts, trainers, associated management, data collection concerning</p>	<p>Explore compliance with the European Working Time Regulations, Data Protection Act, and Freedom of</p>	<p>No documentation referenced</p>		<p>At LEPs:</p> <p>Meetings with clinical and educational supervisors</p>	<p>We found no evidence of non-compliance.</p>

trainees, and local faculty must comply with the European Working Time Regulations, Data Protection Act, and Freedom of Information Act.	Information Act.			Meetings with senior and educational management teams Meetings with doctors in training.	
2.2 - Postgraduate deaneries, working with others as appropriate, must have processes for local quality management, and for quality control through LEPs. This must include all postgraduate posts,	Explore processes for local quality management through LETB, and for quality control through LEPs. This must include all postgraduate posts, programmes and trainers.	YH2-001 YH2-002 YH2-003 YH2-004 YH2-007 YH2-101	Northern Lincolnshire and Goole NHS Foundation Trust – Recommendation 3	At LETB: HEYH senior management team Postgraduate dean QM staff At LEP: Senior and education management teams	There is an established quality framework which includes reviews of programme as well as providers, and allows for both routine and triggered visits. This framework was underpinned by Specialty Training Committees which meet bi-monthly and Associate Postgraduate Deans who manage low level concerns and can escalate to quality team as

<p>programmes and trainers and ensure that the requirements of the GMC's standards are met.</p>					<p>appropriate. However this framework was not always consistently applied across all trusts we visited. Please see requirement 3.</p>
<p>2.2 - Postgraduate deaneries, working with others as appropriate, must have processes for local quality management, and for quality control through LEPs. This must include all postgraduate posts, programmes and</p>	<p>Explore processes for routine and exceptional QM, including monitoring and escalating ongoing issues.</p>	<p>YH2-001 YH2-004</p>		<p>At LETB: HEYH senior management team Postgraduate deans QM staff At LEP: QM teams Senior and education</p>	<p>The HEYH quality manual does not directly include escalation guidance, either for external or to the Board but we heard this will be reviewed. Please see requirement 3.</p>

trainers and ensure that the requirements of the GMC's standards are met.				management teams	
2.2 - Postgraduate deaneries, working with others as appropriate, must have processes for local quality management, and for quality control through LEPs. This must include all postgraduate posts, programmes and trainers and ensure that the	Explore joint working with other stakeholders to share QM information.	YH5-001 to YH5-018		At LETB: Senior and education management team QM Team At LEPs: Senior and education management teams QM Teams At medical schools: Senior and	HEYH are working on developing their relationships with the local medical schools, which have historically been built along business rather than QM lines. Relationships with trusts are through APDs, though this can be variable. Please see recommendation 1.

requirements of the GMC's standards are met.				education management teams QM Teams	
2.2 - Postgraduate deaneries, working with others as appropriate, must have processes for local quality management, and for quality control through LEPs. This must include all postgraduate posts, programmes and trainers and ensure that the requirements of the GMC's standards are met.	Explore future plans for QM at HEYH	YH2-001 YH2-016 YH3-001 YH3-002		At LETB: HEYH Senior management QM staff	We heard that the framework is under review, and that the implementation of a monitoring database will support this. Please see good practice 2 and requirement 3.

<p>2.3 - The quality management of programmes and posts must take account of the views of those involved, including trainees, local faculty and, where appropriate, patients and employers.</p>	<p>Explore patient and public involvement and employer engagement at LEPs.</p>	<p>YH1-023</p>		<p>At LETB: HEYH Senior management team Postgraduate deans At LEPs: Doctors in training Patient and carer groups Fitness to practise and student support</p>	<p>The LETB has 30 lay representatives, who are involved in a range of activities such as quality visits. They receive training for their roles. We also heard of involvement in finance committees and steering and management groups e.g. patient safety groups and the foundation committee. Those we met with who had experience of a quality panel felt that they were able to contribute to the visit. There is a lay rep on each QM visit.</p>
<p>2.3 - The quality management of programmes and posts must take account of the views of those</p>	<p>Explore how good practice is shared and identified.</p>	<p>YH6-001 YH6-002 YH6-003</p>		<p>At LETB: QM staff At LEPs:</p>	<p>Clinical skills were identified as an example of good practice being shared (see good practice 1), and HEYH received the 2014 HSJ workforce innovation</p>

involved, including trainees, local faculty and, where appropriate, patients and employers.				QM teams	award. We heard that good practice is fed back to those who report it, and there are examples of soft intelligence being used. School Boards have a standard quality item on the agenda, and we heard of information sharing between TPDs and HoS.
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Domain 3: Training must be fair and based on principles of equality

