

HEE Quality Interventions Review Report



Barts Health NHS Trust (Royal London Hospital)
Stroke medicine
Senior leaders engagement visit

London – North East London
Date of Review: 27 January 2022
Date of Final Report: 01 March 2022

Review Overview

Background to the review

This review was arranged to assess the progress that the Trust has made in addressing concerns raised at a Health Education England (HEE) review to the stroke service in September 2021. At that review, there were significant concerns with supervision, workload and trainee wellbeing, and the service was issued with an Intensive Support Framework level 3 (ISF3) rating. This discussion with the senior leadership was arranged to ensure the measures agreed to were being enacted and monitored for improvement.

Subject of the review i.e. programme, specialty, level of training, learner group: stroke medicine

Who we met with

Two Medical Education Managers
Trust Dean
Managing Director of Education Academy
Medical Director for Royal London Hospital
Clinical Director of ED, Acute medicine, Neuro and Trauma
Clinical Director for Neurosciences, Stroke and Complex Spine
Service Manager for Trauma and Stroke
General Manager for Neurosciences, Stroke, Trauma
Clinical Lead for Stroke
Education Lead for Stroke
Head of Postgraduate Medical & Dental (Quality)
Head of Postgraduate Medical & Dental

Evidence utilised

Local faculty group minutes
Summary of relevant Datix reports (to include SIs and Never Events)
Details of the number of exception reports
Rota including fill rate
Evidence of organisation-wide and departmental induction feedback
Evidence of teaching sessions and attendance lists

Review Panel

Role	Name, Job Title
Quality Review Lead	Gary Wares Postgraduate Dean Health Education England (North London)
Deputy Postgraduate Dean	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)

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Specialty Expert	Jonathan Birns Deputy Head of the London Specialty School of Medicine
Specialty Expert	Keren Davies Foundation School Director (North Central and East London)
HEE Quality Representative(s)	Paul Smollen Deputy Head, Quality, Patient Safety and Commissioning Health Education England (London) Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England (North East London) Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London)

Executive Summary

The review team thanked the Trust representatives for their time and commended the Trust for the work which had been undertaken since the last review to stroke medicine at Royal London Hospital in September 2021. The review team were pleased to hear that following an action from the September 2021 review requiring a task and finish group to be established, the group had been set up and was working to address all of the actions identified at the review.

The review team were told that a new Guardian of Safe Working Hours (GOSWHs) and Deputy GOSWHs had been appointed and the Trust was placing a renewed emphasis on encouraging exception reporting when trainees worked past their rostered hours. The review team heard that since the review in September 2021, six middle grade doctors had joined the stroke department, and this meant that about 65% of night shifts were now covered by two junior doctors (as opposed to one). The Trust representatives told the review team that the junior doctors working at night were also able to seek advice and support from the emergency department and the Critical Care Outreach Team. The Trust representatives explained to the review team that work to ensure adequate workforce numbers across the consultant team, junior doctor team and multi-disciplinary team was ongoing. The review team heard that as staffing shortages in other departments were causing delays to patient handovers, the full benefits of the new stroke mimic pathway had not yet been recognised.

The review team informed the Trust that a review to speak with the trainees in the department would be planned for summer 2022.

Review findings

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	N/A	

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	N/A	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
	N/A	

Recommendations

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
	N/A

Good Practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination.

Learning Environment/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
	N/A	

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The review team were told that the task and finish group which was set up following the Health Education England (HEE) learner and educator review to stroke medicine and neurology in September 2021 had now worked through the majority of the actions issued by HEE at the review. The Trust representatives said a task and finish group meeting had taken place recently and the group was now working on additional actions which the group had identified following the review.</p>	
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>Not discussed at the review.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The review team enquired whether trainees were being encouraged to exception report as this had been mentioned as an issue in the review in September 2021 and heard that the Trust representatives thought comments about feeling discouraged from exception reporting had been made by neurology trainees rather than the trainees in stroke medicine. The review team heard from the General Manager of Neurosciences, Stroke, Trauma that there had recently been exception reports from neurology trainees and these had been approved. The review team heard that the department was taking all opportunities to inform trainees about the process for exception reporting and this information was also circulated in the junior doctor handbook. The Trust Dean informed the review team that a new Guardian of Safe Working Hours (GOSWH) had been appointed and a Deputy GOSWH position had been created. The Trust Dean explained to the review team that as the Trust was large and turnover of trainees so frequent, keeping trainees informed of the process for exception reporting was a near constant task and the Trust recognised this. The Managing Director of Education Academy told the review team that a series of videos on exception reporting was due to be recorded and the Trust was placing a renewed emphasis on the process.</p>	
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p>	

