

HEE Quality Interventions Review Report

**Barking, Havering and Redbridge University
Hospitals NHS Trust
Geriatric Medicine
Learner and Educator Review**



North East London

Date of review: 22 November 2021

Date report issued to Trust: 22 December 2021

Review Overview

<p>Background to the review:</p>	<p>The review was conducted to gather feedback and views from the learners and supervisors in geriatric medicine at Barking, Havering and Redbridge University Hospitals NHS Trust following a significant deterioration in GMC National Trainee survey results. Information from the Post Graduate Medical Education (PGME) team at the Trust also suggested that this was an area of concern for the quality of training.</p>
<p>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</p>	<p>Geriatric Medicine</p>
<p>Who we met with:</p>	<p>Chief Executive Chief Medical Officer Director of Medical Education Head of Medical Education Medical Education Deputy Manager Associate Director of Chief Medical Office Medical Director Guardian of Safe Working Hours Director of Medical Workforce Hub Interim Divisional Director Educational Lead Divisional Manager Frailty Unit Lead</p> <p>Foundation trainees in geriatric medicine General Practice (GP) Vocational Training Scheme (VTS) trainees in geriatric medicine Specialty Training (ST) trainees in geriatric medicine Education and Clinical Supervisors in geriatric medicine</p>
<p>Evidence utilised:</p>	<ul style="list-style-type: none"> • Geriatric Fill Rates • Trainee Induction Feedback • Frailty Unit Business Case • Geriatric Faculty Meeting Notes • Guardian of Safe Working Hours Report • Staff Rotas

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Catherine Bryant Deputy Head of the London Specialty School of Medicine
Specialty Expert	Nick Rollitt Deputy Director North Central and East London Foundation School
Lay Representative	Robert Hawker
HEE Quality Representative(s)	<p>Ed Praeger Deputy Quality, Reviews and Intelligence Manager Health Education England (North East London)</p> <p>Aishah Mojadady Quality, Patient Safety and Commissioning Officer Health Education England (London)</p> <p>Sebastian Bowen Quality, Patient Safety and Commissioning Officer Health Education England (London)</p>

Executive summary

The review panel thanked the Trust for facilitating the review and ensuring good attendance at all sessions.

The review team was pleased to hear that consultants within the department were working hard to ensure trainees received a good teaching experience within the department and that the increase in the consultant numbers within the department had improved the consultants' rotas allowing them more time to train the trainees.

However, the review team heard of an insufficient system in place within the department for out of hours ward cover trainees to be contactable due to a lack of bleeps or DECT phones available. The review team also heard that the ongoing issues across the workforce at both sites was having a negative effect on the learning and training opportunities for trainees.

The Trust was issued with one Immediate Mandatory Requirement and eight Mandatory Requirements.

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
G1.1b	The review team heard of an insufficient system in place for the foundation doctors and core trainees on ward cover out of hours (overnight and at weekends) to be contacted as there was no designated-on call bleep or DECT phone. This meant that they were often using their own mobile phone and having to walk round to ensure that individual wards had their contact numbers. There is intermittent mobile phone reception in the hospital, so trainees were often missing calls and the registrars on ward cover were often taking numerous phone calls for their colleagues. This could constitute a patient safety risk for the ward and was impacting the workload of the registrars.	Trust to ensure that the ward cover has a bleep/ DECT phone that ensures that the foundation or core trainee on cover is easily contactable and do not have to use their own mobile phone. Deadline for this action is 29 November 2021
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
G1.1b	An Immediate Divisional Audit was undertaken of our DECT phone and Bleep allocation at both Queens and King George sites. Following this we completed a risk assessment to determine requirements. At Queens, 5 DECT phones have been re-allocated and at King George, 4 Bleeps have been allocated to ensure that out of hours (both overnight and weekends) communication is sufficient. At Queens, we have also allocated a DECT. phone to the weekend ward consultant and there is already telecommunication in place for our Frailty Unit Consultants on both sites. Additionally, there we have put in place a standardised approach regarding checking in/out of the DECTs to ensure they are able to be used as required. This change has been clearly communicated Via email and has also been reflected in our Divisional Induction pack. These changes were operationally live from Saturday 27th November.	Thank you for your response and rapid action. We are happy to downgrade the action from an IMR, and one round of audit data which confirms that the system is working will allow this action to be closed completely.

