Health Education England

# HEE Quality Interventions Review Report

## The Hillingdon Hospitals NHS Foundation Trust (Hillingdon Hospital)
## Acute Internal Medicine (AIM) in the Acute Medical Unit (AMU) and Respiratory Medicine
## Learner and Educator Review

**London – North West London**
**Date of Review/Intervention: Thursday 10 November 2022**
**Date of Final Report: 12 January 2023**

# Review Overview

## Background to the review

This review was a follow-up risk-based (Learner and Educator Review) in a series of reviews of Medicine (AMU), the most recent being a Learner and Educator Review that took place in May 2022. The review panel noted that the Trust had worked hard on consultant support and recruitment, educating trainers about exception reports and how to offer feedback to Doctors in Postgraduate Training (DPTs). It was noted that this had translated well into a more positive experience for DPTs. DPTs acknowledged that they had noticed improvements recently and as a result the majority of DPTs reported that they would recommend their post to colleagues. A follow up review was requested to monitor progress and sustainability of these improvement. The General Medical Council (GMC) was involved in the review as the department has been under GMC Enhanced monitoring since March 2022.

Acute Internal Medicine (AIM) and Respiratory Medicine were requested for inclusion in this review following the 2022 GMC NTS results which showed deterioration.

GMC NTS 2022 results for AIM- (Post Specialty by site)
Eight red outliers in Overall Satisfaction, Clinical Supervision, Reporting systems, Work Load, Adequate Experience, Local Teaching, Rota Design, and Facilities. One pink outlier in Handover.

GMC NTS 2022 results Respiratory- (Post Specialty by site)
Six red outliers in Overall Satisfaction, Reporting systems, Teamwork, Handover, Local Teaching, and Facilities.

**Subject of the review:**

Acute Internal Medicine (AIM) in the Acute Medical Unit (AMU) and Respiratory Medicine

## Who we met with

Seven Clinical and Educational Supervisors
10 doctors in postgraduate training working in the department from the following programmes: Foundation Programme, Internal Medicine Training (IMT), and Specialty Higher Training.
Director of Medical Education
Medical Education Manager
Divisional Director for Unplanned Care
Guardian of Safe Working Hours
Clinical Specialty Lead for Acute Specialties
Education Lead for Respiratory Medicine
Education Lead for the Acute Medical Unit and Acute Internal Medicine
Education Lead for Medicine
Medical Director

## Evidence utilised

Local Faculty Group (LFG) Minutes- November 2021, June 2021, August 2021, February 2022, March 2022, April 2022 and September 2022.
AMU Action Points from QMP
AMU rota information
AMU Thursday Teaching Timetable
Exception Report Summary- January 2022- June 2022
Dashboard Summary on Safe Working Hours - Doctors in Training- 7 April 2021 – 6 April 2022
Medicine and Respiratory Medicine Datix Data
Medicine Focus Group notes- August 2022 and August 2022
Medicine Pre-LFG Juniors Meeting Minutes- 27 September 2022
Quarterly Report on Safe Working Hours - Doctors in Training – 2022
Respiratory Action Plan
Respiratory Local Teaching Timetable
Summary of Evidence and Action Plans

This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

## Review Panel

| Role | Name, Job Title |
|---|---|
| Quality Review Lead | Dr Bhanu Williams, Deputy Postgraduate Dean, North West London, Health Education England (London) |
| Specialty Expert | Dr Catherine Bryant, Deputy Head of School of Medicine, Health Education England<br><br>Dr Celia Bielawski, Deputy Director of North Central Thames Foundation School, Health Education England |
| Lay Representative | Kate Rivett, Health Education England (London) |
| Learner Representative | Dr Simon Stallworthy, Acute Medicine Learner Representative |
| GMC Representative | William Henderson, Education Quality Assurance Programme Manager, General Medical Council |
| HEE Quality Representative(s) | Paul Smollen, Deputy Head, Quality, Patient Safety & Commissioning, Health Education England, London<br><br>Rebecca Bennett, Learning Environment Quality Coordinator Health Education England (London) |
| Supporting roles | Louise Lawson, Quality, Patient Safety and Commissioning Officer, Health Education England (London) |

# Executive Summary

The review panel thanked the Trust for accommodating the review. The review panel was appreciative for the extensive evidence and preparation that the Trust had done prior to the review. The review panel was pleased to hear that all Doctors in Postgraduate Training (DPTs) advised that they would recommend their posts to colleagues, some with caveats for improved Information Technology (IT) facilities and specific wards. All DPTs also advised that they would be happy for their friends and family to be treated specifically on the Acute Medical Unit (AMU) and respiratory wards. However, the DPTs clarified that they would not be comfortable with their friends and family being treated in the Emergency Medicine Department (ED).

DPTs in both the AMU and respiratory department informed the review panel that clinical and educational supervision had been good and noted that the consultants had been very supportive. The review panel was pleased that all DPTs reported that they had not encountered any instances of bullying or undermining in the AMU and respiratory wards, and it was noted that there was generally a very supportive environment in both departments.

The review panel acknowledged that things had improved in the AMU and respiratory department but felt there were wider system challenges within the hospital which were causing issues, such as staff shortages for the medicine on-call rota, weekend handover, inappropriate referrals from the ED, the continuity of care for outlier patients and significant IT issues. The review panel recommended that the Trust worked with the DPTs to help resolve the issues and it was noted that the Trust needed to ensure the DPT voice was heard.

Whilst the review panel noted significant improvement in the AMU learning environment, there were also concerns about the sustainability of the improvements given that the substantive consultant arrangements were in a state of development and with the limited duration of the West Middlesex support.

This report includes a number of requirements and recommendations for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 March 2023.

# Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards.  It is likely that not all HEE's domains and standards will be relevant to the review findings.

# Requirements

## Mandatory Requirements

| Requirement Reference Number | Review Findings | Required Action, Timeline and Evidence |
|---|---|---|
| FM1.5a, IMT1.5a, RM1.5a | The respiratory Doctors in Postgraduate Training (DPTs) advised that the medicine department was very busy and felt that patients on the outlier wards did not get seen as regularly by consultants.<br><br>It was also reported that the outlier list was not always kept up to date and this had resulted in instances where patients had been missed and had not been reviewed for several days. | The Trust should conduct an audit of current practice and the standard operating procedure (SOP) for the review and tracking of patients on the outlier wards in the medicine department.<br><br>Please provide evidence of this work including evidence that demonstrates compliance with requirement for daily review, in line with the framework for seven-day hospital services.<br><br>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM1.5b, IMT1.5b, RM1.5b | Some Acute Medical Unit (AMU) Doctors in Postgraduate Training (DPTs) reported that Nervecentre had made the handover very simple. However other AMU DPTs advised that there were issues with the software, and they had not been trained on the full functionality therefore struggled to filter the information they needed. Some DPTs noted that they found Nervecentre easy to use once they had been trained how to use it. | DPTs must be adequately trained on the software required for their role. Please provide evidence that all DPTs have been trained on the Nervecentre software and are able to use the full functionality needed.<br><br>Please provide evidence that this work has been done and also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline |

| | | |
|---|---|---|
| FM1.5c, IMT1.5c, RM1.5c | The Acute Medical Unit (AMU) and respiratory Doctors in Postgraduate Training (DPTs) reported that the weekend handover often overran significantly, and the most appropriate patients for handover were not always captured. Some DPTs reported that there had been instances where the handover had taken over two hours which had delayed starting on the job list.<br><br>The DPTs informed the review panel that they felt the handover could be vetted by a senior DPT or consultant in the different departments before being added to the weekend handover list. It was also noted that this might help prevent unnecessary jobs from being added to the weekend list. | The Trust must review the weekend handover process and make changes to the process so that the handover is efficient, and the necessary patients are handed over. The weekend handover list should be reviewed by a consultant prior to discussion to ensure the weekend workload is manageable.<br><br>Please provide evidence that the efficiency of the weekend handover has improved and information about how this is being addressed.<br><br>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM1.5d, IMT1.5d, RM1.5d | It was reported that the timing of the weekend handover clashed with evening handovers therefore Doctors in Postgraduate Training (DPTs) had started to receive bleeps and could not focus on either sufficiently.<br><br>The Acute Medical Unit (AMU) DPTs advised that there was not a formal evening handover for AMU but noted that it was still difficult to focus on the weekend handover as AMU handover information had started to be bleeped at the same time as the weekend handover.<br><br>It was also noted by DPTs that the timing of the handover did not fit well with the AMU rota, | The Trust should review the timing of the weekend handover to ensure that it does not clash with other handovers that the DPTs need to attend and so all DPTs can attend without having to stay late.<br><br>Please provide evidence that this work has been done and also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |

| | | |
|---|---|---|
| | therefore AMU DPTs often had to stay late in order to attend. | |
| FM1.5e, IMT1.5e, RM1.5e | The Acute Medical Unit (AMU) and respiratory Doctors in Postgraduate Training (DPTs) reported that whilst the out of hours supervision from consultants was good, they noted that there were significant staff shortages which limited the supervision that the more senior DPTs were able to offer.<br><br>The DPTs reported that they had concerns about the safety and quality of care that could be offered when there were gaps in the rota at night. The review panel was informed that issues were further compounded when there had been gaps at both foundation level and specialty higher level and DPTs advised that they had covered more than one role due to this issue.<br><br>Trust representatives informed the review panel that there had been challenges across the medicine department with the rota gaps in August 2022 caused by unfilled HEE training posts. The Trust representatives advised that the department had been proactive in filling the rota gaps with Locally Employed Doctors (LEDs). The Trust representatives reported that they had explored international recruitment options and recruitment of medical support workers and clinical fellows to support the workload across the medicine department. | The Trust should review the workload and the staffing levels of DPTs on-call to ensure that the workload of DPTs is manageable and appropriate for their level of training.<br><br>Please provide evidence that this has been done and that workload for all DPTs out of hours, meets DPT needs.<br><br>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM1.5f, IMT1.5f, RM1.5f | The Acute Medical Unit (AMU) Doctors in Postgraduate Training (DPTs) believed that | The Trust should conduct a review of compliance with the NEWS escalation processes |

| | | |
|---|---|---|
| | the bleeps at night were supposed to be screened however it was noted that this had not been happening. The review panel noted a perception among the AMU DPTs that there were a high number of inappropriate bleeps during the on-call which they found challenging, particularly with the staff shortages.<br><br>Some AMU DPTs also perceived that National Early Warning Scores (NEWS) were often reported inaccurately to elicit swifter responses from the AMU DPTs in cases where the doctors felt such a response was not necessary. Some AMU DPTs reported that they had felt undermined with this issue, particularly if they challenged the bleeps, they felt were inappropriate.<br><br>The AMU DPTs advised the review panel they had escalated this issue several times but there had not been any improvement. | out of hours and ensure that the team are aware of appropriate escalation procedures for bleeping the on-call doctors to minimise unnecessary additions to the DPT workload.<br><br>Please provide HEE with the outcome of this review and evidence of improvement. Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM1.5g, IMT1.5g, RM1.5g | The review panel was concerned to hear that Doctors in Postgraduate Training (DPTs) had experienced difficult interactions with the Emergency Medicine Department (ED). The respiratory DPTs reported that they had witnessed instances of conflict between the ED medical staff and the medical doctor on-call working on the take.<br><br>The respiratory DPTs felt that there was not a core clinical standard or process which was followed for referrals and noted that there had been issues with | The Trust should conduct a review of the ED criteria for referral to specialist teams and the urgency of such referrals. The Trust must also ensure that DPTs are not pressured into accepting patients and that communication is professional.<br><br>Please provide evidence of the changes put in place to ensure that referrals are appropriate. Please also provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence. |

| | | |
|---|---|---|
| | patients being referred to medicine who were not fully cleared as medicine patients. It was reported that the medical doctor on-call was often pressured into accepting referrals which they felt had not met the criteria to be admitted to the medicine department.<br><br>All Acute Medical Unit (AMU) DPTs reported concerns about patient safety in the ED and noted that they felt the risk for a clinical incident occurring was high. | Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM1.11, IMT1.11, RM1.11 | The review panel was informed that it had been challenging to locate a working computer in the different departments, when on-call, and view the list on the Nervecentre software and the Doctors in Postgraduate Training (DPTs) had also been unable to print the list.<br><br>The Trust representatives advised that DPTs had noted that the weekend handover would work better as an in-person meeting as it had been difficult to attend this remotely given the lack of availability of Microsoft (MS) Teams on the Trust computers.<br><br>The DPTs also reported that the lack of video conferencing technology made it difficult to dial into virtual handovers, meetings, and any remote teaching opportunities. | The Trust must ensure DPTs have access to suitable Information Technology (IT) facilities, with functionality for video conferencing to enable them to carry out their role and facilitate their training<br><br>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM2.6a, IMT2.6a, RM2.6a | The Acute Medical Unit (AMU) Doctors in Postgraduate Training (DPTs) reported that the department was encouraging of exception reporting however the outcomes of the reports had been suboptimal. The DPTs | The Trust must also ensure that DPTs are renumerated in a timely manner for exception reports which have been submitted and approved. The Trust should also address the lack of transparency about this side of the process and ensure |

| | | |
|---|---|---|
| | clarified that it was very challenging to take time off in lieu given the staff shortages therefore many DPTs requested payment instead. However, it was confirmed by DPTs that there had also been issues with payments and many DPTs reported that they had not been reimbursed.<br><br>The AMU DPTs advised that they had not received any communications from the Trust regarding the delay in payment of exception reports. It was also reported by DPTs that they were not able to easily see payments on their payslips and were not communicated with to confirm payments therefore they could not confirm whether a payment had been made, regardless of the current delays they had been experiencing. | that there is regular communication with DPTs about these issues.<br><br>Please provide evidence that these issues have been resolved and also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM2.6b and RM2.6b | Some respiratory Doctors in Postgraduate Training (DPTs) advised that there had been delays in gaining access to the exception reporting system when they first started within at the Trust. | The Trust must ensure that DPTs are provided with access to the exception reporting system when they first join the Trust.<br><br>Please show evidence that this issue has been resolved and also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| IMT3.7a | The review panel was informed by the Acute Medical Unit (AMU) consultants that they had been trying to purchase a new ultrasound machine for AMU as this would help improve training opportunities | The Trust must ensure DPTs have easy access to all equipment needed for training opportunities. The purchasing of the ultrasound scanner should be expedited. |

