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Pan-London Quality and Regulation Unit

Royal Free London NHS Foundation Trust

Quality Visit Report

23 June 2015

FINAL

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Health Education
North Central and East London

TRUST-WIDE REVIEW

Visit Details	
LEP	Royal Free London NHS Foundation Trust
Date of visit	23 June 2015
Background to visit	The Trust had undergone major reconfigurations including the acquisition of Barnet and Chase Farm Hospitals in July 2014. Barnet and Chase Farm Hospitals had been visited for a Trust-wide Review on 2 September 2014. Royal Free Hospital had been visited as part of the Annual Quality Visit process on 20 November 2012. The Trust had had poor engagement with the Pan-London Quality and Regulation Unit with regards to the completion of action plans for visits. Action plans remained open from visits that took place on 20 November 2012, 23 April 2013 and 17 October 2013 with many open actions not being updated as of October 2014.
Visit summary and outcomes	The visit team met with the medical education manager (MEM), directors of medical education (DME) for Royal Free Hospital and Barnet Hospital, the deputy director of education and development, and the library manager. The visit team then met with the senior management team, including the MEM, the DMEs at Barnet and Royal Free Hospitals, director and deputy director of workforce and education development, divisional director of women and children, deputy director of education and library services manager. The visit team met with trainee representatives from Barnet Hospital which included foundation, core medicine, anaesthetics, trauma and orthopaedics, emergency medicine and geriatrics. The visit team then met with 28 trainee representatives from the Royal Free and Barnet Hospital sites including foundation, general practice, core medicine, and higher specialty trainees across various specialities in surgery, medicine, pathology, radiology, anaesthetics and emergency medicine. Finally, the visit team met with the educational leads, before providing feedback to the chief executive, medical director, DME, MEM, director of workforce and organisational development and educational leads. The visit team were pleased to see that the educational team and structure was embedded within the Trust, and that papers were due to be presented to the Trust executive with regards to an increase in administrative support for postgraduate education. The visit team commended the work and support to trainees provided by the DMEs, MEM and the core medicine training programme director (TPD). The Trust was in receipt of one immediate mandatory requirement, with regards to the handover and cover arrangements out of hours. Furthermore, the visit team found the following areas which required improvement; • The hospital at night structure in surgery required review to ensure that the cover at night was appropriate, with a full integrated senior doctor/ consultant led handover. • The electronic patient record system required individual department review, with interim measures in place to ensure there was no impact on patient care. • The Trust induction, particularly at Royal Free Hospital was poorly organised. The structure required a review and streamlining with formal input from junior doctor representatives. • Trainees in cardiology, geriatric medicine, haematology and emergency medicine reported particularly heavy workloads and the trainees were staying later than their rostered hours. • The Trust was investing in some areas, but there appeared to be a significant lack of investment into the staffing in many departments.

TRUST-WIDE REVIEW

	The visit team would recommend specialty focused visits to investigate several challenges reported in cardiology, haematology, geriatrics, paediatrics - neonatology. The visit team would recommend that the Trust team would benefit from working closely with the Trust Liaison Dean in resolving issues, in the interim.

Visit team

Lead Visitor	Dr Indranil Chakravorty, Trust Liaison Dean for North Central and East London	**Trust Liaison Dean**	Dr Andrew Deaner, Trust Liaison Dean for North Central and East London
LETB Representative	Dr Dave Rayner, Commissioning Manager, Health Education North Central and East London	**General Practice (GP) Representative**	Dr Surendra Deo, GP Associate Director
Lay Member	Mr Robert Hawker, Lay Representative	**Observer**	Ms Clair Thompson, Quality and Support Officer
Scribe	Miss Michelle Turner, Quality and Visits Officer		

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	1.1	**Patient safety – Out of hours staffing at Royal Free Hospital** The trainees in neonatal paediatrics raised concerns over insufficient hospital at night cover. The visit team heard that the on call rota for oncology covered haematology; the night shifts were busy and often unmanageable. The department was safe for patients, but having only one person on site, resulted in a heavy workload. The senior trainees and consultants were available by telephone. The senior medicine trainees were bleeped for everything; there was minimal junior support out of hours. The junior rota was covered by renal and respiratory medicines. The department relied on a robust handover process and exceptionally good nursing staff. The trainees reported that the surgery on call rota covered general surgery, urology, orthopaedic surgery and colorectal surgery. There was often only one junior trainee covering all these specialties from 11pm until 8am. The trainees in core surgery, general practice and foundation indicated that they had often felt unsafe and alone at night covering such a wide area. The vascular trainees reported that the on call rota was separate to the main surgery rota	The visit team heard of the out of hours cover for all surgical patients at Royal Free Hospital being provided by a single core/FY2/GP doctor. This was universally acknowledged as unsafe. The Trust should review the cover, patient safety and skill mix required. The Trust is required to send a plan to the Pan-London Quality and Regulation Unit ensuring safe cover for the hospital. This should then contribute to the hospital at night review.	**Red** Immediate Mandatory Requirement

