

The Hillingdon Hospitals NHS Foundation Trust

Pharmacy

Monitoring the Learning Environment (on-site visit)



Quality Review report

16 July 2019

Final

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healthcare

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Quality Review details

Background to review	The review (on-site visit) of pharmacy training at The Hillingdon Hospitals NHS Foundation Trust was organised as part of the programme review being undertaken across all pharmacy departments in the London region. Health Education England was not aware of any specific concerns about the learning and training environment within the Trust.
Training programme / specialty reviewed	Pharmacy
Number and grade of trainees and trainers interviewed	<p>The review team met with three pre-registration pharmacists and one pre-registration trainee pharmacy technician, as well as educational and practice supervisors at sites.</p> <p>The review team gave feedback to the following Trust representatives:</p> <ul style="list-style-type: none"> • Chief Pharmacist • Hospital Director • Divisional Director for Cancer and Clinical Support Services • Pre-Registration Pharmacist Education Programme Director • Pre-registration Trainee Pharmacy Technician Education Programme Director.
Review summary and outcomes	<p>Health Education England (HEE) thanked the Trust for its cooperation and participation in the review process. Several areas of good practice were noted by the review team including excellent practice supervision in some teams, the work to develop a more diversified workforce and integrate with other agencies to better serve patients, and the fact that all trainees described the department as a good place to work.</p> <p>The review team also identified areas which required improvement:</p> <ul style="list-style-type: none"> • The purpose and function of the local faculty group (LFG) was not fully understood across the trainees, practice supervisors (PSs) and education supervisors (ESs). All groups outlined that access to information about the LFG meeting arrangements, agenda and minutes was variable and that there was a lack of robust process for following up action points. • Trainees, PSs and ESs described a disconnect in flow of information across the department between senior management and the wider staff body. The review team heard from a number of passionate and innovative trainees and supervisors, however these groups described feeling disempowered to suggest innovations or improvements due to a perception that the Trust was resistant to change and that ideas would not be acted on. • PSs and ESs reported a lack of autonomy around how and when they met their trainees. The supervisors described being micromanaged at times, with little opportunity to independently manage their schedules, service delivery and educational commitments in parallel. A number of supervisors reported having to complete evidence and portfolio reviews in their own time in order to keep pace with their supervision workloads • Rotation objectives, structure and expectations: The trainees' rotations varied in terms of structure, clarity of supervision roles, whether they were given objectives and whether other team members were aware of the trainees' roles. Trainees talked about arriving to rotations where the PS or ES was unprepared to receive them, and supervisors recounted

similar experiences of trainees arriving for rotations unexpectedly. PSs and ESs were unclear regarding responsibility for induction into rotations, handover from previous rotations, objective setting and progress monitoring. The review team heard about widely differing approaches and practice in these areas across both the ES and PS groups.

Quality Review Team

HEE Review Lead	Shane Costigan Associate Head of Pharmacy Health Education England, London and Kent, Surrey and Sussex	PRP Representative	Jaimisha Patel PRP Programme Facilitator Health Education England, London and Kent, Surrey and Sussex
PTPT Representative	Pam Bahia PTPT Programme Facilitator Health Education England, London and Kent, Surrey and Sussex	PRP Representative/ Observer	Ian Taylor PRP Programme Facilitator, Lead on Assessment and Trainee Voice Health Education England, London and Kent, Surrey and Sussex
PRP EPD/ Observer	Abbas Alidina Lead Pharmacist, Education and Training Croydon Health Services NHS Trust	Trainee Representative	Dastagir Khan Pre-Registration Pharmacist Barking, Havering and Redbridge University Hospitals NHS Trust
Lay Member	Robert Hawker Lay Representative	HEE Representative	Louise Brooker Learning Environment Quality Coordinator Health Education England, London

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

The Trust representatives outlined the significant changes made within the department and the Trust in the year prior to the review. There were ongoing challenges around finances, patient flow and recruitment and retention. The department had been benchmarked in model hospital terms as being in the second lowest quartile for pharmacy department staffing levels. The Chief Pharmacist noted that the highest staff turnover was among the band six and band seven pharmacists, so the department planned to build better career progression pathways to encourage staff to stay.

