

EXECUTIVE SUMMARY

Visit Details	
LEP	The Whittington Hospital NHS Trust (Whittington Health)
Date of visit	20 January 2015
Background to Visit	<p>The Trust had not been formally visited since March 2012. At that time, an Annual Quality Visit was held which did not highlight serious areas of concern or generate specific mandatory actions.</p> <p>The Head of Quality Performance and Programmes in Health Education North Central and East London requested to organise a pilot visit for health care professionals. The multi-professional education quality visit was aligned as a parallel visit to the postgraduate medical Trust-wide review and included sessions with Nurses, Midwives and Allied Health Professionals.</p>
Visit summary and outcomes	<p>There are individual reports and action plans for the Trust-wide Review of Postgraduate Medicine, for Nursing and Midwifery and for the Allied Health Professionals. This executive summary brings together the information provided by the education teams, the senior management teams, as well as any key points that were common to all areas under review.</p> <p>The Medical Director reported that in April 2011 the Trust had become an integrated care organisation (ICO) and had merged the community services of Islington and Haringey with the Whittington Hospital. The goal was to create a fundamentally different organisation. The visit teams heard that much work had been completed in many areas to try and reach this goal. The visit teams heard that the ICO operated out of 35 different sites and provided many different services in the community.</p> <p>The visit teams met with the Education Teams and the Senior Management Teams. The Assistant Director of Nursing Education and Workforce delivered a presentation on the Trust's achievements and objectives. Each separate visit team also held individual sessions with trainees / students and trainers / mentors to review the training and education provided in Postgraduate Medical Education, Nursing and Midwifery and the Allied Health Professionals.</p> <p>The visit teams were pleased to note that in general the students and trainees would recommend the organisation as a place to learn and would be more than happy for their friends and family to be treated there. The visit teams found that many senior staff working at the Trust had worked there for years and felt valued and respected by the organisation. The visit teams found that there was a team-based approach to resolving issues and an excellent infrastructure for education.</p> <p>The visit teams commended the Trust on its education strategic committee, but suggested that the logistics of delivery still needed further work, particularly with regards to offering sufficient teaching opportunities to all. The visit teams also found that although there was good Trust Board aspiration to inter-professional learning, this was not always implemented or evidenced on the ground.</p> <p>In general, the visit teams found that although there was a positive strategic vision as an Integrated Care Organisation and a strong culture of learning and education at the Trust, set out by the senior management team this was inevitably taking time to permeate down to the rest of the organisation of Whittington Health. The visit teams would like to support the Trust's aspirations in creating a completely integrated inter-professional system.</p>

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Findings				
GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
n/a	ES1	<p>Overview of Education</p> <p>The Chief Executive informed the visit teams that the Trust's overall objective were to be an outstanding integrated care organisation as well as a resource for innovative education provision that other organisations could learn from.</p> <p>The Chief Executive informed the visit teams that there was an annual education plan which was presented to the Board every year.</p> <p>The Medical Director reported that it was important to everyone at the Trust that the educational strategy should synergise with the health strategy as well as the research strategy. The visit teams were told that the Medical Director was the executive lead for education and research on the Board. A non-executive director to the Board had also just been appointed whose interest was primarily in public health but who would be helping the Medical Director lead the Trust's research strategy, taking into consideration how this would overlap with the education strategy. Another recent key appointment had been an academic (Professor of Pharmacology) who would be helping the Trust lead on integrated care.</p> <p>The Assistant Director of Nursing Education and Workforce delivered a brief presentation on the Trust's objectives and achievements, as follows:</p> <p><i>Aspiring for excellence</i></p> <ul style="list-style-type: none"> · RCN leadership programme and clinical leadership programme (both multi-professional) – both incorporate service development and service improvement · Coaching and mentoring programme <p><i>Integrated Workforce Development</i></p> <ul style="list-style-type: none"> · Public health data mapping · Strategic workforce planning for integrated workforce across Islington and Haringey · Compassionate care (HCA development) <p><i>Patient-Centred Service Change</i></p> <ul style="list-style-type: none"> · Huge training programme relating to Enhanced Recovering Training Programme 	Please provide a copy of the current annual education plan.	<p>Green</p> <p>Recommendation</p>

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- Positive ward rounds
- Equality, diversion, inclusion and human rights training

Patient Led Pathway Design

- Integrated community simulation learning hub

The visit teams were told that the Trust had obtained a grant for a simulation centre.

Simulation training was offered in both the community and in the hospital which in turn was preparing the whole team to work inter-professionally in future.

The following staff numbers were given:

53 FY trainees	160 doctors in training
73 student nurses	1041 nurses
24 student midwives	148 midwives
11 SLT students	147 SLT
7 radiography students	32 radiographers
10 pharmacy students	39 pharmacists

The visit teams heard that the Trust had the lowest standardised mortality rate in the country. The Director of Medical Education (DME) commented that the Trust was very proud of this record and also of the excellent trainees that the Trust attracted thanks to the Trust's strong reputation for education.

The visit teams were informed by the Chief Executive that an integrated care education strategy was presented to the Board, which incorporated five strands, as follows:

1. What integrated care means
2. Explore the potential amongst the multi-professional group
3. Workforce development
4. How the Trust can position itself as an excellent education provider
5. How will the Trust evaluate and research the effectiveness of education

The visit teams heard that one of the Trust's main challenges was that it had two CCGs – it served both Haringey and Islington. Another challenge was that the Trust needed to ensure that people had time in their timetable to undertake development work.

