

Whittington Health NHS Trust

Emergency Medicine

Risk-based review (On-site visit)



Quality Review report

26 February 2020

Final report

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Quality Review details

Training programme / learner group reviewed	Emergency Medicine
Number of learners and educators from each training programme	<p>The review team met with the following trainees:</p> <ul style="list-style-type: none"> - three foundation year two (F2) trainees; - one GP specialty training year one (ST1); and - five higher Emergency Medicine and Acute Care Common Stem ST1-5 trainees. <p>The review team also met with:</p> <ul style="list-style-type: none"> - Chief Executive; - Clinical Director; - Specialty Tutor; - Director of Medical Education; - Medical Education Manager; - Guardian of Safe Working; and - four Education and Clinical Supervisors
Background to review	<p>This on-site visit was held in response to the deterioration of trainee feedback via the General Medical Council (GMC) National Training Survey (NTS) in 2019:</p> <p>Emergency Medicine F2:</p> <ul style="list-style-type: none"> - Clinical supervision; - Clinical supervision out of hours; - Work load; - Handover; and - Educational governance <p>There were also pink outliers for teamwork, supportive environment, and educational supervision.</p> <p>Emergency Medicine:</p> <p>There were pink outliers for overall satisfaction, clinical supervision, clinical supervision out of hours, teamwork, handover, and curriculum coverage.</p>
Supporting evidence provided by the Trust	The Trust provided HEE with an update and overview of the educational programme and clinical opportunities available to trainees prior to the visit.
Summary of findings	The review team thanked the Trust for hosting and facilitating the visit and identified the following areas as working well:

- The review team was pleased to hear that trainees had good relations with the wider multidisciplinary team (MDT), as well as opportunities to work collaboratively on quality improvement projects in a multiprofessional capacity. The review team commended the Trust for fostering cohesive teamworking that was focused on staff wellbeing; and
- Trainees reported good access to educational supervision and workplace assessments. The review team was pleased to hear of the changes to the educational programme and its delivery, with the role of the Specialty Tutor in this noted in particular. All of the trainees the review team met with felt well supported by their consultant colleagues, both in the clinical environment and in terms of their education and training.

However, the review team identified the following concerns and areas for improvement:

- The review team were concerned to hear that the night-time rota was not consistent in terms of middle non-training-grade doctors or higher trainees in relation to the number of junior trainees. To the review team it seemed apparent that the coordination of the rota did not ensure an appropriate skill or experience mix. The review team felt there was risk of higher trainees or middle grade doctors becoming overburdened as the sole lead decision maker as well as being responsible for supervising their junior colleagues;
- The review team heard from all trainees that it met with that there were issues around the advanced notice of the rota both before and during their rotations. Trainees also reported issues around booking annual leave and taking their full annual leave allocation due to it being calculated in hours rather than days, with a surplus of hours that did not amount to a full day that they found challenging to take, transfer to their next post, or get paid in lieu;
- Some trainees reported that the departmental induction did not cover all of the clinical pathways or escalation policies that they could expect to encounter, particularly out of hours. Trainees did note that a recently launched trainee smartphone application did cover much of the material they felt was not sufficiently covered but that they weren't made aware of this at induction. It was also unclear to the review team that all trainees were aware of how to submit exception reports, either for working beyond their extended hours or for missed educational opportunities;
- Foundation trainees reported that they were unable to attend the scheduled foundation programme teaching and instead completed Trust devised online learning modules; and
- It was not clear to the review team that an effective local faculty group as a forum for trainees, supervisors, the postgraduate education team and the clinical leads to discuss issues around education and training was in place. Whilst it was reported that educational governance meetings did take place, it was felt that these were siloed between trainers and trainees and that the outcomes of these meetings were not widely shared among the whole faculty.

Quality Review Team

HEE Review Lead	Dr Elizabeth Carty, Deputy Postgraduate Dean, North Central and East London	Head of School	Dr Chris Lacy, Head of School, London School of Emergency Medicine
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Foundation School	Dr Nick Rollitt, Deputy Director, North Thames Foundation School	Lay Representative	Robert Hawker, Lay Representative
HEE Representative	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager		

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

The Trust provided the review team with an update on what had been done to address the deterioration in trainee feedback via the General Medical Council (GMC) National Training Survey (NTS) for 2019 across all trainee programme groups working in Emergency Medicine.

The review team heard that for Foundation Year two (F2) trainees, the postgraduate medical team met with them to discuss the issues behind the negative NTS results. From this meeting, as well as feedback from other trainee cohorts, issues around rota gaps and the impact of these on clinical supervision, particularly out of hours in relation to the reliance on locum doctors, were identified. Trainees also reported some concerns around the competency and clinical judgements of some of the non-training Trust-grade doctors. The review team heard that the Trust had introduced teaching and educational support for all non-training Trust-grade doctors and had since made substantive appointments to the gaps in the middle-grade rota to decrease the reliance on locum doctors at night.

