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Pan-London Quality Regulation Unit

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

The Royal London Hospital
St Bartholomew's Hospital

18 June 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 the review was led by the recent Chief Inspector of Hospitals' inspection of Whipps Cross University Hospital, the subsequent risk summit called and chaired by NHS England (London), and the decision by the NHS Trust Development Authority that placed Barts Health NHS Trust into 'Special Measures'.

Whilst HEE were part of the oversight group that had been 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.

The review process had been, and continued to be 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, was obliged to act in the best interests of patients and students/trainees, and would 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 feed into the overall multi-agency improvement plan, as opposed to being managed separately by HEE.

The 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 General Medical Council (GMC), Health Education North Central and East London (HE NCEL) and universities associated with undergraduate programmes for nurses and allied health professionals, attended The Royal London Hospital and St Bartholomew's Hospital sites on 18 June 2015. 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 Professionals (including 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 Royal London Hospital and St Bartholomew's Hospital site visits that took place on 18 June 2015.

Background

As one of England's largest and most prestigious NHS organisations, Barts Health was commissioned to provide education and training in 1172 junior medical posts. Barts Health offered the full time equivalent of 348.97 clinical education placements for nursing and midwifery pre-registration students, the full time equivalent of 33.76 allied health professional pre-registration students, the full time equivalent of 524.81 undergraduate medical placements and the full time equivalent of 299 undergraduate dental placements in the academic year 2014-15.

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

The CQC inspected Whipps Cross University Hospital in November 2014 as a direct response to concerns identified by their intelligent monitoring system and through other information shared with them. Following this inspection and the significant concerns that were identified, the CQC then inspected both The Royal London Hospital and Newham University Hospital in January 2015. Overall, the Trust was rated 'inadequate'. The CQC identified significant concerns in safety, effectiveness, responsiveness and with the leadership of the Trust. They found that caring at this Trust 'required improvement'.

The connection between service quality, patient experience and the quality of the learning environment therefore warranted further exploration.

Findings: Education and training at Barts Health NHS Trust

The director of academic health sciences gave a presentation to the visit team that introduced education and training at Barts Health NHS Trust and the trust-wide Education Academy. The presentation:

- Provided an introduction to the Barts Health NHS Trust learning and the education academy at The Royal London Hospital (RLH) and St Bartholomew's (SBH) Hospital sites
- Introduced the Trust's inter-professional and multi-professional programme of work to deliver its vision of excellence in education
- Highlighted key achievements and areas for improvement

The structure of the education academy was described alongside its governance arrangements. The fully equipped high fidelity simulation suite with clinical skills lab, haptic skills facility, staff working, and curriculum across sites was highlighted as follows:

- Learner Engagement - the Trust has collaborated with medical undergraduates in the development and delivery of surgical safety checklist (SSC) programmes
- Best Practice - the Trust has developed the new haptic facility including orthopaedic simulators
- Education and Research and Innovation – the Trust has adopted novel approaches to education including the instigation of the 'virtual classroom'. Original research has also been conducted into knee arthroscopy procedural skills
- Widening Participation – the Trust has engaged with local Schools & Colleges to improve access to careers in the NHS

The visit team was informed by the simulation lead that the Trust was conducting a review of educational fellows to ascertain whether funding could be top-sliced to enable additional education fellows to be placed at each site. This would increase the number of educationalists on the ground on both the medical and non-medical side. The educational fellows would be trainees who would take an out of programme placement for one or two years to undertake a Masters course, and they would work on a 50% clinical 50% educational basis supporting either undergraduate or postgraduate activity.

The director of academic health sciences informed the visit team that dental training was particularly noteworthy at The Royal London Hospital site and reported that dentistry had moved into a £78 million new facility with 111 operatories with state of the art equipment. This was reported to be first new Dental School build in the UK for nearly 40 years. As a result the Trust was ranked first for dentistry in the UK by the Complete University Guide 2015 and first in London and second in the UK by both the Times / Sunday Times and Guardian University Guides.

With regards to postgraduate medical training, the director of academic health sciences reported that improvements had been made in some areas such as histopathology, critical care and care of the elderly; she added that further work needed to be carried out to improve educational supervision in general practice placements and that a massive consultant expansion was underway in surgery and educational leadership had been strengthened.

The visit team was also informed that Barts Health NHS Trust had undertaken an in-depth review of nursing skill mix across all inpatient wards, emergency departments and theatres in the Trust. As an outcome of the review the board had recently agreed to a large expansion in the number of nurses and midwives: 532 additional nurses and midwives were

expected to be recruited across the Trust (including 305 nurses in surgery and cancer) and the midwife to birth ratio would move from 1 in 32 to 1 in 28. This would make a huge difference to nursing support on the wards.

The visit team heard that the Trust was developing a recruitment and retention strategy in order to ensure that nurses recruited by the Trust remained at the Trust. The strategy involved ascertaining what would motivate them to stay as well as offering a clearly defined career pathway. Of the 532 new nurses that the Trust planned to recruit, it was hoped that 140 of them would be current students at the Trust who were just about to qualify. The visit team was told that a transition programme had been established to support the student nurses while they were undertaking their final placement. Internationally recruited nurses were due to arrive in September 2015 in groups of 20 to 30 at a time. The director of academic health sciences felt that the increased number of nurses would impact positively on postgraduate medical education too. The visit team was informed that a strategy was in place to ensure that additional mentors were trained to support the increased cohort.

As a result of the previous visit to Whipps Cross University Hospital, the director of academic health sciences informed the visit team that the Trust was already engaged in making improvements in the following areas:

- Immediate safety issues had been addressed
- Programmes to implement links between incidents and complaints with staff learning
- The promotion of the education academy moblie application
- Local Human Resources (HR) and information technology (IT) were discussing the issues with the wireless fidelity (wi-fi)
- The local card issuing arrangements were being reviewed
- Form and function of site and executive team was being discussed
- Trainee forums on each site
- Learner survey programme was underway
- Integration with improvement programme, and staffing level reviews
- Financial transparency programme progressing

The Royal London Hospital

Nursing and midwifery

Mentorship

The visit team heard from staff at different levels that there was a paucity of available mentors, and therefore some nurses were being coerced into becoming mentors against their wishes. Some newly qualified nurses were allocated a student after only six months in post which they felt unprepared for.

There was a consensus amongst the pre-registration trainees that the quality of the teaching was often dependent on the quality of the key mentor and was highly variable.

The visit team heard that many mentors did not have sufficient time to dedicate to their role, which meant that students often needed to return to work at night to have their workbooks signed off. The students felt that it would be beneficial for them to have some allocated time to spend with their mentors to be able to complete the workbooks and discuss their training. There was a feeling among the pre-registration students that there needed to be more support for the mentors and that they needed to be more aware of both the positive and negative impact that they could have on a student's learning experience.