	Not discussed at the review.	
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>Not discussed at the review.</p>	
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>Not discussed at the review.</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>The Trust representatives told the review team that the stroke unit was a much happier work environment than it had been at the last HEE review. The review team heard from the Trust representatives that trainees were raising issues and concerns with the consultants and felt comfortable to do this. The Trust representatives said that consultants were readily available for trainees to speak with.</p> <p>The Clinical Lead for Stroke informed the review team that local faculty group (LFG) meetings were taking place twice in every three-month period. The review team heard that this meant Internal Medicine Training (IMT) trainees on placement for three months and foundation year two (FY2) trainees on placement for four months could attend one LFG near the start of their placement and one nearer the end. The Clinical Lead for Stroke said that trainees were also able to raise issues at the end of weekly morbidity and mortality meetings which were well attended by consultants and junior doctors.</p> <p>The Trust Dean highlighted to the review team that there were numerous forums outside of the department where trainees could provide feedback including to College Tutors and Training Programme Directors. The review team heard that the Medical Director for Royal London Hospital (RLH) ran a junior doctor forum which was receiving very good feedback. The Trust Dean added that the Education Academy had been working with stroke medicine and neurology to make improvements.</p>	
1.8	<p>The environment is sensitive to both the diversity of learners and the population the organisation serves.</p>	

	Not discussed at the review.	
1.9	<p>There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.</p> <p>Not discussed at the review.</p>	
1.10	<p>There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.</p> <p>Not discussed at the review.</p>	
1.11	<p>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</p> <p>Not discussed at the review.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>Not discussed at the review.</p>	
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <p>Not discussed at the review.</p>	
2.2	<p>There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.</p>	

	Not discussed at the review.	
2.3	<p>The governance arrangements promote fairness in education and training and challenge discrimination</p> <p>Not discussed at the review.</p>	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>Not discussed at the review.</p>	
2.5	<p>The provider can demonstrate how educational resources (including financial) are allocated and used.</p> <p>Not discussed at the review.</p>	
2.6	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>Not discussed at the review.</p>	
2.7	<p>There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.</p> <p>The review team asked what support the Trust had been receiving from the Stroke Clinical Network. The Trust representatives explained that the nearest part of the Network was at Queen's Hospital but as the stroke department at Queen's Hospital had been under a lot of pressure, no additional support had been provided to RLH.</p>	
2.8	<p>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</p> <p>The Trust Dean said to the review team that the Trust would welcome conversations with HEE about how workforce and trainee placements are managed in North East London given the specific needs of the local population. The Trust Dean said that if placements at the Trust were moved or removed, the Trust would need to rely more heavily on international medical graduates. The review panel agreed these discussions would be useful.</p>	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>The Medical Director explained to the review team that RLH had continued the work around trainee wellbeing which had started during the first wave of Covid-19. The Medical Director said there had been a shift in culture at the Trust and staff wellbeing was now a focus meaning various opportunities for support were available. The Managing Director of Education Academy explained that through the Barts Charity, nine clinical psychologists had been made available to staff. The review team heard from the Clinical Lead for Stroke that one of the clinical psychologists had attended a stroke LFG meeting to explain what support was available and provide contact details. The Managing Director of Education Academy said that every hospital site in the Trust had a wellbeing lead, wellbeing forum and a wellbeing hub. The review team heard that staff facilities had also been improved through funding from the Barts Charity.</p>	
3.2	<p>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</p> <p>Not discussed at the review.</p>	
3.3	<p>The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.</p> <p>Not discussed at the review.</p>	
3.4	<p>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</p> <p>Not discussed at the review.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>The Trust representatives told the review team that if a trainee was on a night shift alone and needed to seek advice, they could gain assistance from the emergency department (ED) consultant or the rest of the ED team, the medical higher trainee in the Critical Care Outreach Team (a 24-hour service) or from the</p>	