It was also reported that workload out of hours was having a negative impact on trainees' experience. The review team was pleased to hear that an additional two middle-grade doctors were added to the rota on Monday and Tuesday nights to reflect the increase demands at these times. It was also noted that there had been an increase in the employment of advanced nurse practitioners and emergency care practitioners to alleviate some of the burden from trainees. It was also noted that there was a challenge across the Trust for recruiting middle grade doctors. To address this, the review team heard that there was a pool of trusted locum doctors used.

The review team was pleased to hear that the specialty tutor had time in their job plan for trainees to book slots with them to support trainees or to sign-off workplace-based assessments. It was noted that trainees welcomed this and that all slots were usually booked. It was reported that trainees and education and clinical supervisors were encouraged to be proactive in regards to workplace assessments. It was also reported that a local faculty group (LFG) was in place and met every four months and had trainee representation, as well as a junior doctor forum (JDF) as forums for raising trainee concerns. The review team heard that trainees had not submitted any exception reports, either for working beyond their contracted hours or for missed educational opportunities. The review team was particularly pleased to hear of the commitment to trainee wellbeing, and that of the wider multidisciplinary team (MDT). The review team was encouraged to hear that the commitment to wellbeing crossed over into its educational offering and included the MDT. It was noted that the introduction of the '10 @ 10' teaching – ten-minute multiprofessional teaching at 10:00 – had been well received by trainees and had been effective at reframing service or the 'shop floor' as a learning environment. It was noted that this, and other microteaching, had been adopted elsewhere across the Trust and had been the focus of several MDT quality improvement projects.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
EM1.1	<p>Patient safety</p> <p>The review team was pleased to hear that none of the trainees it met with had any concerns for patient safety.</p>	
EM1.2	<p>Appropriate level of clinical supervision</p> <p>The review team heard that trainees generally felt well supported by their senior colleagues and that consultant support and advice was readily available during the daytime. However, the review team were concerned to hear that the night-time rota was not consistent in terms of middle non-training-grade doctors or higher trainees in relation to the number of junior trainees. To the review team it seemed apparent that the coordination of the rota did not ensure an appropriate skill or experience mix. The review team felt there was risk of higher trainees or middle grade doctors becoming overburdened as the sole lead decision maker as well as being responsible for supervising their junior colleagues.</p>	Yes, please see EM1.2
EM1.3	<p>Rotas</p> <p>The review team heard that trainees did not receive their rotas in advance of beginning their posts and that issues around advance notice of the rolling rota persisted throughout their posts. It was also noted that when contacting the rota coordinator with requests for leave or shift swaps that there were occasions that some trainees had been met with a lack of engagement from the rota coordinator. However, it was noted that other trainees had their requests accommodated without issues, suggesting a lack of consistency around trainees' input into rota design. Trainees also noted that blocks of fixed shift patterns would have a positive impact on their work/life balance.</p> <p>Trainees also reported issues around booking annual leave and taking their full annual leave allocation due to it being calculated in hours rather than days, with a surplus of hours that did not amount to a full day that they found challenging to take, transfer to their next post, or get paid in lieu for.</p>	Yes, please see EM1.3
EM1.4	<p>Induction</p> <p>The review team heard mixed trainee feedback around induction processes. All trainees were broadly in agreement that the Trust-wide induction prepared them well for working in the Trust generally, and that all housekeeping aspects of starting with a new employer were addressed. However, whilst F2 and GP trainees found the departmental induction prepared them well for their posts, higher trainees reported that the departmental induction did not cover all of the clinical pathways or escalation policies that they could expect to encounter, particularly out of hours. Trainees did note that a recently launched trainee smartphone application did cover much of the material they felt was not sufficiently covered but that they weren't made aware of this at induction.</p>	Yes, please see EM1.4

	The review team also heard that some trainees had missed the departmental induction as they had been required to attend the mandatory training session that formed part of the Trust-wide induction.	
EM1.5	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The review team heard that some of the higher trainees found it challenging to get sufficient clinical exposure to emergency paediatrics to meet their curriculum requirements, and it was noted that trainees planned to raise this issue with their educational supervisor (ES). It was felt by trainees that due to the specialised nature of acuity in emergency paediatrics that this workload fell to others whilst the EM trainees covered other broader areas of service.</p>	
EM1.6	<p>Protected time for learning and organised educational sessions</p> <p>The review team was concerned to hear that F2 trainees were unable to attend the scheduled foundation programme teaching and instead completed Trust devised online learning modules. This was in contrast to the GP trainees who were released to attend the Wednesday afternoon VTS training. The review team would recommend that trainees be made able to attend at least one of the two weekly sessions to avoid struggling to meet the minimum attendance requirements for foundation programme teaching later in their training.</p> <p>It was noted that the computer facilities available to trainees were limited in number and outdated.</p> <p>The review team was pleased to hear that trainees enjoyed the micro-teaching approach to delivering education and training in the clinical environment. Trainees particularly welcomed the multidisciplinary aspect of the '10 @ 10' teaching – ten-minute multiprofessional teaching at 10:00. Higher trainees reported enjoying their scheduled departmental and regional teaching.</p>	Yes, please see EM1.6

