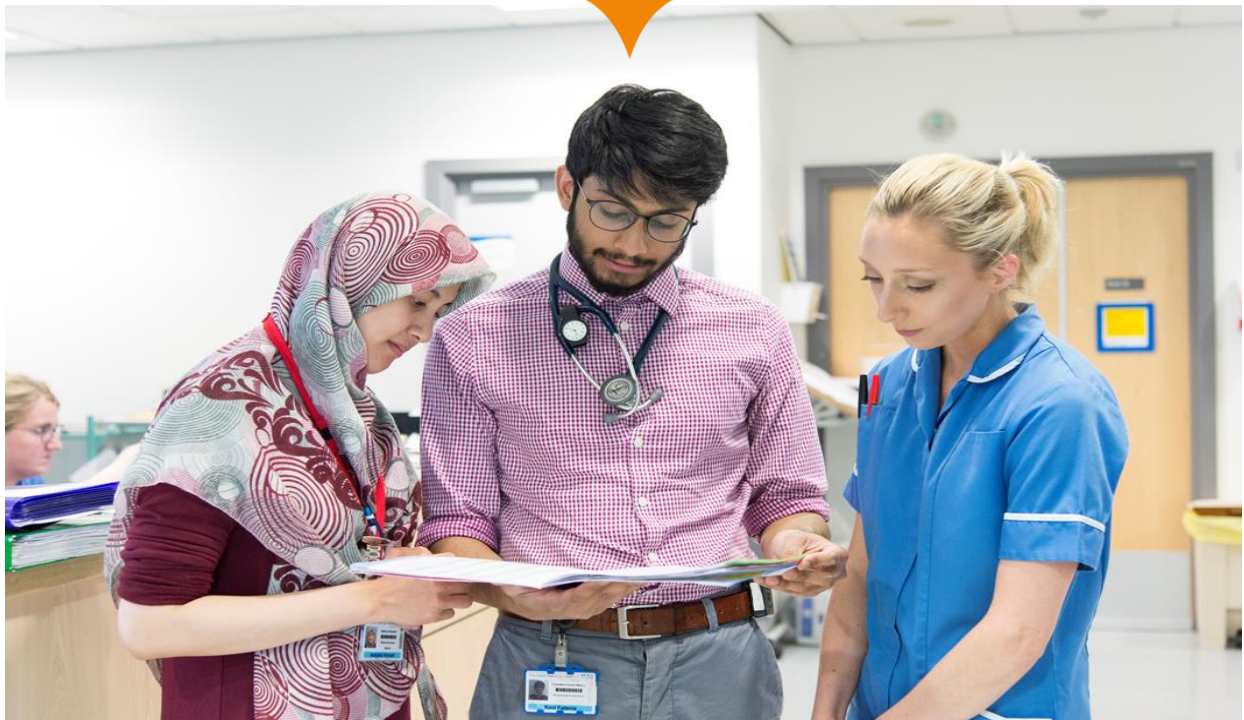


HEE Quality Interventions Review Report

**The Hillingdon Hospitals NHS Foundation Trust
(Hillingdon Hospital)
Medicine (AMU)
Learner and Educator Review**



Health Education England (London)

Review date 05 May 2021

Final report 16 June 2021

Review Overview

<p>Background to the review:</p>	<p>This review was a follow up Learner and Educator Review following a number of previous visits, the most recent being an Educator Review that took place in September 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. A Risk-based Review (Educator Review) took place on 23 September 2020. The review team noted improvements in several areas including: The National Early Warning Score (NEWS) call system and the appointment of a new AMU consultant. Changes to the delivery of teaching had occurred following the introduction of COVID-19 social distancing measures, however, concerns were raised as to the sustainability and effectiveness of the current teaching arrangements.</p> <p>The purpose of the visit was to review progress and to discuss how the AMU could support Internal Medicine Training year three (IMT3) trainees from August 2021.</p>
<p>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</p>	<p>Medicine (AMU)</p>
<p>Who we met with:</p>	<p>Medical Education Manager Director of Medical Education College Tutor and Educational Lead</p> <p>Three educational and clinical supervisors Three Foundation Year One – Two (FY1-2) trainees Four core and higher trainees</p> <p>Chief Operating Officer Chief Executive Officer Medical Director</p>
<p>Evidence utilised:</p>	<p>09.07.20 – LFG Minutes (Medicine) 16.09.20 – LFG Minutes (Medicine) 09.12.20 – LFG Minutes (Medicine) 10.02.21 - LFG Minutes (Medicine) 26.04.21 - LFG Minutes (Medicine)</p>