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
G1.1a	The core and higher trainees explained that at the King George site there was a morning and evening handover but that the morning handover was not	Trust is to ensure that there is consultant presence at all morning handovers within the department.

	routinely attended by a consultant. The core and higher trainee felt that this impacted on patient care, and that the post take consultant needed to attend the morning handover.	Trust to provide trainee evidence that consultants are attending all morning handovers. Deadline for this action is 01 March 2022
G1.1c	The core and higher trainees highlighted that the Care Flow Connect system was active, but not used on all wards and that it was being phased in by the Trust. The core and higher trainees indicated that they would have to potentially update two systems for one handover and that this would significantly increase their workload.	Trust is to review its rollout of the Care Flow Connect system and provide HEE with plans, including timelines, as to the full change over to the Care Flow Connect system for use in all wards at the Trust. Deadline for this action is 01 March 2022.
G1.1d	The core and higher trainees highlighted that the E-Handover system would often crash due to the large number of users trying to access the system at once. The core and higher trainees explained that when this happened (commonly on a Friday evening handover), that they would resort to writing handover notes out by hand and leaving them for the weekend staff to pick up.	Trust to review the current E-Handover system, including its use during peak times, and provide HEE with plans the Trust will undertake to mitigate against system failures during these peaks. Deadline for this action is 01 March 2022
G2.1	The GP VTS trainees based at the King George site highlighted to the review team that there was often an imbalance in the number of doctors on each ward at a time, citing examples of two doctors being on one ward, whereas another ward having seven doctors.	Trust to review staffing levels on wards to ensure that correct levels of clinical supervision are being provided to junior trainees. Trust to provide trainee feedback indicating that staffing levels on wards are providing suitable clinical supervision for junior trainees. Deadline for this action is 01 March 2022.
G2.2a	At the King George site, the trainees had some misconceptions around the exception reporting process including that they required permission to complete an exception report or that they needed to have a handover refused before exception reporting.	Trust to review communications to trainees around exception reporting to ensure that trainees are aware of how and when to exception report. Trust to provide trainee feedback indicating that robust exception reporting information has been shared appropriately with all trainees. Deadline for this action is 01 March 2022.
G2.2b	When approached by the department, the exception reporting team had indicated that they thought that the exception reporting system may be incorrectly allocating the reports to other specialties.	Trust is to review the exception reporting system to ensure that all exception reports are accurately assigned, accessible and reported against to allow the department to review workload and workforce issues accurately. The Trust is to provide HEE with a plan to review the exception reporting system including plans to mitigate against future misassignments of reports.

		Deadline for this action is 01 March 2022.
G3.4	A foundation trainee highlighted that there were a large number of IT systems in use within the Trust and that it had taken almost three months for them to receive all of the correct log in details for each one.	The Trust is to review the timeframes for which trainees receive access to all required IT systems. Trust is to provide HEE with plans to mitigate against delays in trainees receiving login details to all required IT systems. Deadline for this action is 01 March 2022.
G5.1	The core and higher trainees highlighted the difficulty in obtaining training opportunities whilst at the King George site due to the high number of night shifts trainees were allocated to. The core and higher trainees confirmed that the night shift allocation was pro-rata.	Trust is to review the allocation of night shifts for all trainees within the department to ensure that training opportunities are optimised. Trust is to provide HEE with evidence of this review and plans in place to maximise training opportunities for trainees. Deadline for this action is 01 March 2022.

