

Barking, Havering and Redbridge University Hospitals NHS Trust

Medicine and Critical Care Medicine and
Critical Care

Risk-based Review (education lead
conversation)



Quality Review report

11 December 2018

Final Report

Quality Review details

Training programme	Medicine and Critical Care
Background to review	<p>This was a follow up Education Leads Conversation from the one held in October 2018 between the Trust and Health Education England (HEE) to review progress on the 2018 General Medical Council National Trainee Survey (GMC NTS) results where a significant number of red outliers for gastroenterology, geriatric medicine and anaesthetics were returned.</p> <p>The education leads conversation in October 2018 resulted in several actions for the Trust and HEE wanted to provide the Trust with the opportunity to discuss progress. These actions related to systemic issues across medicine and critical care and included induction, accountability for financial allocations by HEE through the Learning and Development Agreement (LDA) and rota management.</p>
HEE quality review team	<ul style="list-style-type: none"> - HEE Review Lead – Dr Sanjiv Ahluwalia, Postgraduate Dean, North Central and East London - Dr Indranil Chakravorty, Deputy Postgraduate Dean, North East London - Dr Catherine Bryant, Deputy Head of School of Medicine and Medical Specialties, HEE London - Dr Cathy Cale, Deputy Medical Director (London), NHS Improvement - Samara Morgan, Principal Education QA Programme Manager, General Medical Council - Kate Rivett, Lay Representative - Paul Smollen, Deputy Head of Quality, Patient Safety and Commissioning, HEE - Andrea Dewhurst, Quality, Patient Safety and Commissioning Manager, HEE
Trust attendees	<p>The review team met with the following Trust representatives:</p> <ul style="list-style-type: none"> - Interim Medical Director - Director of Medical Education - Associate Director of Medical Education - Head of Medical Education & Training - Deputy Medical Education Manager - Deputy Director of Workforce - Guardian of Safe Working Hours - Deputy Director of Finance - Divisional Director for Acute Medicine

- Deputy Divisional Director, Anaesthetics
- College Tutors, Anaesthetics
- Head of Medical Directors Office
- Consultant, Care of the Elderly
- Clinical Lead for Care of the Elderly
- Medical Education Advisor
- Medical Education Fellow

Conversation details

	Summary of discussions	Action to be taken? Y/N
1	<p>Geriatric medicine</p> <p>The review team was reassured by the Trust senior team on their commitment to addressing the systemic issues within geriatric medicine, remained focussed on education and training and to ensure that trainees felt supported.</p> <p>The Trust had been progressing an internal service reconfiguration whereby Holly Ward at King George's Hospital would be transferred to Clementine B Ward at Queen's Hospital. The Trust confirmed that the service at King George's Hospital would be nurse-led with no geriatric medicine trainee doctors allocated to the service. The planned date of this reconfiguration of moving to a nurse-led service, supervised by 2 consultants was April 2019, resulting in improved management of outlier patients. The Trust were in the process of training the nurses to ensure that they had the required skills prior to the nurse-led service coming into effect. The ward was currently an acute ward with Trust grade doctors providing the service with consultant cover. The Chief Nurse was managing the transition but there was a recognition that the Trust would need to develop a multi-professional workforce to support service delivery.</p> <p>It was reported that since the last education leads conversation in October 2018 that the Trust now had a dedicated senior education lead in post (two Programmed Activities (PAs) per week). The review team heard that all geriatric medicine trainees had been allocated a substantive geriatric medicine consultant.</p> <p>It was reported that trainees had been raising concerns through the Faculty Group meetings and that these concerns were being addressed to improve the trainee experience. The Trust provided the review team with an example of when one of the wards had received negative trainee feedback through a Faculty Group meeting and the subsequent action by the Trust had been to move the trainees to another ward. It was confirmed that Faculty Meetings now received secretarial support which had ensured that the meetings took place monthly, alternating between Queen's Hospital and King George's Hospital, were minuted.</p>	<p>Yes, please see other actions</p>