The district nursing students reported that they had faced difficulties trying to find general practitioners (GPs) to support them with the prescribing element of their course, and that the onus was on the nurses to find a GP to work with. Furthermore, it was reported that the Trust prescribing lead had not responded to their emails regarding the legal requirements for prescribing.

Training for sign-off mentors was reportedly very good, although not widely known about or easily accessed due to workload pressures. The key mentor training programme was also commended however, some mentors suggested that it needed to be better advertised, so that others could take advantage of it, as access was variable, with some mentors reporting they had never heard of it.

Raising issues

There was a mixed response when students were asked if they knew who to raise any concerns or patient safety incidents to, with some students not knowing who their link lecturer was. The concept of human factors was poorly understood and there was patchy understanding of safeguarding. Some students reported that they had raised incidents in the past with their mentors but had not received any subsequent feedback. Some reported that they would not raise a concern whilst on placement but would report it to the university.

The post-registration district nurses reported that they were all aware of how to raise concerns. They stated that information was regularly disseminated regarding patient safety.

The visit team heard that when some pre-registration nurse students had raised issues about their training, these had not been well received; as a result, they felt discouraged from raising the issue again.

Rotas

Some undergraduate students reported that they were not notified of their rota in advance, which often meant that they had to change their shifts at the last minute. Furthermore, the nurses felt frustrated that at times too many students were allocated to a ward at the same time and therefore some students were sent home on arrival to the ward and told to make up their hours at another time.

Some mentors reported that the Trust had recently started using the eRota system, which meant that students were often not provided with their shift pattern until they arrived. The educational facilitators reported that the eRota was currently in the pilot stage and that it was hoped that in time students would be made aware of their rota eight weeks in advance.

Pre-registration nurses reported to the visit team that they sometimes had difficulties getting their hours signed off, particularly if they were at a teaching session rather than on the ward for the day. Many students reported being used as health care assistants (HCAs) and had difficulty leaving the wards or departments to follow a patient pathway, access additional learning opportunities or attend structured training events organised for them. Many students asked the visit team to sign their record sheet as mentors and ward sisters would not trust them.

Induction

Community nurses reported a very poor induction and preceptorship programme. Those that were new to the community felt that the support given to them was much worse than they had expected. One reported that she had joined the Trust because of its outstanding reputation and this had not lived up to expectation.

The visit team heard that the focus of learning and development had been shifted from community to acute services over the preceding 12 months and this had had a very negative impact on the learning and support. The visit team heard the number of training days for community staff had been reduced by 50%.

The visit team heard that the lone worker policy for community nurses was not well-known by students and was not imparted to them during the induction process.

Simulation

The visit team was told by the pre-registration nurses that there was some access to multi-professional simulation in the emergency department but that in general there were limited simulation opportunities at The Royal London Hospital.

Supervision

The visit team heard from the pre-registration midwives that they felt the preceptor midwives were often the best people to supervise them because they had recently been in the same position, and therefore they knew what support the students needed. The pre-registration midwives also stated that they enjoyed working on the labour ward and that despite it being daunting at the beginning, the support they received was very good.

The pre-registration nursing students reported that the quality of the supervision they received was variable with some citing examples of mentors who stated that they simply did not have the time to teach them. Another reported having been supervised by a HCA rather than a mentor for six weeks despite raising this as a concern. Other students reported that if their mentor only worked nights, that they would have to do the same; they felt this impacted negatively on their training experience as night-time work was not as busy.

The community learning disability pre-registration students were very happy with the supervision they were receiving, and stated that they received a lot more training during their placement at The Royal London Hospital than they had in other placements, describing it as a very good experience.

Teaching and training

The visit team heard that a lack of staffing resources often meant that student nurses and student midwives were unable to attend their allocated training sessions due to their heavy workload; as a result, many sessions were cancelled due to poor attendance. The visit team was pleased to hear of one mentor instigating extra teaching sessions for students to try to ensure that they could maximise their training experience.

Some of the pre-registration nurses reported that they had already felt the effects of the Trust's nurse expansion programme and because of the increased staffing numbers, some had been able to attend study days.

The nursing educational facilitators reported that student teaching sessions should not be cancelled because of workload since the students were supernumerary. However, some pre-registration midwives reported to the visit team that they often felt that they were being used as an extra pair of hands, rather than being supernumerary.

Pre-registration nurses reported to the visit team that often when they started their placement, the relevant wards had not been informed of their arrival. This meant that they were not adequately prepared to take on a student and as a result it could take up to four weeks for timetables to be prepared for them. Students commented that if their placements were only six weeks long, this would only allow them two weeks to sign off their competencies. Students also reported situations where mentors would be openly arguing about who would take on an incoming student.

Pre-registration community disability nurses said that the preparation put in place to receive them in their community settings was very good. They said that their mentor allocation was conducted well in advance and that they were able to have a certain level of autonomy over their caseloads. They reported that they were very happy with their placements but said that due to the reduction in social workers, nurses were obliged to take on many of their duties, which had led to some discontent.

The visit team heard that practice educators across nursing and midwifery had limited IT infrastructure to support them. Many of them were using their personal mobile phones to communicate with each other, with students and learners, and when travelling between sites.

Preceptorship Programme

The visit team heard from the post-registration nurses that the preceptorship programme was very good and greatly aided their transition from being a student to being a newly qualified nurse.

The visit team was informed that there used to be a very good 'transition to community' training programme, but that this was no longer available.

Recruitment and Retention Strategy

Of the pre-registration nurses and midwives interviewed during the visit, only a third reported that they would want to work at the hospital after they qualified. Some cited low morale, poor

staffing levels and high staff turnover as the reasons why they would prefer to seek work elsewhere.

Allied health professionals

Patient safety

The Trust's education team stated that the issue highlighted at the visit to Whipps Cross University Hospital regarding untrained pharmacy learners dispensing controlled drugs had been dealt with and pre-registration pharmacists were no longer dispensing controlled drugs. The pre-registration pharmacist students confirmed that they were trained to dispense controlled drugs and had been given a refresher module when they arrived at The Royal London Hospital. However they stated that not all pre-registration pharmacist trainees started their rotations at The Royal London Hospital in the dispensary and as a result they would not receive training in controlled drugs if they started in a different specialist rotation. The pre-registration pharmacist students also stated that there was an atmosphere of tension and anxiety in the dispensary regarding the dispensing of controlled drugs and the potential disciplinary actions taken if mistakes were made.

The pre-registration trainees stated that the Trust had implemented its own accreditation programme for controlled drugs that staff had to pass before they were allowed to dispense them. The Trust had increased the number of staff members who were accredited but at the weekend there were fewer accredited staff. This had resulted in level seven pharmacists dispensing controlled drugs when they should have been undertaking more appropriate, complex tasks. The visit team heard from the senior pharmacist facilitators and educators that this had exacerbated the workload of the over-stretched pharmacy staff, with post-registration pharmacists stating that they undertook the accreditation programme in their own time. The visit team heard from the facilitators and supervisors for pharmacy that this constant internal policy changing was disruptive, that they were not consulted regarding policy changes and that no logistical impact analysis had been undertaken regarding the implementation of new policies. They also stated that there needed to be a harmonisation of policies across the Trust and that this should be in line with the regulator.

