

South East - Quality Team (Kent, Surrey and Sussex) Newsletter - December 2020



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Welcome to our December newsletter

What's in this edition:

- Quality news and updates
- Interview with Professor Chris Warwick—
Primary Care Dean
- Sharing Good Practice: Advanced
Practice in Emergency Medicine
- Training surveys update
- Team contact details

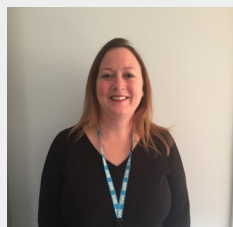
Welcome to our December newsletter

It has been a while since our last newsletter and the world is a very different place. What has not changed though is the commitment from us and you to ensure that education and quality remain at the heart of what we do for our trainees and students. I hope that you manage some time to sit and read through this edition. We have provided some information on our restart plans, of course we remain flexible and proportionate with our approach to quality assurance, so please do keep us informed so we can work together.

We have moved to a digital approach and recognise that, although we all miss face to face contact, this adaptation has ensured we have maintained a way of communicating. I have lost count of the times I have been on mute! Sometimes probably deserved to be!!

The articles on 'What I do?' and 'best practice' are particularly worth a read. Please do share with us the innovative ways you have adapted during this time so we can share this widely. Details of how to do this can be found on page seven.

As 2020 draws to a close and we look optimistically to 2021, may I take this opportunity to thank you all for your continued hard work in what has been the most challenging of times. You have been flexible and committed to supporting your trainees' and students' education and we are proud to work alongside you at this time.



Here's to a happy and healthy 2021.

Season's greetings and warmest wishes,

Liz

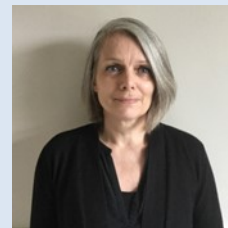
Liz Fidler, Associate Dean—Quality

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Staffing Update

We welcomed **Nicola Trower** to the team on the 21 April 2020 as a Quality Support Administrator. Nicola works on Tuesdays, Wednesdays and Thursdays and provides administrative support to the team. When she joined the team, she supported with student placement data as part of the HEE KSS response to the pandemic. Nicola's work now includes supporting the process for training site approvals due to COVID-19, primary care quality and reporting.



We were sad to say farewell to **Hayley Kenway**, who left the team on 28 October 2020 to return to community nursing. Hayley joined the team as a Quality Project Officer in 2019; her enthusiasm, commitment and contribution to the team has been invaluable and she will be hugely missed by us all. Hayley worked closely with Professor Ali Bokhari, County Dean for Kent in her role; Ali says Hayley has been "brilliant" in her post and he is sad to see her go, but is pleased to see Hayley being able to resume her nursing career.

Congratulations to **Bridget Kelly**, who has been successfully appointed to one of the new HEE South East roles. Bridget will be moving to the Transformation team from 18 January 2020 as a Workforce Education Transformation System Lead working with one of the Integrated Care Systems in our region. Bridget has worked as Quality Lead since the KSS Quality team was established in 2018 and will be greatly missed by us all.



We are sure you will join us in wishing both Hayley and Bridget all the best in their new roles. Please send any queries which you would usually direct to Hayley or Bridget to KSSQuality@hee.nhs.uk

KSS Quality Team Annual Report

Earlier this year the team were pleased to share our KSS Quality Team annual report for 2019-20.

[Find our Annual Report Summary Document on the HEE KSS Quality webpage.](#)



Primary Care Educator Approvals and Reapprovals

The onset of the COVID-19 pandemic saw the necessary streamlining of the approvals process as a means of maintaining approvals during a time of changing priorities and high clinical demand. A shortened approval application form and streamlined process saw the approvals team move to conducting approvals virtually via Microsoft Teams.

Accreditation reapprovals for both CS and ES trainers due between March 2020 and March 2021 were automatically extended for one year in order to relieve pressure on the approvals system and in keeping with the GMC process.

It has recently been agreed that trainer reapprovals across KSS will restart from 1 March 2021. This means that the approvals process will return to standard with the full process being followed. As a result, the approvals paperwork has been reviewed and updated to reflect the return to standard procedure.