The department was also working to develop other roles, such as introducing pharmacist assistants onto some wards and expanding the pharmacy technician role to attract staff and meet service needs. The department had increased the weekend staffing establishment to create a seven-day medicines reconciliation service and deal with patient admissions as they came in rather than having peaks in workload each Monday. The Trust was working to transform the workforce within the constraints of existing resources, in line with the Carter transformation plan. Following changes at Trust executive team level, the Chief Pharmacist anticipated greater support for plans such as increasing the number of prescribing pharmacists and pharmacists working in advanced roles. The review team heard that education and training was high on the Trust executive agenda and that the new executive team was more open to innovations in workforce development and multi-disciplinary approaches to working. The Chief Pharmacist indicated that there were now higher expectations of the department but also greater support and openness across the Trust in terms of improvements to organisational culture.

The review lead enquired as to the department structure around training and was informed that there were separate Education Programme Directors (EPDs) for the pre-registration pharmacists (PRPs) and the pre-registration trainee pharmacy technicians (PTPTs). The PRP EPD also line managed the PRPs and the PTPT was line managed by the PTPT EPD. Due to relatively high levels of turnover among the band six and seven pharmacists, the department had worked to improve succession planning for supervisors and encourage new supervisors to undertake training. The Trust offered diploma training to all band six pharmacists and the PRP EPD reported that the department worked to fund all relevant training requests from staff. The Trust had experienced difficulties recruiting hospital pharmacists, so the PRP EPD advised that the department frequently recruited community pharmacists and offered them training to adapt to the hospital environment. The Trust had allowed over recruitment at band six level in 2019 to ensure there were roles available for all three current PRPs when they qualified, and all three had accepted jobs in the department. The review lead asked about the pathway for trainees moving into practice and the EPD explained that PRPs were given responsibility, under supervision for a group of patients when they worked on the wards towards the end of the training year to build their confidence and decision-making skills. The department had a local induction which outlined the difference between training and practice as a newly qualified pharmacist.

The Chief Pharmacist advised that the department had held regular local faculty group (LFG) meetings since late 2017 and that they were a useful forum to seek and discuss trainee feedback and that trainee representatives were able to speak openly at the meetings. The PRP trainees took turns attending the LFG and the PTPT attended when possible. However, representatives from each of the groups the HEE team met with felt that the system for feeding information from the LFG to the Education and Training (E&T) team, and then onto the relevant trainee groups and practice and educational supervisors needed improvement. Actions from the LFG were reviewed at the monthly Pharmacy Board meeting and followed up at subsequent LFG meetings.

The E&T team was considering some improvements to the training programmes, including developing multidisciplinary simulation training and introducing trainee passports. Staff from the department had recently participated in multidisciplinary simulation training at Northwick Park Hospital around intravenous medicines administration and the E&T team planned to explore the use of simulation training as a way to embed changes in practice around medicines safety. Based on trainee feedback from the current cohort the E&T team planned to alter the training rotations for the 2019-20 academic year, for example by reducing the time that PRPs spent at Mount Vernon Hospital, increasing the time spent working with specialist nurses on the wards and there were ongoing discussions with colleagues at Central and North West London NHS Trust about establishing a mental health training rotation. The Chief Pharmacist reported that the Trust aimed to work more closely with the local Primary Care Network (PCN) and that there were strong links with the medicines management team at the Clinical Commissioning Group (CCG).

The review team heard that the PRPs completed audit projects on topics such as missed doses, prioritisation tools for ward pharmacists and anticoagulant therapy and were due to present these to the relevant Trust committees in August 2019. The EPD stated that the trainees were encouraged to present at external conferences and to develop their work into quality improvement initiatives within the department. At the time of the review there were few opportunities to participate in research at the Trust, but it was hoped that the increase in joint working with other agencies would improve this.