Training, teaching and simulation-based learning

The Trust's education team stated that the training programmes for allied health professionals (AHPs) were well coordinated with developmental opportunities across departments. They stated that there were no plans to adjust the number of AHPs on the site, but that there would be a review of the skill sets in 2016.

The physiotherapists, speech and language therapists (SLTs) and dietician pre and post-registration learners stated that they received very good training and supervision.

The student diagnostic radiographers stated that they rotated between The Royal London Hospital, Mile End Hospital and St Bartholomew's Hospital sites. The visit team heard that they were not happy with their training at The Royal London Hospital because there were no supervisors or mentors allocated to them and because the staff in the departments were not aware of the learners' curriculum and portfolio requirements. The facilitators and supervisors stated that there was no lead or supervisor to look after the radiography students and this was desperately needed. The clinical scientist learners reported similar issues with variable degrees of support and supervision; they were having difficulties attaining their competencies because the departments did not understand the curriculum requirements.

One clinical scientist also stated that the staff turnover rate was so high in the department that the learner was the most consistent staff member. As a result, the learner was expected

to induct more experienced colleagues into the department and undertake tasks that were above the learner's competency.

The facilitators and supervisors stated that there was a disconnect between the expectation of the pre-registration learners and the supervisors. As a result the facilitators stated that the learners were unhappy with the system of time loop learning, where learners went off to work and then came back to collect feedback. The physiotherapy facilitators and supervisors stated that they had solved this problem by sending out an expectancy pack to learners before they joined. The visit team would like to commend this good practice.

Serious incidents (SIs) reporting

The pre-registration learners from all specialties stated that they were unaware of any trust-wide policy that indicated how to report or escalate problems. The majority of the AHP learners reported that they would escalate the concern to a senior member of staff. However the radiographers were unsure how to escalate problems as they lacked mentors or a consistent senior figurehead. They also felt that they were not justified to report SIs as they were not employed by the Trust.

The majority of pre-registration AHP learners stated that they felt confident to report SIs via Datix (although only a third of the students interviewed were given a formal induction on Datix).

The post-graduate physiotherapists reported that they were all actively encouraged to report SIs and received good support from the clinical supervisors and feedback. The visit team heard from post-registration learners in other specialties that there was less of an open and encouraging atmosphere of reporting in comparison to physiotherapy.

Educational structure

The visit team heard from the Trust's education team that they had launched the finance transparency project across the Trust sites. The AHP facilitators and supervisors stated that there was a total lack of transparency in the funding for AHPs, they had experienced large delays in receiving the budgets for the departments, and this had been detrimental for staff morale. The problem with lack of funding for continuing professional development (CPD) was echoed throughout the different specialties for AHPs, who all reported that the CPD on offer did not meet the needs of the staff and the Trust.

The visit team heard from the facilitators and supervisors for physiotherapy at The Royal London Hospital that they had a steering group which organised and developed training for the department and aligned service and education needs while allocating a budget for both. They stated that this had been very helpful in planning CPD and other training but it had taken a lot of work to do so.

The AHP facilitators and supervisors stated that there was a lack of strategy for training and education within the Trust for AHPs. They felt that was because the different clinical academic groups (CAGs) had varying degrees of strategy and as a result there were no clear budgets for training and education, nor was there any clear strategy for the departments to align their education and training strategy to.

The visit team heard from the supervisors and facilitators that there were inconsistencies between departments regarding the study leave policy and that the five days given in the Trust's policy was an unrealistic allocation for trying to complete a post-graduate course.

Supervision, mentorship and support

Staffing shortages were found to be prevalent in many specialties and while some specialities had been able to buffer the effects felt by pre-registration learners others had not. The student radiographers especially lacked clinical supervision and support.

The pre-registration physiotherapy and pharmacist learners all stated that they were given a mentor, supervisor, or assessor; however, the busy workload meant that the pharmacist learners sometimes felt less supported. The pre-registration physiotherapist students stated that they received support from both a mentor and a clinical educator. The SLT pre-registration learners also stated that they were very well supported and worked closely with the appointed practice educator and received lots of feedback.

The facilitators and supervisors for radiography stated that the short staffing was felt acutely in radiography and that this was affecting training, education and supervision levels.

Learner engagement

None of the pre-registration or post-registration learners interviewed had heard of trust-based trainee fora. The visit team heard from the pre-registration AHPs that a few learners attended pan-London training fora where they could feed back on their training and discuss training needs, but there were no direct fora or trainee groups that stemmed directly from the Trust. The facilitators and supervisors all stated that they would like a Trust training and education forum with trainee input so that they could all learn and implement good practice together.

Educational Resources

The post-registration learners reported that they found the online e-learning resources very useful and the facilitators and supervisors corroborated this. They added that since the merger, the library resources had improved and the visit team was impressed to hear that the library had specialist provision for AHPs, with a clinical specialist librarian.

Induction

The visit team heard from the student radiographers that they had received no Trust or departmental induction.

Medical and dental education

Staffing resource, workload and impact on training and education

The core trainees reported that their workload was very heavy particularly in medicine. The trainees complained of poor patient flow and a paucity of high dependency unit beds which resulted in elective surgical cases being cancelled which in turn meant that opportunities for learning were compromised. The core medical trainees stated that their consultants were aware of the intensity of their workload but could offer no solutions. Similar issues with inappropriate resourcing were also highlighted in surgical specialties particularly at core level; the trainees reported that they were expected to undertake many inappropriate tasks.

Trainees in respiratory medicine reported that they found it physically impossible to see 50 patients in an eight hour shift with limited staff available.

The visit team heard that the otolaryngology (ENT) core rota, which was supposed to be manned by eight people, had only consisted of doctors in training; this meant that the trainees were predominantly covering service provision and had no time to train.

Out of hours

The core surgical trainees felt extremely stretched particularly when working out of hours as they had to cover many different areas. For example, in general surgery, the visit team heard that there was one higher trainee and one core trainee on duty who had to cover many different areas (emergency department, theatre, wards) between them. In both trauma and orthopaedic surgery and general surgery the core trainees reported that their jobs were predominantly ward-based and that they were expected to conduct ward rounds by themselves of approximately 40 patients without senior review. They reported that there was no nurse practitioner to assist with the more basic jobs. The trainees were responsible for admissions and all trauma calls while on call. They commented that whilst they were working in the resuscitation area, they felt that the wards were being neglected. Many felt that the on call was unsafe or even dangerous.

The foundation surgical trainees reported that they felt unprepared to cover the on call. At times if the more senior trainees or consultants were covering the trauma calls and therefore unable to take their calls, the foundation trainees felt wholly unsupervised and untrained; they felt that patient care was being compromised.