The total number of educator approvals between March—October 2020 is shown below:



Looking Back: KSS Quality Restart

The COVID-19 pandemic has placed unprecedented pressure on all health and care systems. In March 2020, HEE made the decision to pause all routine quality activities. The focus remained on the quality of the clinical learning environment and its impact on the safety of learners and patients. The team reviewed priorities and developed restart plans for 2020/21, recommencing routine quality monitoring on 1 September 2020 in line with national directive.

Action plan monitoring – a thank you from the team

In preparation for the restart of action plan monitoring, the Quality team worked closely with Review Leads to ensure outstanding actions remained relevant and proportionate and to revise deadlines for Trusts to submit updates, with the earliest deadlines being set for 30 September 2020. We would like to thank Trusts for submitting their updates by this deadline where required. We recognise that although COVID-19 cases may have dropped over the summer, the impact of the pandemic on health services is ongoing and we truly appreciate Trusts' engagement with the action plan process and revised deadlines in order to maintain quality improvement work during these challenging times.

Virtual Quality Interventions

We would also like to thank the Trusts who have been involved in virtual quality interventions, such as trainee focus groups, via Microsoft Teams. We appreciate that this a new way of working for us all and your willingness to embrace and support this has been fantastic.

The feedback we have received following the virtual quality interventions held so far has been generally positive. The team continue to reflect and share learning to develop this way of working; and would welcome further constructive feedback as we work together on virtual quality interventions in the coming months.

Strengthening action plan responses - the path to closing requirements

When reviewing Trust responses on action plans, the Quality Team and Review Lead are looking for tangible evidence in order to determine that requirements are met and can be closed.

A narrative explanation of the actions that have been taken to meet a requirement provide the Quality Team and Review Lead with reassurance and context of the actions that the Trust have taken. However, this alone is insufficient to determine whether a requirement is met. Accompanying this should be tangible evidence that provides the assurance that a requirement has been met. It is only with this level of evidence that requirements can be closed.

Narrative provides reassurance.

Evidence provides assurance

Both are needed to support monitoring and closure of actions.

Examples of evidence:

- Local Faculty Group (LFG) meeting minutes
- Copy of policy or standard operating procedure (SOP)
- Schedule of planned educational sessions
- Sign-in sheets from educational sessions
- Trainee survey results

Looking forwards...

We recognise that COVID cases and hospital admissions are once again rising and appreciate the challenges associated with this. The Quality team are currently supporting weekly County Surge Planning Meetings which have been established as part of a KSS-wide response to planning education and training during a second surge of COVID-19. We hope that you are finding these meetings a helpful means of staying in touch.



The KSS Quality Team look forward to continuing to work closely with Local Education Providers as we adjust to a 'new normal' with regards to quality, and remain committed to ensuring the quality of clinical learning environments for all healthcare learners.

What I do - An Interview with Professor Chris Warwick

In August 2020, we asked Professor Chris Warwick, Primary Care Dean and Deputy Postgraduate Dean, to tell us about his role...



How long have you been in this role and can you tell us a little about your background before starting in this role?

I have been in this role since February 2020. I am a GP by background; I completed my GP training in KSS and have gradually worked my way up the ranks from trainee to Primary Care Dean. I've enjoyed the variety that each different role along the way has provided.

What might a typical working week in this role look like?

Within a few days of starting this role the pandemic began, so the majority of my working weeks have consisted of morning to evening endlessly varied Microsoft Teams meetings!

I'm also fortunate to have the role of Deputy Postgraduate Dean which involves meeting with other specialties and contributing to the wider work of postgraduate deanery.

What is the most interesting/ your favourite part of your role?

I'm a GP at heart so I love people's stories. I enjoy trying to unblock the nonsense which sometimes overrides common sense within the NHS. I love the opportunity to enable the individuals in my team to develop, and to set the departmental tone to one where a sense of joy is a daily expectation. My dry sense of humour means I can usually find common ground with pretty much anyone.

What is the thing people would find most surprising about your role?

