

HEE Quality Interventions Review Report

Chelsea and Westminster Hospitals NHS Foundation Trust (West Middlesex University Hospital)

Respiratory Medicine

Risk-based Review (Educator Review)



North West London

07 October 2020

Review Overview

Background to the Review:	<p>Concerns were raised to Health Education England around the competing demands within the Respiratory Medicine department at the West Middlesex University Hospital.</p> <p>The purpose of the visit was to review the current training environment and the progress made by the Trust in addressing the concerns.</p>
Training Programme/Learner Groups Reviewed:	Respiratory Medicine
Who we met with:	Medical Director Director of Medical Education Clinical Director Royal College of Physicians Tutor Clinical Director for Medical Specialties Respiratory Medicine Consultants Education Centre Manager
Evidence utilised:	<p>Local Faculty Group Minutes from January 2019 to October 2020.</p> <p>Respiratory Medicine Peer Feedback Paper</p>

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean for North West London Health Education England (London)
Specialty Expert	Dr Catherine Bryant Deputy Head of Speciality School of 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 that were working well, including:

- The organisational development and team building work undertaken to improve the supportive environment of the department.
- The proactive long and short-term plans in place to increase the consultant and junior workforce.

The review team also noted the following area requiring improvement:

- To continue with the interim cover plans until the consultant workforce is back to full complement, and to monitor trainees' experience in the interim.

No Immediate Mandatory Requirements were issued at the review.

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
1.2	<p>Bullying and undermining</p> <p>Trust representatives advised that concerns raised around bullying and undermining had been taken very seriously and were being addressed through internal processes.</p>	

1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review team heard that the Trust had appointed a fifth consultant to increase consultant availability. It was advised that two of the consultants were responsible for a board round that occurred every day at 09:00 and a ward round that took place twice a week, with sick or new patients reviewed daily. Two consultants provided an in-reach service to other wards and the final consultant provided consultant cross cover and clinic supervision.</p> <p>Trust representatives reported that recently the number of consultants had reduced to three, however that this had not affected consultant presence on the wards. Interim plans were discussed, and it was advised that interviews were scheduled to recruit a locum consultant.</p> <p>Clinical supervision for outpatient clinics were discussed. The review team were advised that higher trainees were encouraged to review any concerns with the dedicated consultant, either during the clinic or afterwards dependent on need.</p>	Yes, please see action RM1.4
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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>Trust representatives advised that trainees had raised concerns about not knowing how to exception report, and that the Medical Education Department had supported trainees with a refresh of login details and instructions. It was discussed that Trust processes were in place to send all trainees instructions and login details prior to their induction. The importance of trainees not working over their rostered hours was reiterated, and the management of trainees who regularly volunteered to work over their hours was discussed including mentoring about work life balance. The review team heard that trainees were encouraged to exception report at the Local Faculty Group (LFG) Meetings.</p>	
2.1	<p>Impact of service design on users</p> <p>Trust representatives advised that higher trainees had previously been allocated to three clinics. Following feedback, the number of clinics had been reduced to two and the number of patients attending clinics had been</p>	

	<p>regulated. It was further reported that efforts had been made to ensure trainees did not attend clinics at the same time.</p> <p>It was advised that following the initial COVID-19 response there had been sustained changes to the rota, with more doctors being rostered out of hours. The review team heard that results from trainee surveys had indicated that trainees felt the new out of hours arrangements to be safer. It was further discussed that having an increased number of doctors start after 17:00 had reduced the need for speciality trainees to stay past their rostered hours, Concerns were raised that the increased number of out of hours shifts had resulted in rota gaps for the 09:00 – 17:00 ward cover. It was advised that the gaps were being filled by locum cover, with most locums knowing the department and hospital systems well. It was further discussed that there was an upcoming training post gap, which would increase the need for cover. Longer term plans to address the rota gaps were discussed, with the recruitment of additional locally employed doctors suggested.</p> <p>The review team enquired whether the trainees had protected administrative time. It was advised that the cardiology department had trialled timetabling protected administrative time and that this had worked well. Trust representatives advised that this was planned to be rolled out for the respiratory medicine trainees.</p> <p>Trust representatives discussed the changes that had been made to encourage a supportive environment within the department. Changes to the rota had occurred where the department worked more collaboratively rather than in three separate teams. It was further reported that team building work had been undertaken with the Trust's Learning Development and Education department. Feedback had been collected and the review team heard that it showed improvement.</p> <p>Trust representatives discussed the central part the department had played in the initial COVID-19 response. The work undertaken by the trainees and consultants was commended, including the development and dissemination of policies to other teams within the hospital.</p>	Yes, please see action RM2.1
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>Trust representatives advised that regular LFGs took place where trainees could raise concerns about education and training.</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
3.4	<p>Induction (organisational and placement)</p> <p>Following Induction being raised as a red outlier on the 2019 General Medical Council (GMC) National Training Survey (NTS), Trust representatives advised that the process had been reviewed. An induction checklist was reported to be in place and a PowerPoint developed.</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
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>Trust representatives advised that teaching took place on Friday or Wednesday lunchtimes, depending on availability.</p> <p>It was discussed that the respiratory ward also had general internal medicine patients. In order to maximise training opportunities, trainees were encouraged to participate in bronchoscopy lists, but this sometimes led to them missing consultant ward rounds. The department was aware of this and were looking at how to balance training opportunities.</p>	

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)
	No Immediate Mandatory Requirements were issued at 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
RM1.4	Trust representatives reported that recently the number of consultants had reduced from five to three, however that this had not affected consultant presence on the wards. Interim plans were discussed, and it was advised that interviews were scheduled to recruit a locum consultant.	To continue with the interim cover plans until the consultant workforce is back to full complement. Please evidence that trainees are happy with the level of support and consultant presence on the ward in the interim. This can be evidenced through LFG minutes, or another forum where consultant presence has been specifically discussed with trainees.
RM2.1	It was advised that following the COVID-19 response there had been sustained changes to the rota, with more doctors being rostered out of hours. Although feedback reported this to be safer concerns were raised that the increased number of out of hours shifts had resulted in rota gaps for the 09:00 – 17:00 ward cover. It was advised that the gaps were being filled by locum cover, with most locums knowing the department and hospital systems well. It was further discussed that there was an upcoming training post gap, which would increase the need for cover. Longer term plans to address the rota gaps were discussed, with the recruitment of additional locally employed doctors suggested.	To continue with the interim and longer-term plans to address the junior doctor rota gaps. This can be evidenced through Guardian of Safe Working reports and minutes from a Local Faculty Group, or an alternative forum, where rota gaps have been specifically discussed with trainees and minuted.

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 2. RM2.1	To continue with plans to introduce protected administrative time for trainees, this could be monitored via LFGs.

Report sign off

Outcome report completed by (name):	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
Review Lead signature:	Dr Bhanu Williams Deputy Postgraduate Dean, North West London Health Education England (London)
Date signed:	20 October 2020

HEE authorised signature:	Dr Gary Wares Postgraduate Dean, North London Health Education England (London)
Date signed:	03 November 2020

Date final report submitted to organisation:	03 November 2020
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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