The review team heard that the Trust was one of only two in north west London which still used a paper-based prescribing system. The Trust had applied for NHS Improvement funding to create an electronic prescribing and medicines administration system (EPMA) and this was pending at the time of the review.

Findings

GPhC Standard 1) Patient Safety

Standards

There must be clear procedures in place to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.

Consider supervision of trainees to ensure safe practice and trainees understanding of codes of conduct.

Ref	Findings	Action required? Requirement Reference Number
	Patient safety No concerns noted.	
	Serious incidents and professional duty of candour No concerns noted.	
Ph1.1	Appropriate level of clinical supervision The practice supervisors (PSs) advised that they had been supported by the Trust to undertake supervision training and activities, but some were unclear about the expectations for trainees' competencies and objectives. In some areas, such as outpatients and procurement, PSs reported that there were documents outlining the objectives for trainees and the supervisors' responsibilities. In others, PSs described having limited knowledge of specific trainee objectives and working out the trainees' needs from the General Pharmaceutical Council (GPhC) requirements or, where available, from outstanding competency lists presented to them by trainees when each rotation began.	
Ph1.2	Quality and development of pre-registration tutors The review team heard that there were plans in place to continue to identify and train new supervisors and tutors. However, it was also noted that there was high staff turnover at band six and band seven level across the department and that this had the potential to affect the ongoing continuity of training afforded to trainees across their programmes.	

GPhC Standard 2) Monitoring, review and evaluation of education and training

Standards

The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic and developmental way. This includes the whole curriculum and timetable and evaluation of it.

Stakeholder input into monitoring and evaluation.

Trainee Requiring Additional Support (TRAS).

Ph2.1	Educational governance The review team heard that the educational supervisors (ESs) did not have a forum where they could meet as a group to discuss training and that there were limited opportunities for dedicated meetings with the Educational Programme Directors (EPDs). The ESs also noted that there was no system in place for PSs to give them handover at the end of each rotation, or to handover to the next PS. Both ESs and PSs described frustration at their lack of control over their timetables, which could be changed at very short notice to meet service demands. The PSs advised that workload pressures also impacted on the trainees, as they could be required to cover gaps in the service rather than focusing on educational activities. Some supervisors were unclear around the educational governance structure within the department, in particular the system for relaying information from senior management to supervisors. Several PSs reported that they had been assigned to	
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	work with trainees without prior notice, leaving them no time to plan objectives or activities for the trainees, or to plan their own work to include supervision time.	
Ph2.2	<p>Local faculty groups</p> <p>The ESs felt that it was positive that there was a functioning local faculty group (LFG) in place, although some suggested that the formal meetings might inhibit some attendees from discussing issues and giving opinions. The ESs indicated that the LFG meetings were useful and allowed sharing of information and best practice. However, the review team heard that the minutes were sometimes delayed and there was no robust process for following up actions, apart from discussing them at the next meeting which could mean that actions remained open for longer than necessary. Several ESs and PSs reported that they did not have the opportunity to attend the LFG meetings as there were selected ES and PS representatives. PSs in particular described being less sighted on discussions had at the LFG and associated actions. It was suggested that the meeting agenda could be more specific and that allowing more supervisors to attend, perhaps on a rotational basis, would make the meetings more widely beneficial. In addition, a more robust action tracker and communication mechanism for sharing actions across the department would be of benefit.</p>	Yes, please see action Ph2.2
Ph2.3	<p>Trainees in difficulty</p> <p>When asked about the formal process for managing trainees requiring additional support (TRAS), the majority of ESs and PSs were not aware of the process or how to access it. The PSs advised that if a trainee did not meet their objectives for a rotation this would be fed back to the ES and discussed with the trainee to identify any underlying issues and plan to address the outstanding objectives. The ESs felt confident that they would know if a trainee was having trouble meeting their objectives as they had regular meetings with the trainees. As there was unallocated time at the end of both training programmes, the ESs noted that trainees were able to return to rotations where they needed additional time. However, because there was no process for handover between PSs in different rotations, it was not clear whether PSs would be alerted when a trainee had experienced difficulty in a previous rotation.</p>	Yes, please see action Ph2.3

GPhc Standard 3) Equality, diversity and fairness

Standards

Pharmacy education and training must be based on the principles of equality, diversity and fairness. It must meet the needs of current legislation.

