QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust

Foundation medicine

Risk-based Review (focus group)

Quality Review report

17 October 2017

Final report

Developing people for health and healthcare

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Quality Review details

Background to review	The Risk-based Review (focus group) was proposed in response to the results the Trust received in the 2017 General Medical Council National Training Survey (GMC NTS). For foundation year 1 (F1) trainees in medicine a green outlier was received for educational governance. In comparison, for F2 trainees, a number of red outliers were received in relation to: overall satisfaction, reporting systems, teamwork, supportive environment, induction, adequate experience and curriculum coverage. A further pink outlier was also received for feedback. This was in comparison to the 2016 results, in which F2 medicine received just one red outlier in relation to feedback and two pink outliers for supportive environment and induction. Health Education England therefore felt it was necessary to meet with the trainees, firstly to understand why there had been such a significant deterioration in the GMC NTS results from 2016 to 2017 and secondly to understand why the results for medicine F2 trainees were more negative than the results received in relation to medicine F1 trainees.
Training programme / learner group reviewed	Foundation medicine (including the following sub-specialties): - Gastroenterology - Respiratory medicine - Care of the elderly - Critical care - Haematology oncology - Stroke medicine - Paediatrics - Endocrinology
Quality review summary	Health Education England would like to thank the Trust for accommodating the Risk-based Review (focus group) and for ensuring the session was well-attended. During the course of the review, the quality review team was informed of a number of areas that were working well with regard to the education and training of foundation medicine trainees: - The foundation year 1 trainees the review team met with, confirmed that they felt well supported and that they had met with their clinical and educational supervisors. - The trainees based in the acute medical unit (AMU) at Queen's Hospital reported that they received good teaching, such as the 'case of the day' and that departmental teaching was provided on a weekly basis for all junior trainees within AMU. - All trainees reported that they had received a Trust and departmental induction. However, areas for improvement within foundation medicine training were highlighted as follows: - The trainees reported that they did not receive regular feedback on their progress, which they would have found beneficial.

	- Although all trainees confirmed that they knew how to exception report, many of the trainees commented that they often felt discouraged to do so by consultants within the various departments. - The trainees working in gastroenterology at Queen's Hospital reported that they regularly finished two hours late, and that they did not feel well supported on the wards as there were significant rota gaps. They indicated that although the higher trainees were supportive, often they were not present on the ward due to other commitments and therefore not enough clinical supervision was provided. - The trainees based at King George Hospital indicated that many of the medicine departments were understaffed and that there were a lot of locums who undertook shifts. They indicated that often the locums did not have the correct logins for the e-handover system which resulted in jobs for patients being missed and not being undertaken. The trainees in general felt that out of hours and at weekends, there was inadequate clinical supervision and support provided at King George Hospital, as many of the staff were locums. - Many of the trainees indicated that they found it difficult to access the Trust's study budget for courses, as they had to complete all their statutory mandatory training before they could access it. The trainees indicated that some of the statutory mandatory training involved face-to-face sessions which the trainees found difficult to attend due to how busy the various wards were. They indicated that due to their workload, they were not able to attend the statutory mandatory training sessions and therefore could not access the study budget. - The trainees reported that there were problems with the coordination of their rota, as there were separate coordinators for the on-call rota and their specialty ward rotas. The trainees indicated that this could result in three out of four trainees for one specialty all being on-call on the same shift, which then left the ward extremely short staffed during the day. - The foundation year 2 trainees reported that as both sites were so busy, they felt the majority of their time was spent undertaking administrative and inappropriate duties, and that as a result they did not receive adequate exposure to training. - The foundation year 2 trainees based at King George Hospital reported that the case mix and pathology was not as good as at Queen's Hospital, which meant they did not routinely see complex cases or gain enough exposure or training opportunities.