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n/a	ES2	<p>Financial Position</p> <p>The visit teams heard that the Chief Executive (CEO) had been formally appointed since 1 January 2015 having previously worked in the trust on an interim basis. The CEO informed the visit teams that strategically the Trust had been set off as an organisation with a very particular objective: the delivery of integrated care to the populations in Islington and Haringey.</p> <p>The Trust's strategy was therefore reportedly very distinct from the other nearby Trusts, as it was primarily focused on looking after the health of the local populations. The CEO commented that the Trust tried to engage partners from the public and voluntary sector to help move forward its aims and that the Trust was working with UCLP to try and collect contemporaneous data to understand the effect of the Trust's work.</p> <p>The visit teams were told that the Trust had financial problems and that the previous 18 months prior to the visit were particularly difficult. During that time the senior management team had been predominantly appointed on an interim basis. The CEO reported that the Trust was in the process of establishing a permanent senior leadership team. During the previous phase of instability, the Trust's financial performance had suffered, and the Trust would be posting a deficit of £7.4 million for the first time in 10 years.</p> <p>The CEO reported that the integrated care model did not have the funding it required, since normally Trusts received funding according to the number of patients they admitted to hospital, whereas the Whittington Hospital NHS Trust was trying to do the opposite. On the other hand, the CEO reported that the Trust had consistently delivered high quality care, and that its risk rating with the CQC was band 6, the lowest band. He also reported that the Trust's influenza vaccination rates were the best in London and that this demonstrated the commitment of the Trust's staff to perform well. The Trust had also delivered on waiting time targets, i.e. in RTT and Cancer, and also took other Trusts' patients at times to help them improve.</p> <p>The visit teams heard that the Trust worked on a tight bed base.</p> <p>The visit teams were told that the Trust's commissioners were totally committed to the Trust being an integrated care organisation and that the commissioners saw the Trust delivering a very distinct type of patient-centred care. The CEO reported that when faced with strategic challenges such as keeping the Trust's core services (maternity, paediatrics, elderly, cancer services) on a sustainable footing, he was always prepared to discuss</p>		
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		establishing a network with other local Trusts.		
n/a	ES3	<p>Serious Incidents</p> <p>The Medical Director (MD) reported the Trust was very committed to patient safety and the Trust tried to use all trainees/students to help them advance service improvement. The visit teams heard that the MD chaired the serious incident panel and that all the root cause analyses of serious incidents came to him.</p> <p>The MD reported that if an individual trainee were involved in an incident, he would send an email to the DME (and Head of Nursing if it involved a nursing student). The divisional directors also followed this process.</p> <p>The visit teams were told that the serious incident policy included feedback to training programme directors and trainees/students.</p> <p>The MD informed the visit teams that if there were system failures, each of the serious incidents generated an action plan. These were scrutinised and all the actions were allocated a named lead. On many occasions, the MD took ownership for the actions himself.</p> <p>The MD reported that the Trust had a proactive culture of learning from serious incidents but that this was a work in progress.</p>		
n/a	ES4	<p>Tariff</p> <p>The visit teams heard that the Trust monitored its allocation of the education tariff within the organisation. This was felt to be an example of good practice. It was reported that the educational tariff was widely used to support education, and the following list was provided to the visit teams:</p> <ul style="list-style-type: none"> · PG Medical use of tariff · Placement managers, practice development nurses · Library services - also extended out to Community Education Professionals and practice nurses in GP services · Education facilities · WiFi – now in use throughout the organisation · iPads for community student dieticians · 	Please could you provide the spreadsheet of tariff allocations for education, as a possible example of good practice.	Good Practice

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		<p>The Chief Executive reported that a new Director of Finance had just been appointed on a permanent basis (who had been in post on an interim basis for two years). The Chief Executive felt this new substantive appointment would result in much more clarity with regards to the money allocated to education.</p>		
n/a	ES5	<p>Simulation</p> <p>The education team reported that multi-discipline simulation training was offered and that nurses and doctors worked together. The simulation lead indicated that the Trust's simulation provision had been renowned internationally.</p> <p>The simulation lead reported that when preparing training, the clinical management of patients as well as human behaviour training were incorporated.</p> <p>Training with mannequins had been delivered in the community.</p> <p>Feedback surveys were reportedly given to all trainees and students after simulation sessions.</p> <p>The visit teams heard that the outreach team had its own simulation programme. The visit teams were told that the community simulation hub that the Trust was developing, funded by HENCEL, would be the first of its kind in the country. It was reportedly a community simulation model simulated around a patient's home environment and the community.</p>		
n/a	ES6	<p>Library services</p> <p>The visit teams heard that the library had been in the current location for 18 months and that the Trust was committed to extending library services to ensure that those who worked off-site had appropriate access.</p>		
n/a	ES7	<p>Supervisor Appraisals and Job Plans</p> <p>The visit teams heard that the Board was given an overview on the level of appraisals of all staff. The CEO commented that although there were good appraisal rates for doctors, other areas needed to improve. He indicated that it was very important for him that the appraisal rate improved across the board, and that he was assured at a meeting that had taken place the day before that the Trust would reach the target of 90% by the end of the year. New appraisal methodology was reportedly in use.</p>		

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n/a	ES8	Recruitment The CEO commented that a major issue for many Trusts was how to retain staff and that this was exacerbated by many Trusts offering posts at inflated grades, which resulted in increased staff turnover rates. He suggested that this was a major crisis for London and profoundly affected the quality of care.		
n/a	ES9	Harassment and Undermining Behaviours The visit teams heard that the Trust was currently reviewing its policy on bullying and undermining.		
Good Practice			Contact	Brief for Sharing
Please could you provide the spreadsheet of tariff allocations for education, as an example of possible good practice.				
Other Actions (including actions to be taken by the Shared Services)				
Requirement			Responsibility	
N/A				
Signed				
By the Lead Visitor on behalf of the Visiting Team:		Indranil Chakravorty		
Date:		26 March 201		