

HEE Quality Interventions Review Report



**Jersey General Hospital - Foundation Programme
Monitoring the Learning Environment Review**

**HEE South East
Review 24 January 2022
Final Report 1 February 2022**

Review Overview

Background to the review	This was a 'monitoring the learning environment' review intended to allow for external, objective review of the foundation programme at this site, together with the potential for expert advice or guidance as appropriate.
Subject of the review	Foundation trainees
Who we met with	<ul style="list-style-type: none"> Trust senior team including DME 16 foundation trainees across two sessions Feedback was also received by email from one foundation trainee
Evidence utilised	<ul style="list-style-type: none"> GMC NTS results Information provided by hospital in the form of a pre-visit report Annual medical quality report from trust

Review Panel

Role	Name, Job Title
Quality Review Lead	[REDACTED] Head of Foundation School
External Specialty Expert	[REDACTED] Foundation Programme Director
External Specialty Expert	[REDACTED] Foundation Programme Coordinator
HEE Quality Representative(s)	[REDACTED] Head of Quality
Lay Representative	[REDACTED]
HEE representative	[REDACTED] Foundation Programme Manager, HEE Wessex
HEE representative	[REDACTED] Foundation Programme Officer, HEE Wessex

Executive Summary

This review was undertaken by HEE to monitor the learning environment and the learning experience of foundation trainees at Jersey General Hospital. Pre-meeting information was provided by Jersey to the panel which was helpful to inform the discussions.

The review panel met with the trust senior team and with foundation trainees across two sessions. Brief verbal feedback was then provided to the senior team at the end of the review.

Overall the feedback received by the review panel was mixed with some very positive areas noted by trainees, such as the potential opportunity Jersey offers to trainees as a small healthcare system and specific examples of departments and individuals providing excellent training however there were other areas raised that are of concern such as the arrangements for rotas in some area, support for trainees providing medical care to orthopaedic patients and the impact of some working relationships on trainees. Further details are provided in both the requirements section (immediate mandatory requirements and mandatory requirements) and the narrative report.

The education team in the organisation was reported to be supportive and accessible to trainees and it was clear that this is valued by foundation trainees.

Requirements

Immediate Mandatory Requirements

Req Ref Number	Review Findings	Required Action, Timeline and Evidence
IMR1	<p>The review heard that Foundation doctors have to take responsibility, in some areas, for writing departmental rotas and also for finding cover for any gaps in these rotas, including short notice issues caused by sickness absence.</p> <p>This is having a negative impact on training and trainee wellbeing as they feel responsible for staffing parts of the hospital without support.</p>	<p>The hospital must make changes to the arrangements for the development of rotas and their timely provision to doctors in training. Foundation doctors should not take responsibility for drawing up rotas.</p> <p>Where gaps occur in rotas, whether due to sickness or other factors, processes should be put in place to ensure that the responsibility for arranging cover and therefore safe staffing levels does not fall to junior doctors.</p> <p>A plan for this should be provided to HEE by 7 February 2022 with implementation by 7 March 2022. Evidence of the impact on trainees should be collected and shared with HEE within three months of implementation. (Risk WX121)</p>
IMR2	<p>The review heard that Foundation doctors are not being adequately supported to care for acutely medically unwell orthopaedic patients and are consequently working beyond their competence. [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>The hospital must establish a clear escalation policy that ensures that Foundation doctors are always able to secure senior support to manage medically unwell patients. This policy must be clearly communicated to both trainees and those in senior roles that will provide the support.</p> <p>A plan for this should be provided to HEE by 7 February 2022 with implementation by 7 March 2022. Evidence of the impact on trainees should be collected and shared with HEE shortly after implementation and after three months. (Risk Wx122)</p>

Mandatory Requirements

Req Ref No	Review Findings	Required Action, Timeline and Evidence
MR3	The review heard that the relationship between the orthopaedic team and the medical team is very strained with significant tension reported. This results in behaviours such as senior staff declining to accept patients which foundation trainees find very challenging to deal with. This has an impact on trainee wellbeing and a negative effect on training.	The organisation should review the working relationship/model between these departments to ensure it provides support to trainee doctors when they need support. A plan should be put in place to improve and monitor this and should be communicated to foundation trainees. The initial plan should be agreed by 7 March 2022 and also shared with HEE. (Risk WX123)

Recommendations

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
5.1	The organisation should consider whether changes can be made to the way in which the educational programme is delivered in order to minimise duplication and ensure all foundation trainees are able to access appropriate teaching.
3.9	The organisation should review how departmental induction is planned and delivered to ensure a good induction in all new rotations, learning from those areas identified as exemplars of good practice.
1.1, 1.4	The organisation should consider how to embed a 'culture of teaching and learning' across all areas of the hospital to maximise the learning experience for trainees.