Quality Review Team			
HEE Review Lead	Dr Keren Davies Director of North East Thames Foundation School	**GP Representative**	Joyti Sood GP Associate Dean Health Education England North East London
Trust Liaison Dean	Dr Indranil Chakravorty Trust Liaison Dean Health Education England North East London	**Trainee Representative**	Dr James De Boisanger Trainee Representative

Lay Member	Robert Hawker Lay Representative	**Scribe**	Elizabeth Dailly Deputy Quality and Reviews Manager Health Education England London and the South East
Observer	Ed Praeger Learning Environment Quality Coordinator Health Education England London and the South East	**Observer**	John Forster Quality Support Officer Health Education England London and the South East

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
FM1.1	**Appropriate level of clinical supervision** The trainees based within respiratory medicine at Queen's Hospital reported that the consultants and higher trainees within the department were approachable and that there was a good team dynamic. The trainees indicated that as the higher trainees were often in clinic and had other commitments, it was predominantly only the core trainees who were available to provide clinical supervision. However, the review team was informed that within gastroenterology there were significant rota gaps which meant appropriate clinical supervision was not provided. The trainees indicated that although the higher trainees were supportive, they were often not based on the wards as they were undertaking endoscopy lists or were extremely busy so did not provide much clinical supervision. Furthermore, the trainees reported that the consultants often had morning clinics when they were supposed to be undertaking ward rounds, and would only attend the wards in the afternoon once they were finished.	Yes, please see FM1.1

	This was further highlighted as an issue when discussing the out of hours rota and trainees indicated that there was a lack of senior decision making in relation to gastroenterology patients at Queen's Hospital. The trainees reported that covering gastroenterology patients on-call, especially when you were not routinely based within that specialty was extremely difficult as there was often no consultant available and they had to contact the medical higher trainee on call. The review team was informed that to improve this, the Trust had introduced a system where there was now a gastroenterology consultant who covered both sites available at the weekend. However, the trainees indicated that as they covered both sites, they could only do a brief ward round in the morning and the F1 trainees had to prioritise which patients needed senior review. The trainees commented that this was particularly difficult if they were not routinely based within gastroenterology and did not have a full understanding and knowledge of the patients. The trainees within oncology stated that although the consultants were approachable, there was not a consistent senior presence on the ward and that the trainees had to contact the medical higher trainees or ITU to ensure that patients received senior review, The trainees within care of the elderly stated that there were always higher trainees and consultants available to provide support and clinical supervision to the trainees. It appeared to the review team that the clinical supervision provided at King George Hospital at weekends and out of hours was variable, due to the number of posts that were filled by locums and the lack of consultants available.	
FM1.2	**Responsibilities for patient care appropriate for stage of education and training** The review team was informed that the majority of the nurses at both sites were either not willing or trained to take bloods or insert cannulas on patients, which resulted in the trainees spending a significant amount of time completing such tasks.	
FM1.3	**Rotas** When discussing the respiratory medicine department, some of the trainees reported that there were often rota gaps present, which had a negative impact upon their workload and could make the trainees feel quite overwhelmed. Although the workload was manageable when the department was fully staffed, the review team was informed that often this was not the case and the trainees further stated that this often resulted in them staying late to complete the work. The trainees working in gastroenterology similarly indicated that they often finished two hours late, However, the majority of trainees indicated that they routinely only stayed approximately half an hour late. Those within geriatrics confirmed that they finished on time, despite the couple of rota gaps that were present at the time of the review. All of the trainees the review team met with confirmed that they were aware of how to exception report and had been encouraged to do so by the Education Team and the Guardian of Safe Working during their induction. However, a number of trainees commented that they felt they were actively discouraged from reporting by the consultant body, as many of the consultants often saw the exception reports in a punitive manner and felt that they reflected negatively on the department and consultant in question. In particular, this appeared to take place in respiratory medicine and the review team was informed that some trainees were told to take any additional time back as opposed to submitting an exception report. Some trainees indicated that this was similar in the gastroenterology department. However, the review team was informed that this was not the case in all departments, and that a previous trainee's exception reporting had resulted in an additional foundation post being added in a department, in response to the department recognising that there were significant workload issues which had led to the previous trainee exception reporting.	Yes, please see M1.1