The visit team heard that there was a gap of one hour on the core surgical rota which meant that the day staff handed over to an interim person who then handed over to the night staff. The visit team heard from the trainees that the person responsible for the rota openly admitted to them that two rotas had been created - one was used for monitoring purposes whereas another was used in practice (the latter was always deleted after use).

The visit team heard that there was no consultant on call for general radiology. Although no patients had come to harm, the trainees reported that they spent the day after on call trying to find a consultant to review their imaging. They reported that they had raised this issue but that nothing had been resolved.

The acute medical pathway was reported to be ineffective. The visit team heard that patients who were moved in the middle of the night to outlying wards (particularly surgical wards) from the acute medical unit may be lost. The trainees suggested that the method of tracking patients throughout the hospital needed to be improved.

Trainees covering the gynaecology out of hours shift reported feeling very stretched since they were expected to cover the maternal foetal assessment unit, which was itself a direct access emergency unit, but were often called to the emergency department to assist with patients breaching the four hour service target.

Serious incidents and clinical governance

The visit team heard that e-learning modules had been developed as a result of the safety huddles which had been recently introduced (as previously mentioned at the Whipps Cross University Hospital visit).

In medicine, it was reported that every department held a mortality and morbidity (M&M) meeting and a governance meeting each month; trainees were expected to attend when possible. The clinical director of emergency care acute medicine (ECAM) also reported that there were plans to introduce a monthly meeting for nurses, doctors and allied health professionals to discuss learning from incidents and complaints as well as issues from the staff survey.

There was varied awareness amongst trainees regarding serious incident reporting. Not all the core and foundation trainees were aware of how to raise issues. Of those that had

reported incidents, some stated that they had received feedback only six months after the event. The anaesthetics trainees reported that there was a good departmental system in place and that they received feedback on incidents raised and that there were formal discussions once a month.

Most of the medical students interviewed did not know how to raise clinical incidents. They did not feel that they had been empowered to raise concerns about patient safety.

Good, supportive clinical governance systems were reportedly in place in geriatric medicine and obstetrics and gynaecology (O&G).

The higher trainees all reported that they knew how to raise issues and felt confident about doing so.

Local faculty groups and trainee fora

The visit team was informed that The Royal London Hospital had just re-launched its trainee forum, and that the first meeting had taken place the day prior to the visit; approximately 20 people had attended. The Trust hoped that the trainee forum would take place every month and that a representative from the education academy, as well as the medical director and medical education manager would attend. The clinical director of ECAM stated that the Trust was keen for the quality and safety agenda to feed into the trainee forum. It was reported that notes taken at the forum would be discussed at the clinical education committee. None of the higher trainees had attended the trainee forum; one week's notice had been given.

The medical students reported that they had a student liaison committee which worked in practice but that little change had come about because of it. The higher trainees reported that there was a useful junior senior meeting in O&G.

Some trainees bemoaned the lack of interaction with management at a senior level compared with at other Trusts. In general, the majority of the trainees felt disengaged from their managers.

However in orthopaedics, the trainees reported that they had good engagement with their service managers who even shadowed them in clinics to see how their clinics ran. Similarly in anaesthetics and dentistry, the trainees commended their supportive managers.

Educational supervision

The chief medical officer reported that the Trust was 66% through its job planning exercise. A comprehensive medical workforce review was also planned for a later stage.

The visit team was informed that the clear policy was for all educational supervisors to receive 0.25 programmed activities (PA) for each trainee. Many of the educational supervisors with whom the visit team met stated however that they did not receive this allocation. Some also reported that they looked after more than four trainees.

Some of the educational leads with whom the visit team met commented that the educational governance structure at the Trust was inadequate. Very few felt that there was a culture of support for education and training at the Trust or hospital level.

The visit team heard of several of the Trust's noteworthy achievements, for example: a consultant in orthopaedics had won a 'trainer of the year' award. A smart phone app developed by junior doctors had won an NHS award; 95% of the core medical trainees had completed their PACES (Practical Assessment of Clinical Examination Skills) exam; there

had been huge improvement in the General Medical Council National Training Survey in histopathology.

Teaching and training opportunities

The medical students reported that their placements at The Royal London Hospital were more crowded (particularly in the third year) than at other sites and that this impacted negatively on their experience. In the fourth year, there were reportedly more rotations that resulted in only one medical student being placed in each team. The medical students reported that some timetables in some placements were out of date, In general, they felt that their experience at the Trust was consultant-dependent; at times they needed to be proactive about searching out a consultant who was keen to support and train.

The medical students reported that at other Trusts with large groups of students, they had allocated a foundation year one trainee to four or five medical students. The foundation trainee undertook the medical students, bedside teaching once a week for an hour with the cohort of students. The students found this very useful and felt that this could be replicated at The Royal London Hospital.

The core trainees gave mixed feedback regarding their training experience; neonatal training was reportedly good but somewhat impeded by the department's staffing issues. Acute medicine, anaesthetics, and gastroenterology were also reported to be well supported. The core medical trainees and core surgical trainees had not had the opportunity to fulfil their curriculum requirements and struggled to complete their workplace based assessments as a result. They cited service provision as the main obstacle to their training – they were unable to attend teaching sessions because of their heavy workload.

The visit team was informed that there was no allocated supervisor for certain paediatric sub-specialties and that there had been no specialty teaching for six months, despite regular requests. The core trainees reported that at times patients, including those who were quite unwell, with complicated conditions, were not seen by a consultant for a whole week. Similar problems were reported in trauma and orthopaedic surgery and neurosurgery.

Some core medical trainees felt that there was a lack of teaching ethos at the hospital and commented that their consultants rarely seemed keen to teach them – this resonated with most of the core medical trainees.

Some academic core trainees did not feel particularly well supported by their academic supervisors.

Other training issues were highlighted by specific training groups, for example some higher trainees reported that there was a clash with the core trainees' regional teaching sessions and their own training sessions, meaning they were unable to attend. The neurology trainees experienced difficulty in being able to attend their once monthly compulsory training days. The anaesthetics trainees cited workload pressure as the main obstacle to their training experience.

In O&G, the higher trainees reported that there were 12 specialty training year three to five (ST3-5) trainees and only one specialty training year six to seven (ST6-7) trainee in post. Due to this imbalance of junior and senior higher trainees, despite the best effort of the rota organisers, the ST3-5 trainees were obliged to cover service provision 90% of the time. One part time trainee had only spent eight days on the labour ward in an entire year.

On the other hand, the O&G trainees were able to attend many teaching sessions, sometimes twice a day.

Support: Bullying and undermining

The medical students reported that they felt more supported in some departments than in others; ophthalmology, cardiology, neurology, surgery were all highlighted as positive firms whereas dermatology, respiratory medicine and orthopaedics received more negative feedback. In general, the students felt that the longer they remained within the same block the better their experience was. In the third year, some students rotated every three weeks – there were mixed views regarding whether this was satisfactory or not.