	<p>Staff training in equality and diversity</p> <p>No concerns noted.</p>	
	<p>Parity</p> <p>No concerns noted.</p>	

GPhC Standard 4) Selection of trainees

Standards

Selection processes must be open and fair and comply with relevant legislation.

	<p>Selection processes and procedures to comply with relevant legislation</p> <p>No concerns noted.</p>	
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GPhC Standard 5) Curriculum delivery and trainee experience**Standards**

The local curriculum must be appropriate for national requirements. It must ensure that trainees practise safely and effectively. To ensure this, pass/ competence criteria must describe professional, safe and effective practice.

This includes:

- The GPhC pre-reg performance standards, Pre-registration Trainee Pharmacist Handbook and local curricular response to them.
- Range of educational and practice activities as set out in the local curriculum.
- Access to training days, e-learning resources and other learning opportunities that form an intrinsic part of the training programme.

Ph5. 1	<p>Rotas</p> <p>The pre-registration pharmacist (PRP) rotations varied in length, from one week to two months and covered a variety of areas, including a two-week period at Mount Vernon Hospital, a week at the local Clinical Commissioning Group (CCG) and two weeks in community. The PRPs suggested that the Mount Vernon rotation could be shortened as the workload there was lower than at Hillingdon Hospital. The trainees' experiences of quality of supervision and training in community pharmacies varied depending on the location and supervisor they were allocated to. The trainees found the CCG rotation useful for learning about the relationships between primary and secondary care and how CCG-based pharmacists interacted with the Trust. The pre-registration trainee pharmacy technician (PTPT) rotations were between four and six weeks long for the first 18 months of the programme, with opportunities to return to any areas needed in the final six months. At the time of the review, the PTPT programme did not include opportunities for external rotations, although it had been fed back to the department that this would be useful. The trainees had also given feedback that it would be beneficial to spend time shadowing other healthcare professionals, such as specialist nurses.</p> <p>The review team heard that trainees in both programmes worked weekend shifts. Trainees had to complete certain competencies prior to starting weekend work but there was no specific induction or preparation for working at weekends, with some describing feeling out of their depth at first. The trainees advised that they now felt confident working at weekends and were not asked to work beyond their competency level. However, trainees felt that they were treated as members of core staff at weekends and stated that they were included on the pharmacy technician rota. The ESs indicated that trainees should be informed in advance of who their supervisors were for weekend shifts. The trainees reported that this was variable and that there had been instances where trainees had arrived in the dispensary and the team had not expected them. The ESs advised that on weekends the team often did not finish at the rostered time and frequently missed breaks due to high workloads.</p> <p>The PSs suggested that the new medicines reconciliation pharmacist rota impacted on continuity of supervision during the week, as supervisors worked more weekends so had more weekdays off. The review team heard that this also impacted on staffing levels in certain areas and led to team members being moved at short notice to provide cover.</p>	<p>Yes, please see action Ph5.1a</p> <p>Yes, please see action Ph5.1b</p> <p>Yes, please see action Ph5.1c</p>
Ph5. 2	<p>Induction</p> <p>Aside from the comments above around weekend working, trainees felt that they had received an adequate induction when starting their training programme</p>	
Ph5. 3	<p>Education and training environment</p> <p>The trainees described the training environment in largely positive terms, citing the friendly and helpful attitude of the multidisciplinary team (MDT) in most areas. The</p>	

