

HEE Quality Interventions Review Report



**Barking, Havering and Redbridge University Hospitals NHS
Trust (Trust-wide)
All programme groups
Senior Leader Engagement Visit**

**London – North East London
Date of Review/Intervention: 16 September 2022
Date of Final Report: 7 November 2022**

Review Overview

Background to the review

Health Education England (HEE) scheduled this quality review in order to discuss recurring issues which had been raised at recent visits to a number of specialties within the Trust. These issues, which included sexism and discrimination, bullying and undermining and concerns about multiple, ineffective IT systems, required a Trust-wide response from the executive team, in support of the postgraduate medical education (PGME) department. HEE was concerned that many of these issues had been raised over a number of years and had not yet been addressed.

HEE sought to meet with senior members of the executive team to understand the Trust's plans to address unprofessional behaviours and multiple IT systems as they affected doctors in training.

Subject of the review:

The quality review was in scope for all postgraduate medical specialties.

Who we met with

The review team met with the following Trust representatives:

Chief Executive Officer
Chief Medical Officer
Director of Medical Education
Director of Research and Chief Medical Officer Operations
Associate Director of Finance
Guardian of Safe Working
Deputy Medical Education Manager

Evidence utilised

HEE utilised eight recent quality review reports to identify key themes for discussion at this review via a thematic analysis. Quality review reports included:

13 May 2021, Senior Leader Engagement Visit of Obstetrics and Gynaecology
10 June 2021, Senior Leader Engagement Visit of Acute Medicine, Critical Care and Anaesthetics
11 October 2021, Learner and Educator Review of Acute Internal Medicine and Respiratory Medicine
8 November 2021, Learner and Educator Review of Emergency Medicine
22 November 2021, Learner and Educator Review of Geriatric Medicine
21 February 2022, Learner and Educator Review of Surgery
14 March 2022, Learner Review of Paediatrics
28 March 2022, Learner and Educator Review of Anaesthetics
4 July 2022, Learner Review of Acute Internal Medicine

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Gary Wares Postgraduate Dean, North London
HEE Quality Representatives	Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Nicole Lallaway Learning Environment Quality Coordinator Ummama Sheikh Learning Environment Quality Coordinator, shadowing

Executive Summary

This Quality Intervention was scheduled due to multiple recurring issues which were raised at recent quality reviews at Barking, Havering and Redbridge University Hospital NHS Trust (BHR). The purpose of this intervention was for a collaborative discussion about the issues identified and sought to understand how these issues may be addressed to better improve the educational experience of postgraduate doctors placed at the Trust.

The main concerns identified by the Trust and the HEE review team were issues around finance and funding for education and training, lack of consistent leadership team including the Executive members of the Board and IT infrastructure. The review team heard from representatives of the Trust present at the review that they had recently appointed a substantial number of permanent, executive members of the board, and the suggestion was that this new leadership team would be able to make the required changes and have a positive impact on the institution. It was noted that the Board had seen numerous different members of staff who were not in post for long enough to have any meaningful impact on the Trust, and it was felt that the new consistent senior leadership team would take BHR in a new direction.

The following recommendations were made as a result of this quality intervention:

- The Postgraduate Dean would meet with the Trust to demonstrate what good assurance of the board should be
- HEE would connect HEE's Finance team with the Trust's Finance team to better understand funding flows

HEE shared concerns around education and training and noted that if there was no significant improvement within the next twelve months, HEE would be required to consider removal of postgraduate doctors from BHR either temporarily or permanently.

Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory Requirements

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

Immediate Mandatory Requirements

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

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
2.1	2.1	The HEE Postgraduate Dean (North London) was recommended to have a conversation with Barking, Havering and Redbridge University Hospitals NHS Trust Board Executives, the Chief Executive Officer and the Chief Medical Officer to demonstrate good practice for board assurance and oversight.
2.5	2.5	The HEE Deputy Head of Quality, Patient Safety and Commissioning was recommended to signpost the Associate Director of Finance to the appropriate point of contact within the HEE Finance team. This was to support the Trust with visibility of funds going into the Trust and where these should be allocated appropriately.

