

# London North West University Healthcare NHS Trust

**Gastroenterology**

**Risk-based review (on-site visit)**



## Quality Review report

12 February 2020

Final Report

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## Quality Review details

<b>Training programme / learner group reviewed</b>	Gastroenterology
<b>Number of learners and educators from each training programme</b>	<p>The review team met with five trainees at internal medicine training (IMT) and specialty trainees at training levels three to eight (ST3 – 8). The review team also met with seven educational and clinical supervisors in the Gastroenterology department and Trust representatives including:</p> <ul style="list-style-type: none"> <li>• Medical Education Manager</li> <li>• Director of Medical Education</li> <li>• Deputy Director of Medical Education</li> <li>• Training Programme Director</li> <li>• Guardian of Safe Working Hours</li> <li>• General Manager for Gastroenterology</li> <li>• Service Manager for Gastroenterology</li> </ul>
<b>Background to review</b>	<p>The General Medical Council National Training Survey (GMC NTS) survey results showed an improvement in 2019 from the 2018 survey, however there were still several red and pink outliers.</p> <p>Northwick Park Hospital had two red outliers for Induction and Regional Teaching and eight pink outliers.</p> <p>St Marks Hospital had one red outlier for Adequate Experience and three pink outliers.</p> <p>Health Education England conducted a risk-based review (on-site visit) in April 2019. The purpose of the visit was to review the progress the department had made following the last quality visit and the quality of the training environment.</p>
<b>Supporting evidence provided by the Trust</b>	<p>Minutes – Medical Education Committee November 2019</p> <p>Minutes – Local Faculty Group Minutes January 2020</p>
<b>Summary of findings</b>	<p>The current challenges and pressures faced by the service were discussed. The review team identified several areas of good practice, including:</p> <ul style="list-style-type: none"> <li>• The review team commended the department on the progress they had made since the last Health Education England quality visit to improve the quality of the training environment.</li> <li>• The trainees within the department were felt to be dedicated and committed to their work.</li> <li>• The department was recognised to have good training potential, with a wide variety of patient presentations, and tertiary and secondary care opportunities.</li> </ul>

The review team also noted the following areas requiring improvement:

- It was felt that there was an imbalance between the patient needs on the ward and the trainees feeling that they were unable to leave the ward to attend training opportunities.
- The intensity and pressures of the workload was felt to have affected the relationship between the junior doctors, managers and the wider multidisciplinary team.
- The department was felt to be facing infrastructure constraints, particularly regarding access to computers and adequate office facilities.
- It was acknowledged that the intensity and the acuity of the inpatient care was high. It was felt that a review of the multidisciplinary skill set would help to reduce the junior doctor workload, allowing time to attend training opportunities and not consistently going over their rostered hours.

#### Quality Review Team

<b>HEE Review Lead</b>	Dr Orla Lacey Deputy Postgraduate Dean Health Education England (London)	<b>External Clinician</b>	Dr Elspeth Alstead Consultant Gastroenterologist Training Programme Director for North East and Central London
<b>Head of School Representative</b>	Dr Jonathan Birns Deputy Head of School of Medicine for London and the South East	<b>Lay Member</b>	Kate Brian Lay Representative
<b>HEE Representative</b>	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)		

#### Educational overview and progress since last visit – summary of Trust presentation

Trust representatives provided an overview of the challenges the department had been facing and the interventions that had taken place since the last Health Education England quality visit in April 2019. The review team heard that following the previous quality visit changes had occurred, however some had not recently been sustained.

Trust representatives advised that workload within the department was high. A recent increase in the number of patients under the care of the Gastroenterology department had occurred over the Christmas period. One of the departmental buddy wards had closed for surgery for two weeks, this had caused an influx of patients resulting in an increased number of medical patients being under the care of department. It was discussed that over this period there were approximately 61 patients under the care of department, compared to the normal 51/52

patients. It was advised that this was not unprecedented and felt that planning with surgical specialties was needed in advance to help manage the situation. Trust representatives discussed that they had spoken to trainees regarding the workload, it was reported that trainees felt that the workload generated by gastroenterology patients was higher than most other specialties due to the number of investigations required. Further complications such as the IT inefficiencies and a lack of adequate office space increased the workload for trainees.

The review team heard that in an effort to improve the trainee workload a business case to appoint one additional junior doctor had been approved and was out to advert. A weekday phlebotomist had been appointed at the beginning of February 2020 to help reduce work pressures. It was further discussed that nine endoscopy nurses had been heavily involved in the training of trainees, following attending train the trainer courses. The review team enquired as to whether a review of the multidisciplinary team skill set had occurred to ease workload. It was advised that there had not been current plans to expand the multidisciplinary team. Trust representatives further discussed how a change in the general surgery staffing model to include Advanced Nurse Practitioners (ANP) had been beneficial in stabilising their workforce.