	<p>review team heard of some cases where team members were not aware of trainees' roles, remits or training needs and communicated poorly with the trainees or had unrealistic expectations of them as a result. The ESs described an example of this, where a trainee had escalated concerns around difficulty working with some team members and this had been addressed, but the trainees suggested that similar behaviours were tolerated from some staff and that the trainees were expected to ignore them.</p> <p>No trainees felt that they had been bullied and all were aware of how to access the Trust policies on whistleblowing and bullying.</p>	<p>Yes, please see action Ph5.3</p>
Ph5.4	<p>Educational plans</p> <p>The trainees advised that some rotations had clear objectives set in the initial meeting with the PS. However, others gave trainees their objectives late or mid-way through rotations or relied on the trainees to set their own objectives based on the course handbook. Likewise, PSs in some areas routinely held meetings with trainees at the end of each rotation, but in some areas there was no formal discussion of progress or learning. PTPT trainees had additional input from an external assessor who set rotation objectives based on the curricular requirements. The review team heard that there had been instances where the PS was not aware in advance that they were to work with a trainee until the trainee arrived in the clinical area and informed them.</p>	<p>Yes, please see action Ph5.4</p>
	<p>Progression and assessment</p> <p>No concerns noted.</p>	
Ph5.5	<p>Rotations and integrated curricula</p> <p>The PRPs advised that the most significant positive change to their programme would be to include a mental health rotation, including shadowing specialist mental health clinicians. Overall, the trainees agreed that more opportunities to shadow or work with other MDT professionals such as specialist nursing, medical and allied health professional colleagues would be a useful addition to their programmes.</p>	
	<p>Evidence of the impact of teaching and learning strategies on course delivery and student experience</p> <p>No concerns noted.</p>	
Ph5.6	<p>Training days and packs e-learning resources and other learning opportunities</p> <p>The PTPT ES reported that the PTPT was working on a quality improvement project and that there were plans for a second project during the medicines information (MI) rotation. This project was linked to staff health and safety around certain drugs and was expected to lead to posters and resources for staff.</p>	

GPhC Standard 6) Support and development for trainees

Standards

Trainees on any programme managed by the Pharmacy LFG must be supported to develop as learners and professionals. They must have regular on-going educational supervision with a timetable for supervision meetings. All LFGs must adhere to the HEE LaSE Trainees requiring additional support reference guide and be able to show how this works in practice. LFGs must implement and monitor policies and incidents of grievance and discipline, bullying and harassment. All trainees should have the opportunity to learn from and with other health care professionals.

	<p>Mechanisms in place to support trainees to develop as learners and professionals</p>	
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	No concerns noted.	
Ph6.1	<p>Evidence of appropriate personal and professional development</p> <p>The PRPs reported that they felt prepared for practice as they spent time on the wards and had built their confidence by taking responsibility for a group of patients, while under supervision of the ward pharmacist.</p> <p>The ESs and PSs agreed that the programmes prepared trainees for practice and encouraged them to understand the different roles within the department and develop the mindset of qualified pharmacists and technicians.</p>	
	<p>Students must have access to support for their academic and welfare needs. Appropriate support mechanisms in place.</p> <p>No concerns noted.</p>	
Ph6.2	<p>Feedback</p> <p>The PRPs reported that they had meetings with the EPD every three to four weeks where they were able to give feedback and suggest improvements to the programme. The trainees were confident that this feedback was acted on as some of their suggestions had resulted in changes to the programme for the 2019-20 academic year. When asked how quickly they received responses to their feedback, the trainees advised that this was variable depending on the issue. The ESs acknowledged that trainees did not always receive responses to their feedback. PSs in particular described a disconnect in feedback loops between the LFG, EPDs, ESs, themselves and trainees.</p>	
Ph6.3	<p>Educational supervision</p> <p>The frequency of ES meetings varied between the trainees based on their needs at different points in their training. Supervision meetings were formally documented. However, the PRPs felt that allowing time for supervision was not a priority in the department and that scheduled supervision meetings were sometimes postponed at late notice as the ESs or PSs were required to work clinically. The ESs also raised this issue and explained that they had been allocated fixed 30-minute slots per week for supervision but that, even when these sessions were not cancelled, it was not sufficient time to meet with their trainees and review their evidence. A number of ESs reported reviewing evidence in their own time, outside of working hours.</p>	Yes, please see action Ph6.3
Ph6.4	<p>Practice supervision</p> <p>Due to a lack of clarity in some areas about trainee rotations and supervision responsibilities, the trainees reported some experiences of having to find different staff to work with, instead of being assigned a PS in advance and consistently working with them. The trainees felt that this was not conducive to learning, although it became less difficult towards the end of the training year when the trainees knew who to ask questions or seek help from. It was suggested that there should be more guidance around who could supervise trainees and that this would make it easier to establish expectations and standardise supervision practices.</p> <p>The PSs reported that they had little input into the training programmes. Some PSs felt that they had not had sufficient guidance about their supervision responsibilities, and a few had asked trainees to provide them with copies of the training manuals so that they could plan objectives.</p>	
	Inter-professional multi-disciplinary learning	

