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Health Education England

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Pan-London Quality Regulation Unit

Health Education England Education and Training Quality Review Barts Health NHS Trust

Whipps Cross University Hospital

7 May 2015

September 2015

Final Report

THE NHS CONSTITUTION
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Contents

Introduction

In March 2015 Barts Health NHS Trust was advised of the decision made by Heath Education England (HEE) to carry out a multi-professional review of education and training across the Trust.

The decision to conduct this review was predicated on the recent Chief Inspector of Hospitals inspection of Whipps Cross University Hospital, subsequent risk summit called and chaired by NHS England (London), and the decision by the NHS Trust Development Authority to place Barts Health NHS Trust in to 'Special Measures'.

Whilst HEE were part of the oversight group that was formed following this risk summit it was vital that HEE was assured that the quality of education and training, learner welfare and educational governance were not affected by the quality concerns that existed at the Trust or the financial status of the Trust at the time.

The review process was of assurance, to identify both good practice and areas that required remediation and to support the Trust to maintain high quality education and training during this challenging period. Health Education England had statutory responsibilities and was obliged to act in the best interests of patients and students/trainees and therefore act on any serious concerns identified in line with its published processes, whilst remaining cognisant of the fact that there was a Care Quality Commission (CQC) led improvement plan in place across the Trust. With this in mind many of the findings from this review were anticipated to be fed into the overall multi-agency improvement plan, as opposed to being managed separately by HEE.

This review of multi-professional education and training quality was led by Professor Elizabeth Hughes, Director and Dean of Education and Quality, London and the South East. A large visit team, including representatives from the GMC, HE NCEL and universities associated with undergraduate programmes for nurses and allied health professionals, attended the Whipps Cross University Hospital Site on 7 May 2015 and the respective visit panels were led as follows:

- Medical and Dental: Prof Simon Gregory – Director and Dean of Education and Quality - Midlands and the East – HEE
- Nursing and Midwifery: Prof John Clark - Director and Dean of Education and Quality – South of England – HEE
- Allied Health Professions (inc. scientists and therapists): Professor Elizabeth Hughes, Director and Dean of Education and Quality - London and the South East - HEE
- The review was Trust-wide, and took place over three days, grouping the individual sites that make up Barts Health NHS Trust as follows:
- Day One – Whipps Cross University Hospital
- Day Two – St Bartholomew's Hospital and The Royal London Hospital
- Day Three – Newham University Hospital and other sites

This report relates to the Whipps Cross University Hospital site visit that took place on 7 May 2015.

Background

As one of England's largest and most prestigious NHS organisations, Barts Health provided education and training to 993 junior doctors (1172 posts) including 214 trainees at the Whipps Cross University Hospital site. Barts Health offered the full time equivalent of 348.97 clinical education placements for nursing and midwifery pre-registration students and the full time equivalent of 33.76 allied health professional pre-registration students in the academic year 2014-15.

The annual training allocation to the Trust, paid by HEE, was £85,042,961.

The CQC report into the Whipps Cross University Hospital site highlighted many areas of significant concern about the quality of patient care. However, the feedback that HE NCEL had from its education quality visits and results of surveys suggested that the Whipps Cross University Hospital site in particular was a popular place to train. The connection between service quality, patient experience and the quality of the learning environment therefore merited further exploration.

Findings

Education and training at Barts Health NHS Trust

The Director of Academic Health Sciences gave a presentation to the visit team which provided an introduction to education and training at Barts Health NHS Trust and the trust-wide Education Academy. The presentation introduced the Trust's extensive inter-professional and multi-professional programme of work to deliver the Trust's vision of excellence in education and how the programme of statutory and mandatory training was delivered to the 15,000 staff at the Trust. Extensive library and knowledge services, education spaces and simulation facilities were also described. The structure of the Education Academy was described alongside its governance arrangements and four key areas of work:

- Meeting the development needs of individuals
- Training and education to underpin the activity of clinical academic groups
- Supporting organisational development
- Delivering commissioned undergraduate and postgraduate education and training

The Director of Academic Health Sciences informed visitors that the Trust comprised four major hospitals and over 44 community sites and therefore maximising educational opportunities for all while maintaining a good service for patients could be challenging.

The visit team heard that significant upgrades to the education facilities had taken place across the Trust enabling easy access for learners in fit for purpose educational and training facilities, including 24/7 virtual learning platforms. It was reported that one future focus would be on the requirements of learners using interactive education in a globally connected environment.