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	N/A	N/A

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
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 queried whether the Trust had identified the root cause of cultural issues within Barking, Havering and Redbridge University Hospitals NHS Trust (BHR). In response, the Trust reported that it had a deep-rooted issue with the supervision of postgraduate doctors in training. It was noted that indicators around Clinical Supervision and Clinical Supervision Out of Hours had been flagged in the General Medical Council's National Training Survey (GMC NTS) for four years in a row, and that recent Quality Intervention reports by Health Education England (HEE) had identified concerns in this area across a variety of departments. It was reported that the Postgraduate Medical Education (PGME) team consistently heard from postgraduate doctors that they were often on their own on wards and were often expected not to call consultants for additional support where required. It was also highlighted that they had found cultural issues with the way in which consultants behaved towards trainees, e.g. instances of being given extra work and shouted at, as well as discrimination being reported in various areas, with discrimination based on gender being the most reported within the Trust. It was felt that it was more difficult to be a female postgraduate doctor in BHR than a male postgraduate doctor. In addition, some Trust representatives felt that it was an underfunded organisation in a deprived area of London, and that issues stemmed from the lack of structures you would expect to see in an organisation as well as many years of being underfunded. It was also suggested by some Trust representatives that the issues may not stem necessarily from underfunding, but rather the way in which the funding is utilised, and that resources needed to be requested in the correct way.</p>	
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>The review team heard that there was an issue with consistency of the leadership team and that this had a negative impact on many departments. The review panel heard that the Chief Nurse was the longest serving member of the Executive team, and that they had a different team to work with each year. It was felt that where members of the executive team were in post for less than</p>	

two years, it was difficult to make any traction against the recurring issues within the Trust, and that the executive team required consistency of approximately three to five years in post to be able to have a long-term investment in any plans and changes to strategy within the Trust.

The Trust highlighted a recent case in an employment tribunal around the assault of a female member of staff by another member of staff within BHR. It was felt that there needed to be visibility of these types of cases to ensure repeated behaviours were discouraged and dealt with appropriately. It was also noted that senior colleagues needed to see and understand what good supervision looks like, and to ensure that educational and clinical supervisors had structured job plans which set out clear, dedicated time for education and training. The Trust noted that if they were not delivering these effectively, that supervisors should be held to account.

The Trust reported of secondary informal feedback from a previous postgraduate doctor in Anaesthetics at Queen's Hospital. It was fed-back that they had a good experience and learned a lot due to the volume of work on the ward. They also commended the PGME team for their support, noted that they worked with good colleagues and that their experience working in pathology was excellent. However, it was noted that they could understand why some postgraduate doctors in training may have found working there to be unpleasant due to the volume of work. The review panel heard that the Trust's core offer needed to be realistic about the challenging nature of the Trust, but that postgraduate doctors needed to balance opportunities and to take advantage of the challenges of working within Anaesthetics to complement their experience and development as doctors. It was however noted by the review panel that it was difficult to balance the anecdotal experience of one trainee with the results from the GMC NTS for Anaesthetics and Core Anaesthetics. It was further raised by the review panel that there were significant concerns around the Anaesthetics programme and discussions would be undertaken to decide whether it was required to go into Enhanced Monitoring with the General Medical Council (GMC).

The review team queried the GMC NTS results for Anaesthetics Foundation Year Two (F2) at Queen's Hospital, which saw one red indicator and three pink indicators in 2021 improve to five green indicators in 2022. The review team heard that the Trust attributed this improvement in survey results to a supernumerary arrangement within the critical care team and the work undertaken by a new Education Lead. In addition, it was also felt that this improvement was also the effect of a small collection of