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

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, 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)
	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>Handover</p> <p>When asked about handovers, the foundation trainees explained that the evening handover at the Queen’s site was the responsibility of the senior trainees and that the senior trainees were required to visit to each ward to find out if a handover was required. When asked about the evening handover at the King George site, the foundation trainees indicated that it took place post ward cover at 16:30 and that all patient concerns were talked through and handed over to the night shift personnel.</p> <p>When asked about the handovers of sick medical patients, the core and higher trainees explained that at the Queen’s site, the handover consisted of the night on call team as well as the site manager attending and that all patients were handed over, with acute take first, followed by ward handovers.</p> <p>The core and higher trainees explained that at the King George site there was a morning and evening handover but that the morning handover was not attended by a consultant. The core and higher trainee felt that the post take consultant needed to attend the morning handover.</p> <p>The Interim Divisional Director (IDD) explained to the review team that there was a limited number of Digital Enhanced Cordless Technology (DECT) phones available within the Trust and that the Trust had not increased the number of phones in line with the increase in the number of on call staff during the Covid-19 pandemic. The Divisional Director (DD) further explained that the Trust was reviewing its allocation of DECT phones as well as reviewing the telephone system as a whole Trust wide.</p> <p>The foundation trainees explained to the review team that there were no bleeps or DECT phones available for the ward cover on the Queen’s site, so the trainees found themselves uncontactable. The trainees explained that they were using their personal mobile phones during ward cover so that other staff members would be able to contact them but highlighted that there were areas of the hospital with little or no phone signal.</p> <p>When asked about the situation regarding the bleeps/DECT phones at the King George site, the foundation trainees indicated to the review team that there were dedicated bleeps for the senior trainees but no dedicated bleeps for the foundation trainees. The foundation trainees explained that when starting an evening shift, they would go to each ward in turn to give their mobile number to the nurses in attendance, to ensure that they were contactable during the shift. The foundation trainees highlighted that the ward would often need to call the senior trainees, to let the foundation trainees know that they had to attend a patient on a ward.</p>	<p>G1.1a</p> <p>G1.1b</p>

	<p>The core and higher trainees highlighted to the review team that there were not enough DECT phones within the department to provide them to all on call teams and that they would often not have an assigned DECT or bleep number to handover to. The core and higher trainees highlighted that the number given to them might often be a personal mobile phone number, but that limited signal coverage in the Trust meant that they could often be left waiting a long time for someone to arrive for handover.</p> <p>When asked how junior trainees would contact senior trainees, the core and higher trainees indicated that the higher trainees on call would always have a DECT phone or bleep for juniors to contact them but that at the weekends this meant that the higher trainees were constantly having to field phone calls and bleeps for other members of the team.</p> <p>Handover Systems</p> <p>The foundation and General Practice (GP) Vocational Training Scheme (VTS) trainees highlighted that there were two handover systems in place within the Trust, E-Handover and Care Flow Connect. The foundation and GP VTS trainees explained that E-Handover was the widely used but older system and that it was only generally used for weekend use and not during evening handovers. When asked about the handover systems in place within the Trust, the core and higher trainees further explained that the E-Handover system was mainly used for weekend handover and that most other handovers were verbal.</p> <p>The core and higher trainees highlighted that the Care Flow Connect system was active, but not used on all wards and that it was being phased in by the Trust. The core and higher trainees indicated that they would have to potentially update two systems for one handover and that this would significantly increase their workload. The core and higher trainees also highlighted that the E-Handover system would often crash due to the large number of users trying to access the system at once. The core and higher trainees explained that when this happened (commonly on a Friday evening handover), that they would resort to writing handover notes out by hand and leaving them for the weekend staff to pick up. The core and higher trainees highlighted that this could be a potential patient safety issue because weekend staff may not see the paper copies of hand over notes and not think to check if no notes had been recorded on the E-Handover system.</p> <p>When asked about the E-Handover system, the foundation and GP VTS explained that at weekends the system would flag up patients that were already included in the system but highlighted that the system would not flag new patients or patients whose health had declined, and that the foundation and GP VTS trainees relied on the nursing staff for this information.</p>	<p>G1.1c</p> <p>G1.1d</p>
<p>1.1</p>	<p>Serious incidents and professional duty of candour</p> <p>N/A</p>	
<p>1.2</p>	<p>Bullying and undermining</p> <p>N/A</p>	
<p>1.3</p>	<p>Quality Improvement</p> <p>N/A</p>	
<p>1.4</p>	<p>Appropriate levels of Clinical Supervision</p> <p>When asked about supervision for junior trainees on night shifts whilst on acute take, the foundation trainees indicated to the review team that they felt well supported by the senior trainees and that they would always provide advice and support if required.</p> <p>The foundation trainees indicated that they had not been assigned a clinical supervisor when starting in post and that this was something that they had had to seek</p>	

