

Kent, Surrey and Sussex (KSS) Quality Team Newsletter

July 2019



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Welcome to the second edition of the KSS Quality Team newsletter.

What's in this edition:

- Welcome to our June newsletter
- GMC National Training Survey update
- Sharing good practice
- What I do - Liz Fidler
- Quality intervention process update
- Contact details and team news

Welcome to our July newsletter

The KSS Quality Team became operational on 1 December 2018, in some ways that feels like a long time ago! However, when I reflect on the journey (trying to avoid X Factor type puns!) over the last six months, we have come a long way in a short time and its amazing to see working relationships with our stakeholders go from strength to strength, after all we have the same goal – to ensure our trainees/learners have access to quality education...

One of my personal objectives had been around communication; many thanks to those of you that sent comments about our first newsletter, hopefully you will see some of those suggestions put into practice. If you have some notable practice you would like shared, please do get in touch. Keen to encourage this as one of the routes to share practice across Kent, Surrey and Sussex (and wider!).

We will be introducing a feature in the newsletter for next few editions which is entitled 'What I do'. This will be a short article from KSS Quality team members to provide an update regarding their role and what we do. We may even have some special guest articles in the future too.

Thank you to everyone that supported the GMC NTS response rate for KSS – truly amazing and will help us with next steps supporting quality education. More information on page two.

Happy reading,

Liz Fidler
Associate Dean – Quality

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GMC National Training Survey 2019 Update

The GMC National Training and Trainer Surveys closed on the 9 May 2019, and we are pleased to report that the KSS survey completion rates were:

99.8%
for trainees

48%
for trainers

For the trainee survey, KSS completion rates were third highest in the UK and highest in England.

We would like to thank you all for your support in achieving this fantastic response which will give us confidence that the results are a good reflection of the trainees' experiences.

The trainees were able to add comments on Patient Safety and Bullying and Undermining, and we received 55 comments. These were rated as immediate or non-immediate and were shared with the trusts for response. These responses are being reviewed by the County Deans. The breakdown of comments is summarised in the table below. Six comments related to the GMC and one for a site which the team does not support.

	Patient Safety	Bullying and Undermining
Total received	40	9
Number rated immediate	15	4
Number rated non-immediate	25	5

The survey results will be available from 8 July 2019 via the online reporting tool (<https://webcache.gmc-uk.org/analyticsrep/>) and we will email the Medical Education teams with a guide on how to access these. Please note that we will not send you the raw data as you may have received in previous years.

If you have any queries on accessing the results and how to view them please contact us via GMCSurvey.KSS@hee.nhs.uk.

Throughout July we will be analysing the results and will look at these by:

- Deanery Overall
- Trust Overall
- Programme Level

This data will give a summary of KSS and allow us to benchmark individual trust results to regional results as well as to the national means.



We will produce a report for each Head of School and meet with them to discuss their school's results and other intelligence they have, to aid in deciding where quality interventions may be required.

A local office report summarising KSS results and a section per trust will also be produced to aid in these decisions. A final list of planned quality interventions required for 2019-20 will be decided on in a meeting with all Heads of School and Deans.

At the end of July, we will share the summary and the section on your trust with you, and we will inform you of the quality interventions that are planned for your trust.

As in previous years, in late July we will request action plans from trusts on the below outliers from the survey with an end of September deadline for responses. Further detail will be provided by email.

Sharing Good Practice

We would like to share examples of good practice which enhance trainee doctors' educational experiences within KSS Trusts. In this edition we have an example from Western Sussex Hospitals NHS Foundation Trust (WSHT).

In 2018 the Trust identified a two-year focus on 'new starter support' for their Foundation Doctors, to improve their experience and retain them in the future workforce. The project introduced the role of Senior Nurse Education Fellows (SNEF) with funding from HEE KSS. The two SNEFs are line managed by the Strategic MEM.

The role

The SNEFs work with the entire medical workforce to provide a scaffold of safe support for the education, learning and wellbeing of new starters.