	consultants who had a positive influence on each other. It was noted by the Guardian of Safe Working (GoSW) however, that the Anaesthetics postgraduate doctors do not often exception report.	
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 review team heard that BHR needed a shift within the culture of the Trust. It was reported that there were expectations of the Board to make changes, however it was noted that they could not make significant positive changes without support from the Clinical and Educational Supervisors. The review team heard that where incident forms were completed around poor behaviour, the Chief Medical Officer (CMO) picked these up and wrote to the postgraduate doctor to identify the consultant concerned. From this, the CMO expected a conversation to resolve the concern within an appropriate amount of time rather than waiting for issues to escalate in the GMC NTS each year. The CMO reported that they were persistent about dealing with concerns, and noted the importance of being kind, respectful and available and the influence this could have if it came from Senior colleagues within the Trust. The review team heard that the Trust expected to see changes within the next year and for improvements to be reflected in the results of the GMC NTS 2023.</p> <p>The review team heard that the GoSW had been in post for two years since the end of the first wave of the Covid-19 Pandemic. It was reported that many of the concerns raised through the GMC NTS was reflected in the exception reports submitted by postgraduate doctors in training, and that it was beneficial to have real-time feedback from postgraduate doctors via exception reporting, and not just during the Local Faculty Groups (LFG) every three months or via the GMC NTS. The feedback provided throughout the year enabled the Trust to resolve concerns more rapidly, and the GoSW highlighted that areas which saw the most improvement had a strong emphasis on trainee-focused leadership, which some postgraduate doctors campaigned to include in their job-planning. The review team also heard that there needed to be a sense of visibility, ownership and leadership within departments which would be supported by the senior leadership team, rather than remote or virtual support from the clinic. It was reported that postgraduate doctors would benefit greatly if they had visible consultants and support available within departments.</p> <p>When queried on the role of the Freedom to Speak Up Guardian (FTSUG) and how well connected they were with the GoSW, it was reported that this was an area that needed to be worked on more thoroughly as the roles were parallel workstreams. The GoSW reported that they signposted postgraduate doctors to the FTSUG as required but that they would communicate that more</p>	