	out and organise themselves. When asked if the foundation trainees had been assigned an educational supervisor, the foundation trainees indicated that they had.	
1.4	Appropriate levels of Educational Supervision The Education Lead (EL) highlighted that they had undertaken a curriculum mapping exercise to ensure that all senior trainees were receiving the correct curriculum coverage at the Queen's site and overhauled the educational supervision system to ensure that all trainees had an appropriate supervisor.	
1.5	Access to IT Facilities The Director of Medical Education (DME) highlighted that the Trust had a Clinical Information Officer and an external agency to help improve the Information Technology (IT) system at the Trust. The DME highlighted that the Trust did not have an electronic records system, but that work was being undertaken to rectify this. The Divisional Director (DD) highlighted the digital whiteboards that the Trust had invested in to help reduce time and resources for trainees.	
1.5	Access to Technology enhanced and simulation-based learning N/A	
1.6	Multi-professional learning When asked about the multi-disciplinary working that took place within the department, the core and higher trainees indicated to the review team that the nursing team was excellent and that multi-disciplinary involvement in board rounds was better than other Trusts the trainees had worked in. The core and higher trainees did highlight the lack of regular occupational therapists in attendance at the Clementine B ward round and felt that this could be improved.	

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	Effective, transparent and clearly understood educational governance systems and processes N/A	
2.1	Impact of service design on users Workforce When asked by the review team for the Trust management perspective on their General Medical Council (GMC) National Training Survey (NTS), the EL for geriatric medicine highlighted lack of engagement with Local Faculty Group (LFG) meetings,	

