

Royal Free London NHS Foundation Trust (Barnet Hospital)

General Practice – Medicine Programme, Core
Medical Training, and Acute Care Common Stem
Risk-based review (focus group)



Quality Review report

28 March 2019

Final report

Developing people
for health and
healthcare

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Quality Review details

Background to review	This focus group was held following concerns around clinical supervision, in and out of hours, for trainees on the core medicine rota that were picked up by HEE through trainee feedback.
Training programme / learner group reviewed	<p>General Practice – Medicine Programme Vocational Training Scheme (GP VTS), Core Medical Training (CMT), and Acute Care Common Stem (ACCS) – Emergency Medicine.</p> <p>The review team met with:</p> <ul style="list-style-type: none"> – six GP VTS specialty year one (ST1) trainees; – six CMT year 1-2 trainees; and – one ACCS – Emergency Medicine trainee
Quality review summary	<p>The review team was pleased to find that the issues around clinical supervision that had triggered the review had improved in the past two months. However, the review team identified the following areas to be in need of improvement:</p> <ul style="list-style-type: none"> – it was reported that the rota for some trainees was heavily weighted toward service provision and out of hours commitments at the expense of their education and training; – some trainees reported beginning their rotations at weekends or at night without having either a Trust-wide or departmental induction; and – trainees reported that they had no access to secure locker facilities, and limited access to rest facilities and food when working out of hours.

Quality Review Team

HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London	GP School	Dr Gillian Parsons, Training Programme Director, GP Vocational Training Scheme (Barnet)
Lay Representative	Robert Hawker, Lay Representative	HEE Representative	John Marshall, Learning Environment Quality Coordinator, Quality, Patient Safety, and Commissioning Team
Observer	Aishah Mojadady, Administrator, Quality, Patient Safety, and Commissioning Team		

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
MFG 1.1	<p>Appropriate level of clinical supervision</p> <p>The review team heard that there had been gaps in the registrar rota that had had a negative impact on trainee experience and had raised questions about the level of middle grade clinical supervision for core level trainees. The trainees reported that on occasion there was no "middle grade"/higher trainee present out of hours. On balance it was evident that the situation had improved over the past few months, however it was not clear to the trainees interviewed what mitigation or policy was in place to prevent a similar occurrence. It was not clear to the visit team that a consistent process was in place to ensure that such gaps were communicated to the trainees and what the process was to ensure that the level of clinical supervision was adequate. It was reported that there were now far fewer gaps in the middle grade rota and that clinical supervision in the day time was generally good. The review team heard that there was generally around the clock access to on-call consultants across all medicine specialties.</p>	Yes, please see MFG 1.1
MFG 1.2	<p>Rotas</p> <p>The review team heard that some trainees felt that the core level rota was unevenly split with some trainees having heavy out of hours commitments whilst others had few. This impacted upon some trainees having limited opportunities to get exposure to specific medicine specialties and to attend subspecialty clinics. Trainees also reported that there was an uneven split with some having lots of ward-based duties in their job plans at the expense of attending clinics.</p> <p>Asked how the rota could work better for all trainees, the review team heard that some trainees had protected blocks for clinics in their posts at other trusts and would welcome the same arrangement here. It was noted that opportunities to attend a range</p>	

	<p>of clinics were available but that these opportunities were not communicated or promoted to trainees. Trainees felt that the onus was on them to seek out opportunities and arrange their own cover if they wanted to attend these clinics. It was felt that the rota coordinator was not particularly responsive or approachable for trainees to request changes to the rota.</p> <p>The review team heard that trainees had only received their rota one week in advance of starting in their posts and that anticipated gaps in the rota were not communicated in an effective or timely manner, with no escalation pathways in place for covering gaps at short notice. Where gaps had occurred the review team heard that trainees would call the responsible service manager in the first instance. It was reported that up to date rotas had been circulated on a weekly basis but this had since ceased. It was noted however, that the frequency of rota gaps had reduced significantly in the past two months.</p>	Yes, please see MFG 1.2
MFG 1.3	<p>Induction</p> <p>The review team heard that some of the trainees it met had started on weekends or nights without having either a Trust-wide induction or the appropriate departmental induction. Some trainees had not worked at the Trust previously and reported that they had needed to ask for directions when moving through the hospital. In one instance a trainee was on shift with a new registrar who had also not had an induction. Whilst this passed without incident, it was felt that this presented a potential risk to patient safety. Some trainees reported that they had not received an induction until several weeks into their posts but that it was understood that this had improved for more recent cohorts joining the Trust.</p> <p>The review team heard that trainees used generic logins for some of the reporting systems that they used. The review team felt that this could lead to a lack of transparency and accountability in the event of clinical incidents.</p>	<p>Yes, please see MFG 1.3a</p> <p>Yes, please see MFG 1.3b</p>
MFG 1.4	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>All of the trainees the review team met with reported that they had no issues or concerns about meeting the requirements of the curriculum.</p>	

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.