3.3 - Postgraduate deaneries must take all reasonable steps to adjust programmes for trainees with well-founded individual reasons for being unable to work full time, to enable	Explore opportunities for flexible training	YH4-010		At LETB: Senior management team At LEPS: Senior and education management teams Doctors in training (foundation and	In the equality and diversity report seen prior to the visit, we read that for the year 2013-14 all requests for less than full time training had been approved by the LETB. The trainees we met with felt supported in their request to undertake less than full time training and we heard that
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<p>them to train and work less than full time within GMC's standards and requirements. Postgraduate deaneries must take appropriate action to encourage LEPs and other training providers to provide adequate opportunity for trainees to train less than full time.</p>				<p>higher specialty level) Fitness to practise and student support teams</p>	<p>where requests are made on health grounds, trainees are referred to occupational health for additional support. We heard that in the past the less than full time training policy had not been applied consistently across all localities but that steps had been taken to address this.</p>
<p>3.6 - Data about training medical staff in issues of equality and</p>	<p>Explore equality and diversity training for staff with education roles</p>	<p>YH1-001 YH4-009</p>		<p>At LETB: Senior management team</p>	<p>The LETB equality and diversity policy states that training must be undertaken by all doctors in training and</p>

<p>diversity should be collected routinely and fed into the quality management system where appropriate.</p>				<p>At LEPs: Senior and education management teams Quality management teams Fitness to practise and student support teams</p>	<p>their educational supervisors every three years. The educational and clinical supervisors we met during the LEP visits confirmed that equality and diversity training is mandatory. We heard that trusts monitor compliance and send reminders when further training is required.</p>
<p>3.6 - Data about training medical staff in issues of equality and diversity should be collected routinely and fed into the quality management system where</p>	<p>Explore data gathered regarding doctors in training with a disability,</p>	<p>YH1-001 YH4-009</p>		<p>At LETB: Senior management team At LEPs: Senior management teams Postgraduate deans Quality management</p>	<p>It is apparent from documentation reviewed prior to the visit that the LETB collects and reviews equality and diversity data and uses this information to inform change. We saw that the LETB has produced an equality and diversity work plan for 2014/15 detailing areas of work that</p>

appropriate.				teams	can be addressed using the data collected. The senior management team were able to provide a past example of this in which equality and diversity data has been used to identify and direct support to a specific cohort of doctors in training with positive results.
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Domain 4: Processes for recruitment, selection and appointment must be open, fair, and effective

Domain 5: The requirements set out in the approved curriculum and assessment system must be delivered and assessed

5.6 - The overall purpose of the approved assessment system as well as each of its components must be documented	Explore rates of progression at ARCP panels	No documentation referenced		At LETB: Postgraduate deans QM staff Heads of school/ training programme directors	We heard that the LETB have recently started to analyse ARCP data and to explore its uses.
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and in the public domain and must be implemented.				At LEPs: Assessment teams QM teams	
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Domain 6: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn.

6.1 - Every trainee starting a post or programme must be able to access a departmental induction to ensure they understand the approved curriculum; how their post fits within the programme; their	Explore if doctors in training are receiving departmental inductions.	YH5-006 YH5-007 YH5-016	Calderdale and Huddersfield LEP report – Requirement 4 The Mid Yorkshire Hospitals NHS Trust LEP report – Requirement 5 Sheffield Teaching Hospitals NHS Foundation Trust LEP report –	At LETB: Heads of School Training programme directors in emergency medicine and foundation At LEPs: Doctors in training (foundation and higher specialty level)	We heard mixed experiences with regard to departmental induction. Many of those with whom we met informed us that they had not received a departmental induction. In contrast, many of those who had received a departmental induction described the experience as being very good. Some of the trusts we visited have already identified induction as an area requiring
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duties and reporting arrangements; their role in the inter-professional and inter-disciplinary team; workplace and departmental policies and to meet key staff.			Requirement 4 York Teaching Hospital NHS Foundation Trust – Requirement 5 Northern Lincolnshire and Goole NHS Foundation Trust – Recommendation 5	Education management teams	improvement.
6.8 -There must be a review of progress and appraisal within each post, and a process for transfer of information by supervisors of	Explore Transfer of Information through E-portfolios, between different stages of training, and the timeliness of transfer	YH1-001		At LETB: QM staff Heads of school Training programme directors At LEPs: Educational and	We heard that where serious concerns had been identified, mechanisms exist that facilitate the transfer of information between training placements and organisations. However, it became apparent that no such mechanisms exist to capture less serious or low level

