QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust

Acute Medicine

Multi-professional Review (on-site visit)

Quality Review report

11 April 2018

Final Report

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Quality Review details

Background to review	The Multi-Professional Review (on-site visit) was arranged to review progress in relation to addressing the concerns raised in the GMC National Training Survey 2017, previous Risk-based site visit to acute medicine and the subsequent ELC at Queen's Hospital in December 2017. The areas of concern were in relation to: clinical supervision, rota gaps, departmental teaching, handover and supportive environment. As these concerns affected the multi-professional workforce, it was imperative that the scope of the review involved all learners and mentors from adult nursing, pharmacy, physiotherapy and occupational therapy. The review team interviewed members of the senior management team about governance, leadership, departmental structure and delivery of education and training.
Training programme / learner group reviewed	Acute medicine pathways including Specialty Medicine teams contributing to the Acute Medical Take
Number of learners and educators from each training programme	The review team met with the Director of Medical Education, Medical Education Manager, the Guardian of safe working, Education leads, Divisional Nurse for Specialty Medicine, Divisional Director, Specialist Medicine, Head of Therapies, Foundation Training Programme Director (FY2), Divisional Managers for Medicine, Medical Staffing Support Manager and Medical Undergraduate Advisor. The review team then met with a range of learners including Foundation Year 1 (7), Foundation Year 2 (1), Core Medicine (1), ST3-7 medicine trainees (4). The review also met with the acute medicine educational and clinical supervisors. Additionally, the review team met with six student nurses and their practice development nurse educator.
Review summary and outcomes	Health Education England would like to thank the Trust for accommodating the Multi-Professional Review (on-site visit). During the course of the on-site visit, the quality review team heard of three areas of serious concern, for which immediate mandatory requirements were issued: • There were patient safety concerns regarding lack of appropriate medical triaging of acutely ill patients who presented to the Emergency department at Queen's Hospital, with a GP referral letter without having been accepted / expected by the medical on call team. The review team was informed that these patients were seated in the Urgent Care Centre without appropriate EWS monitoring or investigations by the ED team until they were reviewed by the medical on call team usually several hours later. This posed a real safety risk to such patients. The acute medicine trainees informed the review team of an instance when a patient with diabetic ketoacidosis had waited for 7 hours before being seen by the medical team and transferred to the resuscitation unit. The review team were informed that often up to 30 patients were managed by one nurse and that there was no consultant cover from ED for the UCC after 5pm. • There were continuing challenges with clinical oversight and rota management reported that there were a large proportion of unfilled shifts especially out of hours, which the trainees were often not aware of before they started their on-call shifts. This had resulted in need for frequent emergency redistribution of trainees across the sites especially out of hours and at weekends. The acute medicine trainees informed the review team that they had been transferred to work at a different site, despite

never having worked there before, they had not been provided with an induction and that there had been inadequate supervision available. The trainees also reported that there were occasions when they had been sent to work on a different ward during their shift, without an appropriate handover.

- There were safety risks to patients who were being managed by the plus one protocol. The review team was informed of a completed IR1 form in relation to a patient with altered consciousness and hypoxia who had been managed in an unsafe environment. Previously the Trust has confirmed that the protocol did not allow for sick patients to be managed in this manner. However, this was reportedly not being adhered to as described, and the trainees indicated that such instances took place almost on a weekly basis, causing continuing risks to patients and medical staff.

The review team were pleased to note of a number of areas that were working well in relation to acute medicine training at Queen's Hospital.

- The acute medicine trainees reported that they received good clinical exposure with a variety of learning opportunities.
- The student nurses felt well-supervised and supported in their training, observed a good range of clinical conditions and enjoyed working on the wards.
- The student nurses informed the review team that the weekly patient safety summits were useful and informative.

However, the review team were also informed of some issues regarding the education and training provided, which are outlined below:

- The acute medicine trainees routinely received their rotas late, and that they had not been provided with information on how to access the Trust rota system. It was also reported that when the e-roster rota was provided, it did not provide trainees with an understanding of specifically where they were placed within the department and their roles, but only showed if they were present or absent from work.
- The acute medicine trainees reported that despite being made aware of how to exception report, they did not receive adequate guidance detailing steps to resolve the issues they had reported.
- The acute medicine trainees expressed that they were often working beyond their level of competency, and may be expected to look after patients who required attention at a more senior level.
- That the post take round list often did not provide sufficient details on where patients were within the emergency department, and as a result, patients were at risk of being seen several hours after being admitted.