		on call. They had two trainee doctors and two clinical fellows and it was well supported. The trauma and orthopaedic trainees stated that they had a 24 hour resident on call rota but it was a one in 16 so was not too onerous. All ward rounds were either consultant or senior trainee led.		
1	1.2	**Patient safety – Handover** **Barnet Hospital** The trainees in emergency medicine (EM) at Barnet Hospital reported that there was one handover per day for the emergency department (ED) but it did not include acute medicine. The handover systems and efficiency in the department could be improved with more frequent handovers during the day. The trainees were undertaking quality improvement projects regarding handover to improve the practice. The core medicine trainees stated that the electronic handover between teams was not thorough or adequate. The trainees felt that they would benefit from a regular face to face handover. The higher trainees in acute and geriatric medicine stated that there were daily morning and evening handovers; but they did not work well. A forum had been set up to look at ways to improve the handover, and a plan had been formulated but there was no consultant support or leadership of this project. The trainees in medicine commented that they had initiated a Friday afternoon face to face handover, but this was between trainees and there had been no consultant involvement. Prior to the Friday handover being in place, the on call doctor for the weekend would have up to 20 pages of paper with notes on patients to see, there was no formal discussion and it was difficult to prioritise patients for review. The haematology educational leads commented that handover had been raised as an issue; there was a robust Friday afternoon handover but the Monday morning handover was less efficient. **Royal Free Hospital** The visit team heard examples of handovers that were working well in the Trust. Renal medicine and paediatrics had three handovers per day which were well organised. The haematology oncology department had regular informal handovers. The trainees reported that there was a good hospital at night handover in medicine, but all	The Trust is required to undertake a formal review and implement an appropriate, robust, auditable, handover system. This should cover night time, out of hours and hand back in the morning, across all sites. This should remain under monitoring through quality improvement projects and results reported to Pan-London Quality and Regulation Unit. Review the validity of the forum and provide consultant support going forward. If you do not feel this is appropriate, please explain why and provide an alternative solution to improve the handover.	Amber Mandatory Requirement Amber Mandatory Requirement

		trainees agreed that the morning handover was non-existent. There was a morning report twice weekly, and although commonly thought of as a handover it was not, as the focus was on education. The trainees indicated that they had tried to implement changes to the handover but there were consultants who were resistant and it had been difficult to implement improvements. The on call junior trainee, who had worked over night, would spend time going from department to department to handover all patients admitted overnight. There was a handover on Friday and Monday, but often attended by different people, so continuity was poor. The trainees stated that the surgery handovers were regular and robust. There were daily morning handovers led by the consultant of the week. Handovers were well organised and all patients discussed. The concerns with the medicine handover were not replicated in surgery. The educational leads stated that the handovers varied between departments in terms of quality and regularity. Surgery had two consultant led handovers daily. The medical educational leads commented that the handover was poorly organised, and the departments were looking at ways to improve the integration.		
1	1.3	**Patient safety – Electronic patient records** The medical director reported that the introduction of the electronic document and records management system (EDRM) was an organisational challenge. The Trust set up a user interface group, but attendance and engagement had been poor. The medical director stated that the scanning company were required to scan all documents in the exact order and orientation of the paper notes to ensure nothing was lost. Issues reported by staff were considered to be a reflection of the disorganisation of the paper patient records. The paper records had not been tidied prior to scanning, as it was deemed to be a poor use of resources. The emphasis had been on building records for the future rather than fixing the past. An alert had been added to the system which allowed users to highlight incorrect paperwork. The Trust planned for all notes to be uploaded by October 2015. The medical director stated that there had been concerns raised in ophthalmology regarding missing notes. The issues could not be resolved immediately and as an interim solution the department had reverted back to using paper records, to ensure patient safety was not compromised. The trainees reported that the EDRM had not been well organised, and was not an efficient	The implementation of EDRM does not appear to be well organised. A review for individual departments should be instigated, to ensure the risks and impact on both inpatients and outpatients are minimised. The review requires clinician input to ensure the system is fit for purpose. An interim plan should be developed to solve the minor intricacies currently being faced before the full system is implemented.	Amber Mandatory Requirement

		use of time. This had created potential patient safety issues, as when a patient required review, the trainees were often looking through a high amount of blank pages or pages that had been scanned upside down etc. The educational leads stated that the EDRM was undergoing improvements; the Trust had organised listening events for staff to raise their concerns or make suggestions. They reported that the majority of the issues stemmed back to the inefficient filing of the paperwork prior to the implementation of the system. They indicated it would have been easier and quicker to correctly file the paper records prior to scanning, than correcting the errors now. The oncology educational leads stated that they had stopped using the electronic patient records, and had opted to use the paper records instead. The system could not be relied upon, in order to give patients timely treatment.		
2	2.1	**Local faculty groups (LFGs)** The DME stated that not all departments had regular LFGs. There was work to do in embedding LFGs and strengthening those already in place. The trainees confirmed that that not all departments had formal LFGs. Not all trainees were aware of there being a trainee representative for their specialty who attended departmental meetings. The visit team heard that trainees did not receive feedback on educational issues highlighted to the departments.	All specialties should have regular LFGs which have trainee representative attendance (we have specifically mentioned the need for active LFGs in actions elsewhere in this report).	Amber Mandatory Requirement
2	2.2	**Clinical governance** **Barnet Hospital** The visit team heard that trainees were not always notified if their names were included on Datix report forms, nor were they offered appropriate support if they were involved in incidents. The trainees stated that they had reported clinical incidents for minor incidents, but the reporting system was cumbersome and time consuming. The trainees who had reported incidents had received appropriate support from their educational supervisor or colleagues. **Royal Free Hospital** The trainees stated that they were all aware of the Datix portal to report clinical incidents. They had attended meetings to discuss previous incidents; however, the feedback received had been variable.	The Trust via leadership of the DME should ensure that all departments are made aware of the need to report trainee involvement in serious incidents to DME and educational supervisors and that support to trainees is provided proactively.	Amber Mandatory Requirement

		The trainees stated that the Datix system was arduous to complete. It was suggested that unless it was a serious concern, many people would not complete a report due to the time restraints. Trainees indicated that they were discouraged from reporting incidents as they had to name people involved, but commented that if it was an anonymous system they would feel more encouraged to report. The trainees indicated that there were issues with the rating of incidents, as the traffic light system meant that many incidents were downgraded to a green outlier. The trainees in infectious diseases commented that the matron nurse was proactive in reporting incidents and had been helpful and supportive to trainees. The paediatric trainees reported that they were encouraged to report incidents and had received feedback in a timely manner. The paediatric educational leads stated that the reporting levels for the department were good; incidents were discussed at the clinical governance meetings. The acute medicine educational leads reported that the Trust was working hard to improve the clinical safety of all sites. There was a good governance facilitator in the urgent care department. They held weekly risk and review meetings which all doctors and nurses attended. There were also 'after action review' (AAR) meetings which were well received and had good feedback from attendees. The medical educational leads stated that there had been an improvement in the feedback mechanisms for trainees who had reported or been involved in incidents. The educational supervisors were now meeting with all trainees to discuss reported incidents.		
5	5.1	**Curriculum** **Barnet Hospital** The core medicine trainees reported that they had experienced difficulties with the completion of procedures. The core training year two (CT2) trainees reported that they did not feel completely prepared to become specialty trainees from August 2015. This had been raised to the educational leads, and a procedures bleep had been implemented in May 2015. All trainees were bleeped when a patient required a procedure, so that trainees requiring that competency could complete the procedure. This had been working well. The trainees in haematology reported that there were administrative hurdles in providing adequate training within the department which had been raised, and trainees were aware		

		of attempts to address this. The core medicine trainees in haematology indicated that there were limited educational opportunities; they generally only covered the ward jobs. The haematology educational leads stated that the department had good links between the training programme director and educational supervisors at Barnet Hospital. They were looking at the curriculum and were involving all levels of trainee to address concerns raised. The DME attended the pathology LFG to discuss concerns. The trauma and orthopaedic trainees reported that the training provided by the consultants in the department was excellent and they had enjoyed the experience in elective surgery. **Royal Free Hospital** The core medicine trainees in infectious diseases stated that the training was senior doctor supported; trainees were able to leave on time and at times the workload had been light. Renal medicine had a heavy workload but was a great experience. The core medicine trainees in acute medicine stated that they found the out of hours shifts to be useful. Independently clerking patients was a great experience and had improved their confidence. However, during the daytime the job was mainly administrative and they felt it did not provide enough opportunities for clinical training as per curriculum requirements. The acute medicine specialty trainees reported that their job was administratively heavy. The trainees spend a high proportion of time answering the bleep and external general practice telephone calls. The geriatric trainees reported that the general patient care and training was good, as the department was senior led. There was only one foundation doctor in the department, which resulted in core medicine trainees performing tasks of limited educational value. The higher cardiology trainees reported that the training opportunities and experience were fantastic. However, there was a heavy workload and staffing gaps. The EM trainees stated that there was a high consultant presence in the ED, but this meant that trainees were not necessarily reviewing patients independently. The trainees enjoyed the weekend experience as they had a higher degree of autonomy. The haematology trainees reported that there had been on-going concerns in the department with feedback. The consultants were supportive and readily available. Junior	Please clarify if there is an LFG for haematology and that this is an active group, if not, this is urgently needed. A plan is required to reassure	Amber Mandatory

		doctor cover was poor and trainees often had to perform tasks of limited educational value. The Trust had the biggest haemophilia centre in the country; the trainees enjoyed the experience but would appreciate more staff being available to assist with the workload. The trainees were aware that some trainees would be moving to UCLH. The trainees reported that the majority of their time was spent answering the bleep or the external telephone to general practitioners or other hospitals.	the visit team that the current trainees are being fully supported and that the department is taking appropriate steps to support the trainees who will remain following the movement of significant work and trainees to UCLH.	Requirement
5	5.2	**Training** The DME reported that the Trust was reviewing the specialties and indicators that had received consecutive red outliers to see what could be improved. Anaesthetics and intensive care had been a particular concern; the DME and MEM had met with the divisional directors of the department and an external review had been commissioned to improve service and training opportunities. Geriatrics GMC NTS results had fluctuated, the department had believed they had made positive improvements and then generated negative results in 2015. A pilot project on ward rounds had been implemented by the DME at Barnet Hospital which was looking at improving opportunities of learning in clinical scenarios. If this worked well, they would implement it at Royal Free Hospital. The red outliers generated in regional teaching in haematology appeared to be regarding the quality of the sessions; the DME was due to attend a meeting with the Lead Provider, UCLPartners to discuss the concerns. The trainees at Barnet Hospital overwhelmingly reported that they received excellent training. They had good access to teaching, grand rounds etc. The acute medicine take was an excellent experience, and the junior trainees were given opportunities that they appreciated. The anaesthetics trainees at Barnet Hospital stated that the training they received had been excellent. The trainees had the opportunity to run specific operating lists with consultants. Some consultants had said to the trainees ‘you act as the consultant and I will work as the junior doctor’; the trainees found this supportive and encouraging. The trainees in endocrinology at Royal Free Hospital commented that the department had been a positive experience. The trainees had enjoyed the sub-specialty work, particularly in diabetes. The histopathology trainees at Royal Free Hospital reported that the experience in the		

		Trust for the specialty trainee year one (ST1) and ST2 levels was good. However, for the ST4 and ST5 trainees there were limited opportunities for specimen dissection. The trainees had experienced difficulties in obtaining autopsy numbers, but this was not site specific, and was a concern across the training programme. The experience in general for the junior trainees had been positive. The educational leads in surgery confirmed that the Trust delivered a one day Systematic Training in Acute Illness Recognition and Treatment for Surgery (START Surgery) course, from the Royal College of Surgeons for all foundation trainee doctors; the course was being run in-house at no cost to the trainee. The Trust now offered this to foundation trainees in all surgically related posts, and had indicated it was mandatory to attend.		
6	6.1	**Educational supervision** The trainees at all sites had met their educational supervisors early on in the placement, and they had received positive experiences. However, the geriatric medicine trainees reported that they did not have regular meetings with the educational supervisors. The educational leads reported that they had allocated supporting professional activities (SPA) time in their job plans. The paediatric educational leads across both sites commented that they each had up to four trainees and they did not all receive the correct allocation of SPA time. The educational leads stated that the Trust was supportive of consultants attending educational meetings, such as the annual assessments at Health Education North Central and East London but they were required to use their study leave.	The visit team requires a review of the educational support provided to geriatric trainees at the Royal Free Hospital. Please confirm if there is an active LFG in place, if not, this needs to be set up. The Trust are required to demonstrate that time for educational supervision is clearly identified in the job plan of all educational supervisors	Amber Mandatory Requirement Amber Mandatory Requirement
6	6.2	**Induction** The DME stated that they were looking at the Trust induction programme, in order to improve and streamline the structure. The Trust was aware that the mandatory training modules were regarded as being repetitive and time-consuming which the Trust was keen to improve. **Barnet Hospital** The trainees stated that they had all received a Trust and department induction. The trainees stated that the departmental inductions were well organised and content was relevant. The core trainees who rotated more often than other trainees confirmed that that they had all received comprehensive inductions. **Royal Free Hospital**	The Trust is required to review the structure of the Trust induction and look at streamlining more of the sessions. A session with Datix, to thoroughly explain how to report incidents should be included.	Amber Mandatory Requirement

		The visit team heard that the mandatory training was an online module accessible only on Trust computers. The trainees had to enrol into each module, which took about 45 minutes. The trainees suggested that the online modules were in need of review and could be minimised. The trainees reported that the induction had been poorly organised with some stating that they were on call on their first day; they had contacted the Trust prior to starting in post to see if they could receive information prior to starting and were added to the induction the following month. There appeared to be a lack of coordination of induction practices of the different departments, and it had been difficult to get to information technology department, human resources and security. Many trainees indicated that they did not receive an appropriate department or Trust induction when starting in post. The visit team heard that anaesthetics trainees were supernumerary on the rota for the first three to four days, as it was common that they would not have all their identification badges and computer log ins. The histopathology trainees commented that the department induction was good.		
6	6.3	**Staffing** **Barnet Hospital** The EM trainees stated that they received good support from consultants. There were six trainees in the department who were keen to suggest changes in the ways of working, however, there were ten non-training grade doctors who had been in the department several years who were accustomed to the working of the department and it was difficult to implement change. The anaesthetics trainees stated that there had been a significant use of locum staff at Barnet and Chase Farm Hospitals. There was inadequate cover for all tiers on the rota which has caused difficulties. The trainees confirmed that the standard of care had not been compromised. The trainees in surgery and medicine reported that the Trust actively tried to employ locums who had worked previously in the Trust so were aware of the general protocols. If trainees had concerns with the capabilities of a locum they were encouraged to report this, and the locums would not be used again. Concerns of this nature had been rare, but when had occurred, had been dealt with efficiently. The visit team heard that the paediatrics department had recent concerns with staffing	There are concerns in the Trust with regards to human resources planning and investment into staffing. There should be a robust and responsive responsibility for monitoring rotas and proactive approach to filling planned or known vacancies. There needs to be clinician oversight of this process. The Trust is required via HR Director or DME to inform the quality team of the results of this review and the implementation of required changes.	Amber Mandatory Requirement

		vacancies, and the experience of newly appointed nursing staff. The educational leads indicated that recruitment and retention was the key to the continuity of the departments and for improving patient safety. **Royal Free Hospital** The education team reported that they were surprised to see the red outliers in the GMC NTS 2015 in respiratory medicine, and were uncertain why these had been generated. They suggested that there had been illness in the department which had put pressures on staffing levels. The core medicine trainees in cardiology stated that the post had been enjoyable, they felt well supported and there was good consultant cover. There were a lot of gaps in the rota, which were exacerbated by unexpected leave. The senior trainees in the department were dedicated and tried to take the burden off of the junior trainees as much as possible, but the workload was high. The consultants were accessible and encouraged trainees to call them; the core medicine trainees stated that they felt comfortable to do so, but were aware of the pressures on all staff and tried not to. The trainees reported various experiences with regards to training. Trainees on the on call rota for haematology, oncology and infectious diseases found that there were gaps in staffing in each department which impacted on the heavy workload. The renal department was particularly short staffed, whereas the human immunodeficiency virus (HIV) department was well staffed. The EM educational leads stated that there was a clear disparity with the number of middle grade doctors on each site. Barnet Hospital had 10 to 12 more trainees than at Royal Free Hospital, it was not clear from the discussions if these were non-training grades or trainees. The educational leads reported that many departments had gaps in the middle grade or junior doctor rotas which were filled by long term locums. The visit team heard that the Human Resources department (HR) had not always understood the time pressures of advertising vacancies. They had pushed HR to advertise vacancies onto NHS jobs immediately but were left waiting up to a week which was detrimental, as other Trusts were potentially receiving the applications from a better pool of trainees. The educational leads in cardiology stated that the reconfigurations in North Central and East London had resulted in two red outliers being generated in the GMC NTS 2015 results. The department had applied for funding for two post-CCT (certificate of completion of training) fellows which had been approved. The Trust was also looking to commission		

		post-CCT training in cardiology.		
6	6.4	**Workload** **Barnet Hospital** The EM trainees stated that since the closure of the emergency department (ED) at Chase Farm Hospital, the workload at Barnet Hospital had inevitably increased. The trainees stated that despite the heavy workload, they received excellent support from consultants. The acute medicine trainees reported that their job was administratively heavy; they covered the bleep and external general practice calls. The trainees in respiratory medicine stated that the workload was heavy and there were added pressures from the High Dependency Unit (HDU) which had mainly respiratory patients. **Royal Free Hospital** The visit team heard that the closure of the Heart Hospital at University College London Hospitals NHS Foundation Trust and The London Chest Hospital, at Barts Health NHS Trust had resulted in a 30% increase in primary calls. The on call was busy and particularly onerous. Trainees indicated that if the cardiology department had a full complement of staff many aspects of the department would be improved. The trainees in intensive care reported that they had a heavy workload. There were three anaesthetics trainees with airway skills on the rota. The trainees who had worked on the medical assessment unit reported that it was a relatively busy job but was safely staffed. The trainees were responsible for many tasks that were deemed to be administrative and not always educationally appropriate. The respiratory medicine trainees stated that there were workload issues with a couple of the clinics often being overbooked. One clinic held on a Wednesday afternoon had up to 24 patients, including up to seven new patients. The consultants were supportive but some consultants had been known to leave before the clinic had finished. The EM educational leads reported that the department was looking to recruit physician associates in order to reduce the workload in the ED. The histopathology educational leads stated that the bio-medical scientists and an additional service locum were now completing a higher quantity of the specimen cut up, which reduced the burden on trainees.		

		The vascular trainees reported that they had administrative concerns regarding the routine and persistent overbooking of clinics.		
6	6.5	**Rota** The trainees at Royal Free Hospital reported concerns with their rota; diary monitoring and compliance with the regulations set out in the European Working Time Directive. The visit team heard that the workload and busyness of the department restricted them from leaving on time; this was raised in oncology, haematology, geriatric medicine and respiratory medicine. The trainees in respiratory medicine stated that the workload was heavy and staffing levels were low which resulted in difficulties in taking annual leave, they also often worked later than their rostered hours. The anaesthetic trainees reported that although the workload was high, the consultants were often in the department for 16-17 hours per day so support and cover were satisfactory. The trainees reported that there had been issues with banding for some trainees on the on call rota; they felt there was a lack of support from HR. Concerns had been raised six months prior to the visit, and trainees were still not receiving the appropriate remuneration.	A diary card exercise for trainees with particularly heavy workloads, in respiratory medicine, geriatric medicine, haematology, oncology and emergency department should be completed to ensure that all trainees are EWTD compliant.	Amber Mandatory Requirement
6	6.6	**Out of hours** **Barnet Hospital** The trainees reported that the nurse-led outreach early warning scores had been implemented at the start of June 2015; this was the same system used at Royal Free Hospital, which worked exceptionally well. It had been difficult to staff this system previously but was now possible. First impressions by trainees were that it was working well, and sick patients had been escalated quickly. **Royal Free Hospital** The visit team heard that the cardiology higher trainees had enjoyed the general medicine on call, as it had been a nice break compared to the high workload of the cardiology on call. The cardiology educational leads stated that there had been a substantial increase in the	The visit team would like to be kept updated on the Hospital at Night system on both sites. We would like to agree a realistic date for this service to be fully implemented.	Amber Mandatory Requirement

		workload out of hours and emergencies in acute medicine.		
6	6.7	**Undermining** The acute medicine trainees at Barnet Hospital commented that they had positive experiences of the staff within the Trust. They were aware of issues raised by junior trainees, but these appeared to have been addressed. The anaesthetic trainees reported that they were unaware of any bullying or undermining behaviours within their department. The trauma and orthopaedic trainees at Barnet Hospital stated that the consultants were approachable. They had found the trauma meetings to be a supportive and positive experience. The core medicine trainees commended the core medicine training programme director. They indicated that he went above and beyond normal practices, and was extremely easy to speak to.		
6	6.8	**Study leave and regional training days** **Barnet Hospital** The trainees reported no issues with receiving study leave or attending regional training days. **Royal Free Hospital** Many of the trainees commented that they had experienced delays and issues with requesting study leave and having it approved. The trainees were required to complete all the statutory training before requesting study leave, which was common in training placements; however, the central office only received monthly updates on who had completed the training. Trainees in geriatric medicine highlighted particular concerns. The trainees reported that there had been issues with the regional training days in geriatric medicine. The dates were released in December 2014, and the rota organised accordingly; however, since then three dates had changed with minimal notice, which resulted in rota gaps and some trainees unable to attend. The acute medicine educational leads commented that they were able to release trainees for study leave if provided with sufficient notice. However, educational leads in specialties such as geriatrics and acute care common stem stated that their trainees had reported not being able to take study leave in the acute medicine block.	Review the study leave available whilst in acute medicine blocks for trainees rotating through the hospital. Ensure all trainees have the same entitlements.	Amber Mandatory Requirement

7	7.1	**Education Strategy** The DME confirmed the Trust education structure. LFGs fed into the post-graduate medical education committee, into the education and workforce development committee which then fed directly into the Trust executive committee. The DME at Royal Free Hospital provided a presentation on the Trust's education strategy. The visit team heard that the acquisition of Barnet and Chase Farm Hospitals impacted greatly on the Trust. There was approximately 10,000 staff which included 611 consultants, 630 trainees and 166 clinical fellows. The Trust operated across Royal Free Hospital, Barnet Hospital, Chase Farm Hospital, Edgware Community Hospital and Finchley Memorial Hospital. The key mission of the Trust was patient care, encompassing two agendas; research and education. The visit team heard that the Trust's objective for 2014-15 was to deliver a cultural change in how patient safety and care was delivered. The DME reported that a paper was due to be submitted to the Trust executive committee the week following the visit, with the proposed new structure for education, which included two associate directors; one to be responsible for trainees in difficulty and revalidation, and the other for patient safety and innovation. The business plan included additional administrative support on each site supervised by the MEM.		
7	7.2	**Service Reconfigurations** The DME reported that the Trust had identified the first wave of specialties to undergo reconfigurations within the Trust; which included trauma and orthopaedic surgery, colorectal surgery, gastroenterology, urology, gynaecology, dermatology and cardiology. The cardiology educational leads reported that a part-time project manager had been appointed to assist with the relocation of staff and reconfiguration of services. The visit team heard that trainees, nurses and other staff were kept up to date with developments at the LFG or departmental meetings. The Trust had good engagement from all staff with regards to the changes. There was a joint educational board for all specialties, which included trainee representatives, and all transformations were discussed. Histopathology was subject to service change with for a move towards privatisation of laboratory services. Within the contracts being produced, it specifically requested educational leads were appointed. The Trust was aware that it was a challenge for the Trust to maintain training in this area.	The Trust is required to keep the education team (DME) and HENCEL team updated on the reconfiguration of posts via TLD and the impact of these changes on the experience of remaining trainees.	Amber Mandatory Requirement

		The educational leads stated that local service reconfigurations were included in the LFG agenda.		

Good Practice	Contact	Brief for Sharing	Date
The training culture within anaesthetic team and other specialities like acute medicine at Barnet Hospital should be commended.			

Other Actions (including actions to be taken by Health Education North Central and East London)	
Requirement	**Responsibility**

Information and reports provided to the team prior to the visit							
DME Annual Report	*no*	Regulator Reports/Data	*no*	LFG Reports	*no*	MEM minutes	*yes*
GMC Survey - trainees	*yes*	GMC Survey - trainers	*yes*	Previous visit reports & action plans	*yes*		

Signed	
By the Lead Visitor on behalf of the Visiting Team:	Dr Indranil Chakravorty
Date:	17 August 2015