trainees between placements.				clinical supervisors Doctors in training (foundation and higher specialty level)	concerns. In such cases, the educational supervisor may not hear of a concern until they meet with the trainee themselves and often this may not be until several weeks after the trainee has started their placement.
6.10 - Working patterns and intensity of work by day and by night must be appropriate for learning (neither too light nor too heavy), in accordance with the approved curriculum, add	Explore workload and intensity issue for doctors in training	YH5-004	The Mid Yorkshire Hospitals NHS Trust LEP report – Requirement 6 Sheffield Teaching Hospitals NHS Foundation Trust LEP report – Requirement 3 York Teaching Hospital NHS	At LETB: Senior management team Postgraduate deans QM staff Heads of school Training programme directors Representatives of	Throughout the course of the visit we heard examples of how rota gaps are impacting on training. In some cases the need to provide service delivery has meant that trainees are unable to take time away from the ward or department in which they work to spend time in theatre or attend clinics. We also heard that staff shortages sometimes

<p>educational value and be appropriately supervised.</p>			<p>Foundation Trust – Requirement 3</p>	<p>doctors in training At LEPs: Senior and education management staff Clinical and educational supervisors Doctors in training (foundation and higher specialty level)</p>	<p>mean that trainees have difficulty completing assessments as colleagues are unavailable to observe procedures or complete the associated paperwork.</p>
<p>6.13 - While trainees must be prepared to make the needs of the patient their first concern, trainees must not regularly</p>	<p>Explore educational experience of doctors in selected specialties.</p>	<p>LEP visits</p>		<p>At LETB: Representatives of doctors in training At LEP: Doctors in training</p>	<p>Despite the high workload, many of those we met spoke favourably of the training they had received and we heard little to suggest that doctors in training are being asked to perform jobs that have little</p>

carry out routine tasks that do not need them to use their medical expertise and knowledge, or have little educational value.				(foundation and higher specialty level)	educational value.
6.34 - Organisations providing medical education and training must ensure that trainers have adequate support and resources to undertake their training role.	Explore training and support for trainers, including recognition of educational tasks in job planning.	YH1-001 YH2-006		At LETB: HEYH senior management team Postgraduate deans At LEPs: Clinical and educational supervisors Senior management	During visits to LEPs we heard that educational and clinical supervisors do receive training for their role and that attendance at training events is managed and monitored locally.

				teams	
6.36 -Trainers with additional educational roles, for example training programme director or director of medical education, must be selected against a set of criteria, have specific training for their role, demonstrate ability as effective trainers and be appraised against their educational	Explore support for the roles of senior education staff at LEPs.	LEP visits YH2-006		At LETB: HEYH senior management team At LEPs: Clinical and educational supervisors Senior management teams	Many of the educational and clinical supervisors with whom we met during the course of the review told us that they had not been specifically selected for the role but that the position of trainer was an inherent part of being a consultant. We heard that for roles such as College Tutor and TPD there is a formal recruitment process. All of the trainers with whom we met confirmed that they had received training for their role, however the picture in terms of appraisal was mixed. Many stated that they did not receive a separate appraisal for their

activities.					training role and that training was not routinely discussed as part of their own job appraisal unless there was a specific need such as a particular issue or development need.
6.21 - Trainees must receive information on, and named contacts for, processes to manage and support doctors in difficulty.	Explore the management of doctors in difficulty	YH8-001 YH8-002		At LETB: Hheads of school Training programme directors QM staff At LEPS: Clinical and educational supervisors Senior management team	We heard that doctors in difficulty with low level concerns are managed mostly at Trust level. The LETB only becomes involved if there are more serious concerns or if the trainee is awarded an unsatisfactory ARCP outcome or is referred to the GMC. Prior to the visit, the visit team read the LETB Supporting Doctors in Difficulty Policy which provides guidance with regard to identifying doctors in difficulty,

				<p>Fitness to practise and student support staff</p>	<p>outlines the different interventions available according to the level of the concern and details the roles and the responsibilities of those involved. As low level concerns are managed locally, the LETB should ensure that the policy document is being implemented uniformly throughout the region and the escalation process is clear.</p> <p>We also heard that the LETB offers a training course to educational and clinical supervisors on managing doctors in difficulty.</p>
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Domain 7: Education and training must be planned and managed through transparent processes which show who is responsible at each stage.