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean, North London Health Education England
Specialty Expert	Dr Catherine Bryant Deputy Head of School of Medicine Health Education England
Specialty Expert	Dr Paul Reynolds Deputy Director, South Thames Foundation School Health Education England
Lay Representative	Kate Rivett Lay Representative Health Education England
HEE Quality Representative(s)	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
Supporting roles	Aishah Mojadady Quality, Patient Safety and Commissioning Administrator Health Education England (London)
	Ummama Sheikh (observing) Quality, Patient Safety and Commissioning Officer Health Education England (London)
	Rebecca Bennett (observing) 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:

- Trainees spoke highly of their nursing colleagues on the Acute Medical Unit (AMU) with colleagues described to be supportive and competent.
- The review team commended the trainees' professionalism when providing nuanced and helpful feedback. The review team advised the Trust to utilise the trainees' expertise to support process change.
- Departmental consultants were described as available and approachable.
- Access to curriculum competencies was advised to be good and no issues in having work-based assessments signed off were reported.

The review team also noted the following areas requiring improvements:

- The current referral process to the Intensive Therapy Unit (ITU) was felt to be time consuming and challenging. The Trust is required to support a review of the current referral process to aid cross team working.
- The review team recognised that further educational governance measures were required to ensure all trainees received an appropriate induction before starting clinical duties, including clarity on escalation processes.
- The review team heard how communication between consultants, handover and board-round process required review to support continuity of care and prevent the potential for patients to be lost within the system. The Trust is required to support the department in conducting an urgent audit on the ward round processes.
- The department to ensure that a robust IMT3 induction and teaching programme is place.
- The department to review the current teaching processes, to ensure trainees are able to receive protected teaching time.

It was agreed that IMT3 trainees could be placed within the department from August 2021. Due to ongoing concerns the review team requested for a follow-up Learner and Educator Review to take place in November 2021 to review progress made.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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		
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
No Immediate Mandatory Actions were identified at the review.		
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
N/a		

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
M1.1	The review team heard how communication between consultants, handover and board-round process required review to support continuity of care and prevent the potential for patients to be lost within the system.	The Trust is required to support the department in conducting an urgent audit on the ward round processes. Please provide an update to this action by the reporting deadline 01 September 2021.
M2.1	The current referral process to the Intensive Therapy Unit (ITU) was felt to be time consuming and challenging.	The Trust is required to support a review of the current referral process to aid cross team working. Please provide an update to this action by the reporting deadline 01 September 2021.
M2.2	From August 2021 the Trust have IMT3 trainees planned to rotate through the AMU. The AMU have made steps to make sure trainees are supported and curriculum competencies met, however, further work is required to ensure a conducive learning environment is established.	The department to ensure that a robust IMT3 induction and teaching programme is place. Please provide an update to this action by the reporting deadline 01 September 2021.
M3.4	The review team recognised that further educational governance measures were required to ensure all trainees received an appropriate induction before starting clinical duties, including clarity on escalation processes.	The department to review the current induction process in collaboration with trainees, and to ensure that all trainees are given a comprehensive local induction before starting clinical duties. Please provide an update to this action by the reporting deadline 01 September 2021.
M5.1	Trainees advised that teaching was not always protected. Due to a lack of space available and teaching moved online, trainees often attended training from the wards.	The department to review the current teaching processes, to ensure trainees are able to receive protected teaching time. The Trust is required to ensure trainees have access to appropriate physical space to access learning opportunities and teaching events. Please provide an update to this action by the reporting deadline 01 September 2021.

