

London North West Healthcare NHS Trust (Ealing Hospital) Medicine Risk-based Review (Focus Group)



Quality Review report

19 October 2016

Final Report

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Quality Review details

Background to review	<p>A Risk-Based Review was conducted at the Trust on 7 July 2016. During this review, the review panel for Acute Medicine had noted the following areas that were working well as follows:</p> <ul style="list-style-type: none"> • The quality review team heard that trainees were well supervised and received supervised learning events (SLEs). • The quality review team was informed that there were effective and functional relationships between acute medicine and the medical sub-specialties. • The quality review team heard that the trainees had a positive experience on the medical High Dependency Unit (HDU) and that patient care was good. There was a good relationship between the medical HDU and the Intensive Trauma Unit (ITU) <p>However, the review team identified various areas for improvement, which included:</p> <ul style="list-style-type: none"> • The review team heard that feedback from Datix submissions was not always received by trainees. • The trainees informed the review team that the local induction on the Acute Medical Unit (AMU) at the Northwick Park Hospital site was minimal. • The review team heard that the evening handover was not as robust as the morning handover. • The review team was informed that the core medical trainee (CMT) and foundation trainee workload was excessive, especially the weekend morning ward round. • The trainees reported that obtaining study leave and annual leave was difficult. • The review team heard that within the ITU, trainees were unable to access certain websites due to the outdated version of Internet Explorer installed on the computers. <p>There had been no representation of higher trainees in the acute medicine session in the above review. As a result of this, it was agreed that a further review would be arranged in the form of a Focus Group later in the year to assess the training and learning of acute medicine trainees at the Ealing Hospital site and to assess the working relationship of the acute medicine units at both the Northwick Park Hospital and Ealing Hospital site.</p>
Training programme / specialty reviewed	<p>The quality review team reviewed the training environment across the acute medicine unit at the Ealing Hospital site.</p>
Number and grade of trainees and trainers interviewed	<p>The quality review team met with a total of twenty one trainees over the different trainee sessions at the focus group.</p> <p>Over the course of these sessions, the following grades were interviewed:</p> <ul style="list-style-type: none"> • foundation training year one (F1) trainee • foundation training year two (F2) trainee • core medical training year two (CT2) • specialty training year one (ST1) • specialty training year two (ST2)

	<ul style="list-style-type: none"> • specialty training year three (ST3) • specialty training year four (ST4) • specialty training year five (ST5) • general practice specialty training (GP ST)
Review summary and outcomes	<p>The quality review team thanked the Trust for accommodating the quality review.</p> <p>The quality review team found no areas of serious concern within the acute medicine unit.</p> <p>The quality review team had the opportunity to meet with a number of trainees from the acute medicine department. The review was held in five different sessions to allow a good attendance rate from an adequate number of trainees. Prior to meeting the trainees, the quality review team met consultants from the following specialities: Gastroenterology, Geriatric Medicine, Acute Medicine Unit (AMU), Endocrinology and Cardiology.</p> <p>The quality review team was pleased to note the following positive areas:</p> <ul style="list-style-type: none"> • Overall, the quality review team was pleased to find a faculty that was engaged with training and education and one that had a good mix of supportive and engaged consultants. • The quality review team heard that the daily handover was well structured and that there was a Site Practitioner (Band 8) available to support the junior trainees as well as an Outreach Nurse to see the critically unwell patients. <p>The quality review team noted the following areas for improvement:</p> <ul style="list-style-type: none"> • The quality review team heard that there were some gaps within the medicine rota, which impacted training and learning opportunities. It was noted that such gaps needed to be monitored by the trainees and the consultant body in the AMU. • The trainees across all medicine specialties reported difficulties in obtaining their ID badges and various logins and passwords for the computer systems used at the Trust. As a result of this, trainees were required to share badges/logons. The Trust was required to review this aspect of their induction as this was an information governance issue. • The trainees informed the quality review team that they were not aware of the Open Access Meetings held every Tuesday. The Trust was required to ensure there was effective communication between the consultants and trainees to ensure trainees were aware of all meetings. • The Director of Medical Education (DME) raised some concerns with the Trust Liaison Dean (TLD) regarding potential inappropriate undermining behaviour prior to the review. The Trust was informed that the Trust Liaison Dean would follow up on the concerns raised about this issue.