<p>7.1 - Postgraduate training programmes must be supported by a management plan with a schedule of responsibilities, accountabilities, and defined processes to ensure the maintenance of GMC standards in the arrangement and content of training programmes.</p>	<p>Explore accountability for and governance of postgraduate training</p>	<p>YH7-001 YH7-002 YH7-003 YH7-004 YH10-001</p>		<p>At LETB: Senior management team Postgraduate deans QM staff At LEPs: QM teams Senior management teams</p>	<p>We heard that the LETB Board is automatically notified of any issues that require escalation to the GMC or CQC but that the decision to escalate an item rests with one individual. It is recognised that this process introduces an element of subjectivity and as such an escalation policy is being developed.</p>
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<p>7.2 - All employing organisations, as LEPs of postgraduate training, must consider postgraduate training programmes at board level.</p> <p>7.3 - There must be clear accountability, a description of roles and responsibilities, and adequate resources available to those involved in administering</p>	<p>Explore the consideration of postgraduate training programmes at board level.</p>	<p>YH1-011 LEP visits</p>	<p>Calderdale and Huddersfield LEP Report – Recommendation 2</p> <p>The Mid Yorkshire Hospitals NHS Trust LEP report – Requirement 8</p> <p>York Teaching Hospital NHS Foundation Trust – Recommendation 2</p> <p>Northern Lincolnshire and Goole NHS Foundation Trust – Requirement 2</p>	<p>At LETB: Senior management team Postgraduate deans QM staff At LEPs: QM Teams Senior management teams</p>	<p>We heard from a number of trusts that we visited that postgraduate education and training is not a standing item at board level but that instead issues are taken to the board as and when required. HEYH advised us that a quality update is submitted to the LETB Board which meets bi-monthly.</p> <p>See requirement 3</p>
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and managing training and education at institutional level.					
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Domain 8: The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

8.3 - There must be a suitable ratio of trainers to trainees. The educational capacity in the department or unit delivering training must take account of the impact of the training needs of others.	Explore recurring issues with the recruitment of doctors in training.	YH1-001 YH3-003	Northern Lincolnshire and Goole NHS Foundation Trust – Recommendation 1	At LETB: HEYH Senior and education management teams At LEPs: Senior and education management teams	In discussion with the senior management team during the LETB visit, we heard that the recruitment of doctors in training is an ongoing challenge within the region. This challenge is more of a concern at some sites than others, for example recruitment within cities such as Leeds and Sheffield is less of an issue than at more remote sites. This was reflected in discussions held at the local education providers
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					<p>(LEPs) such as Calderdale and Huddersfield NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust, where we heard that attracting doctors to train at sites on the peripheries of the region is a challenge.</p> <p>Recent changes have been made by the LETB to promote the Yorkshire and the Humber region through the website and careers events, to attract doctors to available positions. We also heard that the new Health Education England (HEE) strategy is encouraging the LETB to try and look at solutions to recruitment issues</p>
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					nationally, rather than locally.
8.4 - Trainers, including clinical supervisors and those involved in medical education must have adequate time for training identified in their job plans.	Explore consultant job planning, specifically the inclusion of time for training.	YH1-001 YH2-006	Calderdale and Huddersfield LEP Report – Requirement 5 The Mid Yorkshire Hospitals NHS Trust LEP report – Requirement 9 Barnsley Hospital NHS Foundation Trust report – Requirement 6 Sheffield Teaching Hospitals NHS Foundation Trust LEP report – Requirement 6	At LETB: Senior management staff Training programme directors At LEPs: Educational and clinical supervisors Senior management teams	We heard that the LETB suggests 0.25PA per trainee for educational supervisors and this is checked during QM visits as it is important that those with an educational role have time to train. During the course of the visit we found that this was not being applied universally as not all of the trainers we spoke to had time set aside within their contract for training.