I remember as a GP trainee thinking that the Primary Care Dean was an imaginably powerful and intimidating figure. I'm not sure whether that's still the case for GP trainees in 2020 - but now I'm here, I feel like this job is much the same as what I try to do as a GP: establish a positive relationship with someone; find out what's important to them and what they need; work out how I can help them achieve it and agree a way forward together. I guess it's a much more collaborative, people-centred role than perhaps it appears.

What are you looking forward to working on in the future in your role?

In the first few months I have been focusing on building relationships with the organisations HEE needs to support to develop the future workforce in Primary Care. I'm very optimistic as training hubs take on a more stable long-term future that we can provide same level of excellent education and training for the wider workforce that we have provided for many years for doctors in training in Primary Care.

Without question the future is one of multi-professional delivery of healthcare, and in HEE we need to champion this as the right thing to do to ensure the NHS exists for the next generation of patients.

Six months in, I'm still getting to know the huge army of dedicated professionals scattered across the somewhat fragmented world of Primary Care, with whom we in HEE need to work on our top priorities of delivering the government mandate of an additional 26,000 Allied Health Professionals and 6000 doctors in Primary Care by 2024.

How have you found your role has changed during the pandemic?

Having been the deputy for this role for the preceding few years, I can honestly say it has not been what I expected. Whilst working from home has brought some huge advantages in terms of efficiency and has enabled me to spend more time with my children, and Disney+, I do find myself yearning for the opportunity to meet my colleagues in the office again to enjoy their mischievous banter!

What do you feel are the key priorities with regards to quality in Primary Care at the moment?

In terms of quality, our focus in Primary Care is currently around developing a Primary Care school which will support the training hubs and enable them to assure, control and manage quality in individual placements for all types of learner. Creating a system which is sufficiently robust but not prohibitively time-consuming is our next focus. I'm excited that my colleagues leading the training hubs appear to relish the opportunity to take a more autonomous role in the quality agenda. Our aspiration is that every Primary Care Network becomes an accredited Clinical Learning Environment, and that every NHS organisation in Primary Care contributes to growing its own future workforce in a safe and supportive manner. I'm very proud that Primary Care has been at the cutting edge of educational quality management for at least a generation and I'm certain that it will continue to have a significant positive role in the next phase of the evolution of our much-loved NHS.

Sharing Good Practice

In this edition, Dr Sarah Rafferty tells us about the role of Advanced Practitioners (ACP) in Emergency Medicine at Surrey and Sussex Healthcare NHS Trust (SASH).

The emergency department (ED) of any acute organisation requires a knowledgeable consistent team in order to optimise patient care. To achieve this, SASH ED has embraced both active workforce planning and new roles within the workforce, with emergency practitioners based in the ED and the introduction of physician associates to the medical division in 2013.

Our team of 16 emergency practitioners was well established in the ED when the ACP role was initially described.

These emergency practitioners are registered healthcare professionals from a nursing or paramedic background, highly experienced in the management of trauma or illness in the ambulatory patient, working mainly within the 'minors' area of our department.

This group of experienced nurses and paramedics were clinicians ready for development and career progression. Discussions were held, with the support of the service management team, regarding the implications of an expansion of roles and the creation of a sustainable workforce making our ED an increasingly attractive place to work.



Two trainee ACPs and three Physician Associates started work in August 2015 under the supervision of a single ED consultant who took responsibility for their clinical supervision and portfolio assessments. Their flexibly rostered shifts aligned with consultant presence in the department and they participated in the multidisciplinary ED training programme. Feedback from colleagues and patients was positive and these roles, alongside the expansion in the consultant team, created stability in a department previously dependent upon doctors in training with short term rotations.

16 ACPs and trainees now work in the ED with three experienced ACPs supporting the middle grade rota.



Image from HEE Photo Library

The Royal College of Emergency Medicine and HEE have supported this transformation, both with financial support for ACP education and with the introduction of the Emergency Care ACP curriculum and portfolio.

Those entering the ACP role bring a wealth of clinical experience within their original discipline. The role gives experienced clinicians more autonomy in their decision-making, supported by a master's level qualification, covering leadership, education and research as well underpinning their clinical practice. They are able to manage complete clinical care of patients in a specialised area of practice.