	often to any postgraduate doctors who come to them with concerns.	
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>The review team highlighted consistent negative feedback from postgraduate doctors at recent Quality Interventions around poor infrastructure of IT services within the Trust. It was highlighted that postgraduate doctors were required to share log-in details as they did not all have access to their own, which made it difficult to track which member of staff had arranged certain requests. The review team queried what the Trust was doing to address issues around IT structures and induction to ensure postgraduate doctors had access to their own log in details. The Trust reported that they were the last remaining Acute Trust in London without an Electronic Patient Record (EPR), and that upon looking at strategic decisions around investment in digital areas of work, previous decisions made hindered technological advancements within the Trust and resulted in worsening problems. The Trust reported that the North London Integrated Care System (ICS) was working towards introducing Cerner as the new EPR in BHR at a £15 million investment, and that they intended for this to be implemented in the next two to three years.</p> <p>The PGME team reported that they had worked with IT over the last twelve months to improve the IT component of induction. The PGME team felt that they offered a good induction to postgraduate doctors in training, however the IT component was difficult. It was reported that the hardware and network was slow and old, and that the system that controlled security was outdated. The review team heard that the Trust had multiple IT systems to support with delivery of care, e.g. results system, letter system, overall patient management system, however it was reported that these systems do not map onto each other and that there was a large administrative burden to manually update each system as required.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	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>The review team heard from the Trust that there was an issue with consistency of the leadership team, and it was felt this had a largely negative impact on a variety of concerns within the Trust. The Trust reported that in the last fifteen years, the Trust had ten different Chief Executives appointed. It was felt that the high turnover within the leadership team meant that there was a lack of clear strategy and purpose, and as a result, many of the departments within the Trust were siloed in order to protect their business need. The review panel heard that this enabled inconsistency around poor practice and instances of poor behaviours within different departments.</p> <p>The review panel queried Executive Board assurance of Postgraduate Medical Education and noted that in Trust documentation including board meeting minutes, there was no clear significant reference to the GMC Enhanced Monitoring process. It was also requested that the Trust expanded on how the Executive Board were assuring themselves that they were tackling issues and whether there a nominated non-executive member of the board to support the PGME team. The Trust reported that their main challenge was within the People and Culture Committee, and that they were not aware of a nominated non-executive member of the Committee, however they noted they would work towards nominating someone. It was reported that there had been significant change in the board over the last year with three recent new appointments which included a new Chair, and it was felt that board-level oversight had not been as focused as it should have been. The review panel also heard that the focus of the People and Culture Committee was the experience of postgraduate doctors in training within the hospital, which included concerns around sexism and misogyny. It was noted that concerns were grounded more in culture and behaviour rather than technical aspects and quality of supervision. It was reported that the PGME team had brought these concerns to the People and Culture Committee, however it had not had traction to date. The Trust requested that HEE provided examples of good practice where Trusts succeeded with board oversight so that they could learn from peers who had the balance correct. The HEE Postgraduate Dean agreed to have a conversation with the Board Executives, the Chief Executive Officer and the Chief Medical Officer to share and agree what good board assurance and oversight looked like.</p> <p>The review team heard that the Trust felt they would see some changes regarding the Board and PGME. It was reported that two years ago there was no reporting structure around Medical Education to the Executive Team or the Board, and over the last eighteen months the Trust had been producing a quarterly report on Medical Education to inform them of what was happening within the department, and that that eighteen months ago there was a seminar for the Board on Medical Education as well.</p>	<p>Yes, please see 2.1</p>
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	<p>However, it was reported that it was challenging to get the Board to acknowledge issues within PGME and it was more difficult to have suggested solutions put in place.</p> <p>The Director of Research and Chief Medical Officer Operations reported that they had worked the longest within BHR out of everyone present at the Quality Intervention, and that they had witnessed a growing Executive Board where no one stayed in post for long. They reported that it felt different now and that it made a large, positive difference to have permanent members of staff in place. They also felt that in the short time they had worked with the CMO, they felt the CMO was prepared to tackle challenges within the Trust and would not tolerate poor behaviour and issues. It was also felt that there was active support by the new Executive Team and that there would be improvements in the coming years due to these new, permanent members of the team.</p> <p>The review team noted that HEE and BHR had been having these conversations for many years and that it had not yet seen great traction but had seen deterioration. This was particularly noted for Acute Internal Medicine which is in GMC Enhanced Monitoring. It was also noted by HEE that there would need to be a conversation around Anaesthetics with the GMC and whether this required being placed into Enhanced Monitoring as well. The review team noted that they would inform BHR of the outcome of that conversation. The Postgraduate Dean also offered the Trust a conversation regarding a possible training holiday if the Trust needed some time to make some significant changes within Medical Education. It was noted by HEE that BHR was a challenged organisation with a challenging population. The Postgraduate Dean shared their concerns that they could not continue to invest and send postgraduate doctors to train in BHR if there was no significant change within the next twelve months, and that they may need to consider removal of postgraduate doctors from BHR either permanently or temporarily if there was no improvement. The Chief Executive Officer acknowledged these concerns and that they would not want to be responsible for any postgraduate doctors having a poor learning experience within the organisation but would rather be responsible for positive change. The Trust suggested that HEE and BHR have another conversation after the GMC NTS 2023 to assess next year's data and whether there had been improvement or deterioration.</p>	
2.5	<p>The provider can demonstrate how educational resources (including financial) are allocated and used.</p> <p>The review team noted that HEE had worked with the Trust in 2020 to better understand funding flows and to make it easier for the PGME team to identify where HEE funding went within the</p>	