The visit team was informed that there were education centres on each site as well as site-based directors of medical education (DME). She commented that although CAGs set the clinical direction of travel, the Trust had realised that there was also a need to strengthen site leadership.

The executive team also informed the visit team that educational issues were represented at Board level by the Chief Medical Officer; Trust governance was still a 'work in progress'. The visit team was disappointed surprised to note that despite the fact that commissioned education accounted for the Trust's second largest income stream (£85M) there was no direct representative for education at executive team level or at board level.

Key achievements and areas for improvement were highlighted and the presentation identified the following challenges and opportunities for 2015/2016:

- Learner engagement
- Service pressures and quality concerns impacting on learning opportunities
- Financial impact of transition to full education reference costs and tariff based contract
- Integrating patient experience and patient safety feedback into learning
- Faculty development and educational fellowships

- Supporting new models of care
- Information technology (IT) infrastructure issues
- Education quality outcomes and performance

The presentation also reported on an extensive career development programme within the Trust, from apprenticeships through health care support worker programmes to the induction and support of staff recruited from overseas and specific postgraduate initiatives. A recent development had been the establishment of a 'Leadership and people management academy' which offered staff opportunities around their development as a leader within the organisation.

In relation to learning from clinical issues, outcomes and patient experience the following initiatives were specifically highlighted:

- Never event training incorporated into mandatory training
- Hour on call training incoming foundation year one doctors
- Match theatre safety programme
- Introduction of service quality improvement initiatives and safety protected time
- Establishment of Guardian service
- Expansion of site-based leadership with Clinical Academic Groups (CAGs) links

The visit team heard of a quality assurance committee which was a formal sub-committee of the Board. The visit team also heard that at each site a quality and safety committee had been established to review serious incidents and to ensure that these fed into the quality improvement programme which would include trainees. This was intended to be integrated with the app that had been developed for medical education. There were plans to launch a half-day meeting per month where serious incidents and the results from national audits would be reviewed. The head of education reported that the Trust intended to identify a medical and nursing quality improvement lead at each site.

The CAG director for emergency care and medicine remarked that everything his team was involved in related to quality improvement. He reported that he sat down with his team and discussed the way the ward was run and tried to encourage an open atmosphere. He reported that his team had good engagement with the junior doctors but that he realised that further work needed to be undertaken to understand how to better support the junior doctors on call at the weekend and at night.

The chief medical officer commented that the Trust was keen to learn from surveys and from the Care Quality Commission (CQC) report. One of his objectives was to ensure that the non-executive directors were aware of issues raised in surveys and to work on quality improvement plans. The interim chief nurse explained that she had executive oversight of how the Trust developed and implemented its improvement plan for the whole Trust. She indicated that the Whipps Cross University Hospital improvement plan had already been developed and some of the activities had already commenced but that further work needed to be completed on other stages of the plan. She agreed that the Trust should be inclusive in engaging learners and patients in devising solutions.

Nursing and midwifery

Patient safety

The visit team heard from the nurses and midwives that there had been improvements in the level of compassionate care and innovations which improved the patient experience. There had been development in many areas of practice which had a focus on increasing patient safety and care, such as the presence of clinical librarians on ward rounds and well attended 'safety huddles'. The nurses and midwives stated that these had had an immediate impact and an active effect on clinical care.

All of the nursing groups stated that there were systems in place to raise patient safety concerns. On completion of a Datix report the ward manager would provide feedback on the incident and learning from incidents was discussed in unit meetings.

Staffing

The visit team heard that the lack of staffing was a consistent problem throughout the Whipps Cross University Hospital site. The visit team heard that although there had been work undertaken to improve the staffing levels there were still areas, such as the escalation wards, that were heavily reliant on locums. The workload was said to be overwhelming for the majority of the time because of the lack of staffing.

The visit team heard that although the international nursing programme was a good development, it was frustrating for staff to invest time and effort into developing the international nurses when the majority did not stay longer than two years. They were unaware of a long term plan being developed to retain the staff. The overseas nurses (seen in the AHP sessions) reported that the support varied massively depending on the different wards and there was a lack of appreciation for their existing skill-set, which meant that the nurses felt that they were not always utilised in the most efficient fashion.