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

EM2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The review team heard that trainees felt comfortable raising issues around the quality of their education and training but were not confident that these would be acted upon. It was not clear to the review team that an effective local faculty group (LFG) as a forum for trainees, supervisors, the postgraduate education team and the clinical leads to discuss issues around education and training was in place. Whilst it was reported that educational governance meetings did take place it was felt that these were siloed between trainers and trainees and that the outcomes of these meetings were not widely shared among the whole faculty.</p>	Yes, please see EM2.1a
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	It was also unclear to the review team that all trainees were aware of how to submit exception reports, either for working beyond their extended hours or for missed educational opportunities. It is recommended that the department and the Trust cover these at the appropriate induction.	Yes, please see EM2.1b
EM2.2	<p>Impact of service design on learners</p> <p>The review team heard that trainees were supported by their consultant colleagues when challenged by service managers around patient flow and bed management, noting that they never felt pressured or rushed, or that they were forced into making decisions that they were not comfortable with.</p> <p>In addition to the concerns around skill mix of the middle and junior-grade rotas at night, trainees noted that the nursing team was often heavily reliant on locum nurses.</p> <p>Trainees reported that links with their colleagues throughout the Trust were generally good and that patient pathways out of the emergency department were clear. It was noted that there had been isolated incidences where trainees had met resistance from radiology colleagues around getting scans and from colleagues in orthopaedics and gynaecology.</p>	
EM2.3	<p>Organisation to ensure access to a named clinical supervisor</p> <p>All trainees reported good access to both their educational and clinical supervisors.</p>	
EM2.4	<p>Systems and processes to identify, support and manage learners when there are concerns</p> <p>The review team was pleased to hear that where trainees had reported a clinical incident via Datix that they had received timely and constructive feedback.</p>	

3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

EM3.1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The review team did not hear of any incidences of behaviour that could be construed as bullying or undermining.</p>	
EM3.2	<p>Access to study leave</p> <p>Higher trainees in particular reported that they had not encountered any issues when booking study leave and it was noted that the speciality tutor was praised for promptly agreeing to sign-off trainees' individual training requests, provided it fit within the agreed criteria.</p>	

4. Supporting and empowering educators

HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriately supported to undertake their roles.

EM4. **Sufficient time in educators' job plans to meet educational responsibilities**

1

The review team heard that those with educational responsibilities felt that they were supported by the Trust to meet their education and training commitments.

5. Delivering curricula and assessments

HEE Quality Standards

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

N/A

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.

6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

EM6. **Learner retention**

1

The review team was pleased to hear that all trainees would recommend their training posts to their peers. Trainees cited the breadth and acuity of clinical exposure and the support of senior colleagues, as well as the multiprofessional learning opportunities available.

Good Practice and Requirements

Good Practice

The review team thought that the '10 @ 10' teaching was an example of good practice for delivering MDT-focused teaching in a busy clinical environment.

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

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

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM1.2	The Trust is required to review its out of hours rota to ensure that an appropriate level of middle-grade supervision for junior doctors is available at all times.	Please provide positive trainee feedback that demonstrates an appropriate level of middle-grade supervision for junior doctors is available at all times.	R1.7
EM1.3	The Trust is required to ensure that all trainees are able to take their full annual leave entitlement and, where this is not possible, to devise a process for paying out any untaken leave or transferring untaken leave to trainees' next post.	Please develop an annual leave policy which demonstrates how trainees will be reimbursed for untaken annual leave and provide a copy to HEE.	R1.12
EM2.1a	The Trust is required to establish a local faculty group (LFG) as a forum for trainees and trainers to raise and discuss concerns around educational governance	Please provide HEE with a copy of the LFG terms of reference.	R2.1
EM2.1b	The Trust is required to ensure that exception reporting for missed scheduled teaching sessions, as well as working beyond contracted work hours, is covered at the Trust-wide induction.	Please provide HEE with a copy of the Trust's induction materials that shows the guidance for submitting an exception report.	R1.13

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM1.6	The Trust is required to ensure that foundation trainees have time in the rota protected to allow them to attend foundation programme teaching.	Please provide a copy of the junior doctor rota which clearly displays protected foundation programme teaching sessions and trainee attendance records.	R1.16

Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
EM1.4	The Trust is recommended to signpost trainees to the departmental smartphone application at the departmental induction	R1.13

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

Requirement	Responsibility
N/A	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Dr Elizabeth Carty,
Deputy Postgraduate Dean, North Central and East London

Date:

5 June 2020

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.