The student office was reported to be largely receptive to resolving the students' issues.

The core and foundation trainees reported that they felt well supported and cited no issues with bullying and undermining.

The higher trainees also felt well supported, although some highlighted occasional, anxiety-driven incidents when consultants under pressure were not as supportive as they might otherwise have been (this was in O&G).

Many trainees reported that at times they were shouted at by some emergency department consultants who were under-staffed, stressed, and often quick to escalate issues.

Dentistry

The dental students reported that they received good practical training at the beginning of their post and were able to gain a good rapport with their patients before they started treating them.

The visit team heard that the Trust had installed brand new state of the art facilities. However, IT systems were still reported to be slow. X-ray machines were also reported to be out of order. The trainees' experience was also somewhat hampered by the lack of dental technicians in the laboratories.

The hygiene students were integrated with the dental students, which resulted in good team mutual appreciation.

The core trainees in orthodontics commended their outstanding training experience and dedicated trainers.

Simulation

The visit team heard from the simulation lead that there were many opportunities for multi-professional team training. Traditionally most simulation work had revolved around undergraduate and postgraduate activity, but there was now a move towards inter-professional work.

The visit team heard that simulation sessions were being moved out of the simulation centre onto the wards, for example, in-situ simulation team sessions in paediatrics had been introduced. Similarly, in O&G simulation courses were run on the labour ward each month and in acute medicine, weekly simulation sessions were reportedly held.

The simulation lead felt that the medical students valued the drop-in clinical skills sessions held at the centre. The simulation lead also reported that all simulation courses incorporated human factors; she commented that the Trust was one of the first to introduce anaesthesia crisis management training in 2001.

The chief medical officer was of the opinion that in order to make best use of resources, the Trust had a coordinated simulation outreach menu across all sites; the three simulation centres were not run separately, but instead had individual leads who ran their centres on a cross-site basis.

The medical students reported that they would like more compulsory simulation training included in their timetable. Some reported that they had made use of the drop-in sessions.

Induction

The induction process was reported to be particularly difficult for those trainees who regularly rotated back to the Trust since they had to repeat the whole process every time they returned.

Study leave

It was reported to the visit team that trainees reported no specific issues in accessing study funding. However, non-training grades, staff grades, fellows, assocaite specialists and consultants had no allocated study budget.

Access to educational resources

The visit team heard from trainees and consultants alike that the administrative problems at the Trust were almost intolerable, particularly concerning payroll and HR. Staff at all levels told the visit team that these issues compromised education and training. Pay delays, pay cut-offs during maternity leave, underpayments and non-payment of locums were all highlighted as endemic. In orthopaedics, however, a good system appeared to be in place for locum payment. This did not appear to be in use in other departments.

Staff at all levels informed the visit team that information technology infrastructure; in particular Wi-Fi was slow at the Trust. Similarly, staff members at all levels were frustrated by the Trust's apparent disorganisation and reluctance to solve basic problems. For example, the visit team heard of two mobile trolleys, one of which had not been working for several months, despite this having been raised as an issue many times.

Issues were also raised regarding bleeps, whose batteries were no longer available to purchase.

St Bartholomew's Hospital

Nursing and midwifery*

Midwifery was not reviewed, as there were no maternity services at St Bartholomew's Hospital*

The review team spoke to a wide range of learners, mentors, educators and managers who engaged in a lively and constructive dialogue with the team. The energy, dedication and commitment of the mentors and educators were particularly impressive.

Development of training pathways for bands one to four

The visit team was pleased to hear about the positive work being undertaken with development pathways for bands one to four. The recently developed National Care Certificate had been piloted at Barts Health NHS Trust and was one of the steps reported that would help nursing/health care assistants (HCAs) feel more supported and be more effective in practice. A development pathway to enable progression for this group of staff was described by both managers and a HCA, which could ultimately support appropriately competent HCAs to move into nursing or other professional roles. A tailored development programme for graduates choosing to gain experience in HCA roles on a short term basis prior to progressing on to a range of professional training programmes, including medicine, was also well received by the visit team.

Student experience, induction and mentorship

Overall student nurses were positive about their learning experience at St Bartholomew's Hospital, but gave some negative feedback about the organisation of their first day on placement. The students felt that difficulties in communicating with the ward and department teams prior to placement to agree mutually suitable rotas meant that changes had to be made once the students arrived. This resulted in more difficulties in ensuring that students worked with their mentors for the required amounts of time. It was felt that universities sharing more detailed contact information (including email addresses) with students and ward teams would be helpful in terms of setting up appropriate rotas with mentors from the outset.

Mentorship was viewed favourably by student nurses, who reported that assessments/reviews were completed on time. It was agreed that a better system should be introduced for providing cover when mentors were on leave, but this might be resolved if the issue with pro-active rota planning was addressed. One third year student reported not having yet been allocated a sign-off mentor, which was of concern to the visit team. All other third year trainees were satisfied with the sign-off arrangements in place.

The visit team heard that some wards across St Bartholomew's Hospital were short-staffed, resulting in an increased agency staff presence. This had an impact on the availability of mentors. One ward was reported to be overcrowded with students. A first year nurse described being partnered with a HCA, which she felt was inappropriate.

There were clearly some varied experiences across departments regarding the accessibility of funding for mentorship courses and this was possibly associated with a broader issue of inconsistencies in the application of the Trust study leave policy across different clinical academic groups (CAGs).

Competency mapping exercises were said to be helping to standardise practice across departments. Mentors also reported feeling very involved, engaged and integrated with the

centralised educational function at the education academy meetings between students and mentors. They were reported to be well organised.

The visit team heard that there were clear lines of communication between mentors, key mentors, education facilitators, and the head of nursing, midwifery, and AHP education. Mentors were therefore confident when raising concerns, including those relating to students. Mentors also reported receiving advance warning about students of concern that were joining them on placement. Those interviewed commended the Trust leadership of nursing education and support for nursing education at an executive level.

The review team heard from students and mentors how the education academy leadership had successfully implemented and developed the 'Key Mentor' role. Funds from the HEE tariff for non-medical learners allocated to the Trust had enabled the provision of a cash allocation to ward and department managers to enable the release of 'Key Mentors' to undertake their role, with a very positive result.

Students seemed to be content overall and answered mostly 'yes' when asked if they would work at the site in future.

Serious incident reporting

Student nurses reported that they were confident about raising concerns at the hospital and had received a flow chart detailing the process. They were also familiar with the process at university level.

Inter-professional learning

The visit team did not see any evidence of a structured inter-professional education.

When asked about inter-professional learning, students reported that opportunities were available to work with or shadow a number of professions including: physiotherapy, palliative care, dieticians and social workers. Nurses also reported that some inter-professional local teaching was also available but this seemed to focus on teaching from staff from another profession rather than different professions learning together.