			Northern Lincolnshire and Goole NHS Foundation Trust – Requirement 2		
8.7 - Trainees must be enabled to develop and improve their clinical and practical skills, through technology enhanced learning opportunities such as clinical skills laboratories, wet labs and simulated patient environments. Foundation	Explore trainee access to technology enhanced learning opportunities such as simulated patient environments.	YH1-001 YH2-012		At LETB: Training Programme Directors Heads of School At LEPs: Doctors in training (foundation and higher specialty level) Clinical and educational supervisors	Throughout the course of the review we consistently heard that students and doctors in training have access to clinical skills facilities, however we also heard that access to ultrasound is more variable. Please refer to areas of good practice 1.

doctors must have these opportunities, where they are supported by teachers, before using these skills in clinical situations.				Senior management teams	
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Appendix 3: Document register

Document number	Document name	Description	Publication date and version	Source
YH1-001	HEYH Contextual Information	Contextual information detailing responses to the GMC's standard visit questions.	N/A	
YH1-002	Stakeholder Conference Video	Video produced for the April 2014 Stakeholder event. It showcases various achievements made by HEYH and their partner organisations.	Apr-14	
YH1-003	Stakeholder Report	Report for all stakeholders providing an overview of HEYH activity for 2013-2014.	Apr-14	
YH1-004	HEYH LETB Senior Management Team Structure and PGMDE Senior Management Team Structure	High level organisational structure for both the HEYH and PGMDE Senior Management Teams.	Jun-14	
YH1-005	HEYH LETB Senior Management Team	Terms of Reference for the LETB Senior Management Team Meeting	Apr-14	
YH1-006	HEYH LETB Board	Terms of Reference for the LETB Board and is the Y&H constitution (YH1-020).	Oct-12	
YH1-007	HEYH LETB Partnership Councils	Terms of Reference for the LETB Partnership Councils.	Sep-13	
YH1-008	HEYH PGMDE Finance and Business Committee	Terms of Reference for the HEYH PGMDE Finance and Business Committee.	Sep-14	
YH1-009	HEYH PGMDE Senior Team Meeting	Terms of Reference for the LETB PGMDE Senior Team Meeting.	May-14	
YH1-010	Associate Deans Responsibilities	Document detailing the roles and responsibilities for the Associate Postgraduate Deans.	N/A	
YH1-011	HEYH PGMDE Schools' Board	Terms of Reference for the HEYH PGMDE Schools' Board.	May-09	
YH1-012	HEYH PGMDE Business Managers Group	Terms of Reference for the HEYH PGMDE Business Managers Group.	Dec-08	
YH1-013	HEYH Trainee Representative Summary	Document outlining HEYHs use, recruitment and training of trainee representatives.	Jul-14	
YH1-014	HEYH Patients First Skills and Development Strategy 2013 – 2018	The skills and development strategy for HEYH.	Aug-13	
YH1-015	LETB Delivery group	Terms of Reference for the LETB Delivery Group.	Sep-13	
YH1-016	Medical Education Managers Network	Terms of Reference for the HEYH PGMDE Medical Education Managers Meetings.	Dec-08	

YH1-017	PGMDE Education and Training Steering Group	Terms of Reference for the HEYH PGMDE Education and Training Steering Group.	Jun-14	
YH1-018	Deanery Employers Engagement Forum (DEEF)	Terms of Reference for DEEF.	Sep-08	
YH1-019	HEYH Foundation Schools' Board	Terms of Reference for the HEYH Foundation Schools' Board.	May-09	
YH1-020	Yorkshire and the Humber LETB Constitution	Terms of Reference of the LETB Board (YH1-006).	Oct-12	
YH1-021	HEE Scheme of Delegation	Document providing reference to areas of delegated responsibility as defined in the Board's Standing Orders and Financial Instructions.	Jun-12	
YH1-022	HEYH Governance Structure	Governance arrangements in relation to core committees and meetings within HEYH. Terms of Reference for those relevant to the visit are included in this document register, however others are available upon request.	Jun-14	
YH1-023	Lay Representatives	Document detailing the appointment, training and use of Lay Representatives in HEYH.	Apr-14	
YH1-024	HEYH Quality Team Organisation Chart	Current administrative structure for the management of Quality Assurance/Quality Management, Contracts and Commissioning.	Apr-14	
YH1-025	HEYH PGMDE Data Team Organisation Chart	Current administrative structure for the management of all Data within PGMDE.	Apr-14	
YH1-026	HEYH PGMDE Education Provision Organisation Chart	Current administrative structure for the management of all Education Provision within PGMDE.	Apr-14	
YH1-027	HEYH PGMDE Programme Management Organisation Chart	Overview of the current administrative structure for the management of all programme activity including the management of the school structures.	Apr-14	
YH1-028	HEYH PGMDE Deans Office Organisation Chart	Current administrative structure for the management of all Deans Office functions.	Apr-14	
YH2-001	HEYH LETB Quality Framework	Link to the webpage outlining the various elements of Quality Assurance in HEYH.	Apr-14	
YH2-002	HEYH LETB Quality Steering Group Terms of Reference	Terms of Reference of the LETB Quality Steering Group.	May-13	