| | | |
|---|---|---|
| | for the Doctors in Postgraduate Training (DPTs), however it was noted that this was taking a long time. | Please show evidence that this issue has been resolved.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| IMT3.7b | Doctors in Postgraduate Training (DPTs) advised that across the Trust there was a shortage of opportunities to do pleural procedures and noted that they had found it challenging to ensure this area of their curriculum was covered.<br><br>It was advised that there was not a pleural clinic and that the service was based on referrals. The respiratory consultants informed the review panel that there was a desire to address these issues and run a pleural service and clinic. It was advised that the department was looking to appoint a cancer consultant with the intention of them running this service. | The Trust must ensure that DPTs are supported to complete appropriate assessments to evidence that they are meeting their curriculum requirements.<br><br>The Trust should liaise with Internal Medicine Training (IMT) Leads and Royal College of Physicians Tutor to ensure that the IMT trainees have access to simulation training for procedural skills and that they are able to meet their curriculum requirements for procedural competencies.<br><br>Please provide evidence that the access to pleural procedures has improved and information on how this issue is being addressed. Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM3.8, IMT3.8, RM3.8 | The Acute Medical Unit (AMU) Doctors in Postgraduate Training (DPTs) advised that there were sometimes challenging interactions with nursing staff in particular, when they were unaware of the roles and responsibilities of the DPTs. DPTs noted that they believed better clarification of roles, particularly out of hours, would help make interactions between staff better. | The Trust should ensure all staff are aware of the parameters for the roles and responsibilities of DPTs and ensure that DPTs are not expected to work outside of their level of experience, competence and confidence, and their scope of practice.<br><br>Please show evidence that this issue has been resolved and is being monitored and also |

| | | |
|---|---|---|
| | | provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| RM3.9 | The respiratory Doctors in Postgraduate Training (DPTs) reported that they had not had a departmental induction or that the induction they had received could have been improved. | Respiratory DPTs must receive an adequate departmental induction prior to starting clinical activity.<br><br>Please provide evidence that all new DPTs to the respiratory department receive a thorough induction prior to starting clinical activity. The Trust should include input from the DPTs in designing the induction and induction materials.<br><br>Please provide evidence that improvements have been made to the induction and that DPTs feel the induction sufficiently prepares them for the role,<br>via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM3.9a, RM3.9b, IMT3.9a | The Acute Medical Unit (AMU) and respiratory Doctors in Postgraduate Training (DPTs) reported that they had found the Trust induction inadequate to prepare them for clinical work. The AMU and respiratory DPTs noted that the induction was not clinically relevant and did not sufficiently introduce them to the IT clinical systems.<br><br>The AMU and respiratory DPTs also reported that they would | All DPTs must receive an adequate Trust induction when joining the Trust. The Trust must ensure the induction includes the necessary Information Technology (IT) training. The Trust should include input from the DPTs in designing the induction and induction materials.<br><br>Please provide evidence that improvements have been made to the induction and that |

| | | |
|---|---|---|
| | have appreciated a tour of the hospital as part of their induction as it had been difficult to find things in the hospital, especially if they had on-call shifts early in the post.<br><br>The AMU DPTs informed the review panel that they were helping to overhaul the Trust induction. | DPTs feel it sufficiently introduces them to the Trust, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM3.9b, RM3.9c, IMT3.9b | Acute Medical Unit (AMU) and respiratory Doctors in Postgraduate Training (DPTs) advised the review panel that there was not a sufficient induction for medicine on-calls. It was noted that DPTs felt unprepared for their on-call work and DPTs perceived that it was felt the on-call induction booklet had not been updated recently and it was not adequate in place of a formal induction.<br><br>The AMU DPTs reported that the DPTs were working on improving the on-call induction with the AMU consultants and the on-call induction booklet was currently being revised. The review panel was informed that it was hoped that the new induction would be ready in time for the December changeover. | All DPTs must receive an adequate induction to the medical on-call, prior to starting clinical activity.<br><br>Please provide evidence that all new DPTs to the medicine department receive a thorough induction prior to starting clinical activity. The Trust should include input from the DPTs in designing the induction and induction materials.<br><br>Please provide evidence that improvements have been made to the on-call induction and that DPTs feel the induction sufficiently prepares them for the role, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| IMT4.3 and FM4.3 | The Acute Medical Unit (AMU) consultants advised that they had not fully completed the supervisor training courses but noted that they had planned to do this soon. | All supervisors must have undergone the appropriate training and appraisal prior to being a named supervisor.<br><br>Please provide evidence that all supervisors in AMU have undergone the appropriate training. |

| | | |
|---|---|---|
| | | Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |
| FM5.6a | Acute Medical Unit (AMU) Foundation Doctors in Postgraduate Training (DPTs) stated that they had missed quite a lot of foundation teaching. Some of the AMU foundation DPTs reported that there had been a few times where they had not been able to attend foundation teaching as they had been working on the take or if the AMU had been particularly busy.<br><br>It was also noted by the AMU foundation DPTs that the rota had a significant number of zero days which fell on foundation teaching days and therefore they were not able to attend. | The Trust must support DPTs to attend programme specific education activities as necessary and this time should be adequately protected. The Trust should review the AMU rota to ensure foundation DPTs are able to attend the minimum number of sessions.<br><br>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.<br><br>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline. |

## Immediate Mandatory Requirements

| Requirement Reference Number | Review Findings | Required Action, Timeline and Evidence |
|---|---|---|
| N/A | | |
| **Requirement Reference Number** | **Progress on Immediate Actions** | **Required Action, Timeline and Evidence** |
| N/A | | |

## 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.

| Reference Number | Related HEE Quality Framework Domain(s) and Standard(s) | Recommendation |
|---|---|---|
| FY2M5.1 | The Acute Medical Unit (AMU) Foundation Doctors in | The review panel recommends that the foundation teaching programme is |

| | | |
|---|---|---|
| | Postgraduate Training (DPTs) that the foundation teaching programme was a joint foundation year one (FY1) and foundation year two (FY2) programme which FY2 DPTs had found challenging. Some FY2 DPTs reported that the content was often repeated and had already been covered in their FY1 programme. It was advised that FY2 DPTs would prefer differentiated teaching sessions as they felt it would allow a wider breadth of topics to be covered for the FY2 DPTs. | reviewed to ensure that there is appropriate delivery of the FY2 curricula. |
| FM5.6b | Foundation Doctors in Postgraduate Training (DPTs) advised the review panel that the foundation teaching was not available on Microsoft (MS) Teams therefore they could not dial in on their zero days, DPTs confirmed they would have liked to have had this option. | The review panel advises that the Trust explores the option of hybrid teaching so that DPTs who are not able to attend face-to-face can dial in remotely. |