	No concerns noted.	
GPhC Standard 7) Support and development for education supervisors and pre-registration tutors		
Standards		
Anyone delivering initial education and training should be supported to develop in their professional role.		
Ph7.1	<p>Range of mechanisms in place to support anyone delivering education and training (time for role and support)</p> <p>The ES reported that they had been informed in advance which trainee they would be supervising, which they found useful as it enabled them to contact the trainees before the training year began. The Trust encouraged the ESs and PSs to undertake supervision training, but some felt that they required more support and guidance. Some supervisors suggested that they would benefit from examples of good practice from other Trusts.</p>	Yes, please see action Ph7.1
	<p>Continuing professional development opportunities</p> <p>No concerns noted.</p>	
	<p>Staff appraisals and development</p> <p>No concerns noted.</p>	
GPhC Standard 8) Management of initial education and training		
Standards		
Initial pharmacy education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.		
	<p>Accountability and responsibility for education. Education and training supported by a defined management plan.</p> <p>No concerns noted.</p>	
	<p>Systems and structures in place to manage the learning of students and trainees in practice</p> <p>No concerns noted.</p>	
GPhC Standard 9) Resources and capacity		
Standards		
Resources and capacity are sufficient to deliver outcomes.		
Ph9.1	<p>Sufficient staff to deliver the curriculum to trainees</p> <p>Although no major initial concerns were noted, high turnover of band six and seven pharmacists and the impact of the new weekend working service were mentioned as having potential to impact on future capacity to support trainees.</p>	
	<p>Appropriate learning resources and IT support</p> <p>No concerns noted.</p>	

	<p>Accommodation and facilities that are fit for purpose</p> <p>No concerns noted.</p>	
<p>GPhC Standard 10) Outcomes</p>		
<p>Standards</p>		
<p>Outcomes for the initial education and training of pharmacists.</p>		
	<p>Registration, pass rates</p> <p>No concerns noted.</p>	
Ph10 .1	<p>Retention</p> <p>All trainees reported that they would recommend their posts to colleagues, provided that the department continued to take on their feedback and make improvements to the training programmes.</p> <p>The PSs were asked about the recruitment and retention issues described by the managers and responded that part of the issue was that the department was too slow to act on staff suggestions for innovation and improvement. The PSs also suggested that supervisors at other Trusts were given greater autonomy and more responsibilities. The review team heard of a lack of empowerment amongst junior and middle grade staff and a feeling that the department was resistant to change. Due to difficulties retaining staff, the supervisors noted that there were higher numbers of new and junior staff in the department, increasing the demand for training and support.</p>	<p>Yes, please see action Ph10.1</p>

Good Practice and Requirements

Good Practice

There were examples of good practice in supervision within the department. Examples included the Outpatients team and the Stores and Procurement team, which had clear training objectives, routine supervision meetings and processes to monitor trainees' progress. All trainees spoke highly of these rotations and the practice supervisors in these areas.