Quality Review Team			
HEE Review Lead	Dr Indranil Chakravorty, Deputy Postgraduate Dean, Health Education England	**Head of School for Acute Medicine**	Dr Catherine Bryant, Head of the London Specialty School of Acute Medicine, Health Education England
Head of School for General Practice	Dr Naureen Bhatti Head of the London Specialty School of General Practice, Health Education England	**GP trainer**	Dr Huma Vohra, GP Trainer, Health Education England (South London)
GP trainer	Dr Suparna Chakrabarti, GP Trainer, Health Education England (North East London)	**Foundation School Director**	Dr Keren Davies, Director of North East Thames Foundation School
Healthcare Representative	Kathryn Jones, Dean of Healthcare Education, Health Education England	**Emergency Nurse Practitioner**	Julia Gamston, Emergency Nurse Practitioner, Imperial College NHS Trust
NHS Improvement Representative	Dr Emma Whicher, Regional Medical Director, NHS Improvement	**Observer**	Elizabeth Daily, Deputy Quality, Patient safety and Commissioning Manager, Health Education England
Lay Representative	Ryan Jeffs, Lay Representative	**Scribe**	James Coeur-de-Lion, Learning Environment Quality Co-ordinator, Health Education England

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

The quality review team heard that the Trust provided a number of ways in which all multi-professional learners and staff could raise concerns relating to their education. The Specialty training leads, clinical and educational supervisors were often readily available to support all levels of trainees. The Medical Education and Training Manager explained that they were also available to receive any concerns raised by the trainees and if required, escalated accordingly to the Divisional Director, managers, divisional nurses, Director of Medical Education, Medical Director, or Chief Nurse. There were mentors available to support all levels of multi-pofessional learners and staff.

The Trust informed the review team that there were weekly patient safety summits open to all staff to attend. The Guardian of Safeworking Hours informed the review team that there was often a very low number of junior doctors and consultants present at the summits and that typically, they were mainly attended by nursing staff. However, the medical education manager noted that following each of the summits, a summary of the session was circulated on a Trust wide basis, to enable those who did not attend to have access to what was discussed and any learning or feedback that was given.

The review team heard that the Trust worked pro-actively to ensure that all the trainees were provided adequate training on the systems for incident reporting and how they can receive feedback. It was noted that one of the methods of feedback was through the patient safety summit, where a large proportion of the concerns were raised and discussed. The clinical lead for gastroenterology highlighted how it had been difficult for the trainees particularly in gastroenterology to attend the patient safety summits due to the timing of the meetings, but that faculty meetings had been very useful as a place for the trainees to raise their concerns. Upon receiving any serious trainee concerns, it was reported that these would be raised through the service manager.

The review team was informed that there was a daily post on-call handover meeting for acute medicine, which was led by a consultant and attended by the night team, day team and the medical staffing officer. The structured meeting was designed to provide those who attended with an opportunity to discuss any incidents which took place over night, and also to review a ‘case of the day’.

When job plans were discussed for educational and clinical supervisors, it was heard that there was no allocated time for education within their roles across the organisation, and that the Trust had identified through an internal audit in 2017 that job planning had not been reviewed effectively for quite some time. However, it was reported that at the time of the review, the Divisional Director was working to address the issue and to implement set guidance on supporting professional activity (SPA) allocation for being an education and clinical supervisor across the Trust. The Medical Education and Training manager explained that their team was responsible for accrediting the clinical and education supervisors to ensure they were meeting the requirements in all domains against the general medical council (GMC) standards.

The Trust confirmed that all trainees had appropriate supervision, consisting of regular trainee reviews carried out by the medical education department, who ensured that all the foundation and core medical trainees attended clinical and educational supervisor meetings and that they all completed their curriculum requirements in preparation for their annual review of competence progression (ARCP) reviews. The Medical Education and Training Manager reported that they had regular meetings with the general practice (GP) training programme directors and the associate dean to support the GP trainees.

The supervision arrangements for nursing and allied healthcare learners consisted of structured mentorship sessions. The student nurses had regular meetings with their clinical education practitioners to raise any concerns they had with their training.

The Trust had reviewed their medical staffing arrangements and have enhanced the support to both medical staffing teams at the Queen's and King George Hospital sites. The medical staffing team across the sites met weekly to discuss the rota 6 weeks in advance. The trainees all had access to electronic rotas and were able to book their annual leave and study leave through the system. The electronic system provided the trainees with access to the rotas of their wider team and access was also available to the clinical leads of each of the specialty medical teams across the Trust. The Guardian of Safe Working Hours reported that on a monthly basis, the Trust had between 2500 to 2900 shifts uncovered of which 40-45% were in acute medicine, and this had resulted in a rise of exception reporting.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
A1.1	**Patient safety** The quality review team was informed by the acute medicine trainees that the urgent care centre (UCC) environment was extremely unsafe for patients due to the lack of triaging of patients referred to medicine by the emergency department (ED). It was a common occurrence that patients had been transferred to the UCC without being seen by the ED as they had been referred through a GP letter addressed to the medical team. In such instances, the patients had often been waiting for significant periods of time to be seen by the medical on-call team, without being appropriately monitored. In one case, it was reported that a patient with diabetic ketoacidosis had waited seven hours in the UCC and had then had to be transferred to the resuscitation unit when seen by the medical team due to deterioration of their clinical condition. The rate of patients arriving with unexpectedly with GP referral letters had resulted in the medical team being overwhelmed with their workload, especially during the winter months. The acute medicine trainees highlighted that the referral system had been raised as a cause of concern with the Trust and their supervisors. However, at the time of the review, no feedback had been provided by the senior management to address the issues. The educational and clinical supervisors explained that there had been a referral process in place for patients who arrived to the UCC with a GP referral letter. It was anticipated that these patients would be initially reviewed and triaged by the emergency department and then referred to the medical team. The review team received feedback from various multi-professional training groups about the risk to patients who were being managed by the plus one protocol. The review team was informed of a completed IR1 form in relation to a patient with altered consciousness and hypoxia who had to be cared for in an unsafe environment. Such instances took place almost on a weekly basis, causing continuing risks to patients and medical staff. The student nurses reported that the policy resulted in patients being	Yes, please see below A1.1a Yes, please see below A1.1b