The review team heard that historically departmental clinics were led by higher trainees. There was not a named consultant responsible in clinic, however trainees were able to ask for consultant advice if required. It was advised that since January 2020 changes had occurred, and a named consultant had attended clinics. Trust representatives reported that the number of people the trainees saw in clinic had been capped, however over the last couple of months the number of people booked into clinic had exceeded the capped amount. It was reported that a discussion with management had occurred and the number of patients booked into clinics had reduced again to the agreed amount.

Trust representatives discussed how supportive environment had been flagged as a pink outlier on the General Medical Council National Training Survey (GMC NTS) results. It was advised that consistent feedback from trainees was that all the consultants in the department were approachable and educationally engaged. The review team heard that there had been tensions with the wider workforce and that a specific incident had been escalated to the Medical Director and the Director of Nursing. It was advised that the incident had been dealt with and was not a systemic issue. It was discussed that trainees viewed the environment not to be supportive due to the high workload and the inefficient systems in place.

Access to endoscopy training was reported to be a challenge for trainees due to training capacity. It was advised that approximately 40,000 endoscopy procedures occurred per a year, however limitations in accessing the training for gastroenterology trainees included; appropriate cases for their training level, workload, competing colleagues who required training and room space. The review team heard that out of approximately 78 procedure lists that took place daily 43 had the appropriate pathology cases for trainees to attend. Finding appropriate training cases for trainees at Speciality Training level three (ST3) was reported to be more difficult due to stricter limits of pathology cases they could see, out of the 43 procedure lists 29 were expected to be appropriate for ST3 trainees. It was further advised that the procedure list was shared between 16 further colleagues separate to the gastroenterology department.

The review team heard that the Trust had a full time Guardian of Safe Working Hours (GoSWH) and that exception reporting was actively encouraged. The GoSWH provided an overview of exception reporting within the Gastroenterology department. It was advised that approximately 20 – 30 percent of exception reports across the Trust were from the Gastroenterology department. The two main reasons for exception reporting were short staffing and workload. It was discussed that the reports citing short staffing were around not enough members of staff rostered rather than people not attending their shift. It was discussed that all exception reports were sent to the trainee, their supervisor and their service and/or general manager.

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

**1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.**

**1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.**

**1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).**

**1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.**

**1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.**

**1.6 The learning environment promotes inter-professional learning opportunities.**

Ref	Findings	Action required? Requirement Reference Number
G1.1	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>Both trainees and supervisors recognised the department to have good training potential, with a wide variety of patient presentations, and tertiary and secondary care opportunities.</p> <p>The review team heard that two to three times a week a full ward round would occur. New patients would be reviewed every day. It was advised that at times ward rounds could be more efficient, which would release trainees to conduct other work, training and clinics. Supervisors discussed how they had wanted to implement a partially led trainee ward round.</p>	
G1.2	<p><b>Protected time for learning and organised educational sessions</b></p> <p>Trainees advised that due to low numbers of staff rostered on a shift they had on occasion not attended training as they felt they could not leave the ward. The review team heard that more often than not when training was scheduled there would be an incident or a problem on the ward that the trainee felt responsible for.</p> <p>It was further discussed that extra-curricular learning opportunities were present within the hospital, such as medical audits and quality improvement. However, trainees had been unable to attend these sessions.</p> <p>Trainees and the review team discussed how more could be done to improve the formal communication channels around educational opportunities and prioritisation.</p> <p>Clinical and educational supervisors spoken to advised that they had compiled a list of educational opportunities available to trainees. Supervisors discussed that educational opportunities were available, however releasing trainees was difficult. Trainees were</p>	Yes, please see action G1.2

	reported to be dedicated and hardworking. Supervisors understood the commitment to their patients and why trainees had not left the wards to attend training. Supervisors advised that more could be done from a top down approach to release trainees and encourage training attendance.	
G1.3	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The review team heard how a lack of IT resources and inadequate office space had increased pressures and workload for trainees. It was advised that the doctor's office was used to store equipment and as a multidisciplinary room. The ward was reported to have two computers; however, their working was variable, and they were not able to load all online systems required, for example the PACS radiology system. It was discussed how there was a computer on wheels that was used on the ward round which was helpful, but it also did not have access to all the online systems.</p>	Yes, please see action G1.3
G1.4	<p><b>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</b></p> <p>All trainees spoken to confirmed that they had been allocated to and had met with their educational supervisor. Trainees advised that they had received exceptional educational supervision and support.</p>	

## 2. Educational governance and leadership

### HEE Quality Standards

**2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.**

**2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.**

**2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.**

**2.4 Education and training opportunities are based on principles of equality and diversity.**

**2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.**

G2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The review team enquired what the main exception reporting themes were. As with the GoSWH report, trainees felt that workload and there not being enough staff members were the main reasons for exception reports. Trainees described there being a habitual expectation to stay late and that this had negatively impacted staff morale. It was discussed that junior trainees were good at completing exception reports and feedback was received following a submission.</p>	Yes, Please see action G2.1
G2.2	<p><b>Impact of service design on learners</b></p> <p>Trainees discussed how two aspects of the current clinic set up had impacted the quality of their training; these were the overbooking of patients and there not being a named responsible consultant supervisor at clinic. It was advised that the previously agreed safe number of patients they would be expected to see at clinic had not been adhered to. It was advised that additional patients would be added to the clinic list at the last minute.</p> <p>Trainees reported how due to the nature of the specialty, patients were often complex and had tertiary presentations. Trainees were able to ask a consultant for advice</p>	Yes, please see action G2.2a