Good Practice

Learning Environment/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
Education team	The education team was highly valued; trainees reported that the team was supportive, easily accessible and organised	1.1, 3.1
Good learning opportunities	The review heard that trainees have good access to learning experiences across medical and surgical specialties due to the environment in a small general hospital. This included SIM learning.	1.1, 5.1

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Emergency Department	The panel heard reports of a significant positive change in the experience of trainees in this department.	1.1, 1.2, 3.5
Educational supervision	Trainees reported good support from educational supervisors across the hospital.	3.6
Post traumatic incident support	The TRiM programme to provide support for those who have had a traumatic experience was highly valued.	1.6, 3.8
Accommodation	Trainees were very appreciative of the quality of accommodation provided by Jersey hospital, which allows them to access training on the island.	1.1

Review findings

The learning environment and experience of foundation trainees was discussed with the following groups on the day:

- Senior trust team
- Foundation year 1 trainees
- Foundation year 2 trainees

Meeting with senior trust team

Following review of the information provided in advance of the review (copy of the main report below) and other evidence, a number of areas were discussed.



Foundation School
Trust Review - FPD pr

The background of Jersey General Hospital as a non-NHS organisation was summarised. The scale of the island health service and population (~100k) is important in the context of postgraduate medical training. Previous surveys have placed Jersey in the top 10-20 training sites however the 2021 GMC NTS results were disappointing. Recruitment, for substantive and locum roles, is challenging and there has been some turnover of staff that has changed who is supervising foundation trainees. A restructure of medical leadership is underway which seek to strengthen educational leadership. It was noted that vaccination will not be mandatory for healthcare staff in Jersey.

Progress towards implementing the junior doctor contract includes work towards compliant rotas, discussions with BMA to adapt some of the conditions for Jersey and recent agreement for a rota coordinator role and a job description for a guardian of safe working. There is executive support and funding committed over two years. Jersey is exploring recruitment through the Gateway programme. A meeting had been held the previous week to update junior doctors as this implementation has been delayed several times and their frustration was acknowledged.

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Issue with some foundation trainees writing rotas and inflexibility of annual leave were raised by the panel. The first was acknowledged although only in one area and plans are underway to recruit to assist with this. It was noted the junior doctor contract will require rotas to be published in advance with at least some consultation possible.

Foundation teaching was discussed and confirmed as a combined F1/F2 programme with protected time each week. Whilst there is a potential for duplication, it also allows for catch up. Mandatory sessions are being met and feedback on simulation teaching is positive.

Jersey is reviewing the HEE Education Contract at present and did not have any specific issues or questions to raise.

Meeting with foundation year 1 trainees (10 trainees)

A number of areas were discussed with this group of trainees.

Junior Doctor Contract – this was raised by the trainee group as an ever present issue

Trainees reported that senior support and supervision is variable and in some areas there is no middle grade support. Trainees can be unclear where to get help as they do not have a clear escalation policy that works. This is particularly the case in orthopaedics where trainees gave examples of being left alone to manage complex patients and help not be available when escalated. They described simply being told to call the medical registrar.

The ability to get support was reported to be generally better in medicine but there were some concerns. (IMR2)

The panel asked how comfortable trainees are to raise concerns with educators; FY!s reported that, in general they had good relationships with educational supervisors but less so with clinical supervisors. Some felt unable to raise concerns in their placement area as they were concerned about the consequences.

The support provided by the Medical Education Manager and FPD was reported to be excellent; trainees feel they are approachable and supportive.

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On a COVID ward, the lack of a full time consultant and regular use of locums had meant that trainees do not know where to go for advice and support.

SDT was lacking initially but is now available in most areas, although challenging in surgery.

Trainees reported that the following members of the tem have been particularly supportive to them; [redacted], [redacted], [redacted], [redacted], [redacted], [redacted] and [redacted].

Specific positives aspects of training at Jersey identified by the group were: a close, supportive group of foundation trainees, good hands on experience of medicine (when the support is adequate), good teaching, excellent subsidised accommodation, high exposure to practical skills and good exposure to appropriate responsibilities.

Meeting with foundation year 2 trainees (6 trainees)

Key positives aspects of the medical work and education in Jersey were identified by the FY2 trainees as: the benefits of a smaller hospital so they feel they know a lot of the team and are generally approachable; a close, supportive peer group; and excellent support provided by the Medical Education Manager and FPD. The good accommodation and social aspects of the island were also noted.

