Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust

(Trust Wide)

Medicine and Obstetrics & Gynaecology

Risk-based Review (senior lead conversation)

Quality Review report

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Draft – 16 April 2020

Quality Review details

Training programme	Medicine and obstetrics and gynaecology
Background to review	This review was an agreed follow-up to the Trust to the Senior Leads Conversation in November 2019 to assure HEE that the Trust was continuing to meet its action plan and were addressing the issues related to the acute medicine on-call rota (and the impact of this on the medical registrar on-call) and to discuss those concerns highlighted at the previous obstetrics and gynaecology on-site review on 22 January 2020.
HEE quality review team	Dr Sanjiv Ahluwalia, Regional Postgraduate Dean, HEE London Dr Naureen Bhatti, Head of School for Primary Care, HEE north central and east London Mr Paul Smollen, Deputy Head of Quality, Patient Safety and Commissioning, HEE London Miss Andrea Dewhurst, Quality, Patient Safety and Commissioning Manager, HEE London Miss Naila Hassanali, Quality, Patient Safety and Commissioning Officer, HEE London Ms Samara Morgan, Principal Education QA Programme Manager (London), General Medical Council
Trust attendees	Medical Director, Barking, Havering and Redbridge University Hospitals NHS Trust Director of Medical Education, Barking, Havering and Redbridge University Hospitals NHS Trust Head of Medical Education and Training Manager, Havering and Redbridge University Hospitals NHS Trust Deputy Manager / Medical Education Facilitator Quality Improvement, Barking, Havering and Redbridge University Hospitals NHS Trust

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
	Service reorganisation during Covid-19 The Medical Director updated the review team on how the Trust had reorganised some of its services with Covid-19 and non-Covid-19 wards established. The Trust reported that it had expanded critical care and were currently at more than twice the	

	normal capacity. In addition, the Trust had stopped all non-urgent elective surgery and located all paediatric and urology services at Queen's Hospital. The independent surgical treatment centre (ISTC) at King George Hospital had been designated the Trust's trauma surgery site with any presentation at Queen's Hospital being relocated to the ISTC. The Medical Director further advised that the Trust had capacity within its bed base across critical care and general wards and that it had started to see a rise in non Covid-19 attendances. It was heard that the Trust central command and control had enabled the Trust to make changes at pace and that the Medical Director had started to ask the teams to work through what the departments would look like when "normal" service was resumed, what the new models of care would look like, what the potential triggers would be and how medical staffing would be managed. With regards to Covid-19, the review team heard that the pandemic had improved collaborative working across the Trust and that, whilst the Trust had started to see a decline in Covid-19 activity, that there was no immediate plan to cease the Covid-19 rotas. The Medical Director further advised the review team that the Trust was anticipating a rise in the number of non-Covid-19 cases However, the Trust representatives were clear that there was the desire to maintain the positive changes that had resulted from the service changes made due to Covid-19.	
	End of life decision making With regards to end of life decision making within critical care, the review team was advised that there was a clinical reference group to advise on ethics. The Trust also had a process in line with National Institute for Health and Care Excellence (NICE) guidance around the setting of treatment escalation plans and ceilings of care. For all end of life patients, the clinical team would use a structured judgement review to ensure that care of the patient was appropriate. In addition, the review team heard that there were also weekly telephone calls with Homerton University Hospital NHS Foundation Trust and Barts Health NHS Trust and this forum could be used if a second opinion was required.	
	Personal Protective Equipment The review team was advised that the Trust was following the Public Health England (PHE) guidance around personal protective equipment (PPE) and that issues and concerns from staff had been addressed. It was noted that the primary issue had been the number of scrubs but this had been resolved by the Trust.	
	Rotas The review team heard that there had been significant improvements to rotas and that it was recognised that the pandemic presented the opportunity to establish a general medical and acute service that was not defined along sub-specialty lines. The Medical Director advised that there had been a significant reorganisation of the rotas and that this had been managed by a team led by consultants but with trainee	