	<p>rostering, supervision and working practices as being some of the main contributors to the department's poor results. The EL indicated that the department had made changes to the workforce distribution within the department and had prepared proposed workforce plans on how the department could improve its workforce situation. The EL indicated that the workforce situation was a significant limiter for trainees receiving the correct training activities within the workplace.</p> <p>When asked by the review team as to the new rotas, the Director of Medical Workforce Hub (DMWH) highlighted that the current roster had been implemented now for a yearlong period and that the hub was seeking trainee feedback to ensure that improvements to the rota were made. The DMWH highlighted that they had started specialty engagement sessions with the clinical leads to look at mitigating issues in advance. When asked about potential imbalances in rotas, the DMWH explained to the review team that rotas were monitored on a weekly basis and that they were based on the patient need. The EL further explained that there had been a historical imbalance of rotas due to the historical uneven number of patients on wards on the King George site. At the Queen's site, the EL highlighted a historically high number of locum staff on the rota and that they had been unable to fill gaps when locums left post.</p> <p>The EL explained to the review team that the King George site was running at a deficit on the rota and that this was due to the expansion of the ward numbers during Covid-19 from two and a half wards to four wards. Lack of exception reports and incidents forms from both sites delayed issues being recognised and actions being taken, and agency fill rates of rota gaps at 25% showed that the department was finding it very difficult to recruit to these vacant posts. The IDD further explained that the Trust had been employing a large number of international doctors, and that based on previous feedback, it took more time to ensure that these doctors were "up to speed" within the NHS than non-international doctors. The IDD highlighted that the international doctors were double running for a month in order to address this issue.</p> <p>The GP VTS trainees based at the King George site highlighted to the review team that there was often an imbalance in the number of doctors on each ward at a time, citing examples of two doctors being on one ward, whereas another ward having seven doctors. Both the foundation and GP VTS trainees felt that patient safety could be impacted through lack of senior cover for junior trainees on the ward, through this imbalance of staffing.</p> <p>When asked about the workforce numbers within the department, the clinical supervisors (CS) and educational supervisors (ES) explained that the challenge that the Trust was facing currently was around the employment of Certificate of Completion of Training (CCT) senior staff members and that the Trust had recently changed its strategy for employment to try and combat this. The Trust was looking to increase the department workforce from nine senior staff members to 16 senior staff members and were looking at employing Trust specialty grade doctors that had worked within the Trust previously. The ESs and CSs indicated that they had employed six Specialty and Associate Speciality (SAS) doctors over the last five months, with three of those five former senior trainees at the Trust. When asked how these new senior staff members would help balance the educational and clinical activities in the department, the ESs and CSs indicated that they were actively working to ensure that the non CCT senior staff members had the ability to provide suitable clinical and educational activities.</p> <p>The ESs and CSs explained that at the Queen's site, they currently had seven CCT geriatric consultants, with a CCT consultant always on ward at a time. At the King George site, the ESs and CSs indicated that they had five CCT consultants currently employed, with another CCT consultant joining the site soon.</p> <p>When asked about the balance of the workforce across both sites, the ESs and CSs indicated to the review team that they had only recently found out how bad the situation was at the King George site due to a lack of incident or exception reports being completed by staff members. The ESs and CSs indicated that the department</p>	<p>G2.1</p>
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	<p>had tried to recruit urgent locum staff to help the situation but had only been able to fill two of the six posts advertised.</p> <p>When asked about the frailty hubs, the ESs and CSs explained that only half of the planned workforce were currently in place. The ESs and CSs indicated that with a high number of international doctors employed for the roles, there was a delay in bringing the doctors into post but were looking at getting trainees rotated through the hubs once the workforce was at a required level.</p> <p>The ESs and CSs highlighted to the review team that they had been able to employ a Physician's Assistant (PA) from two available roles and that feedback on the role had been excellent.</p> <p>Portering</p> <p>The review team heard from the foundation trainees that the portering system within the department was limited and that trainees would often need to port their own bloods. The foundation trainees highlighted the benefit of having a PA within the department to help with bloods and radiography requests but indicated that this PA was split across all wards and so was not always available. The foundation trainees indicated that the Medical Receiving Unit (MRU) had a dedicated phlebotomist working within the unit during the day.</p> <p>Discharges</p> <p>The foundation trainees explained to the review team that whilst working weekends, additional pressure was put on the junior trainees by having to manage the discharges of their patients, whilst examining new patients and continuing to care for the patients under their care. The foundation trainees explained that in other hospitals, there would often be a senior trainee in charge of discharges over the weekend, helping to reduce the workload and pressure on more junior trainees.</p> <p>When asked by the review team if the trainees had ever felt pressured to discharge a patient, the foundation trainees indicated that the nursing staff within the department could sometimes apply pressure to discharges for the freeing of beds.</p> <p>The GP VTS trainees indicated that they had witnessed "precarious" behaviour at the King George site with the discharging of patients. The GP VTS trainees explained that the twice daily ward rounds were solely focused on the estimated patient discharge date, with consultants being questioned as to whether they were over investigating the patients, with discharge decisions being made by the Board Manager.</p> <p>When asked about the discharging of patients, and any related pressure, the core and higher trainees indicated that there was a difference in viewpoint between the medical staff and the nursing staff, with the medical staff focusing on the patient care provided with nursing staff focusing on the running of the wards and the potential freeing up of beds. The core and higher trainees highlighted that a Ward Matron had created a race between wards for the discharging of patients.</p>	
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>When asked about exception reporting within the department, the ESs and CSs explained that when asked in LFGs about exception reporting, the trainees at the Queen's site had indicated that they had tried to complete them but that they had had difficulty in finding the correct details on the system. At the King George site, the trainees had some misconceptions around the process including that they required permission to complete an exception report or that they needed to have a handover refused before exception reporting. When approached by the department, the exception reporting team had indicated that they thought that the system may be incorrectly allocating the reports to other specialties.</p>	<p>G2.2a</p> <p>G2.2b</p>