Clinical supervision – working with mentors

The visit team was concerned to hear many incidents when students had arrived on the ward and the mentor was completely unaware that they were starting. There were inconsistent messages, as it appeared some departments had better communication with the universities. This was reported to be a concern by both groups, as the students were sometimes left feeling unwanted and the mentors unprepared.

The mentors commented that if students were able to attend for longer periods it would be beneficial to the departments and it would give them the opportunity to be more receptive to, and knowledgeable about, the students' needs.

Out of hours

The visit team heard from the nursing and midwifery groups that at weekends the pressures on the departments increased to a high level and this created capacity issues and a backlog of discharges. The visit team heard that for certain areas, such as the Labour Ward, the workload was heavy and pressured, but the department appeared to be well staffed.

Rotas

The nursing and midwifery groups all reported that the implementation of the e-rostering system was well received. Departments such as midwifery, who had been using the system for a while, commented that it was a beneficial system, but there had been issues with the setting up of logins and passwords in a timely fashion.

Induction

The visit team heard that the Trust induction was well organised and relevant to the staff attending.

The nursing and midwifery students commented that the local induction was also well organised. In midwifery, the third year students took the new staff on a tour of the department. However the nurses on the international programmes commented that they felt frustrated with the induction programme, as they felt it would have been beneficial to learn more of the clinical work at the beginning of the induction.

Training and curricula sign-off

The visit team found that the departments were working hard to ensure that the students were receiving the best experience possible. There were a lot of learning opportunities, which the students appreciated. The concern with regards to the students was that there was no allocated time during the shift to complete their sign off books. The mentors and students were regularly staying beyond their shifts in order to complete the assessments. The international education programme for nurses appeared to be working well but they felt that it would have been beneficial for the skills session of the induction to happen earlier. Furthermore, it was reported by the nurse trainers that the placement could be longer. The international student nurse programmes were for 12 months and the nurses spent a lot of time teaching and developing their skills including communication.

Preceptorship programme

The visit team heard that the preceptorship programme had been used as an incentive to help the recruitment of nurses in to certain specialties. It had been offered to all nurses in the Trust and there were plans to expand this to the midwives too. The post-registration nurses who were part of the preceptorship programme felt well supported, and were happy with the learning and training they received on the programme. The educational facilitators of the post-registration preceptorship course stated that as there were only two facilitators and 250 nurses undertaking the programme, the workload was not always manageable for the facilitators, but there was no more funding for more staff.

Educational governance

The nursing education team reported that they had met with the student nurses following the publication of the CQC report to discuss openly the concerns had by the students, and to ensure they felt supported. The areas of staff deficits were highlighted to ensure that the student nurses understood the impact of the vacancies and how this was being addressed. There had been an on-going dialogue which the team stated they were proud of and was a good testament to the relationships between the Trust, Higher Education Institutions (HEIs) and students despite the challenges they had experienced.

The visit team heard that although the senior management team was developing a project to improve the transparency of funding, this had not reached the ward level and many of the nursing leads were unaware of what the tariff was spent on.

Information technology (IT) access

The student nurses commented that their IT access was limited to use of the intranet and they were not able to access patient records. The wards were moving to a paperless system and they were unsure what would happen then if they had no access to patient notes. The access to IT and the communication between the IT department and the staff was reported to be poor.

Allied health professions

Induction

The visit team heard that the induction process for allied health professionals (AHPs) was very thorough and supportive.

Serious incident reporting

Every member of staff the visit team met with knew how to escalate issues of a clinical nature and report serious incidents, however the visit team heard that there was no feedback or any action taken. The AHP learners were unaware of any learning taken from serious incidents.

Clinical supervision

The visit team heard that the understaffing at the Trust had affected the levels of clinical supervision the departments could give to learners. The educational facilitators and supervisors stated that they felt under pressure to provide adequate supervision and this was exacerbated by the lack of a contingency plan if staff were off sick or on leave. However the pre-registration learners stated that they received good clinical supervision and the learners stated that the staff at the Whipps Cross University Hospital site were approachable, helpful and supportive. The post-registration learners stated that they received good clinical supervision too, but this was not consistent and there were times when they did not feel as adequately supported.