Simulation

There were no dedicated facilities available at St Bartholomew's Hospital, however, the review team was told of a programme of in situ simulation, which was reported as providing excellent training to those who were engaged with it.

The post-registration nurses were complimentary about the simulation training opportunities available at The Royal London Hospital, in the absence of dedicated simulation training at St Bartholomew's Hospital. However, the visit team was also told that simulation training had a medical focus (having been predominantly designed for doctors and then opened up to nurses and others) and was only available to postgraduate nursing staff.

Uptake was said to be low with postgraduate learners not keen to attend training sessions tailored for doctors in training, such as foundation year one trainees and not choosing to prioritise this when they had limited time available for learning. The in situ team based training was an exception to this.

The pre-registration nurses were reportedly not given access to simulation training at the Trust.

Preceptorship

The review team heard very positive feedback about the Trust's preceptorship programme, which was reportedly enabling newly qualified staff to build relationships across sites in the Trust, creating better learning opportunities. The preceptorship programme was said to be working well to enable a smooth transition of student nurses from their third year of training to newly registered status.

Opportunities for on-going development and retention of staff

Beyond preceptorship, a significant number of post-registration nurses expressed concerns about retaining staff. They felt that there was significant inconsistency concerning opportunities for on-going development and career progression which was impacting on the longer-term retention of nursing staff.

Nursing staff in some departments, such as oncology, were finding it hard to progress, whereas in intensive therapy unit (ITU) and cardiology there was a clear, transparent, and consistent pathway in place. Staff from cardiology and ITU praised the nursing leadership at CAG level and highlighted the essential role of clinical educators who ensured that each nurse had a clear development plan and who managed staff development locally.

In oncology, in stark contrast, the team heard that there was an absence of local educators and no clear development pathway. A number of the nurses interviewed described how people had been recruited onto a cancer development programme only to find once they were in post that some of the promised educational development was no longer available. The review team was particularly concerned to hear that an accredited chemotherapy training programme had been replaced by a non-accredited in-house arrangement which had not been successful. As a result, cancer nurses were not becoming competent to administer chemotherapy in a timely manner (potentially affecting the patient safety and experience, as well as the workload of others). As result of their experience in oncology, the review team was told that nurses were leaving the programme for jobs in other cancer centres in London.

Some of the nurses interviewed expressed concerns that inconsistent approaches and difficulties with access to training made the process of progressing from Band five to Band six too challenging and as a result some staff left to gain promotion elsewhere. These issues were presented alongside work pressures.

In general, the visit team noted that feedback concerning post-registration training was much more positive where an educator was present to coordinate training and undertake career mapping exercises for staff. Learning pathways were for example clearer. The visit team agreed that this model of coordination could be applied across the Trust to ensure consistent quality of training programmes.

Study Leave

The post-registration nurses felt that there was inconsistency across departments with respect to the study leave policy and that clarity as well as transparency was needed. The visit team heard that the Trust study leave policy was quite broad. In cardiovascular medicine, a local CAG study leave policy had been introduced to better articulate the local approach and this was seen as a positive development. However, the nurses felt that there should be consistency between CAGs.

Allied health professionals, pharmacists and healthcare scientists

The review team spoke to a large number and range of students, educators, postgraduate learners, and managers who were keen to share their experiences and engaged in a positive and constructive dialogue with the team.

Induction

The visit team was informed that overall clinical placements were well organised. Some professions reported attending induction days in advance of their first day on placement. Students felt well supported by the Trust, with schedules - and any associated changes - communicated effectively.

Supervision

The training cohort explained that they felt like they were treated as learners at St Bartholomew's Hospital, as opposed to being treated as a member of staff, and therefore they experienced better learning opportunities. However, some commented that as a result of this they felt under-utilised and were not always reaching their full potential.

Supervisors were reported to be both flexible and supportive of students, which created a positive learning environment. In physics, large workloads were said to cause delays to supervisory feedback, with the exception of radiotherapy. Physiotherapy and dietetics students gave positive feedback with respect to supervision.

In radiography, student numbers were said to have increased, resulting in less free time for facilitators and mentors.

Some specific concerns were expressed about support for health care science students, but these were largely associated with the implementation of the Modernising Healthcare Science training programmes nationally (in the case of the higher training programme) and locally in terms of the north Thames co-ordination approach.

Staff on the programme for pharmacy technicians gave very positive feedback on their learning experience to date, explaining that the course was well structured and supported.

Inter-professional learning

Students did not describe any inter-professional learning opportunities beyond multidisciplinary meetings and those expected within the patient pathway.

Serious incident reporting

The students reported no issues raising concerns. Radiography was said to have very strict protocols that students were aware of.

Some students reported that there was resentment from departments towards the Trust because of the focus on Barts Heart Centre and an associated funding drain. In spite of this, students seemed to be content overall and answered with a mixture of 'yes' and 'maybe' when asked if they would work at the site in future.

Opportunities for on-going development

The visit team heard that, with the exception of pharmacy, training pathways for postgraduate development were often unclear, and that the introduction of dedicated

educators/coordinators would be beneficial, modelling where it was seen to be successful in nursing.

The visit team was concerned that some postgraduate pathways for AHPs lacked robustness.

AHP and healthcare science facilitators and managers reported a lack of CAG-level support for AHP and healthcare science education and development – they felt the CAGs were very medically focussed and additionally were required to focus on nursing staff development due to staffing issues but that AHP and healthcare science issues were rarely considered. In spite of this, the facilitators and managers that the review team spoke to were highly engaged and demonstrated clear dedication to education and development of their professions.

Pharmacy was the exception: postgraduate qualifications were said to be available via London Pharmacy Education and Training (LPET), and a clear development pathway was articulated by both pharmacists and pharmacy technicians. The postgraduate learners and educators indicated that they felt that there was strong support for pharmacy at CAG and executive level but that this came through the professional route rather than through the education structure.

Study leave

Again, a lack of consistency was noted in the application of study leave for professional and role development. Some pharmacist facilitators reported that they were pleased with the support being provided to trainees in relation to postgraduate degrees. In physiotherapy, the Trust was said to be supportive to those writing applications. However, funding was reportedly challenging to obtain. Study leave was also said to not take into consideration the type of training the applicant was required to undertake, meaning all applications received the same amount of study leave per year. In radiotherapy, funding was said to be satisfactory, but study leave was difficult to secure. A radiographer explained that funding and study leave were not available meaning courses had to be paid for via a charity.

Higher scientific learners reported funding challenges, as well as difficulty in balancing education and service.

Study leave was also highlighted as a concern in other departments experiencing staff shortages, including dietetics. AHPs and scientists indicated that whilst they were conscious that some progress had been made, it was still not always transparent how the Trust's allocation of Local Education Training Board (LETB) funding for workforce development was allocated at CAG and local level, and how this benefitted AHPs and scientists, in particular.