2.2	<p>Appropriate systems to manage learners' progression</p> <p>N/A</p>	
2.3	<p>Educational governance structures promote team-working and a multi-professional approach to education and training</p> <p>The Chief Executive (CE) of the Trust highlighted to the review team the Trust's continued drive to improve the quality of the educational and teaching environment for trainees at the Trust and to ensure that short term operational gains for the Trust were not delivered at the expense of education and training. The CE highlighted the work the Trust was undertaking with the Frailty Hubs, how this was being recognised as an excellent model within the system and that the Trust was investing in the model for the future, looking at building the model into the community and supporting patients throughout the pathway as well as supporting trainees and their training experiences. The CE highlighted the need to protect the wellbeing of the workforce and to listen and act upon these concerns.</p> <p>The CE explained to the review team that he had started conversations with community partners within primary care to explore other types of interventions available as well as discussing system pathways with other Arm's Length Bodies. The CE further explained that work needed to be undertaken to ensure that the frailty pathway for patients was correct to ensure the best use of the frailty Hubs.</p> <p>The CE highlighted to the review team the work the Trust was collaborating with Barts Health NHS Trust to ensure that North East London, with the support of the Integrated Care System, was the place that trainees wanted to go to receive their training.</p> <p>The DME highlighted to the review team the workforce strategy that the Trust had produced. Particular mention was given to the cross-specialty supervision which looked at reducing the supervision gaps at the Trust and explained the work that was being undertaken already with Health Education England around this.</p>	
2.4	<p>Reasonable adjustments for learners with protected characteristics</p> <p>N/A</p>	
2.5	<p>Processes in place to inform appropriate stakeholders when learners are involved in patient safety incidents</p> <p>N/A</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
3.1	<p>Learners being asked to work above their level of competence, confidence and experience</p> <p>The foundation trainees indicated to the review team that they had felt out of their depth when covering two wards on their own during a weekend. The trainees indicated to the review team that they had raised this to the senior trainees who had provided help. The foundation trainees indicated to the review team that they felt that this situation stemmed from the planning of the rota and could have been avoided.</p>	
3.1	<p>Regular constructive and meaningful feedback</p> <p>When asked about the LFG meetings, the ESs and CSs explained to the review team that at the Queen’s site, the LFG meetings had been hampered by low attendance but that active communications to all trainees had started to increase attendance. The ESs and CSs highlighted that trainees had started to understand more of the changes and developments happening within the department through the LFGs.</p> <p>For the King George site, the ESs and CSs confirmed that engagement with the trainees was a challenge with no trainees attending the first LFG. Further investigation showed that the LFGs had not happened at the site previously.</p> <p>The ESs and CSs highlighted to the review team that the LFGs for both sites were now scheduled as monthly meetings, with the possibility to reducing this down to every six weeks if required at the King George site.</p>	
3.1	<p>Access to resources to support learners’ health and wellbeing and to educational and pastoral support</p> <p>When asked if the trainees felt comfortable in raising concerns within the Trust, the GP VTS and foundation trainees all indicated that they would go to their clinical supervisor in the first instance and felt comfortable in doing so.</p> <p>The foundation trainees highlighted to the review team that they did not have a doctor’s office available to them and that they were often approached by family members of patients due to continually being on the ward.</p> <p>When asked about the internal professional standards document and how staff were treating each other within the department, the ESs and CSs highlighted that overall, the department was working well together but had historically had issues in isolated areas. The ESs and CSs highlighted the frayed interactions between medical staff and nursing staff on a particular ward but felt that a more stable workforce would help to improve this situation going forward. Strained relationships between trainees were highlighted at the King George site due to the perceived imbalance in staffing numbers between particular wards.</p> <p>When asked about the interprofessional standards document, the CE highlighted that the Trust was looking to employ a new Chief People Officer and that a larger piece of work around how people treat each other with the Trust was required. The CE</p>	