The department was working to develop stronger links with local pharmacy networks, CCGs, PCNs and other NHS Trusts to identify strategies to develop a more integrated pharmacy workforce to meet the needs of the local population. The department showed a forward-looking approach to workforce planning and training programme development. The review team heard about the development of additional cross sector rotational placements for PRPs and exploration around opportunities to embed MDT simulation training as part of future pharmacy training programmes.

The trainees said that the Trust was a good place to work and they enjoyed their training. All three PRPs planned to take up roles at the Trust after qualifying.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence
	None	

Mandatory Requirements		
Req. Ref No.	Requirement	Required Actions / Evidence
Ph2.2	The department should widen access to the LFG meetings for ESs and PSs and ensure that meetings minutes and action logs are distributed to all trainees and supervisors.	Please provide evidence of feedback from supervisors showing that they are able to attend the LFG and/or have access to the minutes and action logs from LFG meetings. Please also provide relevant action trackers and updates on progress of actions identified
Ph2.3	All ESs and PSs should be made aware of the TRAS process and how to access resources and support around the process.	Please provide evidence that the TRAS process has been communicated to supervisors within the department, including information about how to locate written guidance and access HEE support to use the process.
Ph5.1b	Trainees working at weekends should have a defined weekend induction, and clearer expectations around working hours including lunch breaks where shifts are of sufficient duration.	Please provide evidence of a trainee weekend induction programme and feedback demonstrating that weekend shift expectations including lunch breaks and defined work hours have been clearly articulated
Ph5.3	Teams in areas where trainees work should be informed of trainees' roles and responsibilities and how these differ from those of other staff groups. Trainees' roles should be clearly noted on the rota, including when trainees are working at weekends.	Please provide evidence of communication with relevant teams in the department around the remits and responsibilities of trainees, including rotas which state trainees' roles.
Ph5.4	Trainees require a structured programme with clarity around ES and PS responsibilities, objectives, a local induction for each rotation and clear guidance on end of rotation feedback mechanisms. ESs and PSs should be involved in planning the programme to ensure more consistency between rotations and trainees.	Please provide evidence that trainees and supervisors are provided with a programme for the training year, including information about the expectations of ESs and PSs, defined objectives for each rotation and a clear outline of end of rotation feedback processes
Ph6.3	ESs should have protected time allocated for supervision activities and where practical, autonomy over how these meetings are timetabled alongside clinical commitments. If this time has to be moved due to service demand, it should be rescheduled as soon as possible.	Please provide evidence of an ES job plan which clearly outlines time for dedicated ES activities. Please also provide feedback from ESs and PSs demonstrating that they have sufficient, protected time allocated to meet their supervision responsibilities and that supervision meetings are not moved at short notice except in unforeseen circumstances.

Recommendations		
Rec. Ref No.	Recommendation	Recommended Actions
Ph5.1a	Trainees would benefit from more opportunities to shadow specialist staff on wards.	The department is advised to review trainee feedback and arrange opportunities for shadowing with relevant ward staff.
Ph5.1c	Although not the remit of this review, HEE would encourage the department to ensure that all staff working weekends, irrespective of grade have sufficient breaks built into their weekend working patterns.	The department is advised to review weekend workloads with staff and to reiterate expectations around lunch breaks and defined work hours to both staff and managers.

Ph7.1	The department should provide more guidance on supervision responsibilities and expectations to new supervisors or those who have not yet completed formal supervision training.	The department is advised to develop an induction package for supervisors.
Ph10.1	The department should work to address the sense of disempowerment among staff and in particular to ensure that staff and trainees are informed of senior management decisions.	The department is advised to seek feedback from staff around how to improve communication lines with senior management and ensure that staff and trainees feel their concerns and ideas are heard.

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:

Shane Costigan

Date:

12 September 2019