## 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/Professional Group/Department/Team | Good Practice | Related HEE Quality Framework Domain(s) and Standard(s) |
|---|---|---|
| N/A | | |

# HEE Quality Domains and Standards for Quality Reviews

| HEE Standard | HEE Quality Domain 1<br>Learning Environment and Culture | Requirement Reference Number |
|---|---|---|
| 1.1 | **The learning environment is one in which education and training is valued and championed.**<br><br>Doctors in Postgraduate Training (DPTs) reported that there had been a notable improvement in the learning environment in the Acute Medical Unit (AMU). The majority of AMU DPTs advised the review panel that they would recommend their training post to colleagues. Some AMU DPTs noted that they would recommend their training post with the caveat that this would only be for specific wards and with significantly improved Information Technology (IT) facilities. Several AMU DPTs advised that their training experience would be significantly improved once the Trust had completed the changeover to the Cerner software for Electronic Patient Records (EPR).<br><br>Internal Medicine Training (IMT) DPTs advised that they felt the Trust was very suitable for specialty higher medicine training however they noted that they did not feel it was the best place for IMT. IMT DPTs clarified that this was due to limited options for attending clinics across medicine and difficulty in accessing relevant procedures. Some IMT DPTs did advise that their experience on AMU had been great despite these issues.<br><br>The respiratory DPTs reported that they would recommend their training post based on good clinical experience and supportive teams. However, the respiratory DPTs reported that the on-call rota was challenging, and they would not recommend that aspect of the post. Some respiratory DPTs commented that additional DPTs would provide better peer support and rota cover. It was also noted that access to clinics and procedures could be improved. | |
| 1.3 | **The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.**<br><br>The review panel was pleased that all DPTs reported that they had not encountered any instances of bullying or undermining in the AMU and respiratory wards. It was noted that there was generally a very supportive environment in both departments.<br><br>The AMU DPTs reported that the staff were approachable and confirmed that the consultants treated each other respectfully. However, a minority of the DPTs reported that they felt some of the behaviour and documentation on AMU at night could be | |

| | | |
|---|---|---|
| | perceived as defensive and DPTs felt this added additional pressure to an already stretched night team. | |
| **1.4** | **There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.**<br><br>The review panel queried whether the AMU DPTs were aware of the Trust's clinical informatics committee/steering group and whether there was DPT representation at the meeting to ensure DPTs were able to raise concerns. The AMU DPTs advised that they were not aware of this group at the Trust and had not been invited to any of these meetings. | |
| **1.5** | **Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.**<br><br>The AMU DPTs reported that they would be happy for their friends and family to be treated in the AMU specifically, however noted significant reluctance for friends and family to be treated in the Emergency Medicine Department (ED). Some AMU DPTs advised they were more hesitant to say they were happy for friends and family to be treated in the medicine department as they felt the staff shortages at night on the AMU and across the medicine on-call were significant and impacted patient safety. All AMU DPTs noted that they would not feel comfortable for their friends and family to be treated in the medicine department out of hours as that they did not feel a good level of safe and quality care was being provided. The respiratory DPTs also reported that whilst they would be comfortable for their friends and family to be treated on the respiratory wards, they would not be comfortable for them to be treated in the medicine department out of hours. The respiratory DPTs stressed that they would not be happy for friends and family to be treated on the outlier wards. The respiratory DPTs advised that the medicine department was very busy and felt that patients on the outlier wards did not get seen as regularly by consultants. The respiratory DPTs felt there was a difference in the quality of care for patients on specialty specific wards compared to the patients on the outlier wards. It was also reported that the outlier list was not always kept up to date and this had resulted in instances where patients had been missed and had not been reviewed for several days. It was advised by AMU and respiratory DPTs that there had been instances at the weekend where Nervecentre had not been kept up to date with results and patient transfers therefore patients were not reviewed until Monday. The DPTs reported that when outlier patients had been missed the consultant was made aware at handover but noted that a Datix report had not been completed. | Yes, please see FM1.5a, IMT1.5a, RM1.5a |

| | | |
|---|---|---|
| | The Trust representatives advised that following the previous HEE quality review in May 2022 the AMU team had implemented structured ward rounds with two teams, each led by a consultant. It was also confirmed by the Trust representatives that there were twice daily board rounds in the morning and afternoon on the AMU. Trust representatives noted that patients were discussed at board round and jobs were distributed based on skills and experience. The AMU DPTs advised that they had found the twice daily board rounds conducive to collaborative working.<br><br>It was also reported by Trust representatives that there was a weekend handover every Friday evening. It was noted that this was conducted via Microsoft (MS) Teams and that Nervecentre, a new software, had replaced the previous MS Excel document. It was noted that this change had been in place since June 2022. The Trust representatives reported that the new software had improved efficiency as the DPTs no longer needed to create lists and enter patient details manually. It was also reported that the patient handover list was 'live' therefore patients could be tracked when they were moved or discharged reducing the workload for tracking patients manually. Trust representatives also advised that Nervecentre had made it easier to communicate with other teams and had improved governance as there was a permanent record of handovers. Trust representatives discussed DPT feedback on Nervecentre and confirmed that DPTs had reported it was much better than the previous system. Some AMU DPTs reported that Nervecentre had made the handover very simple. However other AMU DPTs advised that there were issues with the software, and they had not been trained on the full functionality therefore struggled to filter the information they needed. Some DPTs noted that they found Nervecentre easy to use once they had been trained how to use it. Some AMU DPTs reported that they had to manually transcribe the weekend handover lost from Nervecentre as they were not able to filter the list to identify any weekend handover comments or information. AMU DPTs noted that this made it very challenging to organise the workload for the weekend. The review panel was informed that it had been challenging to locate a working computer in the different departments, when on-call, and view the list on the Nervecentre software and the DPTs had also been unable to print the list.<br><br>The Trust representatives advised that DPTs had noted that the weekend handover would work better as an in-person meeting as it had been difficult to attend this remotely given the lack of availability of MS Teams on the Trust computers. It was reported that doctors had to dial in via their personal mobile phones which was not ideal as phone signal was unreliable. The AMU consultants discussed options for easier access to computers and | Yes, please see FM1.5b, IMT1.5b, RM1.5b<br><br>Yes, please see FM1.11, IMT1.11, RM1.11 |