	The review team was informed that the rota was organised in a sub-optimal and haphazard way and that the trainees felt the rota coordinator needed additional support. The trainees stated that different people were responsible for the acute medicine out of hours rota and the trainees' specialty based ward rota and that this had resulted in instances when the majority of trainees from one department had been on the acute out of hours rota at the same time, which then left the ward extremely short staffed during the day. The trainees felt there needed to be better coordination of both rotas. The trainees stated that it was sometimes difficult to take annual leave and some indicated that it had taken nearly two months for leave to be approved. Furthermore, the trainees reported that at the time of the review, they had not received their rotas for their next placement which meant they had not been able to secure annual leave.	Yes, please see TW1.3b
FM1.4	**Induction** All of the trainees confirmed that they had attended the Trust induction and the majority reported that they had a departmental induction. However, it appeared that the quality and comprehensiveness of the departmental inductions varied. In particular, the trainees based in respiratory medicine commented that although they received a document prior to starting the post, no one spent time with them explaining how the department worked. Furthermore, some of the trainees indicated that when they were due to undertake their firsts on-call rota they were informed that a higher trainee and the rota coordinator would be there to explain how it worked. However, on the day the higher trainee post was unfilled and the rota coordinator did not turn up.	Yes, please see FM4.1
FM1.5	**Handover** The handover system in place at King George Hospital did not appear to be sufficiently robust, especially at the weekends. Although the trainees confirmed that an e-handover system was in place, the review team was informed that at the weekends, there were a lot of locum staff undertaking shifts and they did not always have the necessary logins to the handover system. The trainees reported that often this resulted in jobs for patients being missed, as the locum staff would not add on the jobs that needed to be undertaken to the handover system. At Queen's Hospital, the trainees indicated that the handover system was robust and that they could easily track patients if they were moved. However, the trainees indicated that sometimes patients could be moved from the Acute Medical Unit (AMU) before all the relevant jobs could be undertaken, which often resulted in jobs being missed or repeated as the ward they had been moved to were not sure whether the jobs had been undertaken. However, a group of trainees indicated that at the time of the review they were undertaking a quality improvement project which focused upon this and ensured there was a robust handover between wards when patients were moved.	Yes, please see FM1.5
FM1.6	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The majority of the trainees the review team met with informed the review team that they did not receive regular feedback on their progress from consultants or other senior members of the department. The trainees further commented that if any feedback was given, it was often of a negative nature as opposed to any positive feedback being delivered. Many of the foundation year 2 (F2) trainees the review team met with reported that as Queen's Hospital was so busy, they spent a large proportion of their time undertaking administrative and inappropriate duties as opposed to accessing learning and teaching opportunities.	Yes, please see FM1.6

	The F2 trainees based at King George Hospital further commented that they were not exposed to the same case mix and pathologies that trainees experienced at Queen's Hospital. As there were less acutely unwell patients and complicated cases at King George Hospital, the trainees did not find that their placements offered valuable training opportunities. The F1 trainees at King George Hospital also stated that routinely they did not undertake much clerking and predominantly carried out the jobs for patients.	
FM1.7	**Protected time for learning and organised educational sessions** The trainees based in the intensive care unit (ITU) at King George Hospital reported that they received good teaching sessions from both consultants and higher trainees within the department. This was echoed by the trainees based in the acute medical unit (AMU) who informed the review team that the department had a 'case of the day' which the trainees found beneficial and thought presented good training opportunities. Furthermore, the trainees reported that teaching was provided in the unit on a weekly basis for all junior doctors, which the trainees were extremely complimentary of. The trainees based at King George Hospital indicated that the majority of the teaching sessions that had been provided related to statutory mandatory teaching as opposed to clinical topics that the trainees would have found more useful for their daily practice.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

FM2.1	**Impact of service design on learners** The trainees indicated that they often found it difficult to access the Trust's guidelines and policies and that the online system was difficult to navigate and not user friendly. However, the review team was informed that at the time of the review, one of the trainees was undertaking a quality improvement project regarding this issue.	
FM2.2	**Organisation to ensure access to a named educational and clinical supervisor** The majority of trainees at F1 and F2 level at both sites confirmed that they had met with both their educational and clinical supervisors.	

