

Quality Management Visit Outcomes Report



LOROS

Visit Date: 29th September 2015



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healthcare

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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, while busy clinically, this is a very supportive training environment, providing an excellent education and training experience for all learners.

Areas of good practice included the wealth of teaching, opportunities for inter-professional learning, pastoral support for learners and community opportunities.

Since the last visit, some changes have been made to improve accessing patient information and HEE-EM is now satisfied that these developments are sufficient to mitigate any risks to trainees and the organisation with regard to handover and an audit trail.

HEE-EM will continue to work with University Hospitals of Leicester NHS Trust to iron out remaining issues relating to access to IT login information for some trainees (i.e. to remotely access patients' test results from the Trust).

2. Introduction

Health Education East Midlands (HEE-EM) 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 HEE-EM 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, HEE-EM 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 Standard for local training and education providers against which to assess the quality of learning environments.

This is the second year of HEE-EM's new multi-professional approach to visiting and HEE-EM would like to thank LOROS for its engagement with the process. A collaborative approach was taken to determine the focus and level of visit. A conference call, involving both HEE-EM 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' – "... the training and education standards are in place and are being met by the local education provider. This visit will be to ensure the sustainability of the training and education plans".

LOROS Hospice is a charity (part-funded by the NHS) providing palliative care 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). The Trust hosts medical trainees following the Palliative Medicine specialty curriculum, the Core Medical Training Curriculum and the General Practice curriculum. It is also funded to provide undergraduate medical placements. During the visit, the HEE-EM team held feedback sessions with High Specialty Trainees (HSTs) and Core Medical Trainees (CMTs). The GP on placement was unavailable on the day of the visit. Direct feedback was also gained from one first year student nurse and one second year student nurse, both from De Montfort University. The visit team also met with LOROS' education leads, trainers and mentors / supervisors, as well as members of the senior management team, including the Chief Executive Officer.

3. Progress since 2014

The last visit to LOROS was in October 2014. 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) for patient test results and so on. There were problems reported in gaining access to UHL's systems in 2014. The main problems appear to have been resolved. However, despite a system in place between HR and IT departments, a few trainees continue to experience difficulties obtaining usernames and passwords to log in. This is not the responsibility of LOROS and so HEE-EM will take this issue up with UHL directly to see if these remaining issues can be ironed out.

Handover

On visits in both 2012 and 2014, trainee feedback confirmed that handovers took place but the visit teams 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. Since then, information systems have been strengthened and there is now better access to electronic patient safety information. HEE-EM is satisfied that these developments provide an adequately robust system to facilitate information exchange. No further improvements are required.

Education and Training Environment

In 2014, trainees reported a welcoming organisation and excellent learning environment. The visit team was delighted to hear that these high standards continue to be maintained (see Section 4: Good Practice and Innovation for further details).

Induction

Induction was reported as timely, comprehensive and with no gaps. The induction has been formalised since the last visit.

Partnership Agreements

Partnership agreements between LOROS and the universities are now in place.

Widening Participation

LOROS has piloted a work experience placement to provide a 'taster' experience of what it is like to work as a doctor.

Competency Framework

A competency framework for the whole multi-disciplinary team has been developed.

4. Good Practice and Innovation

The HEE-EM team identified numerous examples of good practice during the visit. In general, learners felt that LOROS offers an excellent education and training experience, with a number of learners describing their placements as the best they had experienced. In particular, the trainers and mentors / supervisors were regarded as extremely supportive. All learners felt that their placement would enable them to meet their curricula requirements for their stage of training / studying. In particular, medical trainees felt that their posts helped them to learn about pain control and working in a multi-disciplinary team. The nursing students felt that their placements provided good opportunities to learn practical skills and prepared them for what to expect in a care setting. Moreover, they felt that being at LOROS was an excellent first placement for any student as it prepares them for palliative care, staff care, working with carers and protecting patients' dignity.

Learner Support

As well as the staff at LOROS (not just mentors / supervisors) providing excellent clinical supervision, there are a variety of mechanisms for providing pastoral support to all learners, including regular group meetings and trained counsellor input. The nurse students were also positive about the support provided by their Programme Leader and Deputy Programme Leader.

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.

Feedback

Learners indicated that trainers / mentors gave them regular, constructive feedback on their performance.

Leadership and Management

Medical trainees recognized that a post at LOROS offers an excellent opportunity to develop important non-clinical skills in preparation for a future role as a senior clinician. One trainee commented that LOROS *'...is the best in the south of the East Midlands for leadership and management opportunities'*. Not only are opportunities plentiful, but trainees reported that consultants actively encourage them to be involved in a range of activities.

Medical Students

Final year medical students have placements at LOROS. The education team reported excellent feedback from these medical students who felt that their time at LOROS 'up-skills' them for being a doctor.

Community Post

HEE-EM learned that there is a 'community registrar' post, which medical trainees rotate into and which provides regular community outreach exposure, which the trainees value highly.

5. Areas of Improvement

Communication

Through various conversations, the visit team formed the impression that communication between LOROS (including Practice Learning Leads) and De Montfort University could be strengthened. The visit team will feed this back to HEE-EM's education commissioners to inform its review discussions with the university. The team at LOROS also felt that the timeliness of communication from HEE-EM about medical trainee rotation information could be improved. The visit team will feed this back to the relevant teams at HEE-EM.

Time for Training

While having dedicated sessional time in job plans for training roles, consultants still felt that time to focus on training was tight given other work pressures. This is a common view across local education providers. Through its national work to recognise and approve training roles, the GMC is hoping to 'professionalise' and better support training roles. This work is being coordinated regionally by HEE-EM. Currently, it is not common practice for non-medical mentors / supervisors to have specified, protected time for education and training. HEE-EM is working with education providers to clarify how tariff monies are being spent to support non-medical education.

Workload

When on-call, there is often only one HST level trainee on site. This trainee has to cover the ward but also carries the on-call mobile phone. LOROS has promoted itself as a source of advice and so many calls come through to this one trainee from GPs and the community. This makes the workload unmanageable at times and, while encouraged to leave work on time, trainees often stay late. HEE-EM understands that there are plans for the community nurse to field calls at weekends and for nurses to triage calls during the week. This should reduce the burden on the trainee and HEE-EM would encourage LOROS to put these measures in place as soon as possible. It is also understood that the complement of HST level doctors will rise to five shortly and this should enable two trainees to be on site, on-call more often.

6. Recommendations & Requirements

The visit team was reassured about the continuing delivery of high quality education and training for all learners. Therefore, HEE-EM does not feel it necessary to make any specific recommendations or requirements for improvements.