

Quality and Regulation Team (London and South East)

**The Hillingdon Hospitals NHS
Foundation Trust
Geriatric Medicine
Specialty focused visit**

Quality Visit Report

2 March 2016

Final Report



Visit Details	
Trust	The Hillingdon Hospitals NHS Foundation Trust
Date of visit	2 March 2016
Background to visit	<p>It was brought to the attention of Health Education England North West London (HEE NWL), that there were a number of education/training concerns regarding geriatric medicine at The Hillingdon Hospitals NHS Foundation Trust.</p> <p>It was reported that eight trainees had raised patient safety concerns. Key themes were staff shortages in acute internal medicine and geriatric medicine. The main concerns were that the Trust had a heavy workload and was focused towards service provision. Local teaching was noted on the GMC National Training Survey (GMC NTS) 2014-2015 and was indicated as a red outlier. There were two permanently open escalation wards that had caused high workloads and placed the department under strain. There had been improvements made, one of the escalation wards had been closed and two long term locum consultants had been appointed and were in post. However, there was still a red outlier for workload with 66% of trainees rating it as 'heavy' or 'very heavy'. The indicators for the red outlier in local teaching suggested that the workload was detrimental to the trainees' ability to attend teaching sessions. It must also be noted that locum consultants generally did not participate in educational supervision.</p>
Visit summary and outcomes	<p>The visit team met with the clinical lead for elderly care, the college tutor, the Director of Medical Education (DME) and two higher trainees.</p> <p>Generally, the visit team found that geriatric medicine training was managed well with good educational supervisor engagement and was a supportive environment. The trainees had the opportunity to feed back on their training and felt they had good exposure to various learning and training opportunities within geriatric medicine.</p> <p>The visit team was encouraged that the Trust had re-evaluated the ward structure and had moved to a ward-based system which had improved the patient turnaround in geriatric medicine.</p> <p>It was noted by the visit team that there was engagement from the trainers for the continuous personal development of trainees. The visit team heard of an isolated incident of bullying and undermining behaviour but was pleased to hear that there was a swift resolution by the Trust.</p> <p>The visit team were impressed by the level of service commitment shown by the trainers and trainees despite the heavy workload. It was noted that within the last 18 months the Trust had seen a surge of demand within geriatrics, which had resulted in a heavy workload.</p> <p>However the visit team noted the following areas for improvement:</p> <ul style="list-style-type: none"> • Despite the encouraging signs shown from the trainees and trainers the heavy workload was compromising patient safety. There were issues with patients being lost when they went to outlying wards; patients could be lost for a couple of days within the hospital. The visit team felt that a better patient safety action plan should be implemented to limit such incidents. • The visit team thought the rotas could be improved as allocation of foundation trainees could be sporadic. The visit team identified that the geriatric department was dependent on locum staffing which had been positive. However, having gaps in the rota had meant certain wards would suffer. • It was mentioned by the trainees that they worked over their allocated working hours and they had not been diary card monitored. • The visit team heard that the geriatric medicine department had been restructured since January 2016 and had now moved to a ward-based system. The visit team suggested that a more robust handover would be more beneficial for the trainees and it would improve patient safety. The visit team was notified by both the trainers and trainees that they were working to change the handover process to an electronic system but due to service provision this had been a challenging task.

	<ul style="list-style-type: none"> Both trainees and trainers stressed that heavy workload had been a major concerning factor with local teaching. On the positive side the trainees were very appreciative with the teaching given by their supervisors and believed they received good support from the Trust. <p>All the trainees reported that they would recommend their post to others, as they were meeting their curriculum requirements.</p>
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Visit team

Lead Visitor	Dr Jonathan Birns, Deputy Head of London Specialty School of Medicine	Trainee Representative	Dr Angela Kulendran, Trainee Representative
External Consultant	Dr Keren Davies, Director of North East Thames Foundation School	Lay Representative	Robert Hawker, Lay Representative
Lead Provider	Dr Aglaja Dar, Acute and Community Geriatrics (OPAL and Community Independence Service)	Observer	Kate Neilson, Learning Environment Quality Coordinator
Scribe	Azeem Madari, Quality Support Officer	Observer	Dr Dera Eruchie, Medical Education Fellow HEE NWL

Findings

Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
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GMC Theme 1) Learning environment and culture