Recommendations

Recommendations are not mandatory but intended to be helpful, 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
	N/a

HEE Quality Standards and Domains for Quality Reviews

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>Trainees, clinical and educational supervisors described the current running of the AMU. The AMU was split into three teams: blue, black, and green. The blue team were responsible for patients who had been in the unit for less than 24 hours, the black team for patients in the unit for more than 24 hours and the green team for patient discharge. Concern about the handover and continuity of care was expressed as a result of the separate teams. The review team heard that from a management perspective the team structure was efficient, however, it was acknowledged that it may be more difficult for training due to continuity and communication. It was advised that data on the team structure was being reviewed.</p> <p>Trainees reported that board rounds occurred twice a day at 11:30 and 14:00. It was advised that on occasions the consultants on shift had changed between the morning and afternoon board round and that the patients' plan had been amended by the afternoon consultant. Trainees discussed that further communication between the consultants was required as the change in the patient's care plan could cause difficulties within the working environment. The questioning of clinical judgement was felt to be uncomfortable and undermining.</p> <p>Educational and clinical supervisors advised that there was not a formal handover process between board rounds as on most occasions consultants would attend both morning and afternoon board rounds. It was further discussed that if required, a consultant-to-consultant handover would take place and that the consultants were not aware of any problems with this.</p> <p>The review team heard that a morning and evening handover took place every day. It was advised that the AMU staff had staggered start times, which complicated the handover process. During the morning handover the take from the night before was discussed, and a brief handover to determine which team would be responsible for the patient. The evening handover included discussing the take list and provided the opportunity for the ward teams to handover ward patients.</p> <p>Trainees reported that patients were escalated through the hospitals' National Early Warning Score (NEWS) call system. It was advised that the quality of the handover varied from ward to ward and with nursing experience.</p>	<p>Yes, please see action M1.1</p>

	<p>Trainees discussed that the handover and continuity of outlier patients could be improved. It was advised that there had been occasions where patients had been lost in the system. The review team heard that this had been escalated to the Divisional Director and preventative measures put in place.</p>	
1.1	<p>Serious incidents and professional duty of candour</p> <p>Trainees advised that they were encouraged to complete a Datix if appropriate. It was discussed that feedback following a Datix was variable, with some feedback detailing lessons learned and preventative steps.</p>	
1.2	<p>Bullying and undermining</p> <p>Trainees reported that they had not been subject to bullying or undermining behaviour.</p> <p>The review team heard that there was a perception that some of the consultants did not have good working relationships. Trainees advised that at times the atmosphere could be tense and uncomfortable.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>Trainees reported that they felt supported and were able to contact a consultant or a senior colleague if required.</p>	
1.4	<p>Appropriate levels of Educational Supervision</p> <p>All trainees advised that they had met with and had regular meetings with their educational supervisor.</p>	
1.5	<p>Access to Technology enhanced and simulation-based learning</p> <p>The review team heard how simulation-based training had restarted. Following learning requests, a mannequin for lumbar puncture training had been purchased and training held.</p>	
1.6	<p>Multi-professional learning</p> <p>Trainees reported that the senior nursing staff on the AMU were supportive.</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>Trainees advised that they knew how to exception report and felt that the process was well promoted within the Trust.</p>	
2.1	<p>Impact of service design on users</p> <p>Trust representatives discussed how business as usual had changed due to the COVID-19 pandemic. It was advised that trainee feedback following the first and second wave had been positive with the AMU reported to be better organised, more responsive and had more consultant support, particularly at the weekends.</p> <p>The review team heard how the consultant body consisted of two long-term locum consultants, a part-time substantive consultant and a substantive consultant who was due to leave the department shortly. It was discussed that the locum consultants were involved in clinical supervision, attended local faculty groups (LFG), conducted audits, and had set up a weekly teaching programme. Trust representatives reported that an AMU service manager had been appointed who supported the trainees with the unit's day to day running.</p> <p>Trust representatives advised that work was required to ensure the sustainability of AMU staffing and processes, it was discussed that external support had been sought to review process change. The review team heard that conversations with other hospitals in the region had taken place with a view to promote the sharing of good practice.</p> <p>Trainees, clinical and educational supervisors advised that the referral process to the Intensive Therapy Unit (ITU) was challenging and time consuming. It was discussed that there was a resistance from the ITU to accept referrals and patients often had to be escalated to a consultant-to-consultant referral before being accepted. Trainees advised that daytime referrals were easier when the consultants were available on the ward. Stresses on the ITU were acknowledged, with the unit reported to be small, however, concerns were raised that the referral delay may affect patient safety.</p>	Yes, please see action M2.1
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>Trainees advised that regular LFGs took place. The review team heard that faculty members were open to discussions and ideas.</p>	

