

# Barking, Havering and Redbridge University Hospitals NHS Trust

**Medicine and Critical Care**

**Risk-based Review (education lead  
conversation)**



## Quality Review report

4 October

Final Report

Developing people  
for health and  
healthcare

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## Quality Review details

<b>Training programme</b>	Medicine and Critical Care
<b>Background to review</b>	<p>This education leads conversation was the resultant action of a meeting in July 2018 between the Trust and HEE to discuss the Trust's performance in the 2018 General Medical Council National Trainee Survey (GMC NTS). The GMC NTS results returned a significant number of red outliers for Gastroenterology, Geriatrics and Anaesthetics.</p> <p>The red outliers across the three specialties were further signs of a marked deterioration in the delivery and quality of medical education within these specialties at the Trust, and HEE had previously undertaken a number of interventions within these specialties.</p> <p>HEE also wanted to give the Trust the opportunity to clearly set out how it had allocated funding provided by HEE for the purposes of delivering medical education and training, as well as to address systemic issues around rota design throughout the Trust.</p>
<b>HEE quality review team</b>	<ul style="list-style-type: none"> <li>- HEE Review Lead – Dr Sanjiv Ahluwalia, Postgraduate Dean, North Central and East London</li> <li>- Dr Indranil Chakravorty, Deputy Postgraduate Dean, North East London</li> <li>- Dr Emma Whicher, Regional Medical Director (London), NHS Improvement</li> <li>- Paul Smollen, Deputy Head of Quality, Patient Safety and Commissioning, HEE</li> <li>- Andrea Dewhurst, Quality, Patient Safety and Commissioning Manager, HEE</li> <li>- John Marshall, Learning Environment Quality Coordinator, HEE</li> </ul>
<b>Trust attendees</b>	<ul style="list-style-type: none"> <li>- Interim Medical Director</li> <li>- Director of Medical Education</li> <li>- Associate Director of Medical Education</li> <li>- Head of Medical Education &amp; Training</li> <li>- Deputy Medical Education Manager</li> </ul>

- Deputy Director of Workforce
- Guardian of Safe Working
- Deputy Finance Director
- Divisional Director, Anaesthetics
- Clinical Lead Geriatrics
- Clinical Lead Gastroenterology
- Divisional Manager, Specialist Medicine
- Medical Education Advisor
- Medical Education Fellow

### Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
	<p><b><u>Gastroenterology</u></b></p> <p>The review team heard that the Trust was committed to addressing the systemic issues within Gastroenterology to ensure that trainees felt supported at all times. It was made clear to the Trust that all previous interventions undertaken by HEE, which had included input from NHS Improvement (NHSI) and the General Medical Council (GMC), had failed to engender the improvements required.</p> <p>It had been reported that staff at all levels, not just junior doctors, felt that there was a lack of support from senior clinicians and the Trust management. The review team were particularly concerned about the quality of care and trainee safety with regard to outlier patients compared to ward-based patients. The review team heard that the Trust had had a shortage of middle grade doctors in January and February 2018 and that this had led to an increase in incident reporting for trainees working beyond their contracted hours. The review team was encouraged to hear that there was now a full complement of middle grade doctors in post in the Department.</p> <p>The review team heard that winter pressures in early 2018 had had significant impact on the Department and that this, as well as a complex patient cohort that include a large number of elderly patients, had exacerbated the impact on the quality of education and support for trainees. It was reported that the Trust was working on a new workforce plan and were remodelling the Gastroenterology service in anticipation of similar pressures for the coming winter. The plan included capping the number of outlier patients to four, and it was expected that the plan would reduce trainee and consultant workload to allow more emphasis on education and training. The Department was in the process of finalising the business case for submission to the Trust Board. Provided that the business case was signed off, it was expected that the plan would be implemented from 1 December 2018. The review team sought</p>	<p>Yes, please see ELC1</p>