YH2-003	HEYH PGMDE Quality Group Terms of Reference	Terms of Reference of the PGMDE Quality Group.	Dec-11	
YH2-004	HEYH PGMDE Quality Management Manual	Manual on the full processes and standard documentation used by HEYH to undertake all visits and review all quality management of posts, programmes and Trusts.	Apr-09	
YH2-005	HEYH PGMDE (Quality Management) Guidance for panel members	Guidance for visit chairs, panel chairs and lay representatives at Quality Management panels.	May-13	
YH2-006	HEYH PGMDE Trainer Accreditation Policy	HEYHs implementation of Trainer Accreditation.	Jun-14	
YH2-007	HEYH PGMDE Recording and Monitoring of Quality Activity Database	DRAFT document outlining the functions of the new HEYH Quality Performance Management Database.	Jul-14	
YH2-008	HEYH Patient Safety Steering Group Terms of Reference	Terms of Reference of the Patient Safety Steering Group.	Feb-10	
YH2-009	HEYH Support Staff Quality Group Terms of Reference	Terms of Reference of the Support Staff Quality Group.	Mar-14	
YH2-010	HEYH Placement Quality Working Group Terms of Reference	Terms of Reference of the Placement Quality Working Group.	Jun-13	
YH2-011	Clinical Skills Network inaugural Conference (July 2014)	Link to the BMJ website detailing the last Clinical Skills Conference.	Jul-14	
YH2-012	Clinical Skills and Simulation Quality Assurance	Link to the Clinical Skills and Simulation Quality Assurance Framework.	N/A	
YH2-013	HEYH Serious Incidents Policy	Document on the process for Serious Incidents; reporting of trainee involvement and investigation - the role of HEYH.	Apr-11	
YH2-014	Enhanced Monitoring Feedback	Most recent GMC feedback document following a revisit to Leeds Teaching Hospital NHS Foundation Trust.	N/A	
YH2-015	HEYH Coroner's Inquest - a guide for trainee medical staff	Guidelines providing advice and support to all trainee doctors involved in a Coroner's Inquest.	May-12	
YH2-016	LETB Board Quality Report	Most current Quality Assurance Matrix presented to the LETB Board in July 2014	Jul-14	
YH2-017	Revalidation Manual	Manual on the processes and documents used by HEYH to fulfil the ROs role.	Jul-14	

YH3-001	HEE Risk Register	The HEE Risk Register; last reported to the HEE Board on 20 May 2014.	May-14	
YH3-002	HEYH LETB Board Risk register	Document presented to the September LETB Board and giving an overview of all HEYH corporate risks.	Jul-14	
YH3-003	HEYH Operational Risk register	Document detailing all operational risks presented monthly to the Delivery Group.	Aug-14	
YH3-004	HEE Risk Strategy and Policy	Link to the HEE Risk Strategy and Policy.	N/A	
YH4-001	HEE Equality and Diversity Policy	Equality and Diversity Policy for Health Education England.	Feb-13	
YH4-002	Barnsley Hospital NHS Foundation Trust Equality and Diversity Policy	Equality and Diversity Policy for the named Trust.	Apr-13	
YH4-003	Calderdale and Huddersfield NHS Foundation Trust Equality and Diversity Policy	Equality and Diversity Policy for the named Trust.	Mar-09	
YH4-004	Hull and East Yorkshire Hospitals NHS Trust Equality and Diversity Policy	Equality and Diversity Policy for the named Trust.	Dec-13	
YH4-005	Mid Yorkshire Hospitals NHS Trust Equality and Diversity Policy	Equality and Diversity Policy for the named Trust	Jul-14	
YH4-006	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust Equality and Diversity Policy	Equality and Diversity Policy for the named Trust	Feb-14	
YH4-007	Sheffield Teaching Hospitals NHS Foundation Trust Equality and Diversity Policy	Equality and Diversity Policy for the named Trust	May-11	
YH4-008	York Teaching Hospitals NHS Foundation Trust Equality and Diversity Policy	Equality and Diversity Policy for the named Trust	Oct-13	
YH4-009	HEYH Equality and Diversity Policy	Equality and Diversity Policy for Health Education Yorkshire and the Humber.	May-14	
YH4-010	2013 Equality and Diversity Annual Report	HEYH PGMDE Annual Report for Equality and Diversity. This report reviews the last 12 months data and makes recommendations.	Aug-14	