This contrasts with the role of the physician associate in the ED which is both more generalist, under the supervision of a consultant colleague and transferable to other specialist areas of the trust, as their generalist approach is maintained both by their CPD and their regular recertification

Within the ED, ACPs work to defined job descriptions and are from similar backgrounds with extensive emergency experience; the RCEM curriculum adds additional consistency to the role. This contrasts with ACP roles outside of the ED where the same descriptor covers roles which may have a wide variety of skills and experience.

Over the course of our workforce transformation the funding model for training has moved from a bursary supported, modular approach to a 'run through' apprenticeship and ongoing costs for additional CPD have been defined within the business plan for the ACP roles.

Education in the ED is multidisciplinary, with undergraduate and postgraduate learners across all disciplines within the team. All such learners require supervision and this is provided by the consultant body under the education leadership of Dr Dezso Marton and the clinical leadership of Dr Julian Webb. This supervisory work was incorporated into the workforce development plan.



The department has made induction and educational opportunities truly accessible using technology including the ED education website, using the NHS e-portfolio to document curriculum coverage.

Continued on page six

Sharing Good Practice continued

The key to the success of this model appears to be the long term forward planning, creating clarity around all the implications of the plan. Success has been dependent upon the extensive supervisory work of the stable motivated consultant body. It has required commitment of funding and time for training roles, and the creation of permanent roles which incorporate the four pillars of ACP practice. ACP training programmes follow a 3 year period of study and practice, so this is not a short term fix. Departments must actively engage in developing their own staff.

At SASH the result is a well-trained, highly motivated department of colleagues providing a stable clinical environment which supports the education of colleagues experiencing short term learning placements, rather than expecting our most junior staff to shoulder the substantial burden of the ED workload.

Feedback from our most recent HEE quality visit suggests that our outcomes are successful in this respect.



We would like to thank **Dr Sarah Rafferty** (Director of Medical Education, SASH) for her time to write this article, with acknowledgements to **Dr Julian Webb** (Clinical Lead for ED, SASH), **Dr Deszo Marton** (ED College Tutor and lead supervisor for ACP trainees, SASH) and **Mr David Barton** (Project Lead for Advanced Practice, Advanced Clinical Practitioner Emergency Medicine at SASH).

News and Updates: training surveys

HEE National Education and Training Survey (NETS) 2020

The HEE National Education and Training Survey (NETS) 2020 ran throughout November, with a new strapline: "Let's talk".

This is the only national survey open to all healthcare trainees and students across all clinical learning environments. It gathered opinions from students about their time in clinical placements, asking them to provide feedback on what worked well and what they think could be improved.

Survey results offer universities, colleges, healthcare placement providers and HEE further insight into the quality of the clinical learning environment.

This year, as learners may be undertaking clinical placements during pandemic surges, the survey provided an additional opportunity to understand their experience and any impact on the quality of training.

Survey results are expected to be available in early 2021.



General Medical Council National Training Survey (GMC NTS) 2020

The results of the GMC National Training Survey 2020 were released on 22 October 2020. An online reporting tool which allows exploration of aggregated survey response data for doctors in training and trainers is available.

[Access the results on the GMC National Training Survey reports webpage.](#)

The 2020 survey was run later this year (August) due to COVID-19. A shortened and amended version of the questionnaire was used.

The KSS Quality Team will be using the survey data in the following ways:

- For triangulation with existing known areas of concern and current quality interventions.
- To triangulate any new intelligence that is received with the GMC NTS 2020 results.
- To carry out actions in response to results data where this is agreed by the Quality Management Oversight Group (QMOG) only.

Trusts, Heads of Schools and Training Programme Directors are encouraged to review the results available for their training programmes, however the Quality team will not be requesting Trusts to provide feedback on their results.

Quality Team Contact Details

Please note the Quality Team continue to work remotely and our office telephone number is not currently in use.
Please contact us at KSSQuality@hee.nhs.uk or via the details below



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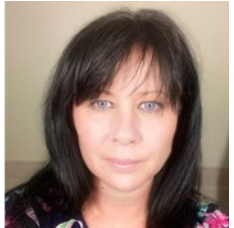
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Over to you... what would you like to see in future editions?

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