| | | |
|---|---|---|
| | it was reported that they would explore the possibility of acquiring more computers for the AMU.<br><br>The AMU and respiratory DPTs reported that the weekend handover often overran significantly, and the most appropriate patients for handover were not always captured. Some DPTs reported that there had been instances where the handover had taken over two hours which had delayed starting the job list. The review panel was informed by DPTs that some people attempted to handover patients they were not familiar with which caused delays as the information had to be looked up during the meeting. It was also noted that some DPTs felt that some jobs were handed over unnecessarily which added to the delay. DPTs advised that the consultants attended the weekend handover when they could but noted it was often led by the medical ward doctor on-call. The DPTs informed the review panel that they felt the handover could be vetted by a senior DPT or consultant in the different departments before being added to the weekend handover list. It was also noted that this might help prevent unnecessary jobs from being added to the weekend list as it was felt that some of the tasks handed over were excessive for the weekend and added a lot of extra work for the out of hours team. The AMU consultants informed the review panel that thy were receptive to this idea and would explore it further.<br><br>It was also reported that the timing of the weekend handover clashed with evening handovers therefore DPTs had started to receive bleeps and could not focus on either sufficiently. The AMU DPTs advised that there was not a formal evening handover for AMU but noted that it was still difficult to focus on the weekend handover as AMU handover information had started to be bleeped at the same time as the weekend handover. It was also noted by DPTs that the timing of the handover did not fit well with the AMU rota, therefore AMU DPTs often had to stay late in order to attend.<br><br>Trust representatives confirmed that a safe minimum staffing level of four DPTs or Locally Employed Doctors (LEDs) was maintained on the AMU and respiratory wards. The AMU DPTs commented that whilst they felt the culture on the AMU was positive it was felt they were quite understaffed, and the high patient turnover was challenging as a result. It was advised that any rota gaps in the respiratory rota were filled by locums. The Trust representatives reported that on the respiratory wards there were always two consultants present on the wards due to the higher acuity and patients on respiratory support. It was also advised that there were two teams on the respiratory wards which | Yes, please see FM1.11, IMT1.11, RM1.11<br><br>Yes, please see FM1.5c, IMT1.5c, RM1.5c<br><br>Yes, please see FM1.5d, IMT1.5d, RM1.5d |

| | | |
|---|---|---|
| | helped maintain the continuity as DPTs were able to see the same patients.<br><br>The AMU and respiratory DPTs reported that whilst the out of hours supervision from consultants was good, they noted that there were significant staff shortages which limited the supervision that the more senior DPTs were able to offer. The DPTs reported that they had concerns about the safety and quality of care that could be offered when there were gaps in the rota at night. It was advised that the out of hours staffing was particularly concerning and many DPTs advised that they were not confident that acutely unwell patients would be seen promptly. Some DPTs also noted concerns with continuity of care at night. Some DPTs reported that they felt able to escalate to other DPTs if the medical doctor on-call was busy. It was advised that nights were particularly challenging and that there were less gaps during the day. The review panel was informed that issues were further compounded when there had been gaps at both foundation level and specialty higher level and DPTs advised that they had covered more than one role due to this issue. The DPTs reported that there had been instances where a foundation DPT had to cover a ward on their own as there were not enough DPTs to cover the workload. The DPTs also commented that some nights were busier than others but noted that there had been many shifts where they had not been able to take a break.<br><br>The AMU DPTs believed that the bleeps at night were supposed to be screened, however, it was noted that this had not been happening. The review panel noted a perception among the AMU DPTs that there were a high number of inappropriate bleeps during the on-call which they found challenging, particularly with the staff shortages. It was reported that the AMU DPTs did not feel there was enough capacity amongst the doctors at night to accommodate all of the requests they received. AMU DPTs also commented that they were often bleeped with observations or patient test results without any context which were sent 'for information', which AMU DPTs felt was not helpful. Some AMU DPTs also perceived that National Early Warning Scores (NEWS) were often reported inaccurately to elicit swifter responses from the AMU DPTs in cases where the doctors felt such a response was not necessary. Some AMU DPTs reported that they had felt undermined with this issue, particularly if they challenged the bleeps which they felt were inappropriate. The review panel was informed by a number of AMU DPTs that there had been instances where nursing staff had warned AMU DPTs, they might report on Datix if they did not respond to bleeps quick enough, regardless of whether the doctors thought it was a priority. Some | Yes, please see FM1.5e, IMT1.5e, RM1.5e<br><br>Yes, please see FM1.5f, IMT1.5f, RM1.5f |

| | | |
|---|---|---|
| | of the AMU DPTs advised that they had not experienced any negative behaviour in relation to this issue, however noted that they felt this was because they were very accommodating of the bleeps regardless of whether they felt it was necessary. These AMU DPTs reported that as a result of attempting to accommodate all of the bleeps they often did not get to take a break during their shift. The AMU DPTs discussed NEWS training at the Trust and reported that the Trust induction included a description of NEWS calls and noted that there was a policy which had been amended a number of times. However, it was felt that the policy was not being followed. The AMU DPTs advised the review panel they had escalated this issue several times but there had not been any improvement.<br><br>The review panel asked about the Trust's hospital at night system and the AMU DPTs reported that there was very little interaction with this service, DPTs commented that they believed the hospital at night team was supposed to be running but DPTs were not aware that it was. The respiratory DPTs advised that the site practitioners had been helpful and some of the DPTs had flagged staffing issues with the site practitioners. The respiratory DPTs discussed the outreach service and advised that there was a pilot scheme running for a 24-hour service, seven days a week. The respiratory DPTs reported that the outreach service had been very helpful and had responded to red NEWS calls if DPTs requested. However, it was acknowledged that there had been staff shortages for that service as well.<br><br>The review panel was concerned to hear that DPTs had experienced difficult interactions with the ED. The respiratory DPTs reported that they had witnessed instances of conflict between the ED medical staff and the medical doctor on-call working on the take. DPTs clarified that if the medical doctor on-call did not accept all of the referrals made there was conflict as a result. The respiratory DPTs felt that there was not a core clinical standard or process which was followed for referrals and noted that there had been issues with patients being referred to medicine who were not fully cleared as medicine patients. It was reported that the medical doctor on-call was often pressured into accepting referrals which they felt had not met the criteria to be admitted to the medicine department. It was felt that surgical issues, in particular, were often not fully explored prior to referral to the medicine department. The AMU consultants did not usually get involved with the interactions between the ED and the medical doctor on-call, however it was clarified that they had made DPTs aware that they could escalate issues or disagreements to them if necessary. All AMU DPTs reported concerns about patient safety | Yes, please see FM1.5g, IMT1.5g, RM1.5g |

| | | |
|---|---|---|
| | in the ED and noted that they felt the risk for a clinical incident occurring was high. | |
| **1.11** | **The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.**<br><br>The review panel noted significant issues with the IT facilities at the Trust. Many attendees of this review had dialled in from personal devices as the Trust computers did not have access to MS Teams or video conferencing equipment such as webcams or microphones. The DPTs also reported that the lack of video conferencing technology made it difficult to dial into virtual handovers, meetings, and any remote teaching opportunities. The respiratory DPTs commented that the lack of online patient notes at the Trust slowed things down. The AMU consultants confirmed that the IT issues were significant for everyone. The Trust representatives acknowledged that DPTs had raised concerns about insufficient IT access, and it was noted that the Trust was working towards improving this. The AMU consultants advised the review panel that the Trust had plans to implement Cerner, an electronic patient record system and it was noted this would alleviate some of the IT issues. However, it was acknowledged that this would take a while to implement, and action was needed to alleviate some of the issues now.<br><br>The review panel asked the Trust representatives about the plan for estate development and whether there had been any impact on training. The Trust representatives informed the review panel that there were ongoing discussions about the space that would be allocated for the education centre in the new build. The Trust representatives confirmed that the Trust would not demolish the current education centre until plans had been confirmed for the new space. It was noted that more space had been allocated for education in the plans however there were still concerns about the practicality of the allocation, particularly for simulation facilities. | Yes, please see FM1.11, IMT1.11, RM1.11 |
| **1.12** | **The learning environment promotes multi-professional learning opportunities.**<br><br>The AMU DPTs reported that there was a collaborative culture with the wider multi-disciplinary team (MDT) in the AMU. The respiratory DPTs also commended the nursing team on the respiratory wards and noted they had been very helpful. | |