	<p>Trust. It was reported that HEE provided BHR with £18.4 million per year for education and training, and that the appropriate figure was determined based on the level of training. It was noted that £15.5 million of the funding was allocated specifically for the training of postgraduate doctors and the undergraduate medical budget, and that the remaining figure was allocated to workforce development and the multiprofessional sector. The review team queried whether the PGME team now had oversight and governance of finances which came into the Trust for postgraduate training and the undergraduate medical budget. The PGME team reported that they did not have oversight, and that the allocation was not visible nor available for budgeting by the PGME team, and that they were not able to account for educational spend or delivery. The review team heard that out of £15.5 million of HEE funding for Medical Education in the 2022-2023 financial year, £13.5 million of that was dispersed within the Trust, with no link to Medical Education delivery or oversight by the PGME team. The Trust reported that this occurred because this was the way it had always been, and that they did not have the structures in place to do things differently. It was reported that this issue was on the Trust Risk Register and that they were aware they were contractually required to spend the Tariff on Education Delivery only. The Trust were also aware they were required to deliver granular reporting within five working days and that they were currently in default of that contract.</p> <p>The Associate Director of Finance reported that there was a process being put in place to rectify this, however it was not developing at a desirable pace. The review team heard that the finance team had mechanisms in place to identify undergraduate and postgraduate training posts on the Electronic Staff Record (ESR), and that they were refreshing an analysis of Educational programmed activity (PA) and how this was used throughout the delivery of training. It was agreed that more work needed to be undertaken. The Associate Director of Finance noted that they had previously reached out to the HEE Finance team for some assistance, however they did not receive a response. The review team apologised on behalf of HEE for the lack of assistance in this instance, and the review team highlighted that the HEE finance team were available to collaborate with the Trust and improve the visibility of funding which came into the Trust so that it did not get dispersed within the system.</p> <p>The PGME team reported that they had a good understanding of salary support for undergraduate learners and postgraduate doctors in training. It was reported that the schedules received by HEE were structured to make it clear what the income was for, and that there was a line-by-line allocation of salary support for undergraduate learners and postgraduate doctors in training. The PGME team noted that their difficulties lied with translating the funding into a clear purpose. It was reported that the PGME</p>	<p>Yes, please see 2.5</p>
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	<p>team attempted to meet with colleagues at Royal Free London NHS Foundation Trust to understand good practice and how to translate the funding appropriately, however they were unable to find a convenient time for them to meet.</p> <p>The review team queried whether the Trust had a process in place for the Educational Lead to be responsible for line-budgets. The Trust reported that the vision of the Executive Team was that all of education, which included postgraduate/undergraduate medical training and multiprofessional training, Nursing, Allied Health Professionals (AHPs), would be under the oversight of the Director of Education.</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 review team explored the role of the Workforce Hub and noted that they received feedback from postgraduate doctors in recent Quality Interventions that the Workforce Hub did not work as well as they had expected. It was noted that there were some concerns raised around rota gaps and payments in particular. The Trust reported that the Workforce Hub was established during the Covid-19 Pandemic to ensure adequate postgraduate doctor cover across different departments. It was reported that the function of the hub had continued and that there were some concerns around the rota, however the Trust felt these were being addressed. The Trust reported that they needed to maintain safe cover across wards between the two sites, however as the focus was on safe cover, it may not have necessarily met the needs of the postgraduate doctors. The Trust noted that some work needed to be done to ensure parity between wards, as some wards had seven postgraduate doctors while some had just three. It was reported that the Workforce Hub also provided one central system for the provision of the medical rota, and that this was particularly challenging, specifically so at Queen's Hospital, due to tensions between departments. It was felt that in this way, the Workforce Hub was successful. However, it was noted that 240 lines on a single rota whereby they all linked together and were co-dependent, made modifying the rota difficult. The review team heard that the Workforce Hub were due to undertake a re-write of the rota by September 2021, however this had taken longer than expected. It was reported that the rota was still being re-created however this did not currently have a static deadline.</p> <p>The review team heard that the CMO attended the Junior Doctors Forum (JDF) in August 2022 and that the rota was raised by postgraduate doctors as a concern. The CMO also</p>	

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	liaised with the Workforce Hub to understand delays to the new rota. It was reported that the Workforce Hub was undertaking work to identify safe cover on the wards, which specialty had what ward(s) and how many wards were to be allocated to each specialty. It was reported that many specialties had taken over different wards during the Covid-19 Pandemic, and that this work needed to be unpicked for the new rota to be completely effectively.	
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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
	Domain not discussed at review	


HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
	Domain not discussed at review	


HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
	Domain not discussed at review	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed at review	

Report Approval

Quality Review Report completed by	
Name	Nicole Lallaway
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Dr Gary Wares
Role	Postgraduate Dean, North London
Signature	
Date signed	7 November 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean, North London
Signature	
Date signed	7 November 2022

Final Report submitted to organisation	7 November 2022
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