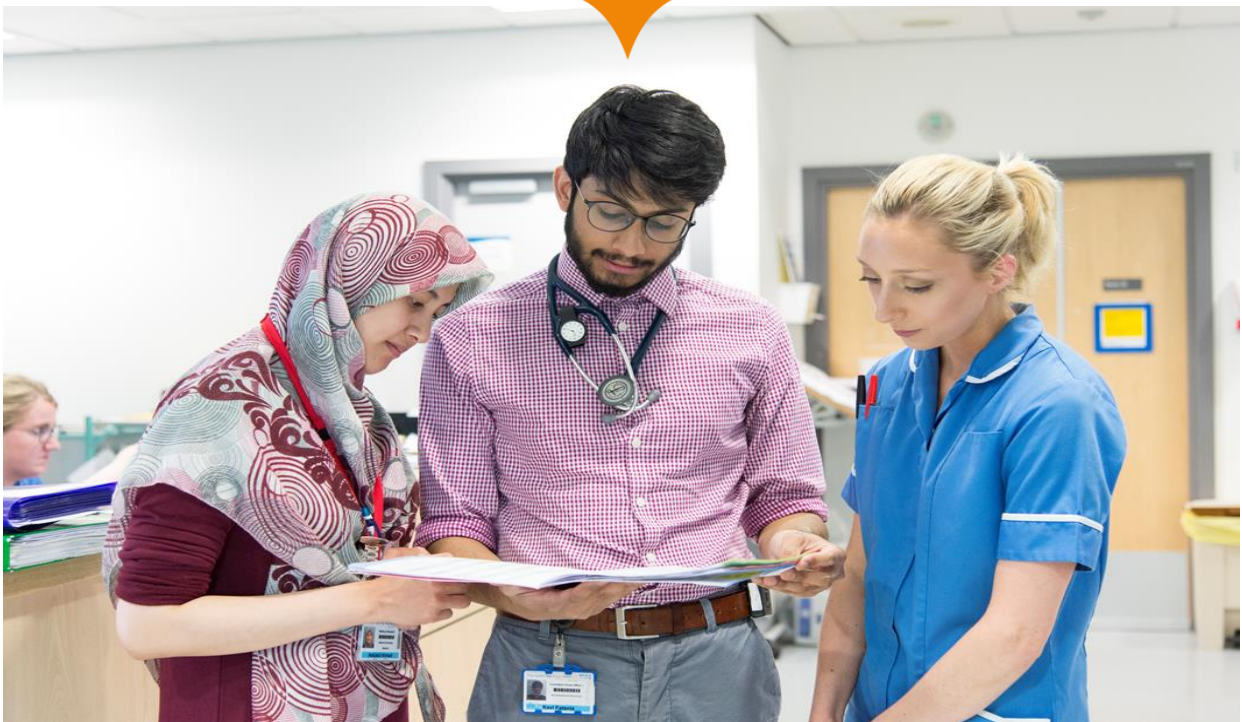


HEE Quality Interventions Review Report

The Hillingdon Hospitals NHS Foundation Trust Medicine Risk-based Review (Educator Review)



North West London

23 September 2020

Review Overview

Background to the Review:	<p>This review was a follow up Risk-based (Educator Review) following a number of visits, the most recent being an on-site review that took place in January 2020.</p> <p>In August 2019 foundation posts were relocated within the Trust due to concerns around the level of support in the Acute Medical Unit (AMU). Following continued concerns in December 2019 it was confirmed that a higher trainee had been removed from the department by the Speciality School.</p> <p>A Risk-based Review (Learner and Educator Review) took place on 15 January 2020. The review team noted several areas requiring improvement: The National Early Warning Score (NEWS) call system, ongoing recruitment issues and operational concerns within the AMU.</p> <p>The purpose of the review was to discuss ongoing concerns with medicine at The Hillingdon Hospital and to discuss progress made since the quality visit in January 2020. The review was originally organised for 25 March 2020, however, was postponed due to the COVID-19 response.</p>
Training Programme/Learner Groups Reviewed:	Medicine
Who we met with:	Director of Medical Education Medical Education Manager Clinical Lead for Medicine Educational Lead and College Tutor for Medicine
Evidence utilised:	Trust 01 September 2020 Action Plan Update

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Orla Lacey Deputy Postgraduate Dean for North West London Health Education England (London)
Specialty Expert	Dr Catherine Bryant Deputy Head of School for Medicine Health Education England (London)
HEE Quality Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)

Executive summary

The current challenges and pressures faced by the service were discussed and the review team identified several areas of good practice, including:

- The introduction of a new National Early Warning Score (NEWS) call policy. The Postgraduate Medical Education team had sought trainee feedback on the process and informal feedback was reported to be positive.
- The level of support provided to trainees during and after the initial COVID-19 response.
- The appointment of a new Acute Medical Unit (AMU) consultant.
- The collaborative working with trainees to continue the positive changes made to the rota during the COVID-19 response.