| HEE Standard | HEE Quality Domain 2<br>Educational Governance and Commitment to Quality | Requirement Reference Number |
|---|---|---|
| 2.6 | **Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.**<br><br>The Trust representatives reported that they had sought regular DPT feedback and had conducted a feedback session prior to the most recent Local Faculty Group (LFG) meeting. The Trust representatives confirmed that there had been active participation from DPTs in the feedback sessions.<br><br>The Trust representatives from the respiratory department advised that the department was surprised and disappointed by the 2022 General Medical Council (GMC) National Training Survey (NTS) results and noted that they had worked hard to make improvements following the results. It was advised by the Trust representatives that work had been done to improve staff shortages at all levels and to ensure that DPTS felt supported and part of the team. The Trust representatives reported that recent feedback from the respiratory DPTs had been more positive and indicated that the improvements had been effective in improving the experience for DPTs.<br><br>The Trust representatives advised that they had worked to improve the culture around exception reporting, and they believed this had improved. The Guardian of Safe Working Hours (GOSWH) confirmed that the culture around exception reporting had improved and reported that exceptions reporting across the Trust, particularly involving medicine DPTs had continued to rise. The Trust representatives advised that more specialty higher DPTs had been exception reporting which was a good sign of the culture improving across the team. It was noted that the Trust were looking at how to improve this further to encourage all DPTs to exception report when necessary. The GOSWH advised that intelligence from DPTs on medicine wards and units indicated confidence in the ability to exception report and it was noted that supervisor support had been key in facilitating this. The AMU consultants reported that they had been encouraging all DPTs to exception report. It was confirmed by the GOSWH that supervisors had generally been very responsive to exception reports.<br><br>The GOSWH also informed the review panel that the Trust offered a comprehensive suite of faculty development training modules, encompassing a dedicated module on exception reporting. It was noted that this exception reporting module was | |

| | | |
|---|---|---|
| | undertaken by all educational and named clinical supervisors. The review panel was advised that the GOSWH had started a newsletter to keep DPTs informed and had also started a series of one-to-one engagement events with the Medical Workforce Manager for Service Managers in the medicine, emergency medicine and surgery departments. It was advised that these sessions updated the Service Managers on the junior doctor contract, common themes in exception reporting and allowed the GOSWH to respond to queries on time off in lieu, payments and fines.<br><br>The GOSWH advised the review panel that they planned to do more work to analyse the trends and reasons behind the exception reports. It was confirmed by the GOSWH that they shared reports regularly with the Trust Board and made recommendations on any payment issues identified in the reports. The GOSWH reported that there had been obstacles and delays in payments to DPTs for exception reports. The GOSWH advised that the issues had been discussed with the Medical Director and the Director of Medical Education and confirmed that they were working closely with the Human Resources (HR) team to resolve the issues. The review panel was informed by the GOSWH that the issues were around payroll and finance but noted they hoped to have a solution to these issues soon. The GOSWH confirmed that the issues had been discussed at the 'Junior Doctor' Forum.<br><br>The AMU DPTs discussed the culture of exception reporting and reported that the department was encouraging of exception reporting however the outcomes of the reports had been suboptimal. The review panel was informed that this discouraged DPTs from reporting as they felt there was little point if nothing happened as a result. The DPTs clarified that it was very challenging to take time off in lieu given the staff shortages therefore many DPTs requested payment instead. However, it was confirmed by DPTs that there had also been issues with payments and many DPTs reported that they had not been reimbursed. The AMU DPTs advised that they had not received any communications from the Trust regarding the delay in payment of exception reports. It was also reported by DPTs that they were not able to easily see payments on their payslips and were not communicated with to confirm payments therefore they could not confirm whether a payment had been made, regardless of the current delays they had been experiencing.<br><br>The respiratory DPTs confirmed that exception reporting had been mentioned in the Trust induction. The respiratory DPTs acknowledged that whilst they were supported and encouraged to exception report they often did not if they had to stay late as they were too tired and did not want to have to stay longer to complete the form. Some respiratory DPTs advised that there | Yes, please see FM2.6a, IMT2.6a, RM2.6a<br><br>Yes, please see FM2.6a, IMT2.6a, RM2.6a |

| | | |
|---|---|---|
| | had been delays in gaining access to the exception reporting system when they first started within at the Trust. IMT DPTs advised that they actively encouraged other IMT and foundation DPTs to exception report. The AMU DPTs reported that generally the AMU consultants encouraged exception reporting and responded positively to receiving reports. Whilst the majority of DPTs advised that there was a positive culture around exception reporting amongst consultants, a number of DPTs reported that there were a minority of consultants who made discouraging comments about exception reporting with negative connotations about DPT work ethic or changes in the way DPTs work in the current learning environment. | Yes, please see FM2.6b and RM2.6b |
| **2.7** | **There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.**<br><br>The review panel enquired about the plans to recruit more substantive consultants to the AMU and the long-term plans following the end of the West Middlesex consultant support. The Trust representatives advised that they were actively looking to recruit but were cautious of ensuring the best fit for the department after significant work to improve the culture within the AMU. The review panel was informed by the Trust representatives that the Trust had considered exploring joint Trust substantiative posts to work collaboratively with other Trusts in the region and make the posts more attractive. The Trust representatives also advised that they aimed to improve the reputation of the department and hopefully keep DPTs in the area once they had finished training. The Trust representatives praised the support of the West Middlesex consultants and noted that they had been proactive and very willing to help. The Trust representatives confirmed that funding had been secured to extend the West Middlesex consultant support by another year. | |

| HEE Standard | HEE Quality Domain 3<br>Developing and Supporting Learners | Requirement Reference Number |
|---|---|---|
| **3.5** | **Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.**<br><br>The review panel was informed by the Trust representatives that there was an established AMU consultant team. The Trust representatives also reported that with the substantive consultant and the support from the West Middlesex consultants, supervision and teaching had improved. The Trust representatives advised that feedback on these points from DPTs at recent LFGs had been positive. The AMU DPTs confirmed that they felt safe and | |