GM1.1	<p>Patient safety</p> <p>The visit team heard that there were no major patient safety concerns as the trainees felt very comfortable in their surroundings. If there were any major concerning issues the trainees had good access to escalate to a senior colleague. The visit team was informed that the geriatric medicine department was going through a transition to a ward-based system which had been running for two months. It was mentioned that there were two acute wards and it was a particularly busy environment. The trainees reported that as a result of the numbers of patients on the acute wards, they often felt that they were ‘fire fighting’ and that better patient care could be provided if the wards had more staff. Furthermore, the trainees noted that patients were sometimes lost, for up to a couple of days, within the hospital which could compromise patient safety.</p> <p>The trainees reported that the workload could be overwhelming which impacted on the morale of trainees and that there was a lack of clarity of progression with patient safety action plans. It was noted that there were good ideas around patient safety within the Trust but a lack of</p>	<p>The Trust should provide clarity of progression of patient safety action plans, especially with regard to ensuring safe patient handover, particularly when patients move from one ward to another within the hospital.</p>	<p>Mandatory Requirement</p>
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	<p>implementation. The visit team was noted that there were frequent cardiac arrests in the Trust. Both the trainees and trainers stressed that workload was the key problem at the Trust but that it was tackling the issue with the recruitment of locums, particularly on the acute wards.</p> <p>The trainees reported that they would be happy for their family and friends to be treated on the geriatric medicine wards but not necessarily within the Trust as a whole.</p>		
GM1.2	<p>Serious incidents and professional duty of candour</p> <p>All the trainees had a good knowledge of reporting serious incidents. The trainees reported that they would use the Datix system to report any serious incidents. However the trainees noted that they had not received feedback on these reported incidents.</p> <p>The visit team heard from the trainees that there was a monthly medicine-wide clinical governance meeting where serious incidents were discussed. However, there was no local geriatric medicine meeting to discuss serious incidents.</p>		
GM1.3	<p>Appropriate level of clinical supervision</p> <p>Overall, it was reported by all the trainees that they had excellent clinical supervision as the trainers were very open and friendly. The trainers commented that they had a good platform for teaching within geriatric medicine and always felt well supported by their supervisors. The trainees expressed that the feedback from their trainers was constructive and it had helped them with their learning.</p>		
GM1.4	<p>Rotas</p> <p>The visit team heard that the rotas were sent to trainees in advance and each trainee knew which wards they were covering. Both trainers and trainees reported that they were heavily dependent on locum doctors, especially on the acute wards due to these being understaffed. The trainees felt the locums were working well and had helped alleviate the workload. The trainers were trying to limit workload pressure on the trainees through the recruitment of locum staff.</p> <p>The trainees reported that night-shifts during the weekend could be really busy and challenging. The trainees expressed that they were keen to help with the service demands at the Trust.</p> <p>The trainees stated that they had planned training agendas during their time at the Trust but that this was challenging whilst working on the acute wards. The trainees stated that they would not be able to attend to other academic interests when working on the acute wards as the wards were so busy. However, the trainees felt that the planned training agenda gave them good exposure to learning and was helping with their development. It was noted by the trainees who worked on the acute wards was service driven.</p> <p>All the trainees reported they were working over their scheduled working hours due to service demands. The visit team heard from the higher trainees that recruitment of more foundation trainees would help with the workload issues.</p>	<p>The Trust should review the use of locum staff as well as the rostering of trainees.</p>	<p>Mandatory Requirement</p>

	It was reported that the trainees' sub-specialty training requests were accommodated.		
GM1.5	Induction All the trainees stated they had been given adequate departmental inductions by their trainers.		
GM1.6	Handover It was reported by the trainees that they had a tracking team meeting every morning which was conducted by the consultants. Both trainers and trainees stated that due to the new ward-based system the handover was currently not carried out in a well-ordered fashion. The trainees reported there was due to be an electronic handover system in place in the near future. However, it was reported that a transition to a robust handover was taking longer due to service pressures. The trainees believed the new handover system would limit the number of patients being lost and that an electronic system would improve the tracking of patients.	The Trust should provide evidence of a robust patient handover system being implemented.	Mandatory Requirement
GM1.7	Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience It was reported that despite trainee workload, trainees were able to be involved in non-clinical work such as the discharge pharmacy project and improving medication compliance and were well supported by the trainers.		
GM1.8	Organisations must make sure learners are able to meet with their educational supervisor on frequent basis The trainees reported that they had good access to their educational supervisors and met with them regularly. The trainees commented that even if they had forgotten to book the meeting sessions the trainers would be proactive and would arrange the meetings. The trainees reported that they had good access to educational resources including a well-stocked library as well as Athens accounts and that there were robust clinical guidelines available on the Trust's intranet.		
GMC Theme 2) Educational governance and leadership			
GM2.1	Effective, transparent and clearly understood educational governance systems and processes Department of Medicine Clinical Governance meetings took place every six weeks which trainees were invited to attend. This will included any lessons learned from consultant-led mortality reviews. One of the geriatric specialty trainees was a facilitator for the Lessons Learned Patient Safety Training Programme for Foundation Doctors.		