Educational overview and progress since last visit/review – summary of Trust presentation

The quality review team heard that there was a newly appointed consultant within the acute medicine unit, who was also the newly appointed local Training Programme Director (TPD) for core medical training and who had also previously worked at the Ealing site as a higher trainee before starting his new role as a consultant job two months prior to the review. The TPD informed the quality review team that as a department, they had taken on an education lead in core medical training (CMT) in order to enhance training and learning opportunity within the acute medicine unit. The quality review team heard there was a trainee Whats App group initiated by the

TPD to ensure trainees were aware of all meetings and fora.

The quality review team was pleased to hear that the department had made positive improvements and changes in relation to training and learning opportunities since the appointment of some new AMU consultants within the department, who had brought a different mix of skills and experiences to the department.

The acute medicine trainees stated that the AMU at Ealing Hospital was a good place to work and that they felt well supported by the consultant body and highly praised the work the consultants were doing. The quality review team heard from the acute medicine trainees that they were able to call their educational/clinical supervisors whenever they needed.

Quality Review Team

HEE Review Lead	Dr Catherine Bryant, Deputy Head of School for Medicine and Medical Specialties, King's College Hospital NHS Foundation Trust	Training Programme Director for Core Medical Training	Dr Jo Szram, Consultant Respiratory Physician (Occupational Lung Disease), Director of Medical Education, Royal Brompton and Harefield NHS Foundation Trust
Trust Liaison Dean / County Dean	Dr Orla Lacey, Trust Liaison Dean, Health Education England North West London	Lay Member	Robert Hawker, Lay Representative
Scribe	Jannatul Shahena, Quality Support Officer		

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
AM1.1	<p>Patient safety</p> <p>The trainees reported that they had no concerns around patient safety and the majority of the trainees interviewed by the quality review team stated that they would recommend the training and learning of the medicine specialties at the Ealing Hospital site. The majority of trainees reported that they would be happy for friends and family to be treated at the hospital and had no patient safety concerns.</p>	

	The vast majority of trainees the quality review met stated that they felt well supported by their senior colleagues and confirmed that they were able to meet with their respective educational and clinical supervisors.	
AM1.2	Serious incidents and professional duty of candour There were no serious incidents reported at the time of the review.	
AM1.3	Appropriate level of clinical supervision The trainees informed the quality review team that they were adequately supervised in clinics and stated that they felt well supported by their consultant colleagues and confirmed they were able to approach the consultants whenever they required clinical support and guidance. The CMTs commented that the respiratory firm had a lack of clinical supervision and felt this was partly due to the lack of ST trainees in the specialty, as well as limited knowledge of the CMT curriculum and training needs by the consultants in the specialty.	Yes, see AM1.3 below
AM1.4	Responsibilities for patient care appropriate for stage of education and training The TPD for CMT reported that some trainees struggled to find the time to attend training sessions; however, he commented that they received good exposure to clinical experience from a skills perspective.	Yes, see AM1.5 below
AM1.5	Rotas The consultants across the medicine specialties informed the review team that as a department, they struggled with recruiting consultants in geriatric medicine due to the location of the Trust and therefore had gaps. The quality review team heard from the consultant body that there was an integrated rota in place at the time of the review as well as an integrated medical take. The consultants reported that there was an evening handover which worked well along with the Hospital at Night system. The quality review team heard that the AMU department as a whole was working to improve the rota issues that were of concern at the time of the review. The consultants reported that there was consultant support available at the weekend; however, they recognised there were improvements to be made and that they were working hard to make improvements to the rota at the time of the review. The quality review team heard that a medical consultant worked from Fridays to Sundays, although the same consultant was not on the rota throughout the weekend. A consultant worked from Friday evening to Saturday, with another consultant who worked the evening round on Saturday. The consultants recognised although there was a lack of consistency in providing consultant weekend cover, the medicine rota needed to improve and confirmed this was highlighted to the senior management team. In addition, the consultants stated that the workload was not too heavy at the Ealing Hospital site. The quality review team heard from the consultants that the on call system worked well. It was reported that a twilight F1 doctor was scheduled on the rota during the on call shifts from 4pm to midnight. The quality review team heard that there was a band 8 site practitioner on the on-call shift who was in charge of the screening bleep, which was a great support to the F1s on the on-call shift, as they felt well supported whilst on a busy night shift. It was also reported that there was an outreach nurse for the critical care patients; therefore the on call shift was adequately staffed by both medical and non-medical members of staff.	