MFG 2.1	Impact of service design on learners	<p>The review team heard that there were instances where trainees felt that some wards were not sufficiently staffed to allow trainees to meet their educational commitments or attend clinics. Trainees did note that they were well supported on the stroke ward and by the geriatric medicine department.</p> <p>Trainees reported that they would benefit from on-call bleeps being filtered. One audit found that 27 calls had come in within an hour, of which a significant number of these were inappropriate.</p> <p>Trainees reported being well supported by the patient at risk team and welcomed attempts by the Trust to make the service 24 hours. It was also reported by those that had worked at the Trust previously that the hospital at night team was now more visible and responsive to trainees' requests for support. All of the trainees the review team met with would welcome further support from new roles such as physician associates or nurse practitioners to assist with routine procedures such as taking bloods and inserting cannulas.</p>	
MFG 2.2	Appropriate system for raising concerns about education and training within the organisation	<p>The review team heard that trainees found the process for reporting of clinical incidents to be unclear and time consuming. It was reported that identifying the appropriate service and ward managers was challenging.</p>	Yes, please see MFG 2.2
3. Supporting and empowering learners			
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p>			
MFG 3.1	Access to resources to support learners' health and wellbeing, and to educational and pastoral support	<p>The review team heard that trainees had no access to designated rest facilities and that they had been challenged on occasion by hospital employees and members of the public when they had been found resting in what quiet areas they could find. Trainees also reported that they only had access to vending machines for food and drinks out of hours. Microwaves were available on some wards and nurses' common rooms but it was felt that use of these was discretionary.</p> <p>The review team also heard that there were no lockers, nor a secure room, available for trainees to store their valuables and belongings. It was reported that there had been a number of incidences where mobile phones, purses and wallets had been stolen.</p>	<p>Yes, please see MFG 3.1a</p> <p>Yes, please see MFG 3.1b</p>
MFG 3.2	Behaviour that undermines professional confidence, performance or self-esteem	<p>The review team heard that there had not been any incidences of bullying and undermining behaviour experienced by trainees.</p>	

MFG 3.3	<p>Less-than-full-time training</p> <p>Trainees in less than fulltime training reported that where they had communicated to the Trust their intentions to reduce their working hours well in advance, they had been met with a lack of responsiveness from the Trust to accommodate these changes.</p>	
MFG 3.4	<p>Access to study leave</p> <p>There were no reported issues around access to study leave among the trainees the review team met with.</p>	

4. Supporting and empowering educators

HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

MFG 4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p>	
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N/A

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

MFG 5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p>	
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N/A

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

MFG 6.1	Learner retention All of the trainees that the review team met with would recommend their training posts to their peers, with some reporting that they felt their posts had been well supported and felt prepared for the next stage of their training.	
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Good Practice and Requirements

Good Practice

N/A

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
MFG 1.1	The Trust is required to construct a policy to ensure that adequate clinical supervision is in place in the event of a rota gap in the middle grade/medical registrar rota; outlining clear escalation pathways and appropriate notification of the multi-disciplinary team providing care both in and out of hours and that consultant oversight of patient care is maintained	Please provide HEE with an initial draft of the policy within two months from the date of issue of this report.	R1.8
MFG 1.2	The Trust is required to review the core level medicine rota to ensure that trainee workload, out of hour commitments and	Please provide HEE with an update on the outcome of the rota review and the resultant actions that the Trust will take to	R1.12

	access to training opportunities is evenly allocated across all training groups on the rota.	implement these changes within two months from the date of issue of this report.	
MFG 1.3a	The Trust is required to ensure that all trainees receive Trust-wide and departmental inductions prior to having any out of hours commitments.	Please revise and update all relevant induction checklists to ensure that they reflect compliance before trainees are required to work out of hours within two months from the date of issue of this report.	R1.13
MFG 1.3b	The Trust is required at induction to provide all trainees where possible with unique login credentials for all systems that they will be expected to use.	Please review trainee access to all reporting systems and provide HEE with an update of the outcomes and actions of this review within two months from the date of issue of this report.	R1.13
MFG 2.2	The review team heard that some trainees could not identify the correct service or ward manager to list when reporting clinical incidents.	The Trust is required to ensure that a roster of named service managers is available and visible to all trainees in the clinical environment. Please update HEE on the steps the Trust has taken within two months from the date of issue of this report.	R1.3
MF 3.1b	The Trust is required to ensure that all trainees have access to secure locker facilities.	Please provide HEE with an update on the Trust's plans to install lockers for all trainees within two months from the date of issue of this report.	R3.2

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
MF 3.1a	The Trust is recommended to review out of hour arrangements for trainees with regard to access to rest facilities and access to food and drink.	Please provide HEE with an update on the findings and resultant actions the Trust takes within two months from the date of issue of this report.	R3.2

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

Requirement	Responsibility
N/A	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London

Date:

3 May 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.