| | | |
|---|---|---|
| | supported by the consultants on the AMU. It was clarified that there was always someone more senior on the unit to escalate to. The AMU DPTs reported that consultants were accessible and always notified DPTs where they would be and DPTs were confident in the advice they were given. The AMU DPTs advised that there were no concerns about the supervision for the medicine on-call and confirmed that consultants were available if needed.<br><br>The Trust representatives advised that the Ambulatory Emergency Care Unit (AECU) was consultant-led Monday to Friday and was supported by the General Internal Medicine (GIM) consultant at the weekends. The AMU DPTs confirmed that there was a consultant supervising the AECU Monday, Wednesday, Thursday and Friday, however it was advised that the consultant often left between 15:00 and 16:00 and DPTs reported that sometimes they did not feel well supervised in AECU. The AMU DPTs clarified that AECU was very strict in terms of their referral criteria and therefore it was unlikely that unstable patients would be encountered. However, if this was the case it was advised that the DPTs felt able to escalate to the AMU consultants for help with AECU patients if needed. The review panel was informed that AMU DPTs had found AMU consultants to be responsive and helpful when this had occurred.<br><br>The respiratory DPTs advised that consultants were willing to teach and had taken an interest in training. DPTs informed the review panel that consultants helped with procedures and clinics as much as they could. It was noted that the support from consultants was good and respiratory DPTs commented that the consultants were very good at giving constructive feedback. | |
| **3.6** | **Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.**<br><br>Trust representatives reported that all DPTs in the AMU and the respiratory department had been assigned a clinical and education supervisor. The respiratory DPTs informed the review panel that their educational supervisors had been very helpful in developing personal development plans (PDPs) and scheduling meetings to review training portfolios. | |
| **3.7** | **Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.** | |

| | | |
|---|---|---|
| | The Trust representatives advised that the AMU consultants offered the opportunity for training on some procedures on AMU. AMU DPTs confirmed that procedure training on AMU was ad-hoc and depended on what procedures were available in the cases. Some AMU DPTs commented that the procedures that came up did not always fit with the curriculum requirements for their programmes. The review panel was informed by the AMU consultants that they had been trying to purchase a new ultrasound machine for AMU as this would help improve training opportunities for the DPTs, however it was noted that this was taking a long time.<br><br>The respiratory DPTs informed the review panel that there had been no issues with access to ultrasound opportunities. However, DPTs advised that across the Trust there was a shortage of opportunities to do pleural procedures and noted that they had found it challenging to ensure this area of their curriculum was covered. It was advised that there was not a pleural clinic and that the service was based on referrals. The DPTs reported that as a result, there was no protected time in their timetables to do procedures. Some DPTs noted that it had been challenging to get consistent access to opportunities for procedures. The respiratory consultants informed the review panel that there was a desire to address these issues and run a pleural service and clinic. It was advised that the department was looking to appoint a cancer consultant with the intention of them running this service. It was noted that a locum consultant had been covering the pleural procedures and offering support. | Yes, please se IMT3.7a<br><br>Yes, please see IMT3.7b |
| **3.8** | **Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.**<br><br>The AMU DPTs advised that there were sometimes challenging interactions with nursing staff in particular, when they were unaware of the roles and responsibilities of the DPTs. DPTs noted that they believed better clarification of roles, particularly out of hours, would help make interactions between staff better. | Yes, please see FM3.8, IMT3.8, RM3.8 |
| **3.9** | **Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.**<br><br>Trust representatives advised that all DPTs in the AMU had received an induction when starting their post. The Trust representatives informed the review panel that the importance of exception reporting was stressed at induction. The AMU DPTs advised that the departmental induction was good and very thorough. The review panel was informed by AMU DPTs that the induction had included information on how the AMU and the AECU operated and how to do referrals. AMU DPTs reported that | |

| | | |
|---|---|---|
| | they had been introduced to all necessary staff including the service managers.<br><br>It was advised by Trust representatives that all DPTs in the respiratory department had had a departmental induction and had been provided with information and timetables in advance. It was noted that the induction included information about local training opportunities, with foundation and IMT level opportunities specified as well. Some respiratory DPTs reported that they had not had a face-to-face departmental induction and had only been provided with an induction booklet prepared by a former DPT. All respiratory DPTs advised they felt the departmental induction could have been better.<br><br>The AMU and respiratory DPTs reported that they had found the Trust induction inadequate to prepare them for clinical work. The AMU and respiratory DPTs noted that the induction was not clinically relevant and did not sufficiently introduce them to the IT clinical systems. The AMU and respiratory DPTs also reported that they would have appreciated a tour of the hospital as part of their induction as it had been difficult to find things in the hospital, especially if they had on-call shifts early in the post. The review panel enquired whether the AMU DPTs had been given the opportunity to share this feedback with the Trust and the AMU DPTs advised that there had been a delayed feedback meeting with the Medical Director and the feedback was noted in this forum. The AMU DPTs informed the review panel that they were helping to overhaul the Trust induction.<br><br>AMU and respiratory DPTs advised the review panel that there was not a sufficient induction for medicine on-calls. It was noted that DPTs felt unprepared for their on-call work and DPTs perceived that it was felt the on-call induction booklet had not been updated recently and it was not adequate in place of a formal induction. The AMU consultants informed the review panel that this induction was usually delivered by the College Tutor or Training Programme Director (TPD) however, there had been issues with the delivery of this induction recently due to changes of personnel in those roles. The AMU consultants noted that it had had been recognised that the induction did not go well and escalated to the Postgraduate Medical Education Team (PGME). The AMU DPTs reported that the DPTs were working on improving the on-call induction with the AMU consultants and the on-call induction booklet was currently being revised. The review panel was informed that it was hoped that the new induction would be ready in time for the December changeover. | Yes, please see RM3.9<br><br>Yes, please see FM3.9a, RM3.9b, IMT3.9a<br><br>Yes, please see FM3.9b, RM3.9c, IMT3.9b |

| HEE Standard | HEE Quality Domain 4<br>Developing and Supporting Supervisors | Requirement Reference Number |
|---|---|---|
| **4.2** | **Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.**<br><br>The AMU consultants advised that there had been support from the Trust to develop job plans and it was noted that the consultants felt well supported. It was advised that the Divisional Medical Director was very involved and that there was an understanding that further development and recruitment was necessary.<br><br>It was reported that many of the AMU DPTs had the same educational supervisor. The West Middlesex consultants advised that they would be happy to support the Hillingdon consultants and provide formal educational supervision to more DPTs if needed. | |
| **4.3** | **Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).**<br><br>The Trust representatives reported that the Trust offered educational and clinical supervisor training courses and also educational appraisals for supervisors. It was confirmed that funding had been secured for 12 courses, of which two had been run already with a third planned for December 2022. The review panel was informed that over 45 supervisors had been trained so far and that courses had been fully booked with good feedback from attendees. Trust representatives advised that they planned to run these courses monthly.<br><br>The AMU consultants advised that they had not fully completed the supervisor training courses but noted that they had planned to do this soon. | Yes, please see IMT4.3 |

| HEE Standard | HEE Quality Domain 5<br>Delivering Programmes and Curricula | Requirement Reference Number |
|---|---|---|
| **5.1** | **Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.**<br><br>The AMU DPTs advised that the AMU was very busy with a wide variety of patient cases. AMU DPTs confirmed that they were able to cover their respective curriculums with the range of patients | |