	<p>assurance from the Trust that this would be the case and the Trust agreed to update HEE in the event that the implementation slipped from 1 December.</p> <p>With regard to clinical supervision, the review team heard that the Trust had implemented a daily morning board round. It was felt that any remaining issues around clinical supervision were in the afternoon at handover. To address this the review team heard that the Trust planned to implement a 'consultant of the week' role and to increase the visibility of senior clinicians on the ward.</p> <p>The review team remained concerned about the culture within the Department, which had been described as 'fractious'. It was reported that since the meeting with HEE in July 2018 that a monthly faculty meeting had been in place as a forum to raise concerns and improve relations within the Department. The Trust did note that there had been no reported concerns from foundation doctors at both sites.</p> <p>The review team felt that the changes described did not sound sufficient enough to address the systemic issues within the Department. Whilst it recognised that the steps taken may improve the trainee experience in the short-term, the review team was not confident that they could deliver the sustainable reforms required. It was decided that HEE would conduct an on-site visit to meet with all trainees working within Gastroenterology, including foundation and core medical trainees, and the clinical and educational supervisors at a follow up review in December 2018.</p>	<p>Yes, please see ELC1.2</p> <p>See other actions</p>
	<p><b><u>Finance</u></b></p> <p>The review team was disappointed to hear that the Trust could not provide it with a complete breakdown of where the funds allocated to the Trust by HEE for the purposes of education and training had been spent.</p> <p>The Trust management assured the review team that all funds allocated by HEE had been spent on education and training. The review team heard that oversight of the budget for education and training had been moved to the Medical Director's Office, and that a named lead was working with colleagues in finance to provide a clear audit trail down to a granular level.</p> <p>That the Trust was not able to provide this breakdown was cause for serious concern and it was decided that a follow up meeting in December 2018 was necessary, where it was expected that the Trust would be able to give a full breakdown of where funding provided by HEE had been allocated.</p> <p>The review team was encouraged to hear that previous issues around the payment of Lead Employer Trust contracts had improved. Delays in payment to the Royal Free London (RFL) NHS Foundation Trust had led to the RFL considering returning training contracts to HEE. The Trust stated that severe cash flow problems had been the cause of these delays but that the situation had eased and that the Trust was now paying 93% of its invoices on time.</p>	<p>Yes, please see ELC2</p>

	<p><b><u>Geriatric Medicine</u></b></p> <p>The Trust outlined the steps it had taken to address the systemic issues around education and training in Geriatric Medicine since the meeting to discuss the GMC NTS results in July.</p> <p>The review team heard that the Trust had conducted a number of trainee focus groups. At these focus groups the trainees had stated that rotas continued to be the main source of negativity impacting the overall trainee experience, and it was noted that the reputation of the Trust as a training institution had fallen as a result. It was reported that the trainees wanted clarity around access to annual leave and that they would be released for regional training days. Acting upon these findings, the review team heard that the Trust had developed a more robust induction process and presented new trainees with a timetable outlining their scheduled clinics. It was reported that the Trust had made the handover process more robust and that this was now treated as a formal learning opportunity.</p> <p>The review team heard that the Trust now had a substantive consultant in place at both Queen’s Hospital and King George Hospital, and that a former trainee would be taking up a consultant post in November 2018. The review team heard that the Trust was looking to fill further consultant roles with substantive appointments to reduce the reliance on locums. In addition to these consultant appointments, the review team heard that the Trust was looking to appoint a senior nurse consultant and move to a nurse-led service at King George Hospital.</p> <p>It is anticipated that this nurse-led model would free consultants from some duties and that this would allow them more capacity for supporting education and training. The review team heard that the Trust had identified two nurses within the multidisciplinary team who, with the necessary support and training, were ideal candidates for the senior nurse consultant role and that a business case was awaiting sign off from the Trust management. The review team cautioned that whilst new models of care are innovative, they should not be seen as an all-encompassing remedy to systemic issues.</p> <p>The review team stated that it wanted to meet with the nurse consultant at the follow up review in December if the appointment had been made by then, or that the Trust provide an update on the progress to date. The Trust was also asked that it provided a detailed plan of how the proposed workforce plan would be implemented and the impact this would have on trainees.</p>	<p>Yes, please see ELC3</p>
	<p><b><u>Anaesthetics</u></b></p> <p>The Divisional Director for Anaesthetics provided the review team with an update of the steps taken to address the issues around the rota for trainees in Anaesthetics, as well as overall trainee satisfaction and issues around the culture within the Department.</p> <p>The review team was pleased to hear that the Trust had recognised the issues within Anaesthetics and was addressing these. It was reported that a</p>	