	<p>Similarly, the core medicine and foundation trainees reported that the nursing support was particularly good on the on-call shifts. The trainees found the site manager very helpful and stated he/she filtered all calls, ensuring the sick patients were prioritised.</p> <p>The majority of all trainees in general medicine reported that there were rota issues within the AMU. The trainees informed the quality review team that the rotas had changed a few weeks prior to the review, which had meant trainees who had made prior plans for the Christmas break now had to work during this time. This had caused upset as some trainees had prior commitments or had made plans for the Christmas period, which had to be cancelled as a result of this recent rota change.</p> <p>The higher specialty trainees informed the quality review team that some of their training was compromised as a result of some of the rota gaps within the AMU. The trainees reported that they would often receive a telephone call at 11am, asking them to go home and come back in the evening to fill the gaps in the rota. The trainees felt this imposed on their training opportunities as specialist clinics were held during the day, and if they covered the on call shift they often missed out on this aspect of their training.</p> <p>However, another cohort of general medicine trainees reported that although the take was busy, they were very well supported by the consultants during the take and had a consultant-led team.</p> <p>Furthermore, the general medicine trainees commented that they were often very busy due to the bleep system which contributed to a higher workload. The quality review team heard that a bleep system was being piloted at the time of the review to monitor the number of bleeps that came through the Emergency Department. It was noted that this bleep system would be piloted for two weeks.</p> <p>The quality review team was pleased to hear that the increased workload for the F1s had been recognised by the department and this had improved, which meant F1s were not overworked as they had previously been.</p>	<p>Yes, see AM1.5 below</p> <p>Yes, see AM1.5 below</p>
AM1.6	<p>Induction</p> <p>The TPD for CMT informed the quality review team that he delivered induction sessions for the new trainees as well as for those training ones who started their trainings posts later on in the year.</p> <p>Overall, the trainees interviewed by the quality review team reported that they had received an induction when they commenced their training posts and that they were able to meet their educational supervisors regularly. However, some trainees stated that they did have to chase this several times. The core medicine trainees informed the quality review team that they had not had an induction.</p> <p>However, the GP ST trainee commented that the induction received was good and informative and informed them what they needed to know. The quality review team heard that many trainees had to organise their own induction and make all relevant enquiries when they started their training posts.</p> <p>Some of the trainees reported that the Trust induction received was ineffective and it often took them up to three to four days to gain access to the Trust's computer systems and ID badges were often received up to three to four days late; the trainees felt that such organisational issues like this could have been dealt with prior to them starting their training posts within the AMU. The quality review team also heard of instances when a trainee received an informal induction from a staff grade as a result of not receiving a formal Trust induction.</p> <p>Some of the general medicine trainees the quality review met with confirmed that although they had not received a full induction when they started their training posts at the Ealing site, they were given some IT access as they had previously worked at</p>	<p>Yes, see AM1.6 below</p>