	involvement. All doctors were now part of one of five super teams at Queen's Hospital and King George Hospital with all rotas compliant and on e-roster. Each super team was headed by a physician and consultants and trainees from other specialties had also been redeployed to these super teams. Whilst it was acknowledged that due to the pace of change there had been some issues when the new system launched, the Trust had successfully dealt with, and resolved, these issues. The Medical Director advised that rotas were rolling across seven days: with the Trust moving towards seven-day services and a hospital at night service as a set of principles. A skeleton proposal for this model was currently being developed and the Trust were seeking advice from an educationalist perspective from the Health Education England (HEE) Head of School for Medicine and Medical Specialties. The review team also heard that consultants on a seven-day working pattern had resulted in increased support for trainees.	Yes, please see MO&G1.1
	Clinical and education supervision The review team was advised that the Medical Education team were monitoring any trainees in difficulty and any trainees with underlying health issues and working with the respective teams around non-Covid-19 redeployment. The team was also monitoring clinical and educational supervision but commented that the trainees had not raised any concerns around the level of supervision received. The review team commented that it hoped that this approach to education and training would be maintained in the future. In view of this, the Trust was asked to review the number and type of trainee required so that services continued to be supported and to consider how clinical and educational supervision would be delivered moving forwards.	Yes, please see MO&G1.2
	Culture and support It was felt by the Medical Director that the staff were enjoying the team approach and that there had been improvements in the culture of the Trust. The Director of Medical Education (DME) echoed this and commented that there had been a significant change in attitude towards education and training as a result of staff taking on new roles. With regards to support for trainees, it was heard by the review team that trainees were feeling supported and that there were several meetings per week to manage any issues that the trainees were experiencing and to address any issues with well-being. In addition, the Trust had created additional rest facilities at King George Hospital, there was increased psychological support for staff and well-being hubs had been established to support all staff. At handover meetings and well-being forums, the review team heard that there were now end of life and palliative care consultants in attendance. A chaplain would also be present to reinforce the message that if anyone was worried about making a difficult decision or phone call that trainees would be supported. The review team heard that there was no pressure on a clinician to make an end of life decision. The review team heard that the Medical Education application (app) had been launched and was working well for all staff. The Head of Medical Education and Training Manager advised that where possible information/teaching was being digitalised and included on the app, including training videos and induction topics for	

	Covid-19 wards and Critical Care Medicine. Furthermore, Medical Education had extended the app to all multi-professional staff and initial feedback had been positive. The review team also heard that there was a significant amount of learning from this pandemic and that the steps implemented by the Trust continued to be worked on.	
	Acute medicine / emergency medicine interactions With regards to the previous tensions between the acute medicine and emergency medicine interface, the Medical Director advised the review team that there were no significant issues. In addition, as the bulk of admissions had been Covid-19 the emergency medicine and acute medicine teams were working together on patient pathways which had helped to improve the relationships.	
	Introduction of interim Foundation Year One trainees The review team advised that six interim foundation year one (FY1) trainees who had graduated early from medical school had been allocated to the Trust and asked where these trainees would be allocated and how they would be supported. The Trust advised that whilst the rotas were stable and safe, there was some concern about introducing interim FY1s at the present time given the support that the trainees would require given their level of experience. In addition, the Head of Medical Education and Training Manager advised that the Trust was comprised with space (due to space being reallocated for Staff Wellbeing Hubs) for the team to undertake appropriate induction. The review team heard that the Foundation Training Programme Directors felt this should be deferred as there was the risk that these interim FY1 trainees could not currently be allocated to a standard FY1 post, and therefore would not have the 'wrap around' support that they would normally receive and require. Therefore the initial view from the Trust was that it would prefer to defer accepting any interim FY1s until it can reassure HEE that there is appropriate training opportunities and supervision in place.	
	Update on obstetrics and gynaecology At the on-site visit in January 2020, HEE found significant concerns around workload, post-natal checks and trainees being able to achieve their curricula requirements due to service commitments. As a result, HEE notified the Clinical Commissioning Group (CCG) of the issues to ensure that there was a system wide approach. The Medical Director advised that the issue was that there were more bookings for delivery than capacity allowed, and this had put serious pressure on the service. The Trust was commissioned to deliver 8000 births per year, but the numbers forecast was over 8,200 and this increase in numbers had impacted upon training. The review team heard that this issue had been reported to East London Maternity Services and the CCG. In response the Medical Director advised that the Trust had implemented a number of measures that included ceasing the number of bookings from women outside of the Trust catchment area, reviewing and reorganising the delivery of theatre work and reviewing the staffing and management of the labour wards.	

	In addition, the review team heard that trainee leads had been identified for each group of trainees to ensure that the right level of training was being delivered. The review team also heard that the department was engaged with the resulting action plan and had the evidence in place to submit to HEE as part of the March reporting cycle. However, this submission had since been delayed as a result of the Covid-19 pandemic.	

Next steps

Conclusion
The review team congratulated the Trust on the good progress that had been made since the previous quality intervention in October 2019 and requested a follow-up conversation in May 2020 to check on progress.

Good Practice and Requirements

Good Practice

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.
	N/A		

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

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

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.
MO&G1.1	The review team requested that there be a follow-up telephone conversation in May 2020 for HEE to hear about the continued work the Trust will be undertaking around rotas, particularly for acute medicine.	
MO&G1.2	The Trust was asked to review the number and type of trainee required so that services continued to be supported and to consider how clinical and educational supervision would be delivered moving forwards	

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
HEE and the Trust to arrange a date for a follow-up conversation in May 2020. Early feedback from general practice (GP) trainees has been positive but HEE would like to revisit this when the current pandemic response has settled.	HEE / Trust

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Sanjiv Ahluwalia, Regional Postgraduate Dean, HEE London
Date:	16 April 2020