	<p>The review team heard that geriatric medicine trainees were receiving a dedicated departmental induction that had been diarised to ensure attendance.</p> <p>The review team recognised that there had been evidence of improvement. It was agreed that there would need to be a further follow-up education leads conversation in April 2019 to assure HEE that the plans implemented by the Trust are sustained.</p>	Yes, please see other actions
2	<p>Anaesthetics</p> <p>The Deputy Divisional Director for Anaesthetics (DDDA) 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 working to address these.</p> <p>It was reported that there had been changes made to the rota and the new rota for neurology anaesthesia would be implemented from February 2019 and trainees would be able to request leave three months in advance through the e-rostering system. The review team were advised that the anaesthetic trainees had been told to inform the education leads (ELs) if they required a specific module and that these requests were being accommodated. The DDDA and College Tutor (CT) stated that part of the challenge has been designing the rotas to ensure that the service and educational activity had been accounted for.</p> <p>With regards to clinical supervision, the Trust confirmed that trainees have clinical supervision although it was recognised that this supervision may be from a Specialty and associate specialist (SAS) or senior Trust doctor. The review team heard that at Queen's Hospital the consultant was on-call from home between 11pm and 8am but that there would be a senior doctor available on-site. The review team heard that cover at King George's had a different model whereby the consultant was on-call during the day with a core trainee level 1 (CT1) until 8pm and a senior specialty doctor providing cover at night. The Trust confirmed that there were no trainees on-site at King George's after 8pm. It was noted that there have been no concerns raised by trainees during Faculty Group meetings about out of hours cover and access to a consultant on-call, other than those related to a single individual of which the DDDA and CT were aware off and were actively addressing.</p> <p>The review team heard that exception reporting within anaesthetics was rare and those reports which had been submitted were for additional hours over a trainee's contracted hours.</p> <p>The review team heard that the CT and DDDA had been reviewing communication channels between the separate anaesthetic teams and it</p>	

	<p>was recognised that clear communication between the education leads would be essential to improving the culture and atmosphere within the department. It was confirmed that there were module leads and that trainees knew whom to contact and this had provided consistency for trainees. The review team also heard that the focus of the trainee meetings had also been changed to encourage trainees to raise concerns in real-time rather than retrospectively</p> <p>The review team noted that all clinical supervisors had met the GMC Standards One to Four and that a two-tier appraisal system was currently being developed whereby educational supervisors would receive an enhanced appraisal every two years.</p> <p>It was confirmed that all consultant clinical supervisors had 0.25 PA within their job plan, but the review team noted that this did not apply to SAS clinical supervisors.</p> <p>The review team was pleased to hear that the CT was actively encouraging the consultant body to be education supervisors. It was noted that each education supervisor had 0.25PA per trainee within their job plan.</p> <p>It was recognised that the Trust had a comprehensive teaching programme for anaesthetic trainees with a wide range of opportunities available including continued medical education meetings that were consultant led. The review team noted that there were opportunities for the trainees to present to the whole department.</p> <p>The review team heard that there had been several team-building workshops since the last visit in October 2018 to address the cultural issues. The Trust confirmed that the trainee survey would be issued to trainees for completion on 11 December 2018 and that it would be sent to all anaesthetic trainees in post from August 2018 to date. In addition, the review team heard that the DDDA was aware of the issues of consultants being perceived to be talking inappropriately to each other and to trainees and was working with the consultant body on tolerance.</p> <p>The review team recommended that the Trust explored other pathways for supporting trainees, for example signposting trainees to relevant links on the intranet, developing a set of Frequently Asked Questions (FAQs) and using the Chief Registrar and Medical Education Fellow to work with the Medical Education team on the induction processes.</p>	<p>Yes, please see M&CC 2.1</p> <p>Yes, please see M&CC 2.2</p> <p>Yes, please see M&CC 2.3</p> <p>Yes, please see M&CC 2.4</p> <p>Yes, please see M&CC 2.5</p>
<p>3</p>	<p><u>Finance</u></p> <p>The review team heard that the Medical Director (MD) had been overseeing meetings with the finance department, with the clear objective of ensuring accuracy of the LDA and transparency of Tariff and placement fee funding.</p>	

	<p>The MD was unable to provide full details of the budget at the education leads conversation to the review team. It was recognised that a number of historic areas within the budget needed to be clarified and resolved prior to budget setting for 2019/2020.</p> <p>The review team stated that the clinical and educational supervisors within the anaesthetics department had protected time within their job plans but were not clear whether the division was receiving the financial resource within their budget line. The Trust confirmed that this was part of the historic issues that needed to be resolved but that the MD had the full support of the finance department.</p> <p>The review team requested further clarification on the use of Tariff and placement fee funding to support library services.</p>	<p>Yes, please see M&CC 3.1</p> <p>Yes, please see M&CC 3.2</p>
4	<p><u>Induction</u></p> <p>The 2018 GMC NTS highlighted poor induction across the Trust and the review team requested clarification from the Trust on how this was being addressed.</p> <p>The Trust confirmed that induction had been discussed at the Faculty Meetings in geriatric medicine. The Geriatric EL stated that they meet with all new trainees commencing in Geriatrics after the Trust induction and ensured that they received an introduction to the department; however, feedback from trainees had been that they did not recognise this as a departmental induction.</p> <p>The review team heard from the Director of Medical Education (DME) that the Medical Education team would be producing a “survival guide” to form part of the induction process along with a session from the outgoing trainee to the incoming trainee. The DME confirmed that this would be monitored through Faculty Groups.</p> <p>The review team recommended that the Trust consider new ways of delivering a department induction, for example via podcasts or v-log so that junior doctors could access the information on their electronic devices.</p> <p>The review team heard that the audit of the department induction was an on-going piece of work.</p>	<p>Yes, please see M&CC 4.1</p> <p>Yes, please see M&CC 4.2</p>
5	<p><u>Guardian of Safe Working Hours (GoSWH)</u></p> <p>The GoSWH stated that there had been 490 exception reports during the last two years and that following the GoSWH review, the information was cascaded to the relevant clinical department. The review team heard that geriatric medicine, gastroenterology and acute medicine have been the three main areas which reported exceptions; the other divisions did not</p>	