The review team also noted the following areas requiring improvement:

- The sustainability and effectiveness of the current teaching arrangements, ensuring executive level support of the compliance to the Learning and Development Agreement.

A follow up Risk-based Review (Educator Review) is to be organised to discuss the reintroduction of a Speciality Training Level Three (ST3) trainee after the new AMU consultant has had time to embed into post.

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Handover</p> <p>Following the Learner and Educator Review in January 2020, the department were asked to review how the post-take handover list was recorded and to implement precautions to limit issues with version control. Trust representatives advised that the Trust was moving to an electronic patient record system, which would provide a long-term solution to the version control concerns. It was discussed that in the interim, editing access to the Microsoft Word Document was to be restricted to medicine colleagues, and that a read only view was to be made available to everyone else.</p>	
1.2	<p>Bullying and undermining</p> <p>The Trust representatives advised that the Postgraduate Medical Education (PGME) team had met with the current foundation trainees in the Acute Medical Unit (AMU). Trainees had not reported any bullying or undermining concerns.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The PGME team had received recent foundation trainee feedback reporting concerns over the level of supervision they had received from their middle grade colleagues in the AMU. It was advised that trainees had bypassed the middle grade support and had approached consultants instead.</p> <p>The review team heard that a new AMU consultant had been appointed. It was</p>	

	<p>advised that the consultant had a plan to help support supervision, including the upskilling of the middle grade doctors to provide supervision. The re-introduction of a Speciality Training Level Three (ST3) trainee was discussed. It was agreed for a follow up Risk-based Review (Educator Review) to take place to discuss progress made after the consultant had had a couple of months to embed in post.</p>	
--	--	--

Domain 2 – Educational governance and leadership

- 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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The Trust representatives advised that trainee feedback during the COVID-19 response had been positive and that trainees had felt well supported. The review team heard how the PGME team had supported trainees and had adjusted to remote working in order to provide continued support. It was advised that foundation trainees had been appreciative of the PGME team supporting their rotations and how their preferences had been considered after the initial COVID-19 response.</p> <p>In line with government social distancing guidelines, the Education Centre had been risk-assessed to determine safe numbers. The review team heard that following the publicity regarding a COVID-19 outbreak, stricter measures had been put in place within the Education Centre, which had included training not taking place in the lecture theatres. The majority of training had moved online; however, it was advised that infrastructure was not in place to support this, with a limited number of computers available for trainees. The review team were concerned to hear the arrangements may lead to crowding around computers or smartphones, which may affect social distancing compliance and the quality of training.</p> <p>The review team were concerned that a sustainable and effective arrangement to deliver the required teaching and training as set out in the Learning and Development Agreement (LDA) was not in place. The review team discussed that remote learning opportunities were to be encouraged but balanced with the need for good IT access so as not to unintentionally transpose any social distancing issues beyond the control of the Education Centre. It was discussed that some training did necessitate a face to face element, a difficult balance all Trusts were trying to resolve.</p>	Yes, please see action M2.1a