Supervision, mentorship and support

The visit team found that there was a disparity between the level of support the pre-registration and post-registration learners received. The pre-registration learners were found to be, on the whole, very happy with the level of support, however the under staffing on the Whipps Cross University Hospital site had more of an effect on the level of support accessible to post-registration learners. This was acutely felt in the pharmacy department where the post-registration learners did not have enough assessors to sign off competencies.

Training, teaching and simulation-based learning

The visit team was pleased to find that the pre-registration learners were receiving excellent education and training with their respective departments liaising well with the HEIs to create bespoke educational programmes. The postgraduate AHP learners received good training opportunities and the radiography department should be commended as an exemplar department for developing postgraduate learners and addressing the under-staffing through internal training.

The visit team found that Whipps Cross University Hospital site offered a broad range of patient cases due to the diverse background of the patients. The pre-registration AHPs, post-registration AHPs and the supervisors and educational facilitators stated that there were always training opportunities and that these were maximised by the ability of some learners to work across sites, within the Trust.

The visit team found that although the learners were engaged in their departments and vice versa there appeared to be no engagement from the Trust in the AHP learners' needs; AHP

learners were not made aware of any simulation opportunities available to them; they also expressed a desire to be more involved with multi-professional initiatives.

Tariff, education structures and resources

The educational facilitators and supervisors felt that the Clinical Academic Groups (CAGs) were unconcerned with AHP learners' needs and that the development of departments towards learner needs was carried out independently from the bottom up with only a small amount of help from the management and CAGs.

The visit team was pleased to hear that many departments were taking the initiative to improve education and training, although they commented that they would like to see the smaller departments and specialties given more help from management. There was also found to be a disparity between the transparency of the tariff at board level and the reality at an AHP departmental level.

The pre-registration, post-registration learners stated that they had good educational resources but the pre-registration learners stated that they would appreciate being able to have logins to access the IT system on the Whipps Cross University Hospital site.

Bullying and undermining

All members of staff that the visit team heard from were happy to, and knew how to report bullying and undermining behaviour but expressed frustration in this issue regarding the lack of direct action taken for bullying and undermining behaviour that had been reported several times to management .

Impact of Care Quality Commission report

The educational facilitators and supervisors and post-registration learners admitted that the report made them feel disillusioned when the staff at the Whipps Cross University Hospital site worked so hard and they felt that this feeling might impact the training of pre-registration learners. However they also felt relief that the CQC report finally made the Trust aware of the need for a serious increase in staffing levels across the Whipps Cross University Hospital site and there had already been improvements in staffing levels. The educational facilitators and supervisors also stated that since the report the students had been made aware and training had not been affected. The pre-registration and post-registration learners were aware of the report and felt it had not affected the quality of their training and education.

Medical and dental education

Patient safety

The trainees felt that although everyone worked very hard, they could not see how the present level of workload could be sustained.

Understaffing out of hours was a significant patient safety concern. The trainees and the consultants felt that the acute take was dangerous out of hours as a result of an understaffed rota. The core trainees were often overwhelmed by the work that they were expected to complete on their own, particularly out of hours. Trainees reported being faced with up to a

30 page handover at the start of the weekend shift and felt that they could only scratch the surface of the jobs that they were expected to cover particularly when they were bleeped constantly. One trainee reported having been bleeped 178 times in 13 hours. Of particular concern was the quality of handover out of hours and even more so at the weekend particularly in the morning.

The visit team also identified a potential patient safety issue relating to the management of critically ill patients: there was a lack of confidence in managing these patients on the ward owing to the lack of suitably trained staff. Furthermore, the small number of beds (9) on the intensive treatment unit (ITU), and the lack of trust capacity to manage seriously ill patients safely outside ITU, had led to operations being cancelled. There was also no critical outreach team. The visit team felt that these issues were putting the trainees in a very dangerous position.

Staffing issues

The visit team found that the lack of delivery infrastructure both on the front line and in terms of nursing and other ancillary staff was having a negative impact on education and training. In general the visit team found that there was a large number of interim staff in post and a real lack of sustainable long-term solutions to address this problem. It was clear that the over-reliance on bank staff and the paucity of administrative staff exacerbated the issues faced by trainees and consultants alike; the large proportion of bank and agency staff, particularly nursing staff, meant that trainees were regularly obliged to undertake inappropriate tasks but were also missing out on the valuable training opportunities that they could gain from non-medical staff. Furthermore, the visit team heard that on many occasions patients' notes were not available in clinics and before operations or that temporary empty folders were in use and that it was not unusual for GP and patient letters to be sent out several months after the clinical episode.