	<p>second college tutor had been appointed to allow more capacity for educational support to trainees. As well as this appointment, the Trust had made amendments to the rota, and scheduled protected learning time for Fridays, and had implemented a weekly Neuro Anaesthesia journal club.</p> <p>The review team heard that the Trust had reaffirmed its expectations of educational supervisors (ES) and had addressed the issues around supporting both ES and trainees. It was reported that the necessary accountability of ES' had not been managed appropriately and that it was now expected that ES meet with their trainees on a more formalised and regular basis and were required to attend a minimum of 75% of local faculty group (LFG) meetings. To support the ES, it was reported that the Trust planned to offer more support and career development opportunities to staff involved in supporting trainees. The review team heard that the Trust's goal for the Department was for it to be recognised as a centre of excellence for education and training.</p> <p>The review team heard that the ongoing issues around the culture within the Department were being addressed. It was reported that the source of any bad feeling within the Department stemmed from a small number within the consultant body. It was felt that poor relationships between these consultants and the impact of this on trainees, along with how these consultants interacted with trainees contributed to the cultural issues within the Department.</p> <p>To address this, the review team heard that a Departmental 'away day' was planned for 11 October as a team building exercise, with more planned as part of an ongoing programme.</p> <p>To monitor the effect of these changes it was agreed that the Trust would conduct a survey of the entire anaesthetics workforce, with the questions framed around the impact of the changes made on trainee experience.</p> <p>The review team also heard that the reporting system for clinical incidents had been streamlined across the Trust after an exercise to improve the user experience. It was noted that the time to log a report was more than halved, taking around eight minutes to complete compared to twenty minutes previously. It was reported that trainees had complained that the delivery of feedback was slow and, at times, insufficient. The review team heard that the Trust was looking to deliver constructive feedback to reported incidents in a timelier manner.</p>	<p>Yes, please see ELC4</p>
	<p><b><u>Rota Board and Workforce Planning</u></b></p> <p>The review team heard that the Trust had set up a Rota Board for all medical specialties to audit all rotas to ensure that staffing levels were appropriate at all levels, and that the necessary clinical supervision of trainees was in place. It was reported that staff at all levels from within the Trust, including trainees, had representation on the Board, and that the Board met on a fortnightly basis and would continue to do so for the foreseeable future. The Rota Board</p>	



<p>currently has a named chief consultant, and the Trust is looking to nominate a named chief registrar.</p> <p>The review team heard that the Trust was currently implementing an e-rostering system, with a view to setting up a 'master rota' for all medical specialties. This would include pre-booking all trainee regional training days, rather than require the trainees to book these days at a local departmental level. It was reported that there were some issues around the coordination of rotas for the emergency pathways, but that these were not unique to the Trust as planning for areas with a variable workload had always been a challenge. However, it was hoped that the master rota would allow for better planning overall.</p> <p>The review team heard that the data for the master rota was still being collected and would then be subject to a data cleanse before the rota would be implemented. The Trust could not yet confirm a date for the implementation but this was expected to be around December 2018. Once in place, the rota would present an eight-week forward view across all medicine specialties across the Trust.</p> <p>The review team welcomed this development but urged caution with regard to e-rostering as there was potential for the rota presented on screen to be compliant in contrast to what is actually happening on the ward. To counter this, the Trust stated that it was encouraging input from the frontline to ensure that any changes were updated in real time.</p> <p>The review team heard that on average the Trust was needing to fill around 90 locum shifts per day across the Trust. To address this and to bring the reliance on this volume of locums, the review team heard that rotas could be remodelled to include longer shifts and different working patterns in some instances, and that trainees had been open to such changes.</p> <p>It was agreed that Dr Indranil Chakravorty, Deputy Postgraduate Dean for North East London would join the Rota Board, and it was requested that the Trust present HEE with an update on the implementation of the master rota at the follow up review in December.</p> <p>The review team also heard of the Trust's plans to develop its workforce by looking to recruit more nurse consultants, physicians associates and nurse associates. It is anticipated that with more staff in these roles the demands on trainees will be reduced, and that consultants will have more capacity to support education and training. It was also noted that the Trust was working with Great Ormond Street Hospital for Children NHS foundation Trust (GOSH) to develop a trainee app – something that is already in place at GOSH – that offers a range of information and advice across the trainee experience.</p>	<p>Yes, please see ELC5 and ELC5.2</p>
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### Next steps