	<p>Educational and clinical supervisors reflected that the unit had gone through a number of changes in the past few months. It was discussed how trainee feedback and been both positive and negative and that there was a continued commitment to improve.</p>	
2.2	<p>Appropriate systems to manage learners' progression</p> <p>The review team heard that the proposed IMT3 training posts and the current senior clinical fellow (SCF) posts were to be changed like for like. It was advised that five IMT3 posts would rotate through the AMU and that the established supervision processes for the SCFs could be moved over to support the IMT3s. Trust representatives reported that the current AMU locum consultants would be educated on the IMT3 curriculum and that educational supervisors would be allocated from teams outside of the AMU.</p> <p>Challenges of the IMT3 trainees starting in August were acknowledged. Clinical and educational supervisors reported that a meeting had been planned with the consultant responsible for IMT3 teaching within the Trust. Trust representatives reflected that COVID-19 had disrupted training and that trainees may have to catch up on curriculum requirements. It was discussed how every speciality trainee would have access to one clinic per week and that a WhatsApp group had been created to help manage procedure access. It was further advised that on the rota an IMT3 trainee would be buddied with a senior colleague to ensure sufficient support is in place.</p> <p>Trust representatives discussed the benefits of having additional admin support to assist with the transition to the new curriculum, and it was advised that a business case was in process.</p> <p>Trainees reported that they thought most competencies on the IMT3 portfolio could be achieved within the department.</p>	<p>Yes, please see action M2.2</p>

Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	<p>Induction (organisational and placement)</p> <p>All trainees advised that they had not received a formal AMU induction when starting in post. Some trainees reported that they had been given an induction booklet. The review team heard that further information on escalation processes was needed prior to starting on the unit, in addition to an understanding of the ambulatory care's remit.</p>	<p>Yes, please see action M3.4</p>

	Clinical and educational supervisors spoken to reported that future measures were required to ensure all trainees received a comprehensive induction before starting in post.	
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Domain 4 – Supporting and empowering educators

- 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.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	<p>Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body</p> <p>The review team heard that a full complement of substantive consultants had not been in place for approximately five years. Trust representatives advised that the two long term locum consultants had undergone clinical supervisor training.</p>	
4.3	<p>Educational appraisal and continued professional development</p> <p>Trust representatives reported that some consultants had received mentoring support.</p>	

Domain 5 – Delivering curricula and assessments

- 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.

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 acknowledged that COVID-19 had impacted the ability for trainees to meet some expected learning outcomes, it was advised that access to clinics and procedures had significantly improved over the last couple of months.</p> <p>Trainees reported that access to curriculum competencies was good, with high take numbers and reasonable access to procedures. No concerns in having work-based assessments signed off were reported. The review team heard that trainees had been able to attend telephone clinics.</p>	

<p>5.1</p>	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>Trust representatives advised that the lecture theatre in the postgraduate centre had not been available for teaching purposes due to it being used as a vaccine centre. It was discussed how the majority of teaching had moved online.</p> <p>Trainees advised that time to attend teaching was not fully protected, and varied dependant on wards. The review team heard rooms to attend the online teaching were not always available, and trainees would find a quiet area on the ward to attend. It was advised that the teaching time was not always bleep free and trainees reported being interrupted by colleagues.</p> <p>Clinical and educational supervisors reported that teaching took place at 14:00, to ensure that all important ward jobs had been completed. It was advised that trainees were able to leave the ward to attend the online teaching. Supervisors suggested that there may be a need to remind colleagues that teaching time should be protected.</p> <p>Some trainees reported that they would like more consultant teaching and felt that there was an unequal balance between service provision and a learning environment. The busy environment of the AMU was discussed, it was advised that ward round was often fast paced.</p> <p>Clinical and educational supervisors advised that they encouraged learning opportunities where possible. It was discussed how teaching occurred during board round and patient cases reviewed collaboratively.</p>	<p>Yes, please see action M5.1</p>
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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
<p>Not discussed at the review.</p>		

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Emily Patterson Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Bhanu Williams Deputy Postgraduate Dean, North London
Date signed:	16/06/2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean, North London
Date signed:	16/06/2021

Date final report submitted to organisation:	16/06/2021
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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 develop 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups