NHS Health Education England

Developing people for health and healthcare

Pan-London Quality Regulation Unit

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

Overview Report

Whipps Cross University Hospital – 7 May 2015

St Bartholomew's Hospital – 18 June 2015

The Royal London Hospital – 18 June 2015

Newham University Hospital – 16 July 2015

Final

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Introduction

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

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

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

The review process was 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. It should be noted that Health Education England had statutory responsibilities, was obliged to act in the best interests of patients and students/trainees, and was therefore required to act on any serious concerns identified in line with its published processes, whilst remaining cognisant of the fact that there was a Care Quality Commission (CQC) led improvement plan in place across the Trust. With this in mind, many of the findings from this review were anticipated to feed into the overall multi-agency improvement plan, as opposed to being managed separately by HEE.

The review 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

This executive summary report aims to provide a brief overview of the four site visits. The final reports from each of the site visits can be found in the following appendices:

- Appendix A - Requirements and recommendations
- Appendix B - Whipps Cross University Hospital report
- Appendix C - St Bartholomew's Hospital and The Royal London Hospital report
- Appendix D - Newham University Hospital report

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 (AHP) pre-registration students, the full time equivalent of 524.81 undergraduate medical placements and the full time equivalent of 299 undergraduate dental placements in the academic year 2014-15.

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

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

Our inspection team

The review of multi-professional education and training quality was led by Professor Elizabeth Hughes, Director and Dean of Education and Quality, London and the South East. A large visit team, including representatives from the General Medical Council (GMC), Health Education North Central and East London (HE NCEL) and universities associated with undergraduate programmes for nurses and allied health professionals attended the visits to four separate sites.

The respective visit panels were led as follows for the Whipps Cross University Hospital and the Royal London Hospital site visits:

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

The respective visit panels were led as follows for the St Bartholomew's Hospital site visit:

- Medical and Dental: Professor Tim Swanwick - Postgraduate Dean - Health Education North Central and East London
- Nursing and Midwifery / Allied Health Professions: Professor Chris Caldwell - Dean of Healthcare Professions

The respective visit panels were led as follows for the Newham University Hospital site visit:

- 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 Professions (including scientists and therapists): Professor John Clark - Director and Dean of Education and Quality – South of England – HEE

How we carried out this review

Before our visit, we reviewed a range of information we held regarding the Trust and compiled a comprehensive visit pack for each site visit.

During each visit the visit team met with senior individuals responsible for at each site. The visit team held focus groups with a range of staff at each hospital site including medical students, doctors in training at postgraduate level, pre-registration and post-registration student nurses and midwives, allied health professional students and clinical and educational supervisors across a wide range of medical and non-medical areas. Over the course of the three day visit, the visit team was impressed with the attendance at all four sites and was pleased with the Trust's commitment to the review.

To gain a comprehensive picture of the quality of training and education at the Trust, during the review we asked the doctors in training and their supervisors a number of questions relating to the General Medical Council's standards for training:

Domain 1 – Patient safety
Domain 2 – Quality management, review and evaluation
Domain 3 – Equality, diversity and opportunity
Domain 4 – Recruitment, selection and appointment
Domain 5 – Delivery of approved curriculum including assessment
Domain 6 – Support and development of trainees, trainers and local faculty
Domain 7 – Management of education and training
Domain 8 – Educational resources and capacity
Domain 9 – Outcomes

We also asked the nursing and midwifery students and allied health professional students and their supervisors a number of questions relating to the following areas:

1 – Patient safety
2 – Education programme planning and quality
3 – Induction and mandatory skills training
4 – Recruitment, selection and appointment
5 – Appraisal and assessment
6 – Feedback
7 – Teaching
8 – Supervision
9 – Clinical workload
10 – Audit
11 – Inappropriate tasks
12 – Rota compliance
13 – Facilities
14 – Study leave
15 – Escalating concerns
16 – Support for trainees and trainers
17 – Outcomes

We also held 'drop-in' sessions at each site visit so that staff members could talk confidentially to a lay member of our visit team. These sessions proved invaluable in providing us with additional information about the quality of education and training at the Trust.

Summary of findings

The visit team found that across the Trust there was a highly committed faculty who were keen to deliver excellent education and this was evidenced by the highly positive experiences recounted by many of the student nurses, midwives, allied health professionals (AHPs) and medical and dental students and trainees.

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.

However, the visit team found that the combination of workload, staffing issues, the failure to address some fundamental site-based administrative and managerial issues and the perceived unresponsiveness to issues from the Trust had had a significant effect on morale and the ability of staff to carry out their work effectively.

Resources

The staffing issues were of particular concern to the visit team as these appeared to be prevalent across all sites at the Trust with no apparent sustainable long-term solutions yet formulated to address this problem. There was concern that high vacancy rates and an over-reliance on bank and agency staff could lead to inadequacies in patient care and have a negative effect on the learning experience as well as the ability of the Trust to retain the students and trainees it trained.

The visit team received a number of reports relating to administrative issues across the Trust. Furthermore, the visit team noted from both trainees and trainers (particularly those at the Whipps Cross University Hospital) that there was a strong feeling of inequity in the allocation of resources across the Trust. Elsewhere, 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.

The visit team suggested that the representation of education and training should be significantly strengthened on the Barts Health NHS Trust Executive and Board. The visit team recommended a review of the adequacy of service line management, departmental staffing resources and accountability to ensure that resources across the Trust were deployed to meet demand. The visit team also recommended that each hospital should have local site-based support for key functions e.g. human resources, information technology.

Finally, the visit team recommended the recruitment and training of non-medical staff who would be able to administer many tasks currently being undertaken by the trainees.

Clinical incidents

The visit team heard variable feedback regarding serious incident reporting across the Trust. Most trainees and learners seemed aware of how to report incidents (with the exception of medical students at The Royal London Hospital and St Bartholomew's Hospital sites) but very few had received feedback on the incidents that they had reported. The visit team also heard reports from trainees and learners in different areas across the Trust who felt very disillusioned that when they had raised issues regarding patient safety or training, they had been largely ignored by the Trust management team. Trainees / learners did not believe that

their consultant supervisors were empowered to make changes in response to the concerns they raised.

Across all sites, concerns were raised regarding the intensity of workload particularly out of hours for core and foundation trainees. This was mainly due to the problems with understaffing and extensive locum usage. Many trainees were regularly obliged to undertake inappropriate tasks but were also missing out on many valuable training opportunities.

Feedback and trainee / learner engagement

The visit team heard very positive feedback from trainees and learners across all sites regarding a consultant body that was very committed to education and training with every trainee having an allocated educational supervisor. However, because both trainees and trainers were struggling to manage a high workload in a difficult environment, the quality of clinical supervision was often variable. Furthermore, trainees were often not able to take advantage of the educational opportunities available to them and were unaware of any formal channels through which to raise their concerns. In particular, there appeared to be a lack of learner engagement for the allied health professions. The visit team recommended that the Trust should establish clear channels through which the trainee and student voice could be heard. Trainee / learner fora would go a long way to improving morale for all trainees / learners across the Trust.

Safety huddles

The visit team heard from the nurses and midwives across all sites that there had been improvements in the level of compassionate care and innovations had been introduced which improved the patient experience. There had been developments in many areas of practice, which had a focus on increasing patient safety and care, such as the presence of clinical librarians on ward rounds and well attended safety huddles. The nurses and midwives stated that these had had an immediate positive impact and an active effect on clinical care. The visit team recommended that the Trust should continue to develop the use of safety huddles to ensure that they became embedded into the daily routine and that there was regular student attendance.

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

Recruitment and retention

The visit team heard that the Trust was developing a recruitment and retention strategy in order to ensure that nurses recruited by the Trust remained at the Trust. However, at the time of the visit, many staff members seemed unaware of the Trust's long-term plan to retain staff and others did not think that it would work in practice. At The Royal London Hospital, for example, of the pre-registration nurses and midwives interviewed during the visit, only a third reported that they would want to work at the hospital after they qualified. Some cited low morale, poor staffing levels and high staff turnover as the reasons why they would prefer to seek work elsewhere.

The AHPs reported that there were no training opportunities for senior staff after post-registration and as a result there were problems with staff retention across all sites.

Mentorship

Overall student nurses across all sites were positive about their learning experience across the Trust, but gave some negative feedback about the organisation of their first day on placement. At times students arrived at their allocated site only to discover that their mentor had not been notified of their imminent arrival. Students were not always given their rotas in a timely fashion and mentors did not have adequate time built into their working week to support students. The visit team also heard that there was a paucity of sign-off mentors available in nursing, and no allocated time during the shift for students and mentors to complete their sign off books.

The pre-registration midwifery students across all sites appreciated the consistency of the same sign-off mentor throughout their placement.

Preceptorship

The visit team heard glowing reports from staff across all sites regarding the preceptorship programme.

International nursing staff

At The Royal London Hospital and Newham University Hospital, the visit team found that the increase in the recruitment of nursing staff from overseas had had a significant impact on the existing workforce. This included the requirement to support and educate overseas nurses, other nurse recruits and healthcare assistants 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 were not yet able to be trained as registered mentors.

Educational structure

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

The AHP facilitators and supervisors stated that there was a total lack of transparency in the funding for AHPs, that they had experienced large delays in receiving the budgets for the departments, and that this had been detrimental for staff morale. Furthermore, the visit team heard that the structure of education for AHPs was not aligned with the clinical academic group (CAG) structure and therefore the AHPs felt that they were not supported by the Trust as much as they would like. Health science departments lacked educational structure across all sites, although this was particularly apparent at Whipps Cross University Hospital.

The visit team found that there needed to be greater clarity regarding what each site could offer in terms of AHP services.

Simulation

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

Although simulation opportunities were in place across the Trust, not all trainees and learners were able to take advantage of them. In particular, the AHPs felt that there needed to be more simulation training focussed to their educational needs across all sites.

Information technology

Staff at all levels across all sites informed the visit team that the information technology infrastructure, in particular Wi-Fi was slow at the Trust. Similarly, staff members at all levels were frustrated by the Trust's apparent disorganisation and reluctance to solve basic but important problems such as ensuring that trainees could easily activate their clinical record system (CRS) card when they started in post.

Conclusion and appendices

On behalf of the lead visitor Professor Elizabeth Hughes and the visit panels, we would like to extend our gratitude to Barts Health NHS Trust for cooperating and engaging with the review and for helping Health Education England to ensure that the review process was worthwhile and well attended. We hope that in the fullness of time the review will lead to significant improvements in the training and education environment across the entire Trust.

HEE recognises the number of commissioning and regulatory organisations currently involved with supporting Barts Health NHS Trust. This review was designed as an assurance mechanism – in order to assess, across the Trust, the quality of education and training.

The findings included in the site reports, and the requirements and recommendations as a result of these, are far reaching. In some cases the findings and requirements mirror closely the findings of partner organisations such as the Care Quality Commission. In recognising this, the Trust is required to review the requirements and recommendations and provide a written update against each one – specifically stating how an action plan against these will be taken forward. HEE is not seeking a separate action plan for the findings – rather assurance that all of the requirements and recommendations will be fed into the overall Trust improvement plan – in a transparent and auditable fashion. The manner in which updates against these requirements will be collected will be decided following an initial response from the Trust. The final reports for each site and a summary of the recommendations and requirements at each of the site visits can be found in the appendices at the end of this document, as follows:

- Appendix A - Requirements and recommendations
- Appendix B - Whipps Cross University Hospital report
- Appendix C - St Bartholomew’s Hospital and The Royal London Hospital report
- Appendix D - Newham University Hospital report

END

APPENDIX A

Summary of Requirements and Recommendations

Immediate Mandatory Requirements

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

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		proposal for resolution within 5 days.
Medical Education	Newham University Hospital	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.

Mandatory Requirements

Area of concern	Site	Action to be taken
All	All	The representation of education and training must be significantly strengthened on the Barts Health NHS Trust Executive and Board.
All	All	Review adequacy of service line management, departmental staffing resources and accountability ensuring that resources across the Trust are deployed to meet demand.
All	All	Each hospital to have local site-based support for key functions e.g. human resources, information technology.
All	All	Establish clear channels through which the trainee and student voice can be heard.
Medical education	Whipps Cross University Hospital	Conduct a review of the on call system and adequacy of cover at nights and weekends.
Medical education	Whipps Cross University Hospital	Conduct a review of the handover system.
Medical education	Whipps Cross University Hospital	Conduct a review of deficiencies in key equipment / access to investigations.
Medical education	Whipps Cross University Hospital	Conduct a review of the system for obtaining and replacing CRS cards.
Medical education	Whipps Cross University Hospital	Ensure all new starters have a log-in when they begin work at the trust.
Medical education	Whipps Cross University Hospital	Review and strengthen induction processes.
Medical education	Whipps Cross University Hospital	Conduct a review of office space to ensure that trainees have dedicated space where they can work quietly and confidentially to fulfil their administrative duties.
Medical Education	The Royal London Hospital	The acute surgical take needs to be reviewed and strengthened. Provide outcome of review including details of steps that will be taken to improve the out of hours experience.

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Medical Education	The Royal London Hospital	Review the third year medical student placements to ensure that over-crowding does not occur. Ensure that all timetables are up-to-date.
Medical Education	The Royal London Hospital	Review the core surgical and core medical trainees' rotas and timetables. Ensure that the core surgical trainees and core medical trainees receive dedicated training experience appropriate to their level. Ensure that they are released to attend teaching sessions.
Medical Education	The Royal London Hospital	Ensure that there is an allocated clinical supervisor for all paediatric sub-specialties, for T&O and for neurosurgery.
Medical Education	The Royal London Hospital	Ensure that the foundation trainees are able to attend weekly teaching sessions that are curriculum mapped and appropriate for their training requirements.
Medical Education	The Royal London Hospital	Ensure that all trainees are released to attend their mandatory training days.
Medical Education	St Bartholomew's Hospital	An undergraduate coordinator should be appointed for the St Bartholomew's Hospital site so that the students are better supported.
Medical Education	St Bartholomew's Hospital	Ensure that there is a consistent and reliable induction for all students and trainees.
Medical Education	St Bartholomew's Hospital	Review the usage of the clinical skills laboratory; ensure that it is used more efficiently and that regular timetabled sessions are held there which the undergraduate students can attend.
Medical Education	St Bartholomew's Hospital	Review training posts in electro-physiology oncology to ensure that they are fit for purpose.
Medical Education	St Bartholomew's Hospital	Review the competency of nursing bank agency staff, particularly in chemotherapy to ensure that they are appropriately trained.
Medical Education	St Bartholomew's Hospital	Review the out of hours cover of surgical patients and ensure that handover and escalation plans are formalised and clarified to trainees.
Medical Education	St Bartholomew's Hospital	Review the balance of ICU and theatre experience for the anaesthetics trainees as currently this does not meet trainees' curriculum requirements.
Allied Health Professions	St Bartholomew's Hospital	The Trust should engage with staff when creating policies and cite the General Pharmaceutical Council's regulations for pharmacy policies.
Allied Health Professions	St Bartholomew's Hospital	Student diagnostic radiographers must be assigned clinical supervisors or a mentor so that they can obtain feedback on their training and performance. They must also attend both a Trust and departmental induction.

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Medical Education	Newham University Hospital	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.
Medical Education	Newham University Hospital	Midwifery managers should come in to support the on call coordinators when requested.
Medical Education	Newham University Hospital	Review the HDU capacity to ensure that it is fit for purpose.
Medical Education	Newham University Hospital	Review the nursing cover on the Larch Ward to guarantee appropriate levels of patient care.
Medical Education	Newham University Hospital	Ensure that the core medical trainees receive their rota in a timely fashion.
Medical Education	Newham University Hospital	Conduct a diary monitoring exercise for the foundation and core trainees top ensure compliance with EWTD.
Nursing and midwifery	Newham University Hospital	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

Area of concern	Site	Action to be taken
Medical education	Whipps Cross University Hospital	Foundation teaching to be reviewed in line with learner feedback.
Medical education	Whipps Cross University Hospital	Provide systematic ways of engaging students and trainees in quality improvement activity
Allied Health Professions	Whipps Cross University Hospital	The Trust should foster an educational community or forum for AHP learners; this should also be used to engage learners at a Trust level.
Allied Health Professions	Whipps Cross University Hospital	There was a lack of assessors for post-registration pharmacists which meant delayed sign offs. The Trust is recommended to increase the number of assessors to post-registration pharmacists undertaking the diploma.
Allied Health Professionals	Whipps Cross University Hospital	The Whipps Cross University Hospital sites and Royal London Hospital sites need to harmonise their pharmacy labelling systems.
Allied Health	Whipps Cross	It is recommended that the AHPs are able to attend the Schwartz round.

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Professionals	University Hospital	
Allied Health Professionals	Whipps Cross University Hospital	The Trust is recommended to review the bullying and undermining reporting and feedback system, to alleviate the frustration felt by staff regarding the perceived inaction of management.
Allied Health Professionals	Whipps Cross University Hospital	The Trust is recommended to review the serious incident feedback system, to alleviate the frustration felt by staff regarding the perceived inaction of management.
Allied Health Professionals	Whipps Cross University Hospital	There is a lack of transparency for the AHP tariff. It is recommended that the Trust review and highlight the allocated tariff to each AHP department.
Allied Health Professionals	Whipps Cross University Hospital	There needs to be more Trust support for the AHP departments including the biomedical laboratories that are not yet part of Modernising Scientific Careers.
Nursing and midwifery	Whipps Cross University Hospital	The international education nurses appeared to be a good start, but the skills part of the induction did not happen early enough, which would be a welcome benefit. Furthermore, it was reported by the nurse trainers that the placement could be longer. The student nurses programmes were for 12 months and the nurses spend a lot of time teaching the nurses processes and developing their skills including communication. Students attending for longer periods would mean that they could be far more receptive, departments would then benefit for longer periods of time.
Nursing and midwifery	Whipps Cross University Hospital	The Trust needs to review the method in which departments are notified as to when to expect students; at present there is inconsistent communication and students regularly attend without anyone being informed.
Nursing and midwifery	Whipps Cross University Hospital	The high workload, due to understaffing means that mentors and students have to complete the paper work for their mentorship in their own time. It is recommended that time is rostered in for mentorship paperwork sign off.
Nursing and midwifery	Whipps Cross University Hospital	The transparency of funding project had not reached a ward level and the nurses were unaware of what the tariff was spent on. It is recommended that the Trust review and highlight the allocated tariff to each ward for nursing and midwifery.
Nursing and midwifery	Whipps Cross University Hospital	The e-rostering system had been well received by the midwives and the nurses would like it implemented too. However the midwives stated that there had been complications for setting up logins and passwords. If the system is to be implemented more widely it is recommended that these complications are resolved.
Nursing and midwifery	Whipps Cross University Hospital	The 'staff academy' / leadership development programme led by University College London was a well-received course and many of the learners would like to see it run more frequently.
Medical education	The Royal London Hospital	Amend the induction process so that frequently returning trainees do not have to regularly repeat all modules.
Medical education	St Bartholomew's Hospital	Explore the possibility of employing clinical teaching fellows in all departments to support continuity and to improve the training environment.

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Medical education	St Bartholomew's Hospital	Increase the number of training sessions on the clinical record system to ensure that trainees are able to perform their work appropriately and safely.
Allied Health Professions	The Royal London Hospital	Ensure that all clinical scientist departments understand the learners' curriculum requirements.
Allied Health Professions	The Royal London Hospital	A trainee or trainer forum for the AHPs would be useful to coordinate learning and disseminate good practice.
Allied Health Professions	St Bartholomew's Hospital	Review the policy for study leave to ensure that the process is transparent and consistent for all.
Nursing and midwifery	The Royal London Hospital	Please review what impact the increase in the recruitment of nursing staff from overseas has had on the existing workforce. This includes the requirement to support and educate overseas nurses, other nurse recruits, and HCAs through their induction and preceptorship period, as well as the reduction in the availability of mentors to teach, supervise and assess students because the overseas recruits cannot yet be trained as registered mentors.
Nursing and midwifery	The Royal London Hospital	The Trust should review the current capacity of the preceptorship practice development team to ensure the current post holder is adequately supported to manage the induction and preceptorship of a significantly increased number of staff in line with the planned recruitment activity.
Nursing and midwifery	The Royal London Hospital	Ensure that courses for mentors are well advertised and made available to all mentors across the nursing spectrum, and facilitate their release to attend training.
Nursing and midwifery	The Royal London Hospital	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.
Nursing and midwifery	The Royal London Hospital	Please review the provision of teaching accommodation for nurses and midwives close to the clinical environment e.g. within the Tower at the Royal London Hospital.
Nursing and midwifery	The Royal London Hospital	Ensure that students are given their rotas in a timely fashion – we would suggest the Trust works towards six weeks to facilitate childcare arrangements.
Nursing and midwifery	The Royal London Hospital	The Trust should take action to ensure students feel valued whilst on placement, as this will be critical to the Trust's success in recruiting students at the point of registration.
Nursing and midwifery	The Royal London Hospital	Provide clear guidelines to nurses working within community settings regarding the legal requirements for prescribing.
Nursing and midwifery	The Royal London Hospital	Please look at reinstating the transition to community nurse training programme.

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Nursing and midwifery	The Royal London Hospital	Ensure that practice teachers have the necessary time to allocate to the teaching and training of community nurses.
Nursing and midwifery	The Royal London Hospital	Review how support can be improved for community nurses to find GPs to work with as part of their independent prescribing programme.
Nursing and midwifery	The Royal London Hospital	Ensure that students are made aware of how to raise patient safety concerns and that they are made aware of human factors and safeguarding.
Nursing and midwifery	The Royal London Hospital	Ensure that student teaching sessions are not cancelled because of high student workload and that students are able to attend these sessions.
Nursing and midwifery	The Royal London Hospital	The lone worker policy and the no access policy should be incorporated into the community induction.
Nursing and midwifery	The Royal London Hospital	Please review the provision of mobile devices for practice educators who work across site and ensure that they have the appropriate tools to enable remote working and at the bedside teaching.
Nursing and midwifery	St Bartholomew's Hospital	The organisation of the first day in post needs to be reviewed; sharing more detailed contact information (including email addresses) would be helpful in terms of setting up rotas with mentors.
Nursing and midwifery	St Bartholomew's Hospital	Please review the Trust's chemotherapy training programme and ensure that all staff required to administer chemotherapy are able to undertake and complete an accredited chemotherapy training programme within a timely period to ensure patients receive safe and efficient treatment.
Nursing and midwifery	St Bartholomew's Hospital	Ensure that oncology nursing staff members have access to local clinical educators who co-ordinate a programme of continuous professional and role development consistent with that experienced by nurses in cardiac services and ITU.
Nursing and midwifery	St Bartholomew's Hospital	Ensure that all third year students are assigned a sign-off mentor from the commencement of their placement as set out in the course requirements.
Nursing and midwifery	St Bartholomew's Hospital	Ensure that an effective system is in place to provide appropriate alternative mentors when allocated mentors are on leave.
Medical Education	Newham University Hospital	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.
Medical Education	Newham University Hospital	The visit team supported the additional consultant recruitment in O&G.
Medical Education	Newham University	Ensure that staff members are recruited in a timely fashion to fill the O&G and neonatology rotas from September 2015.

APPENDIX A

Summary of Requirements and Recommendations

	Hospital	
Medical Education	Newham University Hospital	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.
Medical Education	Newham University Hospital	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	Newham University Hospital	Ensure that tariff (direct and indirect funding) is fully transparent.
Allied Health Professions	Newham University Hospital	Ensure there is a site lead for AHPs who liaises with and sits on the CAG board.
Allied Health Professions	Newham University Hospital	Update the imaging equipment for radiography to improve higher education, research opportunities and post-registration learners.
Allied Health Professions	Newham University Hospital	Harmonise policies and protocols across the Trust for all AHPs.
Allied Health Professions	Newham University Hospital	Trust staff should be informed of the different services that each profession on each site offers.
Allied Health Professions	Newham University Hospital	The simulation facilities should be developed for use by AHP learners.
Allied Health Professions	Newham University Hospital	Higher education institutions should work closely with the Trust to allocate pre-registration learners in light of the merger and a redistribution of staff.
Allied Health Professions	Newham University Hospital	Pharmacy technicians would like to have one manager on the floor while pharmacy manager meetings are held instead of just senior technicians.
Allied Health Professions	Newham University Hospital	Higher education opportunities should be developed within nuclear medicine to attract and retain more experienced staff.
Allied Health Professions	Newham University Hospital	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.
Allied Health Professions	Newham University Hospital	The pre-registration learners (especially in pharmacy) would appreciate more basic life support training and intra-departmental training.

APPENDIX A

Summary of Requirements and Recommendations

Allied Health Professions	Newham University Hospital	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	Newham University Hospital	Please review what impact the increase in the recruitment of nursing staff from overseas has had on the existing workforce. This includes the requirement to support and educate overseas nurses, other nurse recruits and HCAs through their induction and preceptorship period, as well as the reduction in the availability of mentors to teach, supervise and assess students because the overseas recruits are not yet able to be trained as registered mentors.
Nursing and midwifery	Newham University Hospital	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.
Nursing and midwifery	Newham University Hospital	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.
Nursing and midwifery	Newham University Hospital	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.
Nursing and midwifery	Newham University Hospital	Recruit an additional educator for pre-registration students to ensure that there was site based support at Newham five days per week and education to enable a site based education programme to be put into place for pre-registration nursing students.
Nursing and midwifery	Newham University Hospital	Increase the number of educators in CCU and elderly care.
Nursing and midwifery	Newham University Hospital	Provide additional administrative support to the midwifery education facilitator.
Nursing and midwifery	Newham University Hospital	Address the conflict between students and HCAs and conduct some work on attitude and behaviours between the two groups.
Nursing and midwifery	Newham University Hospital	Continue to develop the use of safety huddles to ensure they become more embedded, and there is regular student attendance.
Nursing and midwifery	Newham University Hospital	The commitment to continual professional development for midwives is fantastic; however this needs to be linked to a clear workforce planning strategy.

Health Education England

Developing people for health and healthcare

Pan-London Quality Regulation Unit

Whipps Cross University Hospital

7 May 2015

September 2015

Final Report

THE NHS CONSTITUTION
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Introduction

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

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

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

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

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

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

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

Background

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

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

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

Findings

Education and training at Barts Health NHS Trust

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nursing and midwifery

Patient safety

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

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

Staffing

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

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

Clinical supervision – working with mentors

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

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

Out of hours

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

Rotas

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

Induction

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

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

Training and curricula sign-off

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

Preceptorship programme

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

Educational governance

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

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

Information technology (IT) access

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

Allied health professions

Induction

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

Serious incident reporting

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

Clinical supervision

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

Supervision, mentorship and support

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

Training, teaching and simulation-based learning

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

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

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

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

Tariff, education structures and resources

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

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

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

Bullying and undermining

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

Impact of Care Quality Commission report

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

Medical and dental education

Patient safety

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

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

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

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

Staffing issues

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

Serious incidents

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

Resource issues and impact on education and training

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

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

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

Engaging trainees and faculty

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

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

Educational supervision and clinical supervision

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

Induction

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

Teaching and training opportunities

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

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

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

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

Inter-professional learning and multi-professional education

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

Simulation

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

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

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

Curriculum delivery

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

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

Bullying and undermining

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

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

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

Study leave

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

Access to educational resources

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

Information technology

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

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

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

Summary

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

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

Good practice

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

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

Mandatory requirements

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

General

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

Medical and dental

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

Allied health professions

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

Nursing and midwifery

- No mandatory requirements were issued.

Recommendations

Medical and dental

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

Allied health professions

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

Nursing and midwifery

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

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

END.

Health Education England

Developing people for health and healthcare

Pan-London Quality Regulation Unit

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

The Royal London Hospital St Bartholomew's Hospital

18 June 2015

September 2015

Final Report

THE NHS CONSTITUTION
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Introduction

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

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

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

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

The review of multi-professional education and training quality was led by Professor Elizabeth Hughes, Director and Dean of Education and Quality – London and the South East – a large visit team, including representatives from the General Medical Council (GMC), Health Education North Central and East London (HE NCEL) and universities associated with undergraduate programmes for nurses and allied health professionals, attended The Royal London Hospital and St Bartholomew's Hospital sites on 18 June 2015. The respective visit panels were led as follows:

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

The review was Trust-wide, and took place over three days, grouping the individual sites that make up Barts Health NHS Trust as follows:

- Day One – Whipps Cross University Hospital
- Day Two – St Bartholomew's Hospital and The Royal London Hospital
- Day Three – Newham University Hospital and other sites

This report relates to The Royal London Hospital and St Bartholomew's Hospital site visits that took place on 18 June 2015.

Background

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

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

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

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

Findings: Education and training at Barts Health NHS Trust

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

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

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

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

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

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

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

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

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

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

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

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

The Royal London Hospital

Nursing and midwifery

Mentorship

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

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

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

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

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

Raising issues

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

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

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

Rotas

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

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

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

Induction

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

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

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

Simulation

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

Supervision

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

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

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

Teaching and training

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

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

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

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

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

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

Preceptorship Programme

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

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

Recruitment and Retention Strategy

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

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

Allied health professionals

Patient safety

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

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

Training, teaching and simulation-based learning

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

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

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

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

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

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

Serious incidents (SIs) reporting

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

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

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

Educational structure

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

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

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

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

Supervision, mentorship and support

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

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

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

Learner engagement

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

Educational Resources

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

Induction

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

Medical and dental education

Staffing resource, workload and impact on training and education

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

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

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

Out of hours

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

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

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

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

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

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

Serious incidents and clinical governance

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

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

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

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

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

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

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

Local faculty groups and trainee fora

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

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

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

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

Educational supervision

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

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

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

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

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

Teaching and training opportunities

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

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

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

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

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

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

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

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

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

Support: Bullying and undermining

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

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

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

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

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

Dentistry

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

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

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

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

Simulation

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

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

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

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

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

Induction

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

Study leave

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

Access to educational resources

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

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

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

St Bartholomew's Hospital

Nursing and midwifery*

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

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

Development of training pathways for bands one to four

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

Student experience, induction and mentorship

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

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

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

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

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

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

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

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

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

Serious incident reporting

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

Inter-professional learning

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

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

Simulation

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

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

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

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

Preceptorship

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

Opportunities for on-going development and retention of staff

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

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

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

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

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

Study Leave

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

Allied health professionals, pharmacists and healthcare scientists

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

Induction

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

Supervision

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

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

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

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

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

Inter-professional learning

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

Serious incident reporting

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

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

Opportunities for on-going development

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

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

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

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

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

Study leave

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

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

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

Medical education

Serious incident reporting

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

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

Resource issues and their impact on education and training

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

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

Training and education

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

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

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

Educational and clinical supervision

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

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

Handover

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

Induction

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

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

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

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

Rota and out of hours

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

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

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

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

Access to educational resources

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

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

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

Summary

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

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

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

Good practice

All staff at both The Royal London Hospital and St Bartholomew's Hospital should be commended for their hard work and commitment not only to patients, but to training and education in the face of a high workload and the significant organisational issues identified by the Care Quality Commission. In particular:

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

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

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

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

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

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

Mandatory requirements

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

General

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

Medical and dental

The following immediate mandatory requirements were issued:

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

The following additional mandatory requirements were issued:

The Royal London Hospital

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

St Bartholomew's Hospital

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

Allied health professionals

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

Nursing and midwifery

- No mandatory requirements were issued.

Recommendations

Medical and dental

The Royal London Hospital

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

St Bartholomew's Hospital

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

Allied health professionals

The Royal London Hospital

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

St. Bartholomew's Hospital

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

Nursing and midwifery

The Royal London Hospital

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

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

St Bartholomew's Hospital

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

END.

NHS
Health Education England

Developing people for health and healthcare

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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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.