	<p>recognised that the turnover of leadership within the Trust had had a negative effect on long standing cultural issues at the Trust, highlighting sexism and racism. The CE also highlighted potential changes to the structure of the organisation to ensure that significant changes were made in combating the cultural issues highlighted.</p>	
3.2	<p>Time for learners to complete their assessments as required by the curriculum or professional standards</p> <p>The review team heard from the GP VTS trainees that the departmental teaching sessions available to them clashed with the GP specific training they received and that they were unable to attend both. The trainees explained that although the GP specific training (Romford Scheme) was recorded, they found it difficult to find the time to watch this recording back and would often have to catch up on training outside of their working hours. The ESs and CSs highlighted that the trainees were receiving protected time to catch up on missed training and that the trainees were able to join the second departmental meeting on the other site if they were unable to attend the first.</p> <p>When asked if trainees located at the King George site had been able to attend the departmental training held at the Queen's site, the foundation and GP VTS trainees indicated that they had.</p> <p>The review team heard that core and higher trainees were able to attend the weekly departmental teaching provided.</p>	
3.3	<p>Shadowing for medical students transitioning to foundation training</p> <p>N/A</p>	
3.3	<p>Access to study leave</p> <p>The foundation trainees indicated to the review team that annual leave and study leave requests would often be refused by the workforce hub and that trainees would need to seek out their educational supervisor to have the leave approved.</p>	
3.4	<p>Induction (organisational and placement)</p> <p>A foundation trainee indicated to the review team that they had not received a Trust induction when starting in post due to them having worked at the King George site previously but indicated that having the Trust induction would have helped orientate them within the Trust again. When asked, a number of other foundation trainees indicated that they had received an online Trust induction, which the trainees felt had been overly generic and had missed out on important information, such as information on the different referral documents used in different departments and to complete them.</p> <p>When asked about the departmental induction that the trainees received, the foundation trainees explained to the review team that they had received a booklet as part of their departmental induction and that they felt that the department was still finding its feet in terms of teaching schedules and other information. A foundation trainee highlighted that there were a large number of IT systems in use within the Trust and that it had taken almost three months for them to receive all of the correct log in details for each one.</p>	G3.4
3.5	<p>Learners have an initial, mid-point and final meeting to set and discuss progress against their learning agreement</p> <p>N/A</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
4.1	<p>Access to appropriately funded professional development, training and appraisal for educators</p> <p>N/A</p>	
4.1	<p>Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body</p> <p>N/A</p>	
4.2	<p>Educators are familiar with the learners’ programme/curriculum</p> <p>N/A</p>	
4.3	<p>Educational appraisal and continued professional development</p> <p>N/A</p>	
4.4	<p>Appropriate allocated time in educators job plans to meet educational responsibilities</p> <p>When asked if the consultant job plans reflected the educational supervision time required by ESs, the ESs indicated that they had sometimes struggled, but that with the new rota at the Queen’s site (since increasing to 16 consultants) having their Supporting Professional Activities (SPA) time listed had been greatly beneficial.</p> <p>The ESs and CSs highlighted that work needed to be done on the rota at the King George site and that due to the lack of substantive staff at the King George site, this was a challenge.</p> <p>When asked if the ESs and CSs had been involved in any supervision projects within the Trust, the ESs and CSs indicated it was still early days in terms of projects but that they had been invited to a workshop organised by the Trust Medical Education Team in December 2021 to discuss.</p>	