	the Northwick Park Hospital site, which was an advantage, in comparison to new colleagues who were new to the Trust. In addition, the trainees also felt there was greater focus on learning at the Ealing Hospital site than the Northwick Park site.	
AM1.7	<p>Handover</p> <p>The educational and clinical supervisors reported that as a department, they were trying to ensure their handover was robust. During the weekday handover, every member of the team met at 8:30am each day, where every patient was discussed and lasted up to 40 minutes with the main part of the handover completed by 8:50am. The quality review team heard that the AMU department was working towards improving their weekend handover to make it more robust.</p> <p>The trainees stated that they found the weekday morning AMU handover very effective. The quality review team heard that a consultant reviewed all patients within the AMU accompanied by the junior trainees. Regarding the timings of the weekend handover, it was reported that the first handover on Friday night was at 4pm with the second handover at 9pm.</p>	
AM1.8	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The quality review team heard from the endocrine consultants that the CMT trainees were encouraged to attend the acute medicine and endocrine clinic, encouraging them to see new patients to gain clinical experience as part of training and development.</p>	
AM1.9	<p>Protected time for learning and organised educational sessions</p> <p>The educational and clinical supervisors reported that they provided leadership training as part of supporting the training and learning of the foundation trainees. It was also reported that the department offered teaching sessions for F1 and CTs every Wednesday each week, which was well attended.</p> <p>The F1s reported that they received prescribing teaching, which they found useful. The GP ST trainee commented that they received bleep-free teaching each week.</p> <p>The CMTs reported that they felt the AMU offered structured teaching and stated that they felt the Ealing Hospital site was a very good hospital for CT2s to train in and not for CT1s as it did not offer as many learning opportunities for that stage of training. The CMTs stated that the department offered protected teaching sessions on Wednesday afternoon. The CMTs the quality review met with confirmed that they had passed their MRCP.</p> <p>The quality review team heard that from the trainees interviewed that the Trust library was adequate for learning and they were able to access resources.</p>	Yes, see AM1.9 below
AM1.10	<p>Access to simulation-based training opportunities</p> <p>The acute medicine consultants informed the quality review team that simulation learning was an issue, particularly around skills training, and trainees did not have access to this at the time of the review. Similarly, the trainees also commented that that they faced issues obtaining simulation-based training.</p>	Yes, see AM1.10 below
AM1.11	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>The trainees from all levels of their training informed the quality review team that they all had an educational and clinical supervisor. The trainees reported that they were able to meet them when they needed support and guidance.</p>	

GMC Theme 2) Educational governance and leadership**Standards**

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

AM2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The quality review team was informed that the acute medicine local governance meetings took place every Tuesday. This meeting was attended by multidisciplinary team members, which included nurses, occupational therapists and other health care professionals.</p>	
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The quality review team heard from the consultant body that there was a question and answer session each day during the handover. This was known as the 'Coffee Question' The trainees found this very useful, as they were asked new questions each day as part of their training and learning and felt as though they had learnt something new each day. Both the trainees and consultants provided positive feedback on this aspect of training.			

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
AM1.3	The Trust is required to draft standard operating procedures for the respiratory department, outlining who is responsible for clinical supervision and how this will be ensured.	The Trust is required to submit standard operating procedures for the respiratory firm, ensuring that there is adequate clinical supervision within the department.	R1.8
AM1.5	<p>The Trust is required to revise the rotas on the AMU at the Ealing Hospital site to ensure that all trainees are able to attend teaching sessions in an equitable fashion. The Trust is required to ensure trainees receive the rota in advance, prior to making commitments. Additionally, all trainees should be able to attend the specialist clinics as part of gaining their clinical skills experience.</p> <p>The Trust is required to ensure that there is a Human Resources (HR) policy in place around recruiting to vacant posts.</p> <p>The Trust is required to review the workload of the general medicine trainees at the Ealing Hospital site.</p>	<p>The Trust is required to submit copies of the revised rotas for the AMU on the Ealing Hospital site as well as evidence that this has been sent to trainees.</p> <p>The Trust is required to carry out a diary card exercise on trainees and submit the results to Health Education England.</p> <p>Compliance with this action should be monitored through LFG meetings.</p>	R1.12
AM1.6	The Trust is required to ensure that all trainees receive an induction when commencing on the AMU at Ealing Hospital site even those trainees who commence placement mid-year. This induction should include the Trust's whistleblowing policy and how trainees can access this.	<p>The Trust is required to submit confirmation of induction arrangements as well as induction material. The Trust is required to circulate an induction survey to trainees and submit feedback received. Performance of induction should be monitored through LFG meetings.</p> <p>This is already an action on the master action plan following the review in July 2016.</p>	R1.13
AM1.9	The Trust is required to ensure that the acute medicine department offers training and learning opportunities for CMT trainees at all levels.	<p>The Trust is required to submit copies of teaching sessions for CMT trainees.</p> <p>Compliance with this action should be monitored through LFG meetings.</p>	R1.16

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
AM1.10	The Trust should ensure that all trainees have access to simulation-based / skills training.	Please submit a plan of action to deal with this recommendation.	R1.17

Other Actions (including actions to be taken by Health Education England)			
Requirement			Responsibility

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Orla Lacey, Trust Liaison Dean
Date:	21 November 2016

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.