	<p>stroke consultant on call (by phone). The Trust representatives explained to the review team that the ED team had been very happy to help.</p> <p>The review team heard that trainees were given nominated clinical supervisors. The Education Lead for Stroke told the review team that when trainees started in the department, a consultant provided supervision in the ED to help them do their first hyper acute stroke assessment. The Clinical Lead for Stroke explained that in the morning, the consultant ran the hyper acute stroke board round and ward round but, in the afternoon, the consultant was in the ED helping the junior doctors to review patients and make decisions. The Clinical Lead for Stroke said that in the morning, if an emergency came in, the consultant would go to the ED and if the consultant had to attend a meeting in the afternoon, they would also attend the ED in the event of an emergency. The Trust representatives confirmed that when a consultant was working on the hyper acute stroke unit (HASU), they were not rostered to do any other work.</p> <p>The Service Manager for Trauma and Stroke told the review team that there had been reassurance from the multi-disciplinary team (MDT) that when an emergency came into the ED, the thrombolysis nurse should always be available to attend the ED with the junior doctor. However, the Service Manager for Trauma and Stroke said there were ongoing discussions with nursing leadership about making the thrombolysis nurse role supernumerary in the department. The Service Manager for Trauma and Stroke said this was because when the ward was short staffed and under pressure, the thrombolysis nurse felt obliged to support the ward as much as possible which could make it more difficult to attend the ED when needed.</p>	
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>Not discussed at the review.</p>	
3.7	<p>Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.</p> <p>Not discussed at the review.</p>	
3.8	<p>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</p>	

	Not discussed at the review.	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The Education Lead for Stroke told the review team that the departmental induction was provided to every trainee who started in the department and was flexibly provided if trainees started placements late. The Education Lead for Stroke said the induction covered working in the stroke unit, emergency cases, how to communicate with colleagues and the educational activities available to trainees. The Education Lead for Stroke added that simulation training was also provided. The review team heard that good trainee feedback on the new induction had been received. The Trust Dean said that there was a formal mechanism for collecting feedback on induction.</p>	
3.10	<p>Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.</p> <p>Not discussed at the review.</p>	
3.11	<p>Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	<p>Supervisors can easily access resources to support their physical and mental health and wellbeing.</p> <p>Not discussed at the review.</p>	
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>Not discussed at the review.</p>	
4.3	<p>Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).</p>	

	Not discussed at the review.	
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising. Not discussed at the review.	
4.5	Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression. Not discussed at the review.	
4.6	Clinical supervisors are supported to understand the education, training and any other support needs of their learners. Not discussed at the review.	
4.7	Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges. Not discussed at the review.	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes. The review team heard that trainees were encouraged to be involved in audits and were able to present cases or journal articles at teaching sessions.	
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments. Not discussed at the review.	
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments,	

	<p>technologies and care delivery models, as well as a focus on health promotion and disease prevention.</p> <p>The review team heard that neuro-radiology training was going to be available to trainees from March 2022 which would include topics such as reviewing Computerised Tomography (CT) scan presentations and Magnetic Resonance Imaging (MRI) brain scans.</p>	
5.4	<p>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</p> <p>Not discussed at the review.</p>	
5.5	<p>The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.</p> <p>Not discussed at the review.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>Not discussed at the review.</p>	
6.2	<p>There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>Not discussed at the review.</p>	
6.3	<p>The provider 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 of patients and service.</p> <p>The review team heard that the last six to eight weeks had been incredibly difficult for the Trust due to the impact of Covid-19 on staffing levels and this had hindered the progress that individual</p>	

departments had been able to make to improve the learning and education experience of trainees.

The Clinical Lead for Stroke told the review team that stroke medicine was a growing specialty at the Trust and the mechanical thrombectomy service in particular had expanded a great deal recently. The Clinical Lead for Stroke explained that this had impacted on workload and consultants were drained. The review team were told that there were four full time equivalent consultants in stroke medicine based at RLH and another who worked part time in stroke and part time in neurology. The Clinical Lead for Stroke informed the review team that there were also two consultants who worked jointly between Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust. The Clinical Lead for Stroke said that there had been two stroke consultant posts at Newham University Hospital (NUH) but one was currently not filled. The Clinical Lead for Stroke explained the other consultant at NUH worked partly at NUH and partly at RLH. Additionally, the Clinical Lead for Stroke told the review team that the stroke consultant post at Whipps Cross Hospital (WXH) was currently not filled but when it was, the consultant would likely work partly at WXH and partly at RLH. The review team heard that a business case for 20 additional consultant programmed activities (PAs) time had been signed off in January 2022 and this would allow for additional consultant resource at RLH.