	<p>appear to be utilising the exception reporting system, particularly the higher trainees at specialty training level 3 (ST3) and above.</p> <p>The review team stated that there had been clear evidence of engagement with trainees in regard to exception reporting and that this transparency around hours should be seen as a credit to senior colleagues within the Trust. It was noted that the last report to the Trust Board was the annual report for 2017/18; there had been no further GoSWH report owing to the large amount of data requiring analysis.</p> <p>The review team recognised that the MD was committed to supporting the exception reporting process. The review team stated that it would be beneficial to see the exception reporting process enhanced through the provision of administrative support to the GoSWH to enable greater analyse, follow-up and reporting to the Trust Board.</p> <p>The was recognition that there was no Trust policy around exception reporting and the review team asked the Trust to ensure that this was addressed and that trainees were signposted to the process.</p>	<p>Yes, please see M&CC 5.1</p> <p>Yes, please see M&CC 5.2</p>
6	<p><u>Rota Board and Workforce Planning</u></p> <p>The review team heard that the Trust implemented a Medical Rota Oversight Board (MROB) in October 2018 and that this Board had been meeting fortnightly to discuss rota design for the acute medical specialties (one for ward cover and the other for the acute take).</p> <p>The Deputy Director of Workforce (DDW) stated that the Trust needed to understand the establishment of doctors first and that this need had impacted upon the pace of the work being undertaken by the MROB.</p> <p>The review team heard that the revised Foundation Year 1 (F1) rota would be implemented from February 2019 with the Foundation Year 2 (F2) rota being implemented in April 2019. There would also be a new rota for the core medical trainees based at Queen's Hospital implemented in April 2019. It was stated that prior to the specialty registrar rota being redesigned, there would need to be an establishment review.</p> <p>The review team welcomed the work around the medical rotas although were concerned that the rotas would need restructuring once all have been introduced. Rotas would need to be mapped so that there could be early identification of any gaps and to ensure stability prior to implementing the F1 rota in February 2019.</p> <p>The DDW confirmed that postgraduate medical mandatory teaching sessions had been included within the e-rostering system to ensure that medical trainees were released to attend.</p> <p>The Trust confirmed that cost was not a constraint and that the recruitment of additional Trust grade doctors to cover the twilight shift was being considered as a temporary measure whilst discussions continued</p>	<p>Yes, please see M&CC 6.1</p>

	<p>around rota design. It was stated that the emergency medicine service team were undertaking a review to roster the medical teams to the demand on the acute medical team out of hours.</p> <p>The review team heard that trainees were being issued rotas eight weeks in advance, but the Trust could not confirm whether this had positively affected vacancy rates, although it was stated that there has been reduced agency usage.</p> <p>The review team heard that there had been F1 trainee involvement in the redesign of the rota however there had been less input from the other training grades. The Trust was conscious of this as an issue and the review team stated that there needed to be greater trainee and trainer involvement in the rota redesign. It was recognised that there needed to be an on-going mechanism for checking and changing the rotas as required by changes to working patterns and the review team recommended that this should be a longer-term aim of the MROB.</p> <p>The review team was concerned about the pace of change as HEE and the Trust have been in discussion about the medical rotas since January 2018. The Trust believed that there was enough resource allocated to this area of work and highlighted the fact that the MROB has been in place since October 2018 and through this Board several issues have been exposed. The Trust confirmed that the first few meetings of the MROB were focussed on gauging the size of the problem and understood what changes could be made as temporary measures to improve the rota. The MD confirmed that there had been temporary responses to the immediate issues, for example with registrars and the elderly receiving unit; and employing more trust grade staff for cover at night.</p> <p>The review team and the Trust recognised that there was a need for the Trust to be reactive and address issues with temporary measures whilst building sustainability.</p>	<p>Yes, please see M&CC 6.2</p> <p>Yes, please see M&CC 6.3</p>
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Next steps

Conclusion

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

The review team welcomed the steps that had been taken to address the cultural and systemic issues across medicine and critical care and the improved access to educational supervision.