YH4-011	2014/15 Equality and Diversity Work plan	Equality and Diversity work plan for 2014/15 within HEYH PGMDE.	N/A	
YH5-001	Barnsley Hospital NHS Foundation Trust Last Annual Quality Management Visit Report	Last published routine quality visit report for the named Trust.	Apr-13	
YH5-002	Barnsley Hospital NHS Foundation Trust Executive Summary	Current quality management activity for the named Trust	Jul-14	
YH5-003	Barnsley Hospital NHS Foundation Trust Revisit Visit 2014	Last DRAFT Revisit quality visit report for the named Trust. Please note this report has not yet been published and is confidential.	Jan-14	
YH5-004	Calderdale and Huddersfield NHS Foundation Trust Last Annual Quality Management Visit Report	This document is the last published routine quality visit report for the named Trust.	May-13	
YH5-005	Calderdale and Huddersfield NHS Foundation Trust Executive Summary	Summary of current quality management activity for the named Trust.	Jul-14	
YH5-006	Hull and East Yorkshire Hospitals NHS Trust Last Annual Quality Management Visit Report	Last published routine quality visit report for the named Trust.	May-14	
YH5-007	Hull and East Yorkshire Hospitals NHS Trust Executive Summary	Summary of current quality management activity for the named Trust.	Jul-14	
YH5-008	Hull and East Yorkshire Hospitals NHS Trust Revisit Visit 2014	Last DRAFT Revisit quality visit report for the named Trust. The report has not been published yet, hence it is confidential	Jul-14	
YH5-009	Mid Yorkshire Hospitals NHS Trust Last Annual Quality Management Visit Report	Last published routine quality visit report for the named Trust.	Aug-13	
YH5-010	Mid Yorkshire Hospitals NHS Trust Executive Summary	Summary of current quality management activity for the named Trust.	Jul-14	
YH5-011	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust Last Annual Quality Management Visit Report	Last published routine quality visit report for the named Trust.	May-14	
YH5-012	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust Executive Summary	Summary of current quality management activity for the named Trust.	Jul-14	

YH5-013	Sheffield Teaching Hospitals NHS Foundation Trust Last Annual Quality Management Visit Report	Last published routine quality visit report for the named Trust.	Apr-14	
YH5-014	Sheffield Teaching Hospitals NHS Foundation Trust Executive Summary	Summary of current quality management activity for the named Trust.	Jul-14	
YH5-015	Sheffield Teaching Hospitals NHS Foundation Trust Revisit 2014	Last DRAFT Revisit quality visit report for the named Trust. Please note this report has not yet been published and is confidential.	Jul-14	
YH5-016	York Teaching Hospitals NHS Foundation Trust Last Annual Quality Management Visit Report	Last DRAFT routine quality visit report for the named Trust. Please note this report has not yet been published and is confidential.	Aug-14	
YH5-017	York Teaching Hospitals NHS Foundation Trust Executive Summary	Summary of current quality management activity for the named Trust.	Jul-14	
YH5-018	York Teaching Hospitals NHS Foundation Trust Triggered Visit	Last published Triggered quality visit report for the named Trust.	Jan-14	
YH6-001	QM Database User Guide	Manual on how to use the newly developed QM Database.	Jun-14	
YH6-002	Leadership Fellows	Document detailing the progress made with the project since 2012.	Jun-14	
YH6-003	Improvement Academy	Document on the project work being undertaken in relation to the Improvement Academy and the Ignaz Project. These projects are part of the LETBs strategy to improve patient safety.	NA	
YH7-001	Emergency Medicine School Annual Report and Business Plan	School submission for 2014/15 outlining the business and financial requirements for the named school.	Aug-13	
YH7-002	Paediatrics School Annual Report and Business Plan	School submission for 2014/15 outlining the business and financial requirements for the named school.	Aug-13	
YH7-003	Obstetrics and Gynaecology Medicine School Annual Report and Business Plan	School submission for 2014/15 outlining the business and financial requirements for the named school.	Aug-13	
YH7-004	Foundation School Annual Report and Business Plan	School submission for 2014/15 outlining the business and financial requirements for the named school.	Aug-13	