	<p>however particularly for more junior trainees having a consultant supervisor in clinic would help with the management of patients and ensure that appropriate feedback and learning opportunities were available. Supervisors spoken to discussed how they had wanted a named consultant to be physically present in clinic and that this had now been implemented. Trainees advised that they had not yet been informed that a named consultant supervisor would be at every clinic.</p> <p>The review team heard that trainees had struggled to access endoscopy clinics and expressed concerns that a lack of access would result in deskilling. It was advised that there was an administrative system in place to allocate trainees to clinics, however trainees had often not been placed. It was further advised that there were sometimes inaccuracies with the list. Trainees acknowledged that there was limited endoscopy clinic space and other people who required training. It was discussed that there were ad hoc opportunities to attend endoscopy clinics for example due to leave, however they were often not able to attend due to not being able to leave the wards. Trainees reported that they would be able to attend more endoscopy clinics if they were released from the wards.</p>	Yes, please see G2.2b
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### 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 to achieve the learning outcomes required.**

**3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.**

**3.3 Learners feel they are valued members of the healthcare team within which they are placed.**

**3.4 Learners receive an appropriate and timely induction into the learning environment.**

**3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.**

G2.3	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>All trainees spoken to felt that the departmental consultants were supportive, approachable and they knew who to contact if required.</p> <p>The review team heard that there had been tensions with some members of the wider Multidisciplinary Team (MDT). It was reported that trainees had received emails from management that were written in all capital letters and had felt pressured to cover additional shifts on their days off. It was further discussed that communication between nursing staff and trainees had been abrasive at times, particularly towards junior trainees. Trainees acknowledged the pressures faced by staff members due to workload and there being limited reserves for when people were on leave or off work due to sickness. The review team heard that trainees had been happy to take extra work however these communications had left trainees feeling undervalued.</p>	Yes, please see action G2.3
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### 4. Supporting and empowering educators

#### HEE Quality Standards

**4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.**

**4.2 Educators are familiar with the curricula of the learners they are educating.**

**4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.**

**4.4 Formally recognised educators are appropriately supported to undertake their roles.**

	Not discussed at the review.	
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<b>5. Delivering curricula and assessments</b>		
<b>HEE Quality Standards</b> <b>5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.</b> <b>5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.</b> <b>5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.</b>		
	Not discussed at the review.	
<b>6. Developing a sustainable workforce</b>		
<b>HEE Quality Standards</b> <b>6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</b> <b>6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</b> <b>6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.</b> <b>6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.</b>		
	Not discussed at the review.	

## Good Practice and Requirements

<b>Good Practice</b>
The review team commended the department on the progress they had made since the last Health Education England quality visit to improve the quality of the training environment.
The trainees within the department were felt to be dedicated and committed to their work.



**Immediate Mandatory Requirements**

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None.		

**Mandatory Requirements**

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
G1.2	The department to review the imbalance between patient needs on the ward and the trainees' ability to attend training opportunities.	Please provide evidence that a top down approach to release trainees from the wards to attend training has been implemented.	R1.16
G1.3	The Trust to review the infrastructure constraints faced by trainees including access to working computers and adequate office facilities.	Please provide evidence that the infrastructure has been reviewed and if required that changes have been implemented.	R1.19
G2.1	To review the workload of the trainees to ensure that trainees are not regularly working over their rostered hours.	Please provide evidence that the workload of trainees has been reviewed and changes have been implemented in accordance.	R1.12
G2.2a	To communicate to trainees that a named consultant will be attending clinics and who the consultant will be. To continue to ensure that the agreed number of patients the trainees are to see in clinic are to be adhered to.	Please provide evidence that trainees are made aware who the named consultant at clinic is and that the agreed number of patients at a clinic has been adhered to.	R1.8
G2.2b	To review the trainees' ability to attend endoscopy clinics.	Please provide evidence that trainees are able to attend an appropriate amount of endoscopy clinics.	R1.19
G2.3	To review the relationship and communication style between the trainees in the gastroenterology department and the wider workforce.	Please provide evidence of review and interventions as required.	R1.5

**Recommendations**

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
G2.1	It was acknowledged that the intensity and the acuity of the inpatient care was high. It was felt that a review of the multidisciplinary skill set would help to reduce the junior doctor workload, allowing time to attend training opportunities and not consistently going over their rostered hours	R1.7

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

Requirement	Responsibility
None.	No.

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

Dr Orla Lacey

**Date:**

14 May 2020

**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.