	<p>Trust representatives advised that some simulation training had been held face to face. Due to a reduction in the number of attendees able to attend each session, more sessions were required to take place. It was suggested that as a result a funding review was needed.</p>	
<p>2.1</p>	<p>Impact of service design on users</p> <p>The Trust were asked to review and streamline the National Early Warning Score (NEWS) call process following the Educator and Learner Review in January 2020. The review team heard how a new NEWS call policy had been created and signed off at executive level. The new policy included a clinical response and escalation flow chart, this outlined when a doctor should be called and given a Situation Background Assessment Recommendation (SBAR) handover by a senior nurse. It was advised that informal trainee feedback had been positive.</p> <p>Changes to the rota design were made to support the Trust's COVID-19 response. Trust representatives advised that trainees had fed back how these changes had been positive, and as a result some of the ideas from that rota were used to change the business as usual rota.</p> <p>An additional higher trainee was rostered in the evening, and a twilight shift had been added to ensure some continuity over the evening handover period and to better staff the busiest period. The weekend rotas were changed with support of the Foundation School Director to include Foundation Year One (FY1) trainees in non-medical posts who had not previously worked weekends. This has helped reduce the FY1 workload on call, removed the need for the half day release from psychiatry to medicine and would help trainees' transition back into a medical post.</p> <p>A further change to the weekend rota has enabled more junior trainees to attend the Coronary Care Unit to support the higher trainees to gain some more experience looking after sicker patients.</p> <p>The review team heard the Trust had two recruitment programmes to reduce gaps filled by locum doctors: a trust grade and a clinical fellow programme. Trust representatives advised that the trust grade recruitment programme was fully recruited to and that a rolling recruitment was in place in case of deanery gaps. The level of supervision received by the clinical fellow doctors had previously been a concern. The Trust advised that there was now a lead consultant for the clinical fellow programme and that the programme had also been fully recruited to.</p> <p>Trust representatives advised that changes to staffing had meant there was somebody available to continue to see new patients during the AMU handover. Trainees had reported at the January 2020 Learner and Educator review that this had been a concern. A post-take ward round was reported to take place at 07:00, including any outliers in the Emergency Department. A board round took place at 11:00 and 14:00 to ensure patients were followed up at several points throughout the day. A dedicated Foundation Year One trainee was rostered to attend the outlier ward round.</p> <p>The management of cardiac arrests from 09:00 – 17:30 was discussed. It was advised that cardiac arrests were the responsibility of the emergency department. Feedback from trainees had been that the on-call team would attend the cardiac arrest to offer support, however, often were not needed.</p>	

Domain 3 – Supporting and empowering learners		
<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p>Access to resources to support learners’ health and wellbeing and to educational and pastoral support</p> <p>The review team heard how the PGME team had an open-door policy prior to COVID-19 to support trainees. To continue providing high-level trainee support it was discussed how support meetings had been booked in, including an upcoming meeting with new trainees.</p> <p>The prospective recruitment of a chief registrar was discussed. It was advised an unsuccessful recruitment attempt had occurred three years ago; however, it was thought the position now may be more appealing.</p>	

Domain 4 – Supporting and empowering educators		
<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
	Not discussed at the review.	

Domain 5 – Delivering curricula and assessments		
<p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
	Not discussed at the review.	

Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>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.</p> <p>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 of patients and service.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Not discussed at the review.	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements		
Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	N/a – no Immediate Mandatory Requirements were identified during the review.	

Mandatory Requirements

The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.

Requirement Reference number	Review Findings	Required Action, timeline, evidence
M2.1a	<p>The review team were concerned that a sustainable and effective arrangement to deliver the required teaching and training as set out in the Learning and Development Agreement (LDA) was not in place. The review team discussed that remote learning opportunities were to be encouraged but balanced with the need for good IT access so as not to unintentionally transpose any social distancing issues beyond the control of the education centre. It was discussed that some training does necessitate a face to face element, a difficult balance all Trusts were trying to resolve.</p>	<p>The Trust Executive Team to support the PGME team in ensuring sufficient and safe training environments for the delivery of the required teaching and training as set out in the Learning and Development Agreement.</p>

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
Domain 3 – Supporting and Empowering Learners	The Trust to consider the recruitment of a chief registrar to support the education and training environment.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
Acute Medicine Unit and PGME Team	The introduction of a new National Early Warning System (NEWS) call policy. The Postgraduate Medical Education team had sought trainee feedback on the process and informal feedback was reported to be positive.	Domain 2
PGME Team	The level of support provided to trainees during and after the initial COVID-19 response.	Domain 2
Acute Medicine Unit and PGME Team	The appointment of a new Acute Medical Unit consultant, who was reported to be educationally focused.	Domain 2

Report sign off

Outcome report completed by (name):	Emily Patterson
Review Lead signature:	Dr Orla Lacey, Deputy Postgraduate Dean for North West London
Date signed:	12 October 2020

HEE authorised signature:	Dr Gary Wares, Postgraduate Dean for North London
Date signed:	20 October 2020

Date final report submitted to organisation:	21 October 2020
---	-----------------

What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to development a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on [\(web link\)](#)Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups