NHS
Health Education England

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Pan-London Quality Regulation Unit

Health Education England Education and Training Quality Review

Barts Health NHS Trust

Newham University Hospital

16 July 2015

September 2015

Final Report

THE NHS CONSTITUTION
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Contents

Introduction

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

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

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

The review process intended to identify both good practice and areas that required remediation and to support the Trust to maintain high quality education and training during this challenging period. Health Education England had statutory responsibilities and was obliged to act in the best interests of patients and students/trainees and 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 be fed into the overall multi-agency improvement plan, as opposed to being managed separately by HEE.

The review was Trust-wide, and took place over three days, grouping the individual sites that made 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 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.
This report related to the Newham University Hospital site visit that took place on 16 July 2015.

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 Newham University Hospital on 16 July 2015 and the respective visit panels were led as follows:

- Medical and Dental: Professor Elizabeth Hughes, Director and Dean of Education and Quality – London and the South East – HEE
- Nursing and Midwifery: Professor Chris Caldwell, Dean of Healthcare Professions
- Allied Health Professionals (including scientists and therapists): Professor John Clark - Director and Dean of Education and Quality – South of England – HEE

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 carried out an announced inspection of Newham University Hospital between 20 and 23 January 2015. They also undertook unannounced visits to the hospital on 31 January, 2 and 4 February 2015. Overall, this hospital was found to be 'inadequate'. The CQC found that urgent and emergency care was good, but surgery, critical care, maternity and gynaecology services, services for children and young people and outpatients and diagnostic imaging all required improvement. They found that medical care and end of life care were inadequate and significant improvement was required in these core services. The CQC found that care at this hospital was good overall. However, the hospital required improvement in order to provide an effective and responsive service in order to meet the needs of patients. The hospital was 'inadequate' in being safe and well-led by the senior management.

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

Findings: Education and training at Barts Health NHS Trust

The director of medical education (DME) at Newham University Hospital reported that the teaching environment at the hospital was very rich and offered an interesting slice of medical life for the trainees, students and healthcare staff. He commented that this needed to be exploited as much as possible to give the trainees the best experience.

The interim associate dean for the medical students remarked that the main strength of the teaching programme was its staff, from foundation year one level (F1) to consultant level; he added that the quality of teaching was very high, and that this was evidenced in the positive feedback that was received from the trainees and students.

The visit team heard that for the last three years, all the foundation trainees had undertaken a face-to-face Annual Review of Competency Progression (ARCP) at the end of the year. The DME reported that, although a large undertaking, it was very worthwhile and the trainees appreciated it.

The visit team heard that there was an excellent simulation department which included a haptic skills centre which was available on a 24/7 basis. The Trust had implemented an 'hour on call' simulation course for final year medical students which involved them carrying the bleep and learning about the pressures of being on call as an F1 trainee.

The course lead for the Newham University Hospital dental course reported that dentistry received good feedback and that students appreciated the exposure that they had to real patients.

The simulation and essential clinical skills lead highlighted four areas of good practice:

1) Established emergency department simulation skills training, which was run in-situ in response to incidents. This was reportedly inter-disciplinary training which was well supported by the emergency department consultants and by the matron.
2) Expanded monthly paediatric simulation training: the appointment of nurse educators in paediatrics and the appointment of a simulation fellow had both had a positive impact on the training opportunities that could be offered to the trainees. Scenarios were reportedly run in the Rainbow Ward or in the simulation suite and external agencies were used to develop inter-professional learning.
3) Great Expectations programme for midwifery.
4) Acute psychiatry emergency course: a pilot had taken place just prior to the visit which had received very positive feedback. This was arranged as a direct result of the Trust's strong links with East London NHS Foundation Trust.

The DME reported that the move to more site-based management at the Trust had been very positive. He cited an example of when the clinical academic group (CAG) structure had worked well as it had enabled him to deal effectively with an issue raised in paediatrics regarding supervision; he had been able to harness support from elsewhere in the Trust thanks to the CAG structure. The DME conceded that this was not always the case, particularly in the bigger CAGs.

The college tutor for emergency medicine also highlighted an example of where the CAG structure had worked well in sharing good practice across sites. It had been possible to set up good educational sessions across the CAG structure; from consultants' continuing professional development days to simulation at foundation year two (F2) level. A lesson of the week had also been implemented which was disseminated to all juniors across all sites. The DME agreed that the CAG structure allowed the Trust to share good practice across

sites, but commented that good on-site management was also required to ensure that all training opportunities were maximised across all sites.

The simulation lead reported that there were site-based focused teams for simulation as well as an overarching connection across the Trust. She commented that simulation sessions were piloted at one site and then, if successful, replicated at others.

The visit team was informed about the Trust's engagement with 'Widening Participation'. It was reported that there were healthcare support worker vacancies across the Trust and that the Trust intended to build on the pre-nursing programme pilot that had been established two years earlier to try and fill these vacancies. The broad strategy was to advertise to those pupils who were not offered a place at university and encourage them to instead undertake a one year care certificate programme at the Trust.

The visit team heard that the Trust was eagerly anticipating the publication of the advanced apprenticeship framework which was due to be released in September 2015. The Trust was also keen to try and provide an improved pathway to enable healthcare support workers to move towards registration in nursing.

The DME highlighted the 'Barts Health Doc Route' scheme, which enabled local pupils who were not accepted into medical school to undertake a year of apprenticeship at the hospital. This was commended by several students who participated in this scheme.

In nursing and midwifery, the visit team heard that there were approximately 40 undergraduate nursing and midwifery students at the hospital. Of the 14 final year placement adult nursing students, 13 had taken up posts within Barts Health NHS Trust, mainly at Newham University Hospital. The visit team heard that the vacancies for registered nursing staff and registered midwifery staff presented challenges for existing staff members. Furthermore, ensuring that all student nurses and midwives received their rota in a timely fashion was still a work in progress.

With regards to the allied health professional (AHP) learners, the visit team heard that in general the learners reported a positive experience. The Trust was focusing on strengthening learner engagement and ensuring that AHP students were able to attend simulation training on a regular basis. As a result of the two earlier Health Education England reviews to Whipps Cross University Hospital and to The Royal London Hospital and St Bartholomew's Hospital, the Trust had created an action plan to develop cross-CAG learning. Furthermore, an advert for an associate director for AHP in the Education Academy had also been published.

Newham University Hospital

Nursing and midwifery

Placement preparation and rota

The visit team noted that the students' experience varied significantly depending on their ward or team allocation. Some students had a rota and mentor in place from their first day, whereas others faced lengthy delays. Even when students received their rotas in advance of their placement, this was generally only sent to them two weeks before their start date, which was often insufficient for students with complex family situations or childcare commitments. The student nurses said that they had been informed that they would be moving onto the eRostering system in the near future, however some expressed concerns about their ability to access their roster because of issues with IT access.

Pre-registration nursing and midwifery students informed the visit team that when they arrived for their placement, the member of staff in charge of the ward was often unaware of their arrival and therefore students were asked to return home and make up the extra time at a later date. Positively, the student midwives reported that at least they had the whole year mapped out for them, so they knew where they were going to be placed. However, it often still took several weeks for them to find out about their rota and mentor for each placement when they started. They commented that the difficulties faced at the start of their placement could affect their confidence throughout the placement.

Students reported that they received an orientation at the start of the placement which they found very informative.

Patient safety / training concerns

The pre-registration and post-registration nurses stated that they were confident that they knew the correct procedures for reporting incidents and that they knew who to speak to if they wanted to raise any concerns, although some commented that they had not received any feedback on incidents that they had reported, despite requests. The student nurses indicated that there had been some tensions in the past when they had reported incidents on the wards as they perceived that the qualified nurses were unhappy about it. The students stated that they preferred not to risk undermining their working relationships unless the incident was more serious.

The pre-registration midwives reported that they were well supported to raise any concerns and to report incidents.

The nursing and midwifery education facilitators informed the visit team that they had set up safety huddles at Newham University Hospital recently and that the students had started to attend them. None of the students met by the reviewers had experienced the safety huddles.

Teaching and training opportunities

Inter-professional learning was available for the midwives, but seemed to be less established for the nurses. The student nurses reported that although they had requested dedicated teaching sessions, they had been informed that the Trust was unable to organise separate teaching to the sessions already taking place at Whipps Cross University Hospital; the student nurses reported that the distance between the two sites prevented them from being able to attend the sessions at Whipps Cross University Hospital.

The pre-registration midwives reported that they had access to regular teaching sessions which were of a good quality; they were also encouraged to attend multi-disciplinary team (MDT) meetings. However not all student midwives were aware of all the teaching available for them. None of the students interviewed had undertaken training on how to delegate tasks to a health care assistant (HCA), which had led to some difficulties in their ability to work with HCAs.

Mentorship

The visit team heard from the nursing students that there was very little time available for student assessment and that many mentors did not have protected time to complete assessments during their working day and instead had to complete this work at home. This included the key mentors. The student nurses also reported that there was a paucity of sign-off mentors in some areas.

In midwifery, where the students had sign-off mentors for the duration of their placement and on the more specialist nursing wards, where professional development nurses were in place, the students had fewer difficulties in ensuring that their competencies were signed off. The midwifery sign-off mentors all agreed that it was beneficial that the student stayed with them throughout their training.

The post-registration midwives informed the visit team that they had recently employed a clinical educator, part of whose role was to provide support for the students and midwives who had moved to the United Kingdom from abroad.

The nursing mentors stated that in the critical care unit (CCU) it would be useful to have a practice development nurse in the team who would be able to spend time with the students. Students and postgraduate learners, educators and mentors all reported that learning and development was more effective in areas where there were dedicated practice development nurses or educators and that this helped both recruitment and retention of the workforce.

Feedback

The visit team heard from the pre-registration midwives that they were able to attend many student fora which had been established by the education facilitator. The student midwives reported that the education facilitator listened to their concerns and recommendations and made attempts to implement a positive change to their training experience.

The pre-registration nurses reported to the visit team that they had a student forum once a month. They said that there were also drop-in sessions where they could raise concerns.

Bullying and undermining

It was clear to the visit team that a large amount of work had been undertaken in the Trust to try to combat the bullying and undermining issues raised in the past, and that this had translated to a better working environment for both the nurses and the midwives. However both student nurses and student midwives still provided examples of being treated with a lack of respect, particularly in areas where there was a high workload pressure. Some students commented that their training environment had improved because they had learnt how to avoid certain mentors who were less than supportive. Other student midwives reported that they did not feel comfortable about raising bullying and undermining issues with their supervisor.

Preceptorship

The post-registration nurses gave extremely positive reports about the preceptorship programme. They stated that they received a great deal of support and that this had led to an increase in their confidence level. Nurses informed the visit team that the preceptorship programme had been helpful in terms of helping them think about a development pathway.

However there were concerns that the same support was seemingly not available to the international nurses who reported that they struggled to receive training, to ensure that their competencies were signed off and as a result of this, had sometimes been asked to complete tasks that were beyond their level of competence or training.

The nursing mentors agreed that the international nurses were not always able to arrange for their competencies to be signed off particularly in the areas where there was no practice development nurse.

The visit team was informed by the post-registration midwives that the hospital was very supportive of the midwives continuing their studies. In addition to this, the midwives stated that they had all been able to take time off to study and that there had been no suggestion from the Trust that they should have to do this in their own time.

Educational resources

The pre-registration nurses highlighted a number of information technology (IT) issues to the visit team, namely that their computer log-ins expired quickly, which would often left them with no computer access for the remainder of their placement.

The student midwives reported that they were unable to access the eRostering site remotely when they were at home which they found unhelpful.

Allied health professionals

Patient safety

All the pharmacist pre-registration and post-registration learners, supervisors and facilitators stated that the pharmacy function at the Newham University Hospital site was supportive and well run. They stated that whenever new learners and staff started at the Trust their competencies were reviewed and they were retrained in dispensing controlled drugs.

The pre-registration learners also stated that they were given logbooks and until an assessor signed off their competencies, they were unable to perform certain tasks. They also told the visit team that when the dispensary became very busy more experienced staff were brought in to take over the work of the pre-registration learners. This allowed the pharmacy to meet its key performance indicators and ensured patient safety as fewer mistakes were made. The pre-registration learners were happy with this process and assured the visit team that this did not limit the training opportunities available.

All staff and learners within pharmacy stated that the policies and protocols across the Trust needed to be harmonised. The visit team was pleased to hear that the policies were beginning to be rationalised and the pre-registration learners were involved in this review.

Clinical incidents

All of the pre-registration and post-registration learners stated that there were no barriers to reporting clinical incidents. They stated that they were taught how to submit online forms through Datix in all of their inductions. All learners stated that they received feedback from their reports in a timely manner.

The visit team heard from the supervisors and facilitators that they supported and encouraged the learners to report and it was a large element of the induction to the Trust.

Clinical supervision

The visit team heard that in pre-registration diagnostic radiography the support and clinical supervision was very good. Staff members were approachable and happy to explain procedures and answer any questions. This was the view of the pre-registration physiotherapist learners too.

Pharmacist pre-registration learners stated that they received good clinical supervision in the dispensary and while on the wards. The pharmacy technician pre-registration learners corroborated this view, however they stated that the pharmacy management meetings were frequent and during these meetings, there were only senior technicians on the floor. The pharmacy technicians stated that they would appreciate at least one manager on the floor while the manager meetings took place.

The diagnostic radiographers stated that when patients were referred to Newham University Hospital from another hospital site within the Trust, they were asked to undertake tasks above their level of competence or against the site protocols. The visit team found that there was a discrepancy between radiology protocols and a lack of understanding from peripatetic staff working across sites that led to disagreements with radiology practice.

Staffing

The visit team heard that there were concerns held by the post-registration learners that the increase in the local population by ten per cent had increased the number of patients admitted into the hospital but there had been no corresponding increase in staff numbers.

They stated that they were happy that the CQC report had brought this to the attention of senior management.

The pressure of service demand on training was not felt by the pre-registration learners who stated that they received excellent training however; it was affecting the post-registration learners. The visit team found that post-registration learners were proactive and put the training needs of the pre-registration learners above their own. This combined with the pressure of service work meant that they were not able to access a sufficient number of training opportunities. This was felt acutely by the post-registration pharmacists.

The post-registration diagnostic radiographers stated that they managed the on call commitments with training by swapping on calls with other staff members, which the managers allowed. The radiographers also stated that since the CQC report there had been an increase in staffing which had not only improved morale, but also the post-registration learners' ability to access training opportunities.

The visit team found that the supervisors and facilitators in physiotherapy held the perception that Newham University Hospital was allocated the least experienced learners whereas the Royal London Hospital (which managed the Trust's student allocation) allocated the most experienced learners to its own site. They felt that the high number of inexperienced learners had a significant impact on their own workload since they had to spend more time training to the detriment of service provision. The high number of staff grade doctors in the physiotherapy department exacerbated this problem as there were fewer supervisors and facilitators to oversee the training and education needs of a training group with high demands.

The pre-registration learners stated that because of the supportive environment of the hospital at Newham, they would like to work at the site, once qualified.

Training and teaching opportunities

The pharmacy and pharmacy technician post-registration learners stated that there were good training opportunities at Newham University Hospital, but the quality of teaching and training opportunities could vary depending on their ward allocation and the staff present. They stated that there was a tutorial every two weeks, which was multi-professional and organised by the pharmacy, which covered topics such as oxygen prescribing and interacting with staff and drug charts. The pharmacy technician learners also stated that there were multi-professional opportunities where they presented to nurses about their job role and then had to answer the nurses' questions.

The physiotherapy learners were posted in outpatients so did not have much contact with other professions but stated they received very good training opportunities. They stated that their colleagues were very supportive and approachable. They highlighted that their clinical educators were very good at reviewing their assessment form and helping them achieve their learner needs.

The pharmacy and radiography learners stated that their colleagues were very approachable and they could receive sign-off for their competencies either immediately or within a couple of hours.

The pharmacy learners undertaking the postgraduate clinical diploma stated that they received very good training and support for exams, encountering no problems regarding study leave. However, unlike the pharmacy technicians they did not receive any intra-departmental teaching which they felt was lacking. They stated, however, that they appreciated rotating to different sites within the Trust to experience more training

opportunities but commented that Newham University Hospital had been the best they had experienced because of the structure of the training programme and the support they received from staff.

The radiographers stated that the most detrimental impact to training and education for post and pre-registration learners was the age of the imaging equipment that was over 20 years old. This was especially true for post-registration radiography learners who needed high quality imaging for the reporting. This had also been raised in the CQC report but nothing had been implemented.

Simulation

The visit team noted that there was a paucity of relevant simulation relevant opportunities for AHPs, pharmacists and healthcare scientists. The facilitators and supervisors interviewed by the visit team were of the opinion that the simulation facilities and equipment available at the hospital only supported undergraduate and postgraduate medical and dental training.

Induction

The visit team found that the induction for all pre-registration learners was excellent and that facilitators and supervisors were proactive in their approach to inducting new staff and learners into the Trust. The induction involved one to one meetings with the assigned mentor / assessor / clinical tutor where expectations, objectives, and protocols were discussed. The emphasis was on patient safety, acclimatising learners to the site and analysing the learners' existing knowledge to tailor opportunities for the learner.

Support to learners

All the pre-registration learners stated that they had been allocated clinical educators, personal tutors, or assessors who oversaw their progress. The visit team found that there was a proactive approach to education and training within the departments, with post-registration learners, supervisors, and facilitators making a special effort to accommodate learners' needs.

All the supervisors and facilitators stated that since the merger there had been a significantly reduced amount of time allocated to the role of supervisor and facilitator for them to cover their educational responsibilities. The supervisors and facilitators in pharmacy stated that they sometimes felt over-stretched when trying to provide support to many trainees over a number of different sites.

Bullying and undermining

The visit team was pleased to hear from all they met that there was no issue of bullying and undermining. All AHPs were supportive of one another and described Newham University Hospital as a supportive family, who were all very proud of the hospital site.

Tariff and educational funding

The visit team noted that there was a distinct impression from staff at Newham University Hospital that the larger hospital sites in the Trust were being favoured for training and funding over the smaller sites and that this had given them a distinct disadvantage in training staff. Staff members were concerned that without the ability to retain experienced staff this would be detrimental to training and education of all levels of AHP learners, not just because of the experience they could offer learners but because of increased service provision as the local population increased.

The supervisors and facilitators however stated that they had not been informed of the budgets for 2015 - 2016. None of them were aware of the transparency project underway at the Trust and all agreed that the tariff was not transparent at all. There was also a lack of clarity and transparency reported regarding the revenue the radiography department raised through imaging for research.

Medical and dental education

Workload, resources and rota

The visit team found that the quality of middle grade cover was variable across the specialties due to extensive locum usage due to rota gaps. The visit team had significant concerns about training in neonatology and obstetrics and gynaecology (O&G). All of the trainees in O&G and neonatology raised serious patient safety concerns.

In neonatology, there were major rota issues and staffing issues. The trainees felt that there had been too much inertia in dealing with the rota gaps which had been well-known in advance. The core trainees in neonatology reported that there were only three core trainees on a rota for eight people. The rota also included some foundation year two trainees. The trainees had anticipated these rota issues months in advance, but despite raising the issue to their superiors, they felt that nothing had been done to mitigate against this. The trainees reported that they felt unsupported and many felt as though they were acting beyond their level of competence. The trainees reported that there was an expectation that the gaps in the rota would be filled in the coming weeks since the current situation was unsustainable. The college tutor reported that a recruitment round had just taken place and that it was expected that from September 2015, the rota shortages would be resolved.

The visit team heard that some of the Trust doctors (middle grade) in neonatology were not good at supervising the core and foundation trainees. The college tutor for paediatrics was aware of this and reported that the department had addressed this issue. The visit team requested evidence regarding how this had been resolved.

The visit team heard that a neo-natal nurse was being trained as an advanced neo-natal nurse practitioner (ANNP) and that there were plans to ensure that the new tranche of midwives would be trained to do core-level jobs. Some consultants commented that this was the only sustainable long-term plan.

In O&G the visit team heard examples of deficient staffing levels, a lack of consistent access to two emergency theatres and inadequate equipment. These issues, combined with heavy workload, meant that the trainees were under significant stress. The visit team noted that there was an apparent over-reliance on trainees to cover all the shortages in the rota. The trainees reported that they often worked beyond their rostered hours.

The O&G trainees reported that they had raised a serious incident about two O&G theatres being downgraded to one, but that they received a response informing them that a business case had been put forward for the re-opening of the second theatre. They felt that this was an inadequate response. They unanimously reported that it was an unsafe service, owing to inappropriate staffing levels for a department with 7000 deliveries per year, inadequate theatre access and inadequate equipment (two ultrasound machines, CTG machines and portable ultrasound machine all reportedly not working properly).

In O&G the trainees reported that there was no time incorporated into their rota for annual leave or for handover or for lunch or breaks and that they often had to come in on their zero mornings to cover other absent colleagues' work.

The visit team heard that although there was 72 hour labour ward cover in theory, in reality the consultants were present for over 100 hours each week; the trainees agreed that the trainers were also under a great deal of pressure. The O&G consultants agreed that staffing numbers did not match the increase in workload and deliveries but commented that the Trust was committed to recruiting additional consultants. This had been agreed following the visit in April 2014 but had not yet been finalised; however, the visit team was informed that

consultant numbers were due to be increased to 15 by the end of October 2015 which the consultants felt would have a positive impact on education and service.

There was also concern from the consultants that there would be three gaps in the trainee rota from September 2015. Permission had been granted from the Trust to recruit fellows in their place.

The visit team was informed about poor quality of care in the geriatric medicine ward where, as a result of low nursing staffing levels, patients were not being cleaned after defecating and received little stimulation during their often prolonged stays on this ward. The trainees reported that it was difficult to perform their own jobs under these circumstances and commented that two nurses covering a ward where patients were heavily dependent on individual care was insufficient.

The visit team heard that there were no surgical core trainees, but instead the rota was mostly run by locums, who changed regularly. When the rota was short, the F1 trainees were expected to act up beyond their competency. The F1 trainees felt that they were routinely supervised by locum doctors who they did not trust.

Some core medical trainees reported that they did not have rotas for their jobs that they would be starting in less than three weeks' time. Information regarding their rota was found to be consultant-dependent.

European Working Time Directive (EWTD)

The visit team heard that the junior trainees' rota had not been monitored for compliance with EWTD, apart from in urology.

Serious incidents and clinical governance

There was variable feedback from the trainees regarding serious incident reporting.

The core and higher trainees were aware of how to fill out serious incident forms. Some had received feedback whereas others had not. Some trainees were disappointed by the resolution of serious incidents and their reports. The trainees felt that the consistency of feedback depended on who investigated the incidents.

The visit team noted that the prolonged lack of adequate intensive therapy unit (ITU) capacity significantly impacted on patient care, on training and on service delivery in the ITU and respiratory medicine and critical care support to the wards. Trainees were under considerable stress as a result. The visit team heard that there was an ITU which was effectively being run as a high dependency unit (HDU) with just seven beds. It was reported that the ITU continued to house the non-invasive ventilation service. The respiratory medicine trainees felt that not having an appropriate HDU was hugely difficult as they had to make difficult decisions about what could or could not be managed on the wards. The consultants agreed that there was insufficient capacity in the ITU and that incidents had occurred as a result of delayed attendance to critical care patients, or delayed discharges and staffing issues. The consultants were of the opinion that a minimum of 10 beds was required to accommodate all the patients. They reported that this had been escalated to the CAG lead at the beginning of the merger, but that no response had been received. The medical director remarked that one of the top priorities on the site was to provide extra ITU beds and to ensure that the ITU / HDU was fit for purpose. However, it was reported that four separate business cases for an improved HDU had been proposed in the last 10 years, without success.

Out of hours

Patient safety issues were uncovered in urology. Although the department had instituted a daily consultant ward round following the last HE NCEL visit, this still had not resolved the problems over-night and patients admitted were still not being seen until the following morning.

The visit team found that there was a shortage of trainees on the surgical core-level rota, which was therefore largely staffed by locums. The core surgical orthopaedic trainee on duty (who may also be an F2 trainee) covered both trauma and orthopaedic surgery (T&O) and general surgery out of hours; the higher T&O trainee was non-resident whereas the general surgery higher trainee was resident on call. If a urology patient was admitted out of hours, the core trainee was expected to speak to the urology higher trainee at The Royal London Hospital (or alternatively speak to the general surgery higher trainee at Newham University Hospital, although this was not supposed to be their responsibility). The trainees commented that since many of the urology patients were very sick, complex patients they required a more timely review. The visit team heard that there was an online form for urology patients, which was supposed to be completed by the on call trainee / locum. The trainees reported that at times locums in the emergency department, who were not familiar with the online system, were unaware that they were supposed to complete the online form. As a result, patients were often missed and not reviewed for 48 hours.

Educational supervision

The educational supervisors reported that they received 0.25 programmed activity (PA) per educational supervisee up to a maximum of four. Most job plans had been signed off apart from in respiratory medicine.

Bullying and undermining

The DME reported that there was a bullying and undermining policy at the Trust, which was disseminated to the trainees. Trainees were informed at induction how to escalate concerns. He also reported that when issues in this area were highlighted at an earlier visit, the Trust was required to employ more consultants. As a result of this, supervision had improved and fewer undermining issues had been raised.

The core and foundation trainees were aware of some bullying issues that had occurred at the beginning of the year amongst midwives (senior to junior). The visit team heard that the main midwifery coordinator (who was named most frequently in the bullying and undermining complaints) had since been relocated to the antenatal ward. As a result, the environment had improved. However, the trainees commented that the main issue was that the midwifery managers would not come in to support the on call coordinators, even when the midwives were under-staffed and even if a consultant called the managers. The visit team heard that as a result of the under-staffing, there were two patients for every bed, two midwives for 40 mothers and consequently patient care suffered; no breastfeeding advice was given to the new mothers and therefore babies often became jaundiced.

Induction

Foundation and core trainees in neonatology and foundation trainees in obstetrics and gynaecology were not given an induction when they started in post, despite requests. Furthermore, the visit team heard examples of trainees being expected to start on nights without having received an appropriate induction. The F2 trainees were immediately placed

on the core rota which they felt was dangerous particularly as they had not been given appropriate training.

The paediatric trainees' induction was reported to be good unless they started out of sync with the rotation.

Training and teaching opportunities

The foundation trainees reported that they were well supported and that their consultants gave on the spot teaching, particularly in emergency medicine and stroke. They also reported that there was good simulation training for foundation trainees. Good feedback was received from trainees in paediatrics, geriatric medicine, trauma and orthopaedic surgery, emergency medicine and core medical training who all were satisfied with their training. The core medical training lead was particularly commended as being approachable and supportive. Some core medical trainees emphasised that although they were busy, there was a good nurturing environment and that they were well supported by their consultants. The visit team was particularly impressed by the positive reports received from core medical trainees and emergency medicine trainees and felt that other departments in the Trust might be able to learn from this good practice.

Although the O&G trainees felt that they were learning a great deal this was mainly because of their heavy workload; the trainees commended their consultants' commitment. However, the visit team heard that there was no formal teaching programme in place; trainees also complained that they were not released to attend regional training as a result of the staffing issues. Some trainees reported that they were unable to attend their special interest training while others were not allocated any ultrasound scanning. Furthermore, the trainees found it difficult to take their annual leave or study leave as there was no space on the rota. The trainees felt that they would fail to attain their curriculum requirements in scanning. Both the core and higher trainees reported that they were not released to attend their annual mandatory emergency training in O&G. Similar issues in relation to study leave and annual leave were highlighted in paediatrics and neonatology. Trainees in anaesthetics also complained of limited training opportunities. Trainees in neonatology cited the staffing issues as the main obstacle to training.

Medical Students

The visit team did not have the opportunity to meet with any medical students but instead met with three clinical teaching fellows who worked closely with the medical students. The clinical teaching fellows felt that there were sufficient opportunities and enough clinical firms to accommodate the students; no issues were reported with over-crowding.

The clinical teaching fellows reported that the students received regular bedside teaching and they highlighted the 'hour on call' simulation experience as particularly well received. During the 'hour on call', the students were given a briefing and 'fake' patient notes – they were expected to learn how to prioritise the bleeps they received and hand over patients to a team on the ward. This was reported to be a very successful course which had since been included as part of the foundation year one induction shadowing programme across all Barts Health NHS Trust sites.

The clinical teaching fellows confirmed that the haptic skills centre was widely used, particularly by the third year students who practised their skills there, e.g. catheterisation.

The clinical teaching fellows were the main point of contact for the students. They stated that if they felt unable to resolve issues themselves, they would approach their associate dean. They felt on the whole comfortable about the informal training that they had received to fulfil

the responsibilities of their role although commented that perhaps formal training (e.g. on how to deal with sensitive issues or students in difficulty) at the start of the post would be useful.

Summary

The visit team was impressed by the Trust's strong commitment to Widening Participation and the Trust's attempts to encourage the local population to take up careers in healthcare. The visit team commended the Trust's multi-professional apprenticeships and its innovative and widespread use of simulation which was responsive to the needs of the local site. The Trust's emergency department simulation, the hour on call simulation training and the paediatric simulation training were all particularly noteworthy.

The visit team noted that there was a very good learning environment with supportive consultants and healthcare staff who were committed to nurturing and training. Staff at all levels appreciated the wide experience they gained at the hospital. There were areas that provided learning experiences of particularly high quality, notably in trauma and orthopaedic surgery and emergency medicine.

In allied health professions, the visit team was pleased to find that all departments they met with valued education and even at less senior levels understood the strategic importance of well-trained staff. The visit team found that post-registration learners, supervisors, and facilitators were very proactive in ensuring training opportunities were available for pre-registration learners in the midst of an increasing workload and a predominantly less experienced workforce.

Although the working environment was clearly very challenging because of the staffing issues at the hospital, nurses and midwives reported a good working and team environment and the majority of students interviewed on the day were satisfied with the training they received at the hospital. The visit team felt that the education and training opportunities available, particularly in the emergency department, theatres, anaesthesia and in midwifery were very positive. Overall the visit team felt that the commitment of the educators within nursing and midwifery was clearly evident.

Good practice

All staff at Newham University 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 CQC. In particular:

In the allied health professional sessions, there were many notable areas of good practice including:

- The open and supportive culture surrounding serious incidents and reporting. This was particularly notable in pharmacy where the pharmacy governance lead held weekly drop in sessions for reporting, which were highly valued by learners.
- The pharmacy department had developed the use of an e-portfolio for pharmacy learners and were now looking for funding to implement this across the Trust.
- The pre-induction pack provided to pre-registration physiotherapy learners was sent out four weeks before the learners arrived at the site and covered all protocol, policies, expectations of learning and behaviour and reading on certain topics.
- The educational resources of the library were praised by staff.
- The layers of committed and approachable support that all learners received.
- The visit team noted the supportive culture and family environment that was described by all they met.

In the medical and dental session, the following areas of good practice were noted:

- The excellent training in emergency medicine, trauma and orthopaedic surgery, core medical training and geriatric medicine. Core medical trainees reported that there was a good nurturing environment and that they were well supported by their consultants. The visit team was also pleased to see a sustained improvement in paediatrics.
- The T&O trainees reported that their experience at the Trust was exceptional. The visit team heard that Newham University Hospital had won an award for 'training hospital of the year', as voted for by the orthopaedic trainees.
- The visit team also commended the innovative work being undertaken in foundation, for example the 'hour on call'.

In the nursing and midwifery session, the following areas of good practice were noted:

- The nursing preceptorship programme received very positive feedback.
- The pre-registration midwifery students appreciated the consistency of the same sign-off mentor throughout their placement.
- The visit team was pleased to see that an education facilitator had set up a number of student fora for the midwifery students to attend.

Mandatory requirements

It was 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 would be formulated once all four main sites had 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:

1. There was insufficient clinical staff cover in neonatology. The Trust was required to immediately put in place appropriate staffing on the rota to ensure safe junior staffing levels with effect from Friday 17 July 2015.

2. Previously highlighted at visits in 2013 and 2014 (as an immediate mandatory requirement) the urology F2 trainee was still working at night unsupervised on site. Problems were also noted with locums not filling in online forms due to no induction (which led to patients being lost or not being reviewed). The Trust was required to review the pathway for urology patients and support of the F1 trainee working alone in the department and the F2 trainee working unsupervised on site at night. The Trust was required to provide a proposal for solutions within 5 days.

3. In O&G, trainees were unable to fulfil their curriculum outcomes, or undertake safe ultrasound examination of obstetrics patients or undertake cardiotochography (CTG) monitoring because of faulty or inadequate equipment. The Trust was required to provide a proposal for resolution within 5 days.

4. In O&G, the organisation of the rotas was poor. The Trust was required to reorganise the O&G rotas to allow for attendance at statutory mandatory training, teaching, study leave and annual leave.

The following additional mandatory requirements were issued:

- Neonatology and O&G trainees must all receive a thorough induction when they start in post, and before they start on call. Trainees who start out of synch with the rotation should also receive a full induction.
- Midwifery managers should come in to support the on call coordinators when requested.

- Review the HDU capacity to ensure that it is fit for purpose.
- Review the nursing cover on the Larch Ward to guarantee appropriate levels of patient care.
- Ensure that the core medical trainees receive their rota in a timely fashion.
- Conduct a diary monitoring exercise for the foundation and core trainees to ensure compliance with EWTD.

Allied health professions

- No mandatory requirements were issued.

Nursing and midwifery

- Ensure that the international nurses have the relevant support and training available to them so that they are no longer being asked to complete tasks that they have not been trained to undertake.

Recommendations

Medical and dental

- The visit team recommended the recruitment and training of non-medical staff who would be able to administer many of the inappropriate tasks currently being undertaken by the trainees.
- The visit team supported the additional consultant recruitment in O&G.
- Ensure that staff members are recruited in a timely fashion to fill the O&G and neonatology rotas from September 2015.
- The visit team recommended that the clinical teaching fellows were given appropriate training prior to starting in post to ensure that they were well equipped to supervise the medical students.
- The visit team recommended that the DME should be given greater empowerment to work across the sites to share good practice – the Local Education Training Board and Lead Provider should map the training opportunities across the Trust to ensure that all opportunities were maximised.

Allied health professions

- Ensure that tariff (direct and indirect funding) is fully transparent.
- Ensure there is a site lead for AHPs who liaises with and sits on the CAG board.
- Update the imaging equipment for radiography to improve higher education, research opportunities and post-registration learners.
- Harmonise policies and protocols across the Trust for all AHPs.
- Trust staff should be informed of the different services that each profession on each site offers.
- The simulation facilities should be developed for use by AHP learners.
- Higher education institutions should work closely with the Trust to allocate pre-registration learners in light of the merger and a redistribution of staff.
- Pharmacy technicians would like to have one manager on the floor while pharmacy manager meetings are held instead of just senior technicians.
- Higher education opportunities should be developed within nuclear medicine to attract and retain more experienced staff.
- The Trust should review the staff retention rates of experienced, senior staff within the AHPs and ascertain how this affects the ability of senior staff and post-registration learners to teach, supervise and learn themselves. This should be taken into serious consideration in light of the increasing local population and its effect on increasing service provision.
- The pre-registration learners (especially in pharmacy) would appreciate more basic life support training and intra-departmental training.
- There should be an AHP forum for all AHPs (whether learners or supervisors) so that education and training needs can be discussed. This should be attended by the AHP associate director.

Nursing and midwifery

- 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 are not yet able to be trained as registered mentors.
- 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.
- Ensure that students are given their rotas in a timely fashion – we would suggest the Trust works towards six weeks to facilitate child care arrangements.
- Ensure that there is an adequate number of sign-off mentors available in nursing, and establish more effective communication pathways between mentors in order to sign nurses-off in competencies their sign off mentor may not have experienced them completing.
- Recruit an additional educator for pre-registration students to ensure that there was site based support at Newham University Hospital five days per week and education to enable a site based education programme to be put into place for pre-registration nursing students.
- Increase the number of educators in CCU and elderly care.
- Provide additional administrative support to the midwifery education facilitator.
- Address the conflict between students and HCAs and conduct some work on attitude and behaviours between the two groups.
- Continue to develop the use of safety huddles to ensure they become more embedded, and there is regular student attendance.
- The commitment to continual professional development for midwives is fantastic; however this needs to be linked to a clear workforce planning strategy.

END.