The review team welcomed the work that the Clinical Director and College Tutors had undertaken within the anaesthetic department and commended the range of teaching opportunities available.

However, Health Education England (HEE) remains concerned that the changes remain in the early stages and, at present, show limited signs of sustainability. HEE would therefore like the Trust to

develop an action plan, to be submitted monthly to HEE, detailing progress and highlighting any potential areas of concern or delays.

It was agreed that HEE would conduct a follow up visit in April 2019 to assess progress made by the Trust across geriatric medicine, induction, and support for the Guardian of Safe Working Hours, rota design and financial transparency.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
M&C C 2.1	The Trust should ensure that all clinical supervisors have allocated time within their job plan.	The Trust should ensure that SAS clinical supervisors have 0.25PA within their job plan. Please provide an initial update by 28 February 2019	R2.10
M&C C 2.2	The Trust should ensure that SAS and staff grade doctors are supported in becoming educational supervisors	The Trust should submit evidence of the development plan for HEE of their plan to support SAS and staff grade roles with becoming educational supervisors. Please provide an initial update by 28 February 2019	R2.11
M&C C 2.3	HEE will continue to monitor the culture for the workforce within the anaesthetic department.	The Trust to provide the survey results and any analysis undertaken internally; this should include details of how any issues will be resolved. Please provide an initial update by 28 February 2019	R2.6
M&C C 2.4	HEE will continue to monitor support mechanisms for the workforce within the anaesthetic department	The Trust to provide evidence that pastoral support has been embedded and that there is clear signposting on how trainees can raise concerns appropriately. Please provide an initial update by 28 February 2019	R3.2
M&C C 3.1	The Trust is required to be show transparency in how the educational tariff has been used to support education and training.	The Trust to provide a detailed breakdown of how the educational tariff provided by HEE has been allocated. Please provide an initial update by 28 February 2019	R2.6
M&C C 3.2	The Trust is required to be show transparency in how the educational tariff has been used to support library services.	The Trust to provide a detailed breakdown of how the educational tariff provided by HEE has been used to support library services by 28 February 2019	R2.6
M&C C 4.2	HEE will continue to monitor the Trust's delivery of departmental inductions.	The Trust is required to submit the results of the audit around departmental induction by 28 February 2019	R1.13

M&C C 5.2	The Trust is required to have a policy for exception reporting.	The Trust to submit a copy of the policy around exception reporting and evidence that trainees have been signposted to the policy by 28 February 2019	R1.6
M&C C 6.1	HEE will continue to monitor the implementation of the medical rotas.	The Trust to provide evidence that the rotas have been mapped and that there has been early identification of any gaps prior to implementing the F1 rota in February 2019. Please provide an initial update by 28 February 2019	R1.12
M&C C 6.2	The Trust to ensure that there is a mechanism for checking and changing the rotas as required by changes to working patterns.	The Trust to submit minutes of the Medical Rota Oversight Board to HEE Quality Team by 28 February 2019.	R1.12
M&C C 6.3	The Trust to ensure that the plans implemented are sustainable.	The Trust to submit minutes of the Medical Rota Oversight Board to HEE Quality Team along with any other supporting documentation to demonstrate sustainability by 28 February 2019.	R1.12

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
M&C C 2.5	The Trust is advised to explore other pathways for supporting trainees, for example.	Trust to consider signposting trainees to relevant links on the intranet, developing a set of Frequently Asked Questions (FAQs) and using the Chief Registrar and Medical Education Fellow to work with the Medical Education team on the induction processes. Please provide an initial update by 28 February 2019	R3.2
M&C C 4.1	The Trust to consider new ways of delivering a department induction,	Trust to consider podcasts or v-log so that junior doctors can access induction information on their electronic devices. Please provide an initial update by 28 February 2019	R1.13
M&C C 5.1	The Trust to consider how the exception reporting process could be enhanced.	The Trust to consider the provision of administrative support to the Guardian of Safe Working Hours to enable greater analyse, follow-up and reporting to the Trust Board. Please provide an initial update by 28 February 2019	R1.5

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

Health Education England (HEE) north London's workforce transformation team can offer support to the Trust with particular focus on Advanced Care Practitioners (ACPs) in nursing.	Trust / HEE
HEE Quality Team to liaise with the Trust to arrange the follow up review in April 2019.	Tolu Oni, HEE Quality

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Sanjiv Ahluwalia
Date:	29/01/2019

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.