The SNEF role is being developed through having access to:

- Existing academic boards and meetings
- Local Faculty Groups
- Mandatory Teaching Programme
- Simulation sessions
- HEE KSS visits
- Clinical and Educational Supervisor meetings, training and updates
- Local departmental meetings and 'huddles'
- 'Doctors in Mind' (DiM) – a well-being initiative created by the SNEFs - is gaining traction throughout the Medical workforce and which has become a catch-all brand to provide well-being support.

The SNEFs have set up forums to listen to feedback in person and start to understand themes and present back to the relevant individuals/departments. The inter-professional nature has been vital – and the SNEFs work with all staff to make suggestions for change.

Achievements so far include:

- Ward walks/clinics with/without rota coordinators/PGME staff (bridging the office-clinical gap)
- Improved departmental induction and teaching
- Feedback and wellbeing forums created
- Review of Foundation teaching programme
- Matron representation at LFGs
- Review of on-call rotas at start of placements
- Introduction of lean management training in F2 to assist with mandatory QIPs

Impact of the role

All Foundation Doctors in the Trust have been fully engaged with the SNEFs and many of the F1 doctors are staying for their second year, with some opting to stay for an F3 year.

You can just feel the Foundation doctors relax when the SNEFs enter the room" – Strategic MEM

"I'm staying at WSHT for FY2 and I would like to run DiM with the SNEFs as I have felt the benefit personally over my first year." - F1

The SNEFs are "The fairy ward-mother" – F1

"The idea of a senior nurse providing informal as well as formal support for foundation doctors is genius!" - F2

Future Plans

The success of the role has been measured qualitatively. Next year the Trust will look at quantitative measure development, and will focus on feedback, action planning and follow-up.

The SNEFs will train as Mental Health First Aid Instructors and will see how this can be scaled and spread sustainably.

The PGME team has identified the need for similar roles, bridging the clinical-office gap, for undergraduates and GP trainees. Similarly, other grades of medical staff have been expressing interest in the roles. This may involve replicating the role and scaling up the SNEF team but this will require additional funding.

Thank you to Bebbi Smithers, Strategic MEM, for sharing this information.

If you have an example of good practice that you would like to share please contact:
sarah.stanbridge@hee.nhs.uk.



Liz Fidler - Associate Dean for Quality

It's a question I like to ask myself in a slightly different way all the time - "What am I doing and is it going to make a difference?" Working in the NHS is very rewarding but equally challenging; as a public service its critical we are accountable to patients and the public.

Having this question underpin my primary role of setting up and overseeing a service that can make a difference to trainees (using that term to reflect all healthcare professionals undergoing an education programme) and ultimately patient care keeps me focussed.

Initially my role has been about embedding the KSS Quality functions and ensuring a smooth transition. Balancing that with supporting the development of a new team has been hugely rewarding.

Integrating the service and building relationships with internal and external stakeholders has been a primary objective.

An average week can include:

- Leading or co-leading Quality Visits.
- Representing or preparing reports for HEE KSS at the NHSE Quality Surveillance Group and other risk governance meeting – escalating risks and sharing intelligence to support quality improvement opportunities.
- Providing briefings and updates to professional regulators, Postgraduate Dean, Heads of School, Nursing Leads and other system leaders.
- Raising the profile of including the challenges and opportunities regarding delivering quality education externally to ensure that trainees and educators aren't forgotten at a range of forums connected to HEE work.
- Attendance and active participation at Senior Leadership Team meetings.
- Reviewing business as usual (business and annual plan – soon to be published!) and developing operational processes in partnership with Bridget the teams Quality Lead.

I am delighted to say that no week has been the same, if it was, it wouldn't be the right job for me.

I really do enjoy my role and in addition keeping my professional identity is important to me, so I often support work with my pharmacy expertise on a national level.

In a team meeting recently, I asked everyone to introduce someone else in the room and describe what they thought their role was – an excellent and enlightening exercise to do on so many levels – I encourage you to give it go....

Our mission statement

We are committed to supporting the implementation of education standards in clinical learning environments as defined in the HEE Quality Framework.

Learners have a right to expect safe, good quality education from their clinical placements.

Quality intervention process update

How we manage Quality interventions

Since our last newsletter we have been looking at all our processes and how we work with our stakeholders. I want to thank all of you who have taken the time to meet with me and for all the feedback to the team over the last six months. I have heard from Medical Education Managers, Directors of Medical Education, Heads of School and County Deans, as well as pulling together suggestions from within the quality team.