### Conclusion

The review team thanked the Trust for facilitating the review, and its efforts in preparing all of the materials presented to the team. It was recognised that the discussion had been difficult in some parts.

The review team welcomed the setting up of the new Rota Board and the steps that had been taken to address the cultural issues in Anaesthetics and the improved access to educational supervision.

However, HEE remains concerned that:

- the Trust cannot provide a detailed breakdown and audit trail of where funding provided by HEE for the purposes of medical education and training have been allocated.
- the appropriate level of clinical supervision of trainees is not present at all times within Gastroenterology and that the proposed changes do not go far enough to provide sustainable improvement required.
- the workforce plan for Geriatric Medicine is not detailed enough to show how the proposed plan, involving a Nurse Consultant-led ward, will improve trainee experience.

It was agreed that HEE would conduct a follow up visit in December 2018 to assess the impact of the proposed changes within Gastroenterology and Geriatric Medicine, as well as the implementation of the new rota, and to discuss the breakdown of the allocation of the HEE tariff across the Trust.

## Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
ELC 1	The Trust is required to update HEE if the proposed implementation date of 1 December 2018 for the new Gastroenterology work plan will be delayed.	Trust to inform HEE if the proposed implementation of 1 December 2018 will not be met.	R2.3
ELC 1.2	The Trust is required to submit the minutes of the monthly faculty group meetings	Trust to submit LFG minutes to HEE Quality Team	R2.2
ELC 2	The Trust is required to provide a detailed breakdown of how the educational tariff provided by HEE has been spent at the follow up review in December 2018.	The Trust is required to provide a detailed breakdown of how the educational tariff provided by HEE has been spent at the follow up review in December 2018, and if appropriate submit any papers to HEE two weeks before the agreed date.	R2.2
ELC 3	The Trust is required to provide a detailed proposal for the transformation of the	Trust to prepare detailed proposal for the transformation of the Department	R2.1



	Department that addresses the systemic issues in the department, including how this plan would be implemented, at the follow up visit in December 2018.	ahead of the follow up review in December 2018, and if appropriate submit any papers to HEE two weeks before the agreed date.	
ELC 4	The Trust is required to conduct a survey of the whole of the Anaesthetics workforce to assess the impact of the changes implemented around culture and supportive environment ahead of the follow up review in December 2018.	Trust to submit survey results to HEE two weeks ahead of the agreed date for the follow up review in December 2018.	R2.3
ELC 5	The Trust is required to invite Dr Indranil Chakravorty, Deputy Postgraduate Dean, HEE to the Trust's Rota Board meetings.	Trust to send calendar invites and any associated terms of reference for the Board to Dr Indranil Chakravorty	R2.3
ELC 5.2	The Trust is required provide HEE with an update on the implementation of the new rota at the follow up review in December 2018, including for Hospital@Night, along with an assessment of the impact on it has had on patient safety, trainee wellbeing and distribution of workforce on medical/ specialty wards.	Trust to prepare an update on the implementation of the new rota ahead of the follow up review in December 2018, and if appropriate submit any papers to HEE two weeks before the agreed date.	R2.3

### Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
	N/A		

### Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
HEE Quality Team to liaise with the Trust to arrange the follow up review in December 2018.	Tolu Oni/John Marshall, HEE Quality

### Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Sanjiv Ahluwalia
Date:	6 November 2018

**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.