The Clinical Lead for Stroke informed the review team that since the previous review in September 2021, the stroke service had employed six middle grade junior doctors. The review team heard that there were two vacancies on the junior doctor rota but one of these was currently filled with a locum. The Clinical Director for Neurosciences, Stroke and Complex Spine told the review team that a benchmarking exercise had taken place which put the stroke service at RLH above other comparable stroke services in terms of the number of middle grade and FY2 doctors. The review team heard that the junior doctors were pleased that they now had more support than previously.

The review team heard that on the current junior doctor rota, three junior doctors were rostered on long day shifts (until 21:00). The Clinical Lead for Stroke told the review team that the increase in the junior doctor workforce meant that during night shifts, there were two junior doctors on shift up to 65% of the time. The review team heard that the middle grade trainees were working on a one in nine weekends rota and this meant that three rota slots were currently not filled. The Trust representatives said that the rotas were managed so that the trainees who might need more support at night always had a second junior doctor working with them. The Trust representatives said that some of the rota gaps were being filled with locums and the hospital had recently agreed to pay for locums as necessary.

The review team heard that longer term, the plan for workforce was that the stroke service would explore including neurology core and higher trainees on the stroke rota (as had happened in the past). The Trust representatives explained that this would be a better experience than previously for the neurology trainees now that the stroke service had middle grade doctors on the rota. The Trust representatives said that there was already one neurology middle grade doctor who was working on the stroke rota as well as the neurology rota, and it was hoped that more could do this. The review team heard that there were some issues including the neurology trainees on the stroke rota which needed to be worked through. The review team heard that if the neurology middle grade doctors did work on the out of hours stroke rota, the rota would become a one in 17 weekends rota. The Clinical Director for Neurosciences, Stroke and Complex Spine said that work was being undertaken with NHS E/I to understand if funding could be provided for new middle grade positions which would be split between stroke and neurology or stroke and radiology. The Clinical Director for Neurosciences, Stroke and Complex Spine said that if this joint arrangement with neurology was not feasible, the stroke department might have to explore increasing the number of middle grade doctors in stroke to nine (from six).

The review team heard that the department had not yet made much progress towards increasing the MDT workforce but it was recognised as a great opportunity. The review team heard that the department had difficulty recruiting and retaining MDT colleagues (especially stroke specialist nurses) but it was recognised that the range of educational opportunities in the stroke service made the department appealing. The review team heard that the department had explored MDT support from physician associates and medical support workers which had seen some success. The Trust representatives said that they thought they could explore the possibility of having nurse practitioners in the department. The Trust representatives said that a number of nurses had recently joined the department through international recruitment. The HEE review panel encouraged the department to work with the HEE workforce team as had been advised in an action from the review in September 2021. The review panel advised the Trust that other successful workforce models for stroke centres included using telemedicine in the ED and on the wards, as these reduced the need for more staff.

The review team asked whether the new stroke mimic pathway had eased workload pressures for trainees. The Clinical Lead for Stroke told the review team that it had made some difference but unfortunately, due to staffing issues in other departments, the full impact had not yet been realised. The review team heard that the ED and the medical specialities had had extensive problems with staffing because of Covid-19 and were frequently trying to find

	locums to cover rota gaps. The Clinical Lead for Stroke explained that because of this, the other departments had less ability to take over the care of stroke mimic patients. The Trust representatives said that trainees had provided feedback that they were less stressed and felt more supported than in September 2021.	
6.4	<p>Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.</p> <p>Not discussed at the review.</p>	

Report Approval

Quality Review Report completed by	Chloe Snowdon Learning Environment Quality Coordinator
Review Lead	Louise Schofield Deputy Postgraduate Dean
Date signed	01/03/2022
HEE Authorised Signature	Gary Wares Postgraduate Dean
Date signed	01/03/2022
Final Report submitted to organisation	01/03/2022