We have suggested some changes based on this feedback and these have been discussed at the Dean's Operations Group and then agreed by the Quality Management Oversight Group (QMOG) which is our internal governance group. The changes are summarised below and we will be updating our operating manual ready for the year starting from August 2019.

We will be writing to you with these changes in August.

Bridget Kelly - Quality Lead



What's changing?

Who is needed at visits?	<p>We will tailor our attendance and who we require from the Trusts to be the best fit for each visit. We will need a representative from the Trust boards to be at all the quality visit feedback session and will let the Trusts know when we are organising the dates who is needed.</p> <p>From August 2019, if there isn't a member of the board available, HEE will not present feedback at the end of a visit but will instead require an additional separate meeting with Trust board member. We also will be ensuring that representation at the different sessions is reflective of the line of enquiry so may be limiting who can attend the sessions.</p>
How will we cover multiple sites in a quality visit?	<p>The majority of our quality visits will still be to one location with trainees attending from across the Trust. In exceptional circumstances we will consider seeing trainees via Skype or other technology but will need to have a member of the quality team in both locations. It will be the Trust's responsibility to test the technology ahead of the visit and discuss the rationale with the Quality team in advance of the day.</p>
How will Trusts know what we are planning to do and when?	<p>We will send a summary letter to the Trust senior management and the medical education teams when we have decided on the list of visits that are required following our quality intervention planning. This will include the visits we are planning based on the results and the type of visits but not the dates. Wherever possible we will give you 12 weeks' notice of a visit, but this may not happen if there is an urgent concern or if the visit needs to take place in September or early October. We understand the amount of work a visit takes and will notify the trust as soon as possible. We will propose three possible dates to work from with the trust. The quality team will check which dates are possible for the trust as soon as we can and we appreciate the support of our stakeholders in getting the dates agreed.</p> <p>The letters we send to you to set up each visit will also include the reasons for the visit and the key items we want to cover. We will not be sending out separate Key Lines of Enquiry forms after August.</p>

Quality intervention process update continued...

Pre-visit questionnaires	We will continue to use the GMC NTS as a major source of feedback from our trainees and will also continue to use supplementary questionnaires if, for example, there has been a long time lag since the NTS or if there have been changes made in a trust where we want to check the impact. We won't send out any questionnaires when the NTS is open in the future. We won't share the detailed feedback from any pre-visit questionnaires with trusts ahead of visits but will raise any issues in the visit through feedback or the report. We are maintaining this position to ensure trainee feedback remains anonymous.
Reports from quality visits	We will produce draft reports for the HEE visiting team within three working days and once we have feedback internally will share the draft with the trusts for fact checking before issuing a final report. We haven't published any reports from KSS since December 2018 as we are still developing our website and we are awaiting guidance from the national team about publication. We will update this in future newsletters if and when things change.
Action plans	We have had lots of discussions about the action plans and how they can be improved. We will move all closed items onto a separate tab and have a tab for everything that is current. We will do this over the summer and will let each trust know when changes have been made to their trust plans. We will also make it clearer who has reviewed an action from HEE and when this was done. We have had some feedback about other changes and will consider how we can do this in the coming year. We are making changes to how we hold the files over the summer so want to be sure we can complete this work before making any additional changes.

We will be using a new feedback form for our visits from August 2019 and welcome any comments through this or you can email us either through the KSS Quality inbox (KSSQuality@hee.nhs.uk) or directly to Bridget on bridget.kelly@hee.nhs.uk.



Quality Team

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Team news

The Quality Team are pleased to share that Heather Haynes has been successfully appointed as Quality Support Manager (Reporting and Regulation) as a substantive post. Heather has been working in this role since January 2019 while on secondment from the HEE London and South East Pharmacy Team. Congratulations Heather!



Our next newsletter

The third edition of our newsletter will be due in October 2019.

We look forward to sharing articles on:

- Intensive Support Framework
- Good practice
- The next in our 'What I do' series

Over to you... what would you like to see in future editions?

We would welcome your suggestions - please do send your feedback and ideas to sarah.stanbridge@hee.nhs.uk