	However, the trainees noted that there was a lack of feedback around clinical governance, especially regarding serious incidents.		
GM2.2	<p>Systems and processes to make sure learners have appropriate supervision</p> <p>The trainees reported they had a good experience working at the Trust despite the busy and challenging environment. The trainers were supportive and engaging with the trainees. The trainees expressed they received a varied experience and had good exposure in several wards within geriatric medicine. The trainees were very complementary towards their trainers and believed they had a good working relationship. It was recognised by the visiting team that there was continuous personal development in place for the trainees.</p>		
GMC Theme 3) Supporting learners			
GM3.1	<p>Behavior that undermines professional confidence, performance or self-esteem</p> <p>In general the visit team felt the Trust was a friendly and welcoming environment for the trainees. The trainees reported positives about their trainers and educational supervisors. The trainees reported undermining occurring rarely and, if there were any problems, the Trust would have a rapid resolution and would address the problem. It was stated that there no issues of concern with permanent geriatric staff.</p>		
GM3.2	<p>Access to study leave</p> <p>It was reported that the trainees had good access to study leave but it could be problematic if the trainees were on the acute wards.</p>		
GMC Theme 4) Supporting educators			
GM4.1	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The trainers informed the visit team that they were able to manage both their jobs and duty as educational supervisors.</p> <p>The visit team heard from the educational supervisors that sufficient time was allocated for providing supervision to trainees and that they received 0.125 programmed activities (PAs)/trainee. It was noted by the educational supervisors that one supervisor would provide supervision to a maximum of four trainees but due to service pressure they felt taking on more trainees would prove difficult.</p>		
GM4.2	<p>Access to appropriately funded resources to meet the requirements of the training programme or curriculum</p> <p>The trainers stated that there were quarterly medicine local faculty group meetings which they were encouraged to attend. The trainers stated the support from the training programme director</p>		

	(TPD) was good and the trainees received in-house training by having x-ray and radiology meetings in the morning. The trainers reported they allocated four hours teaching time per week for the trainees and they were all well informed of the sessions.		
GMC Theme 5) Developing and implementing curricula and assessments			
GM5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The trainees mentioned they had General Internal Medicine (GIM) departmental meeting days and were able to attend the meetings. If the wards were busy they would be able to find cover but again this would be harder for the trainees working on the acute wards.</p> <p>The higher trainees stated that the Trust had provided good support in preparation to be a consultant and felt confident in their job. The trainees expressed that morale could be challenged at times due to lack of staffing in the acute wards but the support and learning opportunities given by the trainers had been encouraging. The trainees reported they received sub-specialty training and would receive help from their trainers to attend courses. The higher trainees noted that they could not always attend the local teaching as they covered a clinic that took place at the same time. Radiology teaching was held once a week as well as weekly ward rounds.</p> <p>It was reported by the trainees that they would find it difficult to take educational leave whilst working on the acute wards. The trainers also expressed their concerns and were trying to help to avoid trainees missing teaching.</p>	The Trust is required to ensure that trainees are able to attend local teaching.	Mandatory Requirement
GM5.2	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>The trainees said the ward rounds were extremely helpful with their teaching and there would be occasions when the ST3 would conduct the ward rounds on their own. The visit team felt that the trainees were receiving a varied clinical experience for their training and development within geriatrics.</p>		
Good Practice		Contact	Brief for Sharing
Other Actions (including actions to be taken by Health Education England)			
Requirement		Responsibility	

Signed	
By the Lead Visitor on behalf of the Visiting Team:	Dr Jonathan Birns, Deputy Head of London Specialty School of Medicine
Date:	29 March 2016