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>When asked about the training opportunities available to them in their post, the foundation and GP VTS trainees indicated to the review team that, on the whole,</p>	

	<p>training on the wards from consultants had been good. However, the trainees highlighted the need for more time for the studying of the patients as well as consultant feedback in further increasing this training. The foundation and GP VTS trainees indicated that they found the consultants within the department to be keen and happy to teach the trainees and that available clinics were rostered into their time.</p> <p>The foundation trainees at the King George site indicated to the review team that the weekends were meant to be protected teaching and clerking time for foundation trainees on the wards, but due to staffing shortages, the foundation trainees found themselves being reallocated to the MRU, affecting the teaching time that they received whilst in post.</p> <p>The review team heard from a number of core and higher trainees that they were being released to attend to training days, with clinics and training days being actively rostered proactively into their roles. Whilst other core and higher trainees highlighted that getting to clinics was still a challenge with understaffed wards being one of the main reason trainees could not attend training sessions. The trainees recognised that the situation was improving with clinics becoming more available to them but felt that the understaffing of wards was ongoing and having an adverse effect on their training within the role.</p> <p>The review heard of staffing issues on the Clementine B ward at the Queens site which led to a lack of training opportunities for trainees whilst on the ward. The core and higher trainees explained that due to the high number of locum doctors on the wards, they felt that training opportunities were being sacrificed in favour of the service.</p> <p>The core and higher trainees highlighted the difficulty in obtaining training opportunities whilst at the King George site due to the high number of night shifts trainees were allocated to. The core and higher trainees confirmed that the night shift allocation was pro-rata.</p> <p>When asked about the frailty hubs and whether trainees had had the opportunity to get training within them, the core trainees indicated that they had not been allocated to the hubs yet but felt that the Trust would start to rotate them through once a consolidation of consultants within the hubs had occurred. The core trainees highlighted that the consultants had encouraged them to go to the hubs where possible.</p> <p>The ESs and CSs highlighted to the review team that the higher trainees were able to rotate between sites to gain training opportunities in falls clinic and memory clinic hosted at either site.</p>	G5.1
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>N/A</p>	

Domain 6 – Developing a sustainable workforce

- 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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p>When asked if they would be happy for their friends and family to be treated at the hospital, all of the GP VTS and foundation trainees indicated to the review team that they would not be comfortable and would actively request friends or family to be cared for at a different hospital. The trainees highlighted the lack of staff as being the main contributing factor for this.</p> <p>When asked the same question, the core and higher trainees indicated that they would be worried about the front of house experience that a family or friend would receive but indicated that they would be happy for a friend or family member to be on the Madeline Ward and cared for within the geriatric medicine department.</p> <p>When asked if the trainees would recommend the post, the GP VTS and foundation trainees indicated to the review team that they felt the training opportunities to be good in post and would generally recommend the post but did feel that this could be dependent on the consultants that you worked with.</p> <p>When asked the same question, several core and higher trainees indicated to the review team that on the whole, they would recommend the post at the Queen’s site due to the training opportunities and the specialist clinics available to them but focused on the service provision as a negative in limiting them to training they required. When asked about the King George site, the core and higher trainees indicated that it was not a good place to receive training in due to understaffing, high numbers of locums that were unable to teach and the amount of service that was required in relation to the training opportunities received.</p>	
6.2	<p>Opportunities for learners to access careers advice</p> <p>N/A</p>	
6.4	<p>Support for students making the transition from their education programme to employment</p> <p>N/A</p>	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Ed Praeger, Deputy Quality, Patient Safety and Commissioning Manager, Health Education England
Review Lead name and signature:	Louise Schofield
Date signed:	17 December 2021

HEE authorised signature:	Gary Wares
Date signed:	17 December 2021

Date final report submitted to organisation:	22 December 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