

LOROS

Outcomes Report

for healthcare, education and training



<i>Report For:</i>	LOROS
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1. Executive Summary

This was a Level 1 visit, meaning the training and education standards are in place and being met; the visit is to ensure the sustainability of the training and education plans. There were no concerns raised with regard to patient safety. The visiting team felt that this is a very supportive and productive training environment for all healthcare practitioners and that LOROS is more advanced in the development of truly multi-professional learning than most other local education providers.

Many positive practices were identified, including induction, pastoral support for all learners, in-house training accessible to all staff, an open and honest reporting culture and robust and comprehensive patient liaison and feedback programmes.

While reported as effective and safe, there had been no improvements to handover since the last visit in terms of a better audit trail. The Quality Team will support the organisation to identify solutions.

Concerns were expressed by the organisation's education leads about the negative impact of rota vacancies caused by rotating less-than-full-time medical trainees and those on maternity leave. LOROS is a relatively small education provider, with few learners and so this creates disproportionate pressure on workload and supervision capacity. This is compounded by sometimes being sent trainees in difficulty to support. HEEM will investigate what can be done to lessen the financial and workload impact for LOROS.

HEEM will also investigate with University Hospitals of Leicester NHS Trust the matter of IT access for trainees to have timely sight of clinical test results.

2: Introduction

Health Education East Midlands (HEEM) is the vehicle for providers and professionals, working as part of NHS Health Education England (HEE), to improve the quality of education and training outcomes so that they meet the needs of service providers, patients and the public. The statutory Postgraduate Dean's role directly carries specific accountability on behalf of the General Medical Council (GMC) where education and training is delivered within employing organisations. In addition, because practice placements and training posts are critical to education quality and professional outcomes, there is a legal, tripartite relationship between the Higher Education Institutions, the placement / training post providers and HEEM through both the Education Contract and the Learning Development Agreement (LDA). This ensures that employers are held to account for the quality of any learning provision they are involved in across the healthcare workforce. To this end, HEEM has developed a multi-professional approach to its Quality Management Visits (QMV) to Local Education Providers (LEPs) and has produced the [East Midlands Multi-professional Quality Standards for local training and education providers](#) against which to assess the quality of learning environments.

This is the first year of HEEM's new, multi-professional approach to visiting, and HEEM would like to thank LOROS for the positive way in which it has engaged with the new process. A collaborative approach was taken to determine the focus and level of visit. A conference call, involving both HEEM and LOROS representatives, looked at evidence from a variety of sources, including the Trust's self-assessment document, and a decision was taken to undertake a level 1 visit. There are 3 levels of visit and a level 1 visit indicates 'low risk' – *"... there are risks to meeting the standards for Training and Education. This level of visit aims to understand where the risks are and provide support to reduce negative impact on learners and outcomes"*.

LOROS Hospice is a charity (part-funded by the NHS) providing palliative care for over 2,500 people each year across Leicester, Leicestershire and Rutland. At any one time, LOROS has several medical and non-medical learners on placement within the hospice (although it also provides care in patients' own homes and so there are opportunities for working and learning in the community). Through a direct LDA with the organisation HEEM funds four Higher Specialty Trainee (HST) posts and one General Practice (GP) trainee post at postgraduate medical level, plus two non-medical posts. The HSTs are on the Palliative Care curriculum. LOROS is also funded to provide approximately twelve hours per annum of undergraduate medical placement hours. During the visit, the HEEM team held feedback sessions with HST and GP trainees and one non-medical trainee (an Occupational Therapy student). The team also met with LOROS' education leads, trainers and mentors / supervisors.

3: Progress since last year

The last visit to LOROS was in September 2012 and focused on postgraduate medical training only. The outcome was very positive, with lots of areas of good practice and only two areas for improvement were identified by the visit team. These were IT access and handover.

IT Access

Trainees require access to IT systems at University Hospitals of Leicester NHS Trust (UHL). In 2012, having IT access available to new starters was raised as an issue and feedback from the current trainees suggests that this remains a frustration, specifically in relation to the timely receipt of passwords from UHL to enable new starters access to clinical test results. This is not the responsibility of LOROS and so HEEM will take this issue up with UHL directly.

Handover

In 2012, trainee feedback confirmed that handovers took place. However, the visit team at the time felt that these could be better documented to provide an audit trail so that neither trainees nor the organisation could be exposed should a serious clinical incident occur. The LOROS education team admitted that little progress had been made since the last visit and this was confirmed by the trainees; the trainees agreed that handover was effective and safe for patients but not always well documented.

Recommendation

LOROS should look at developing a mechanism to better document and record handovers while not creating an overly onerous and bureaucratic system. HEEM would be happy to share good practice in this area identified at other training sites within the region, but understands that there are already ideas being explored.

Training capacity

Concerns were expressed by trainers in 2012 about the negative impact of receiving information about new starters at short notice, about being sent struggling trainees, and of rota vacancies caused by rotating less-than-full-time medical trainees and those on maternity leave. LOROS is a relatively small education provider, with few learners and so this creates disproportionate pressure on workload and supervision capacity. LOROS had been encouraged to work with HEEMs Postgraduate Specialty Schools to address this, but it was evident from this visit that little progress has been made. This time, HEEM's Quality Team will liaise directly with the relevant Schools to investigate what can be done to lessen the financial and workload impact for LOROS.

Education and training environment

In 2012, trainees reported a welcoming organisation and excellent learning environment. The visit team was delighted to hear that these high standards had been maintained (see Section 4: Good practice and innovation for further details).

4: Good practice and innovation

The HEEM team identified numerous examples of good practice during the visit. In general, learners felt that LOROS offered a superior education and training experience compared to other local education providers, with the non-medical learner describing their placement as the best they had experienced. In particular, the trainers and mentors / supervisors were regarded as flexible and responsive to learning needs. All learners felt that their placement would enable them to meet their curricula requirements for their stage of training / studying, with opportunities not confined to the hospice setting – LOROS provides care in patients' homes and so there are opportunities to learn in the community.

Pastoral Support

The education leads at LOROS described a variety of mechanisms for providing pastoral support to all learners, including regular group meetings and trained counsellor input. These mechanisms were confirmed as being in place by the learners and were welcomed.

Multi-professional learning opportunities

There is a comprehensive programme of teaching sessions and other educational meetings. These are open to all learners and highly valued. Moreover, the staff at LOROS has access to communication skills and conflict resolution training.

Multi-professional morning handovers

In many other contexts, separate handovers take place between medical and non-medical teams. The visit team was pleased to hear about the multi-professional morning handover at LOROS. This encourages effective, multi-professional team-working, as well as providing opportunities for inter-professional learning.

Induction

Induction was reported as timely, comprehensive and with no gaps.

Support for senior medical trainees

As trainee doctors approach the completion of training, it is vital that they are exposed to opportunities to develop the skills required of a consultant (for example, leadership and management). It was clear that LOROS provides extensive opportunities in this regard, with flexibility in the opportunities trainees can choose to access.

Patient involvement and patient safety

The visit team was interested to hear about the robust and comprehensive patient liaison and feedback initiatives. Furthermore, the learners described an open and honest reporting culture.

5. Areas of improvement

While an area for development rather than improvement, the continued positive feedback and commitment of mentors / supervisors suggests potential to expand multi-professional training, dependent on appropriate funding streams. LOROS could also be an appropriate setting for Foundation doctor training.

The one area for improvement related to the better documentation of handover. This is described in more detail in Section 3: Progress since last visit, with an accompanying recommendation.

6. Recommendations and Requirements

Recommendations

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