Serious incidents

The visit team heard that all doctors and undergraduate medical students were aware of how to report a serious incident. The consultant trainers indicated that there were strong in-house systems pre-merger for reviewing serious incidents but that since the formation of Barts Health the lines had become blurred. The Trust had made some headway in trying to re-establish some of the systems that were lost (for example, by re-establishing the safety and quality forum), but this was reportedly still a work in progress.

Resource issues and impact on education and training

The visit team noted from both trainees and trainers that there was a strong feeling of inequity in the allocation of resources across the Trust. There was a clear perception from Whipps Cross University Hospital staff that they were not able to access the same equipment or investigations as at other sites and that this imbalance had come about as a direct result of the merger three years earlier. This perceived inequity of distribution of resources across the different sites within the Trust, was not felt to align with demand. On occasion this had led to patient safety concerns, for instance the lack of pathologists on site meant that multidisciplinary team meetings to plan patient management often had to be conducted in the absence of a pathologist. Of particular irritation to the staff members was the Trust's apparent lack of responsiveness in resolving issues, particularly with regards to basic equipment, plumbing or information technology. The visit team heard that this failure to invest in modern equipment or maintain equipment had led to frustration of staff who felt unable to perform their jobs properly.

All the medical trainees stated that the dated equipment impinged on their ability to train effectively and on the medicine side the trainees felt that the lack of resources impinged on their training opportunities.

Many trainees complained of a lack of office space and some were obliged to carry out their administrative tasks either on the wards or out of hours in consultants' offices after they had gone home.

Engaging trainees and faculty

Although attendance at the visit throughout the day was good, the visit team could fnd no evidence of an effective trainee voice within the Trust. The trainees themselves were very disillusioned that when they had raised issues regarding patient safety or training, they had been largely ignored by the Trust management team. Trainees did not consider their consultant supervisors were empowered to make changes in response to the concerns they raised. The visit team felt that the trainees would like to be a part of the solution if they were given the opportunity to be heard, for example at a trainee forum.

The visit team found that the Trust was committed to improving the training and education at the Whipps Cross University Hospital site. The visit team found an engaged senior management team who acknowledged the areas that needed to be developed. However the level of disengagement between consultant staff and the management was found to be significant. The visit team was aware that steps had already been taken to address this and felt that a new site medical director would help alleviate this problem.

Educational supervision and clinical supervision

The visit team heard consistently of a culture of excellent education and a committed consultant body, with every trainee stating they had a named educational supervisor, but that the quality of clinical supervision could be variable. This could be due to the lack of recognition in the consultant job plans for clinical supervision. The visit team was concerned to hear that only half of all consultant job plans had been signed off, even though 99% of consultants had completed them.

Induction

The core and foundation trainees reported that they did not receive their log-in in time to start their job the day after induction. The visit team heard that the trainees had to travel to the Royal London Hospital site to obtain their identification card. The trainees also reported that if their CRS card no longer worked, there was only one two hour slot twice a week to have it reactivated; this inevitably led to trainees sharing cards. Some trainees reported that they only had an induction one week after starting in post; in the meantime they were expected to do night shifts and on calls.

Teaching and training opportunities

The undergraduate medical students, all of whom came from Queen Mary's University London (QMUL) were all very happy with the quality of education and training they received at the Trust. There were daily teaching opportunities, ward round teaching, good interaction with consultants and doctors and friendly teams. There was varying degrees of quality of teaching for undergraduate students in surgical specialties. Foundation trainees reported that the generic programme was unsatisfactory but that this had been fed back to the education team but no change was yet evident.

Trainees commented that the consultant body was very committed to education and training but that because both trainees and trainers were struggling to manage a high workload in a difficult environment, trainees were often not able to take up the educational opportunities available.

Approximately half of the core and foundation trainees would recommend their post for training. Trainees in a number of specialties including, obstetrics and gynaecology, anaesthetics, gastroenterology and ophthalmology commended the training posts, and the experience and supervision they received. Despite frustration with perceived inequities and with lack of resources, all the higher trainees reported that they would recommend their training post to others.

Several trainees commented that the deterioration in Whipps Cross University Hospital as a learning environment had been a very recent one; some had returned to the hospital after undertaking posts elsewhere to find that there had been significant deterioration in as little time as 18 months-2 years.