Medical education

Serious incident reporting

The medical students reported that there were no official arrangements for medical students to give feedback or raise concerns. They commented that previously there was undergraduate support but since this had been removed, they felt their voices had been lost. The core and foundation trainees knew how to raise serious incidents, but reported inconsistency in how soon feedback was received after the event.

The higher trainees did not think that the process for reporting serious incidents was sufficiently robust; they commented that they shared experiences formally through conversations on a 'whatsapp' group and at clinical governance meetings. Regular audits were also reportedly undertaken across specialties.

Resource issues and their impact on education and training

Staff at all levels reported that workload was high with teams over-stretched and a lack of teamwork in place due to the high turnover of staff. There were reportedly insufficient numbers of nurses to cover the number of ITU beds. Furthermore, in cardiothoracic surgery, operations had been cancelled due to the lack of ITU nurses available.

The visit team heard that there was an over-reliance on bank agency staff; this had led to problems across many specialties since bank nurses did not always know how to follow the appropriate pathway and were not appropriately trained, particularly in chemotherapy.

Training and education

Positive feedback was heard from higher trainees in endocrinology who felt well supported and had exposure to a good variety of cases. Students in endocrinology and haematology oncology commended the bedside teaching they received from consultants. Similarly, students attached to the breast team reported that they had access to many teaching opportunities including history taking. The undergraduate students were in general happy in their placements but had found the high turnover of staff quite unsettling; they felt that education and training were not the Trust's priority. The undergraduate students reported that they would appreciate teaching from core trainees in addition to the consultant-led sessions they attended.

Some core and foundation trainees reported that their teaching sessions, although frequent, were often held at The Royal London Hospital and therefore were difficult to access, particularly when local teaching clashed with regional teaching. The trainees reported that the Trust was attempting to resolve this issue.

The higher cardiology trainees reported good training with appropriate supervision. The general cardiology team was reported to be particularly responsive as trainees were able to meet with their educational supervisor on a weekly basis to iron out any teething problems resulting from the weekend. Positive feedback was also given about ITU. It was noted that the programme received some of the best trainee feedback in the country.

Educational and clinical supervision

The medical students reported that they would find it useful to be assigned to a clinical teaching fellow. Other hospital sites in the Trust employed clinical fellows and it was recommended that St Bartholomew's Hospital follow suit to improve the continuity of follow up progression in undergraduate modules.

Some core trainees reported difficulties in ensuring that their competencies were signed off and were often reliant on out of hours or weekend work to do so. In cardiology, a new rota had been introduced to enable trainee attendance at clinics; likewise, in core medical training improvements had been made. However, trainees in electro-physiology oncology felt that a change in rota was needed to improve their ability to meet their curriculum needs.

Handover

Handover was reported to be largely appropriate apart from in endocrinology.

Induction

The trainees the visit team met with at the St Bartholomew's Hospital site reported that induction was variable with trainees in renal medicine and cardiology not receiving an induction at all. Trainees in haematology oncology and oncology receiving an induction a week after they started in post and no overnight induction. Others reported issues with insufficient training on the discharge system and other equipment.

Trainees reported that no induction was provided on the out of hours telephone service (chemotherapy hotline), although following trainee feedback, this had reportedly been resolved by the Trust. However, the visit team heard that the hotline, although excellent for patients, was very time-consuming for the core and foundation trainees who were in charge of the telephone line out of hours; as a result, the trainees found it difficult to complete ward rounds and felt that answering calls offered little positive learning. The higher trainees agreed and felt that other members of staff with a more manageable workload could manage the system.

Some medical students reported that they were given late notification of placement information. The medical students reported that communication between the medical school and the Trust was poor owing to the absence of an undergraduate medical administrator at the St Bartholomew's Hospital site; this had led to various timetable issues and poor coordination of the teaching schedule. In general, the students felt less supported and felt that they had nobody to contact to raise issues.

The visit team also heard of some IT issues relating to the clinical record system (CRS) with only two induction sessions being available each week.

Rota and out of hours

The visit team heard that the core medical trainee covered the out of hour's surgical patients with a higher trainee on call from home; furthermore, there was no handover or escalation pathway; trainees felt that improved clinical supervision on site was required.

Similarly, in respiratory medicine the visit team heard that patients were cross-covered by cardiology from 9pm and that at times the nurses found it difficult to make contact with a core trainee.

In cardio-electrical physiology, issues were reported with the switchboard not having up-to-date contact details for the stroke nurse and radiographer. This was reportedly an on-going problem, which had not been resolved.

In endocrinology and anaesthetics, no issues were reported with on call arrangements.

Access to educational resources

The visit team heard that the medical students had no formal teaching sessions in the clinical skills laboratory; instead there was a one day clinical skills session per year which the students found too intense and not particularly useful. Furthermore, the necessity to book the clinical skills laboratory in advance was felt to be restrictive and led to the facilities not being used to their full potential.

The visit team heard that the library was only open limited hours and not in the mornings or at the weekend.

Staff in many specialties reported that there was no budget for training and education; they commented that appropriate funding did not trickle down to the training departments.

Summary

St Bartholomew's Hospital and The Royal London Hospital had a long history of academic excellence and innovative education. There were areas that provided learning experiences of particularly high quality, notably in cardiology at St Bartholomew's Hospital and trauma pathways at The Royal London Hospital and facilities within the education centre were world class.

Experiences of student nurses, midwives, allied health professionals, and medical students were mixed, but uniformly positive in dentistry, which appeared to be a particular strength.

The reconfiguration of cardiovascular services across the sector appeared to have gone relatively well. As elsewhere in Barts Health NHS Trust, staffing levels remained a major concern with high vacancy rates and high proportions of bank and agency nursing. This could lead to inadequacies in patient care and have a negative effect on the learning experience as well as the ability of the Trust to retain the students it trains.

Good practice

All staff at both The Royal London Hospital and St Bartholomew's Hospital 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 physiotherapy department at The Royal London Hospital was found to be very proactive with training and education; staff had developed a structure to allow for training and supervision despite the heavy workload experienced by all staff members. This good practice could be replicated in other departments.

Good departmental relationships in orthopaedics, with senior managers shadowing trainees in clinics at The Royal London Hospital.

Cardiology training at the new Barts Heart Centre offers high quality training and expertise.

The introduction of 'Key Mentors' in nursing is to be commended.

In general, the visit team noted that feedback concerning training programmes was much more positive where an educator was present to coordinate training and undertake career mapping exercises for staff. Learning pathways were for example clearer. The visit team agreed that this model of coordination could be applied across the Trust to ensure consistent quality of training programmes.

Individual consultants were named and commended as being exceptionally good trainers for the AHPs at St Bartholomew's Hospital.