3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required. **3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**		
FM3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The trainees based in ITU at King George Hospital indicated that they received lots of support from the consultants and higher trainees within their department and good career guidance.	
FM3.2	**Academic opportunities** Some of the trainees the review team met with reported that they found it difficult to access the Trust's study budget, due to the requirement that all statutory mandatory training had to be completed before they could access it. For the majority of the training the trainees indicated that this was not an issue as most of it could be completed online. However, the review team was informed that some of the training involved face-to-face sessions the trainees had to arrange and attend themselves, which they often found extremely difficult to do considering how busy they were on their various wards. They indicated that due to their workload, they were not able to attend the face-to-face statutory mandatory training sessions and therefore could not access the study budget. Furthermore, some of the trainees commented that they had been advised to get a credit card to pay for courses themselves which would then be refunded by the Trust. The trainees informed the review team that they could access the UpToDate system which they found extremely beneficial and useful.	Yes, please see TW3.2

Good Practice and Requirements

Good Practice

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
M1.1	The quality review team was informed that the management of the acute medical rota was a major challenge for the Trust, especially the out of hours rota. Instances of patient safety concerns were highlighted by trainees at all levels, due to known and unplanned and unexpected rota gaps, urgent changes to which site the trainee was supposed to be based at during their on-call shift and trainees being put under pressure to continue on duty after a long day shift. The issue related to inadequate	The Trust to confirm that the review of the rotas has taken place and that the issue has been appropriately addressed.	R1.12

	rota management and lack of clinical leadership in relation to the rota. Furthermore, the trainees reported that when they tried to contact the rota coordinator, there was poor responsiveness and communication. The Trust is required to appoint clinical rota leadership, plus rota manager with oversight of both the medicine acute and ward cover rota, as well as the anaesthetic and surgical rotas. The Trust must deliver a plan to provide a communal rota that is visible and accessible to all trainees, meeting the training hours requirement and that enables the trainees to facilitate swaps and take leave.		

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
TW1.3a	The Trust to ensure that trainees across all specialties are not discouraged from submitting exception reports. The Trust to disseminate and communicate this to all educational and clinical supervisors.	The Trust to confirm that such information has been communicated to all educational and clinical supervisors.	R1.12
FM1.4	The Trust to ensure that all trainees receive a thorough departmental induction when starting their post. Trust to create timetable, agenda, register and summary of feedback from trainees. Departmental induction must be provided for any trainee starting any post at any time of year. The departmental inductions developed must be sustainable, of high quality and must include: • orientation and introductions • details of rotas and working patterns • clinical protocols	Trust to submit copy of departmental induction handbook. Trust to supply timetable, agenda, register and summary of feedback from trainees. Trust to confirm, via audit of trainees, that each trainee has received an induction and that this was considered fit for purpose.	R1.13
FM1.5	The Trust to review the handover system in place at King George Hospital and ensure that all locum members of staff have the relevant logins to ensure the handover system works appropriately.	The Trust to confirm that the handover system at King George Hospital has been reviewed and detail the outcome of the review. The Trust to ensure that all members of staff have the appropriate logins and provide a summary of feedback from trainees. This can be through local faculty group minutes.	R1.14
FM1.6	Trust to conduct audits on the type of inappropriate duties undertaken and how often/for how long. Trust to institute a robust phlebotomy system.	The Trust to submit: • Audit of inappropriate duties undertaken • Trust action plan that includes standard operating procedure for phlebotomists	R1.9

	Trust to write a policy on private work for Trust personnel, which explicitly clarifies the roles that trainees have within the system. Trust must augment the phlebotomy service to minimise the routine blood-taking by FDs, particularly at weekends, and to ensure that all routine blood samples deemed necessary by the medical teams are taken by phlebotomists.	• Copy of policy • Audit of time spent by FDs undertaking phlebotomy	

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
TW3.2	The Trust to review the system in place for trainees accessing the study budget. The Trust to ensure that trainees are able to attend the face to face mandatory teaching sessions; that they have allocated time and that enough sessions are provided for them to attend.	The Trust to confirm the outcome of the review and provide trainee feedback regarding their access to the study budget	R3.12

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
FM1.1 Issue in relation to gastroenterology to be discussed at upcoming education lead conversation in December 2017.	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Keren Davies
Date:	06 November 2017

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.