YH7-005	HEYH School Business Planning Process Document	HEYHs plans and timelines for the 2015/16 cycle.	Jul-14	
YH7-006	Programme for Clinical Skills: Paediatrics	Document outlining the schools excellent links into the simulation and skills networks.	NA	
YH7-007	Paediatrics School Annual Conference	Draft Programme	NA	
YH7-008	Trainee neonatal nurse practitioner RCPCH e portfolio pilot study	Mid way pilot study evaluation 1st June 2014	Jun-14	
YH7-009	Paediatrics Preparation Day	The School piloted a preparation day for junior doctors in 2014. Attached is the feedback from this event.	NA	
YH7-010	Foundation School Best Practice document for Sheffield Teaching Hospitals	Examples of best practice undertaken by Sheffield Teaching Hospital for Foundation Doctors.	NA	
YH7-011	Foundation School Best Practice Document for Barnsley Hospital	Examples of best practice and case studies undertaken by Barnsley Hospital for Foundation Doctors.	NA	
YH7-012	Foundation School Example F1 Teaching Programme	2014/15 F1 teaching programme for Sheffield Teaching Hospitals.	NA	
YH7-013	Head of School Job Description	Current job description and roles of specialty Heads of Schools.	Feb-14	
YH8-001	HEYH PGMDE Doctors and Dentists in difficulty Policy	Strategic guidance to all those within HEYH involved in managing and supporting Doctors and Dentists in difficulty.	Jun-09	
YH8-002	Support for trainees with Health Issues	This document has been developed to provide trainees with health issues with guidance and support.	Jan-14	
YH8-003	GMC ARCP Outcomes Review 2014	Analysis of ARCP outcomes over the last 3 years within HEYH.	May-14	
YH8-004	Organising and Chairing a Step 2 Appeal Panel	Process for Step 2 Appeal Panel coordination.	Feb-14	
YH9-001	HEE Respect and Dignity at Work Policy	Policy used for newly appointed HEE staff.	Jan-13	
YH9-002	HEYH Bullying and Harassment Policy	HEYH PGMDE guidance to ensure all trainees are treated with dignity and respect.	Jun-09	
YH9-003	Barnsley Hospital NHS Foundation Trust Bullying & Harassment Policy	Bullying and Harassment Policy for the named Trust.	Aug-11	

YH9-004	Calderdale and Huddersfield NHS Foundation Trust Bullying & Harassment Policy	Bullying and Harassment Policy for the named Trust.	Jun-10	
YH9-005	Hull and East Yorkshire Hospitals NHS Trust Bullying & Harassment Policy	Bullying and Harassment Policy for the named Trust.	Apr-07	
YH9-006	Mid Yorkshire Hospitals NHS Trust Bullying & Harassment Policy	Bullying and Harassment Policy for the named Trust.	Nov-12	
YH9-007	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust Bullying & Harassment Policy	Bullying and Harassment Policy for the named Trust.	Mar-13	
YH9-008	Sheffield Teaching Hospitals NHS Foundation Trust Bullying & Harassment Policy	Bullying and Harassment Policy for the named Trust.	Jul-13	
YH9-009	York Teaching Hospitals NHS Foundation Trust Bullying & Harassment Policy	Bullying and Harassment Policy for the named Trust.	Oct-11	
YH10-001	Learning and Development Agreement	Agreement between HEE and education and training providers.	Jun-14	
YH10-002	Memorandum of understanding between HEYH and Medical Schools	Agreement between HEYH and the 3 medical schools.	Apr-12	
YH10-003	Memorandum of understanding between HEYH and Medical Schools	Agreement between HEYH and the 3 medical schools for the support of academic training.	Aug-14	

Appendix 4: Abbreviations

APD	Associate Postgraduate Dean
ANP	Assistant Nurse Practitioner
CQC	Care Quality Commission
E&D	Equality and diversity

GMC	General Medical Council
HEE	Health Education England
HEYH	Health Education Yorkshire and the Humber
LDA	Learning Development Agreement
LEP	Local Education Provider
LETB	Local Education and Training Board
NHS	National Health Service
NTS	National training survey
QAFP	Quality Assurance of Foundation Programme
QM	Quality management
SHO	Senior House Officer
TPD	Training Programme Director