Inter-professional learning and multi-professional education

The trainees reported that they did not have any structured learning and opportunities with other healthcare professionals e.g. nurses, pharmacists. Although nurses were invited to some departmental teaching, the trainees felt that there was no distinct effort to bring nurses and doctors together. The 'safety huddles' were also largely nurse-led and the medics did not feel that they were involved in them.

Simulation

The simulation lead reported that many different people attended the Trust's simulation courses from school pupils to consultants, but admitted that to date undergraduate students had not had as much opportunity to attend the simulation suite as trainees.

The undergraduate students reported that they were able to access simulation general skills training in their third year of study. They commented that the teaching fellows were more

than happy to help them and were keen to arrange bespoke teaching sessions if requested. The core and foundation trainees reported that they had also attended the simulation suite and that many of the courses were free of charge.

Curriculum delivery

The undergraduate students reported that at times they had to be proactive to get their logbooks signed off and at times they had to use their initiative to find out where a list was located so that they could gain appropriate exposure to the curriculum. Students on placement in obstetrics and gynaecology reported that most midwives were approachable and allowed them to see births.

The core and higher trainees reported some difficulties in completing their work-place based assessments but generally reported no difficulty in attaining the competencies required for progression. The core medical trainees reported that they struggled to attend enough clinics to meet their curriculum requirements.

Bullying and undermining

No incidents of bullying and undermining were reported by the trainees or students. Some trainees commented however that they felt 'guilt-tripped' into covering service requirements to the detriment of their training. In other specialties, for example anaesthetics, however, the visit team heard of consultants 'putting their foot down' and ensuring that temporary staff members were booked so that the trainees could be released for their educational sessions.

Some of the clinical and educational supervisors complained of poor treatment from staff at the Royal London Hospital site. They felt that at times they were given orders by Royal London staff. The visit team heard that the two workforce review consultations had taken their toll on staff morale. Some consultants complained of unrealistic deadlines which were setting them up to inevitably fail. They reported feeling downtrodden.

Some of the higher trainees reported that the consultants seemed quite frustrated by the deterioration of standards and that they did not seem to know who to talk to at management level to resolve the problems. Many of the trainees felt that the consultants were under as much pressure as the trainees.

Study leave

The visit team heard that there was no study leave budget for non-training grade doctors, fellows, staff grades, associate specialists or consultants. Trainees reported no specific issues in accessing study funding.

Access to educational resources

The undergraduate students reported that the library was better than their medical school library, as it was quieter and had better access to many books. The students were aware that online access was available, but none of the students were familiar with the new Barts Health academy 'apps'.

Information technology

The visit team uncovered a clear breach of information governance as not only did trainees find it difficult to activate their Clinical Record System (CRS) card but they often shared their

cards with locum staff. The visit team felt that this left the trainees potentially exposed to future recriminations. The visit team also noted that there was a lack of office space for trainees to undertake their work confidentially and privately.

The visit team heard that there had been little investment in information technology, and as a result none of the computers could cope with Cerner. Similarly, the higher trainees were unable to access e-learning or even their own e-portfolio as the browsers in use were so out of date and security settings would not allow them to download modern browsers that supported e-portfolios. Some trainees reported that it took as long as 20 minutes to log onto a computer and that it could take a similarly long time to request a blood test.

Summary

Whipps Cross University Hospital had a long history of excellent and innovative education. A highly committed faculty within the Trust delivered excellent education and this was evidenced by the highly positive experiences of student nurses, midwives, allied health professionals and medical students.

However, the combination of workload, staffing issues, the failure to address some fundamental site-based administrative and managerial issues and the perceived unresponsiveness to issues from the Trust had had a devastating effect on morale and the ability of staff, including postgraduate medical trainees, to carry out their work effectively. This in turn raised significant patient safety concerns and impinged on learners' ability to access the educational opportunities that their trainers, supervisors and teachers were keen to provide.