The formal teaching programme was reported to be good with two protected hours although some concern was expressed that the programme is repeated in FY2 so can be the same session again. Trainees felt this could be improved by either splitting FY1 and FY2 teaching or running a two year programme. SIM sessions were well received, and the resuscitation team reported to provide very good education. Good additional teaching sessions in ED were reported by trainees with examples. Trainees felt ward based teaching was variable with some good examples given – [redacted], [redacted] and [redacted] in particular – but teaching in orthopaedics was reported to be limited. There was a view that there is not a culture of teaching across the whole organisation with notable exceptions such as ED which has a great teaching culture and time is taken to teach. Trainees felt that good learning opportunities are available but they have to seek them out.

The panel heard that induction was variable with GP and ED offering good induction programme whilst in medicine, surgery and O&G it was felt to be poor. [redacted] FY2s reported filling a clinical fellow role in medicine and needing the role to be better covered in induction.

In response to a question about rotas, the trainees reported variability. Concerns were raised about the FY2s writing the rota in surgery which is an added responsibility, not supported and is time consuming. In medicine the rota has fixed annual leave with no opportunity for flexibility whilst in O&G trainees reported that there is a rota coordinator and some flexibility. The panel heard that the impact of having insufficient staffing to make the rota compliant is that trainees have been told to do nights at very short notice, have to find their own cover to attend significant events even with good notice provided and have had 10 day stretch on nights. [redacted]

[redacted] (IMR1)

Trainees reported that they generally feel well supported particularly in EAU, medicine and psychiatry but in orthopaedics this is not the case and trainees have to find help from across the hospital, they encounter resistance from other staff and find some behaviours bullying. They described feeling stuck in limbo between medicine and orthopaedics. (MR3) [redacted]

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The panel heard that educational supervisors were supportive and responsive.

In response to a question about the pastoral care available, [redacted] was described as being responsive and supportive. There was positive feedback about the TRiM support after traumatic events and a view that this could be better advertised. [redacted]

[redacted]

[redacted]

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	The learning environment is one in which education and training is valued and championed.	MR3
1.2	The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	
1.3	The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.	
1.4	There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.	
1.5	Learners are in an environment that delivers safe, compassionate care and prioritises a positive experience for patients and service users.	IMR2
1.6	The environment is on that ensures the safety of all staff, including learners on placement.	
1.7	All staff, including learners, are able to speak up if they have concerns, without fear of negative consequences.	
1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves.	
1.9	There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.	
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	
1.11	The learning environment provides both suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists	
1.12	The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibilities for their own learning.	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.	
2.2	There is active engagement and ownership of EDI in education and training at a senior level.	
2.3	The governance arrangements promote fairness in education and training and challenge discrimination.	

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2.4	Education and training issues are fed into, considered and represented at the most senior level of decision making.	
2.5	The provider can demonstrate how educational resources (including financial) are allocated and used.	
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.	
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	
2.8	Consideration is given to the potential impact on education of service changes (ie service redesign / service reconfiguration), taking in to account the views of learners, supervisors and key stakeholders (including HEE and Education Providers)	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	
3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity	
3.5	Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.	IMR2
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.	
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.	
3.8	Learners are valued members of healthcare teams within which they are placed and enabled to contribute to the work of those teams.	IMR2
3.9	Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.	
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	

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HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing.	
4.2	Formally recognised educators are appropriately supported with allocated time in job plans/job descriptions, to undertake their roles.	
4.3	Those undertaking formal education and training 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 (eg Education Providers, HEE)	
4.4	Clinical supervisors understand the scope of practice and expected competence of those they are supervising.	
4.5	Educational supervisors are familiar with, understand and are up to date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	
4.6	Clinical supervisors are supported to understand the education, training and any other support needs of their learners.	
4.7	Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.	

HEE Standard	HEE Quality Domain 5 Delivering Curricula and Assessments	Requirement Reference Number
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	
5.3	Placement providers collaborate with professional bodies, curriculum/programme leads and key stakeholders to help shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models as well as a focus on health promotion and disease prevention.	
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	
5.5	The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	
5.6	Timetables, rotas and workload enable learners to attend planned/timetabled education sessions needed to meet curriculum requirements.	IMR1

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HEE Standard	HEE Quality Domain 6 Developing a Sustainable Workforce	Requirement Reference Number
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	
6.2	There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	
6.3	The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	
6.4	Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	

Report Approval

Quality Review Report completed by	[Redacted], Head of Quality on behalf of Dr [Redacted] Head of Foundation School
Review Lead	[Redacted] Dr [Redacted] Head of Foundation School
	1/2/22
HEE Authorised Signature	[Redacted]
	Dr [Redacted], Postgraduate Dean
Date signed	1/2/22
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