| | | |
|---|---|---|
| | treated in the AMU. DPTs confirmed that between the AMU and AECU that they were able to fulfil the clinic requirement of their curriculum.<br><br>Trust representatives reported that there was weekly AMU teaching which was face-to-face and confirmed that the time for this teaching was protected. The Trust representatives advised that they aimed to cover as much of the curriculum as possible for the foundation and IMT DPTs and confirmed that the teaching was often DPT led to offer an opportunity to do presentations for portfolio requirements. The AMU DPTs informed the review panel that generally they found the AMU teaching useful and confirmed it catered for their curriculum requirements.<br><br>The AMU Foundation DPTs reported that the foundation teaching programme was a joint foundation year one (FY1) and foundation year two (FY2) programme which some FY2 DPTs had found challenging. Some FY2 DPTs reported that the content was often repeated and had already been covered in their FY1 programme. It was advised that FY2 DPTs would prefer differentiated teaching sessions as they felt it would allow a wider breadth of topics to be covered for the FY2 DPTs.<br><br>It was advised by the Trust representatives that IMT teaching had been running every Tuesday from September 2022. The Trust representatives discussed the requirements for IMT simulation teaching and advised that they had arranged a simulation session in December 2022 for IMT year one (IMT1) and year two (IMT2). It was noted that there were not any plans for IMT year three (IMT3) simulation teaching, however the Trust representatives clarified that they were working on this.<br><br>The review panel was informed by Trust representatives that the respiratory teaching programme had received good feedback from DPTs at the last LFG meeting. The Trust representatives advised that the teaching was well established and was usually consultant-led. The Trust representatives advised that the respiratory teaching was face-to-face and was held in the education centre when there was room availability, however it was noted that there was not always a room available. It was also noted by Trust representatives that DPTs in the respiratory department were actively encouraged to attend their programme teaching. The respiratory DPTs advised that they sometimes missed teaching if there were acute patients. The respiratory DPTs confirmed that they were encouraged to attend teaching and noted that it was very good quality. However, the respiratory DPTs reported that the teaching did not happen every week due to workload on the ward. Some respiratory DPTs reported that had not seen the teaching programme. | Yes, please see FY2M5.1 |

| | | |
|---|---|---|
| **5.4** | **Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.**<br><br>The Trust representatives confirmed that they had started an AMU Certificate of Eligibility for Specialist Registration (CESR) programme and noted that two senior clinical fellows were currently undertaking the programme.<br><br>It was also confirmed by Trust representatives that there was an AMU monthly clinical governance programme with the wider MDT. The AMU consultants advised that this session had enabled the different groups to provide updates. The AMU DPTs informed the review panel that this session was quite medical and DPTs were concerned about the relevance for the wider MDT. The AMU consultants advised that there had not been any MDT simulation sessions but noted it would be very useful if they were able to do this. | |
| **5.6** | **Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.**<br><br>AMU Foundation DPTs stated that they had missed quite a lot of foundation teaching. Some of the AMU foundation DPTs reported that there had been a few times where they had not been able to attend foundation teaching as they had been working on the take or if the AMU had been particularly busy. It was also noted by the AMU foundation DPTs that the rota had a significant number of zero days which fell on foundation teaching days and therefore they were not able to attend. Foundation DPTs advised the review panel that the foundation teaching was not available on MS Teams therefore they could not dial in on their zero days, DPTs confirmed they would have liked to have had this option. The review panel was informed by the Trust representatives that the PGME kept a log of foundation teaching attendance. It was reported that FY1 attendance was better than FY2. Trust representatives noted that FY2 DPTs on placement in the community struggled to attend due to travel however it was clarified that the majority were meeting the minimum requirement.<br><br>Trust representatives informed the review panel that there had been challenges across the medicine department with the rota gaps in August 2022 caused by unfilled HEE training posts. The Trust representatives advised that the department had been proactive in filling the rota gaps with LEDs. The Trust representatives reported that they had explored international recruitment options and recruitment of medical support workers and clinical fellows to support the workload across the medicine department. | Yes, please see FM5.6a<br><br>Yes, please see FM5.6b<br><br>Yes, please see FM1.5e, IMT1.5e, RM1.5e |

| | | |
|---|---|---|
| | The review panel was also informed by Trust representatives that there was a business case for the recruitment of five Physician Associates (PA) trust-wide. It was noted that there was a PA post due to start in the AECU. The review panel was informed by the Trust representatives that there were some well-established PA posts in the Trust already that were working very well, in particular the posts in ED, cardiology and respiratory. It was reported by Trust representatives that the Trust had very good links with the PA programme at Brunel University London, with students doing placements in a variety of specialties across the Trust. It was noted by Trust representatives that the Trust was committed to developing their PA programme. The Trust representatives advised that the PA students on placement at the Trust had expressed an interest in working in the AMU and confirmed that the Trust were willing to explore this option.<br><br>The review panel discussed DPT opinion of the PA support and the Trust representatives advised that they had not completed any work to capture the PDT perception of PA support however it was noted that no concerns had been raised. The Trust representatives confirmed that the PA posts at the Trust had been successful and were appreciated by the relevant departments. It was noted that the PAs in cardiology and the respiratory department were regarded as integral parts of the team and the consultants very happy with their support. The Trust representatives in the respiratory department reported that the PA in the respiratory department offered stability and continuity for the DPTs rotating through the department.<br><br>Trust representatives discussed DPTs feedback on the medicine rota design and it was advised that the DPTs had not reported any issues during the LFGs. The respiratory DPTs reported that theoretically the clinics were accessible, and they felt the clinic teams were welcoming and happy to accommodate the DPTs. However, the respiratory DPTs advised that the workload on the ward was very busy even when fully staffed therefore it was challenging to go to clinics in the afternoons. It was also noted that the on-call rota made it difficult to attend clinics. The respiratory consultants reported that it had been challenging as a department to fill rota gaps and maintain staffing levels to reduce the workload on DPTs, with the reduction in the allocation of HEE specialty higher training posts and vacant IMT posts. It was advised that the department used to have two specialty higher posts and one of these had been converted to an IMT post. The review panel was informed by the respiratory consultants that this had been a difficult transition as there was a high acuity of patients on the ward and it was a lot of pressure for less experienced DPTs. The respiratory consultants reported that they had tried to counteract these issues with a higher consultant presence on the wards. The review panel acknowledged that there were issues with the transition to the IMT3 posts and | |

| | | |
|---|---|---|
| | advised that feedback had indicated that there was a requirement for more posts than were actually needed. The review panel confirmed that the recruitment process had been amended to reduce the number of DPTs dropping out of the programme for other programmes they had applied for concurrently. | |

| HEE Standard | HEE Quality Domain 6<br>Developing a sustainable workforce | Requirement Reference Number |
|---|---|---|
| | Domain not discussed at this review. | |

## Report Approval

| Quality Review Report completed by | |
|---|---|
| **Name** | Rebecca Bennett |
| **Role** | Learning Environment Quality Coordinator |

| Review Lead | |
|---|---|
| **Name** | Dr Bhanu Williams |
| **Role** | Deputy Postgraduate Dean |
| **Signature** | Bhanu Williams |
| **Date signed** | 29 December 2022 |

| HEE Authorised Signatory | |
|---|---|
| **Name** | Dr Gary Wares |
| **Role** | Postgraduate Dean for North London |
| **Signature** | Gary Wares |
| **Date signed** | 12 January 2023 |

| | |
|---|---|
| **Final Report submitted to organisation** | 12 January 2023 |