Mandatory requirements

It is acknowledged that an extensive improvement programme was already in process across the Trust as a result of the recent Care Quality Commission reports. There was 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 were already articulated within the improvement plan, as indeed were many more, but it was the expectation of Health Education England that additional mandatory requirements that arose 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. human resources, information technology.
- Establish clear channels through which the trainee and student voice can be heard.

Medical and dental

The following immediate mandatory requirements were issued:

- The visit team at The Royal London Hospital heard that there was routinely no on call consultant for general radiology (although there was an on call consultant for neurology and interventional radiology), which meant that the trainees had no access to clinical supervision or senior advice out of hours in general radiology. The Trust was required to review the on call arrangements and ensure provision of consultant supervision.
- In the open surgery panel, conducted by a lay rep at The Royal London Hospital, allegations were made by trainees of two surgical rotas being in use, one for external use and monitoring purposes and one for actual use. The Trust was required to immediately investigate the allegations and provide outcome and evidence.
- The visit team found that the medical students did not know how to raise patient safety concerns (The Royal London Hospital and St Bartholomew's Hospital). The Trust was required to immediately notify all medical students how to raise concerns and then follow up.
- St Bartholomew's Hospital - the out of hour's telephone service for cancer patients was time-consuming, unproductive and ineffective. The Trust was required to submit a plan detailing how the out of hours telephone advice service for cancer patients would be remodelled to meet the standards of the daytime service, i.e. move to a nurse-led service with a reduction in reliance on foundation doctor input.
- Trainees reported using 'whatsapp' for transferring clinical jobs and handover information because of a lack of number of bleeps and digitally enhanced communication (DEC) phones. The Trust was required to ensure that all trainees were given appropriate governance training and clearly instructed not to use insecure social media applications for handover of identifiable patient data.

The following additional mandatory requirements were issued:

The Royal London Hospital

- The acute surgical take needs to be reviewed and strengthened. Provide outcome of review including details of steps that will be taken to improve the out of hours experience.
- Review the third year medical student placements to ensure that over-crowding does not occur. Ensure that all timetables are up-to-date.
- Review the core surgical and core medical trainees' rotas and timetables. Ensure that the core surgical trainees and core medical trainees receive dedicated training experience appropriate to their level. Ensure that they are released to attend teaching sessions.
- Ensure that there is an allocated clinical supervisor for all paediatric sub-specialties, for T&O and for neurosurgery.
- Ensure that the foundation trainees are able to attend weekly teaching sessions that are curriculum mapped and appropriate for their training requirements.
- Ensure that all trainees are released to attend their mandatory training days.

St Bartholomew's Hospital

- An undergraduate coordinator should be appointed for the St Bartholomew's Hospital site so that the students are better supported.
- Ensure that there is a consistent and reliable induction for all students and trainees.
- Review the usage of the clinical skills laboratory; ensure that it is used more efficiently and that regular timetabled sessions are held there which the undergraduate students can attend.
- Review training posts in electro-physiology oncology to ensure that they are fit for purpose.
- Review the competency of nursing bank agency staff, particularly in chemotherapy to ensure that they are appropriately trained.
- Review the out of hours cover of surgical patients and ensure that handover and escalation plans are formalised and clarified to trainees.
- Review the balance of ICU and theatre experience for the anaesthetics trainees as currently this does not meet trainees' curriculum requirements.

Allied health professionals

- The Trust should engage with staff when creating policies and cite the General Pharmaceutical Council's regulations for pharmacy policies.
- Student diagnostic radiographers must be assigned clinical supervisors or a mentor so that they can obtain feedback on their training and performance. They must also attend both a Trust and departmental induction.

Nursing and midwifery

- No mandatory requirements were issued.

Recommendations

Medical and dental

The Royal London Hospital

- Amend the induction process so that frequently returning trainees do not have to regularly repeat all modules.

St Bartholomew's Hospital

- Explore the possibility of employing clinical teaching fellows in all departments to support continuity and to improve the training environment.
- Increase the number of training sessions on the clinical record system to ensure that trainees are able to perform their work appropriately and safely.

Allied health professionals

The Royal London Hospital

- Ensure that all clinical scientist departments understand the learners' curriculum requirements.
- A trainee or trainer forum for the AHPs would be useful to coordinate learning and disseminate good practice.

St. Bartholomew's Hospital

- Review the policy for study leave to ensure that the process is transparent and consistent for all.

Nursing and midwifery

The Royal London Hospital

- Please review what impact the increase in the recruitment of nursing staff from overseas has had on the existing workforce. This includes the requirement to support and educate overseas nurses, other nurse recruits, and HCAs through their induction and preceptorship period, as well as the reduction in the availability of mentors to teach, supervise and assess students because the overseas recruits cannot yet be trained as registered mentors.
- The Trust should review the current capacity of the preceptorship practice development team to ensure the current post holder is adequately supported to manage the induction and preceptorship of a significantly increased number of staff in line with the planned recruitment activity.
- Ensure that courses for mentors are well advertised and made available to all mentors across the nursing spectrum, and facilitate their release to attend training.
- Ensure that named mentors are identified prior to the arrival of students that mentors are aware of the start date and time of the allocated student and that mentors have adequate time built into their working week to support students.
- Please review the provision of teaching accommodation for nurses and midwives close to the clinical environment e.g. within the Tower at the Royal London Hospital.
- Ensure that students are given their rotas in a timely fashion – we would suggest the Trust works towards six weeks to facilitate childcare arrangements.

- The Trust should take action to ensure students feel valued whilst on placement, as this will be critical to the Trust's success in recruiting students at the point of registration.
- Provide clear guidelines to nurses working within community settings regarding the legal requirements for prescribing.
- Please look at reinstating the transition to community nurse training programme.
- Ensure that practice teachers have the necessary time to allocate to the teaching and training of community nurses.
- Review how support can be improved for community nurses to find GPs to work with as part of their independent prescribing programme.
- Ensure that students are made aware of how to raise patient safety concerns and that they are made aware of human factors and safeguarding.
- Ensure that student teaching sessions are not cancelled because of high student workload and that students are able to attend these sessions.
- The lone worker policy and the no access policy should be incorporated into the community induction.
- Please review the provision of mobile devices for practice educators who work across site and ensure that they have the appropriate tools to enable remote working and at the bedside teaching.

St Bartholomew's Hospital

- The organisation of the first day in post needs to be reviewed; sharing more detailed contact information (including email addresses) would be helpful in terms of setting up rotas with mentors.
- Please review the Trust's chemotherapy training programme and ensure that all staff required to administer chemotherapy are able to undertake and complete an accredited chemotherapy training programme within a timely period to ensure patients receive safe and efficient treatment.
- Ensure that oncology nursing staff members have access to local clinical educators who co-ordinate a programme of continuous professional and role development consistent with that experienced by nurses in cardiac services and ITU.
- Ensure that all third year students are assigned a sign-off mentor from the commencement of their placement as set out in the course requirements.
- Ensure that an effective system is in place to provide appropriate alternative mentors when allocated mentors are on leave.

END.