Good practice

All staff at Whipps Cross University Hospital site should be commended for their hard work and commitment not only to patients, but to training and education in the face of a high workload and the significant organisational issues identified by the Care Quality Commission. In particular:

- The radiography department should be commended as an exemplar department for developing postgraduate AHP learners and addressing under staffing through internal training.
- The nurse education practitioners should also be commended for their work on streamlining the care certificate workbook.
- The appointment of a clinical researcher for AHPs was commended as good practice.
- The 'hour on call' initiative for medical students is innovative and a tangible benefit to patient safety
- The wide-ranging simulation programme available at the site is impressive
- The organisation of the undergraduate medical programme is exemplary

Mandatory requirements

It is acknowledged that an extensive improvement programme is already in train across the trust as a result of the recent Care Quality Commission reports. There is a Trust Development Authority improvement team embedded within the organisation and an improvement plan in place with an oversight group. Some of the requirements listed below are already articulated within the improvement plan, as indeed are many more, but it is the expectation of Health Education England that additional mandatory requirements that arise from this process should be incorporated within the trust improvement plan. A comprehensive list of trust-wide actions will be formulated once all four main sites have been visited.

General

- The representation of education and training must be significantly strengthened on the Barts Health NHS Trust Executive and Board.
- Review adequacy of service line management, departmental staffing resources and accountability ensuring that resources across the trust are deployed to meet demand.
- Each hospital to have local site-based support for key functions e.g. HR, IT.
- Establish clear channels through which the trainee and student voice can be heard

Medical and dental

- Conduct a review of the on call system and adequacy of cover at nights and weekends.
- Conduct a review of the handover system.
- Conduct a review of deficiencies in key equipment / access to investigations.
- Conduct a review of the system for obtaining and replacing CRS cards.
- Ensure all new starters have a log-in when they begin work at the trust.
- Review and strengthen induction processes.
- Conduct a review of office space to ensure that trainees have dedicated space where they can work quietly and confidentially to fulfil their administrative duties.

Allied health professions

- The visit team heard that pre-registration pharmacy learners at the Royal London Hospital site were being pressured to prescribe control drugs without training, due to staff shortages at the weekend. This was raised as a patient safety concern at the visit and the senior management of the Trust was informed immediately. This was not a concern at the Whipps Cross University Hospital site. No learner must prescribe control drugs without proper training and supervision.

Nursing and midwifery

- No mandatory requirements were issued.

Recommendations

Medical and dental

- Foundation teaching to be reviewed in line with learner feedback.
- Provide systematic ways of engaging students and trainees in quality improvement activity

Allied health professions

- The Trust should foster an educational community or forum for AHP learners; this should also be used to engage learners at a Trust level.
- There was a lack of assessors for post-registration pharmacists which meant delayed sign offs. The Trust is recommended to increase the number of assessors to post-registration pharmacists undertaking the diploma.
- The Whipps Cross University Hospital sites and Royal London Hospital sites need to harmonise their pharmacy labelling systems.
- It is recommended that the AHPs are able to attend the Schwartz round.
- The Trust is recommended to review the bullying and undermining reporting and feedback system, to alleviate the frustration felt by staff regarding the perceived inaction of management.
- The Trust is recommended to review the serious incident feedback system, to alleviate the frustration felt by staff regarding the perceived inaction of management.
- There is a lack of transparency for the AHP tariff. It is recommended that the Trust review and highlight the allocated tariff to each AHP department.
- There needs to be more Trust support for the AHP departments including the biomedical laboratories that are not yet part of Modernising Scientific Careers.

Nursing and midwifery

- The international education nurses appeared to be a good start, but the skills part of the induction did not happen early enough, which would be a welcome benefit. Furthermore, it was reported by the nurse trainers that the placement could be longer. The student nurses programmes were for 12 months and the nurses spend a lot of time teaching the nurses processes and developing their skills including communication. Students attending for longer periods would mean that they could be far more receptive, departments would then benefit for longer periods of time.
- The Trust needs to review the method in which departments are notified as to when to expect students; at present there is inconsistent communication and students regularly attend without anyone being informed.
- The high workload, due to understaffing means that mentors and students have to complete the paper work for their mentorship in their own time. It is recommended that time is rostered in for mentorship paperwork sign off.
- The transparency of funding project had not reached a ward level and the nurses were unaware of what the tariff was spent on. It is recommended that the Trust review and highlight the allocated tariff to each ward for nursing and midwifery.

- The e-rostering system had been well received by the midwives and the nurses would like it implemented too. However the midwives stated that there had been complications for setting up logins and passwords. If the system is to be implemented more widely it is recommended that these complications are resolved.
- The ‘staff academy’ / leadership development programme led by University College London was a well-received course and many of the learners would like to see it run more frequently.

END.