	regularly left in the middle of the bay and in some cases beds having to be placed in confined spaces resulting in difficulty for staff to carry out patient assessments.	
A1.2	**Serious incidents and professional duty of candour** The educational and clinical supervisors confirmed that that there was a system for reporting serious incidents within the Trust. In the renal medicine department, it was reported that the trainees attended governance meetings, during which incident reports and patient safety concerns were raised and discussed.	
A1.3	**Appropriate level of clinical supervision** The review team was pleased to hear that that all of the acute medicine trainees had allocated educational and clinical supervisors and the trainees informed the review team that they had no difficulty in arranging meetings with them. The level of support provided by the hospital at night team was heard to be variable but the trainees indicated they received a good level of support from the advanced nurse practitioners. In addition, the review team was informed that the critical outreach team was available during the weekdays between 9am – 8pm. There were advanced clinical practitioners in the ambulatory care department who were training on a master's degree programme and had received appropriate level of supervision from the consultants in the department. The team were not able to meet with any of the ACPs during the visit.	
A1.4	**Responsibilities for patient care appropriate for stage of education and training** The acute medicine trainees reported frequently being required to work above their level of competence, and undertaking patient care duties which they felt required a more senior level of attention.	Yes, please see below A1.4
A1.5	**Rotas** It was reported that there were significant issues in relation to the rota management and rota gaps within the department. The acute medicine trainees had been made aware of the newly implemented electronic rota system, but had not received communication on how to access or navigate the system. It was also reported that the system had not been working for the first few months of the trainees' placements. When they were eventually able to access the rota system, the trainees reported that the information provided only notified the trainees of who was present or absent from the workplace and did not show details of which teams the trainees had been allocated to across the department, whether it be ward cover, clinics or on-call commitments. There was no overall lead to take responsibility for the organisation for each of the teams. The acute medicine trainees reported that staff available to discuss the rota issues, were often perceived to be unhelpful and resistant to the issues raised and potential solutions offered. There were occasions when due to rota gaps, they had undertaken night on-call duties at the weekends during which they had been asked to transfer from Queen's hospital to the King George hospital site. This had an impact on service provision at the Queen's site. In addition, it was heard that the trainees had not received an induction from the King George hospital site. Similarly, the review team was informed of instances when a trainee is asked to cover another ward, which they had never previously worked on, during an on-call shift. The trainee reported they had no knowledge of the patients on the ward and their medical history and that no handover had been provided when they are asked to attend other wards. The trainee indicated that during these shift there is usually a lack of adequate clinical supervision and that they felt they were working above their level of competency. The trainees had	Yes, please see below A1.5a

	completed exception reports following these shifts, as well as discussing it with their educational supervisors. However, trainees did not receive any feedback or solution. When asked by the review team if this was a common occurrence, the trainees explained that rota gaps were common in relation to the acute medicine on-call rota and that the e-rota system did not provide the trainees with information on where the gaps were across the department. Due to the lack of staff in the acute medical team, workload was extremely heavy and the trainees often felt under a significant level of pressure. The acute medicine trainees were disappointed that they had not been asked by senior management to have an input into possible solutions for managing the rota issues. Despite the trainees providing positive feedback on the wide range of clinical exposure they received at Queen's hospital, the organisation of the department and especially the co-ordination of the rota, had resulted in the working environment to be very stressful. The student nurses reported that they received their rotas in good time and had initial meetings with their mentors to go through the objectives and what was expected of them. When discussing the rota issues with the education and clinical supervisor, it was heard that it had been difficult to find locum cover at short notice to cover the gaps, and that this had led to an increased workload. The educational and clinical supervisors also noted that due to the winter pressures, the trainees had completed exception reports and were given time off in lieu.	Yes, please see below A1.5b
A1.6	**Handover** The acute medicine trainees raised some concerns regarding the morning handover. It was reported that the majority of the time was spent discussing the rota and allocating the medical trainees to their teams and wards, which only left time for the most urgent patients to be discussed. It was not uncommon that newly admitted patients were missed from the handover. On occasions, patients who had been referred to the medical team had been transferred to the surgical wards, without the medical team being made aware. This had resulted in inadvertent delays for those patients to be seen. It was brought to the review team's attention that although there was an electronic system for the post take, it did not contain any location information.	Yes, please see below A1.6
A1.7	**Work undertaken should provide learning opportunities, feedback on performance, and approriate breadth of clinical experience** The student nurses felt well supported by senior colleagues throughout their training and that they thoroughly enjoyed their placements. There was a good case mix with opportunities to have experience in a number of various specialised areas. However, nurses felt they would have benefit from access to multi-professional simulation sessions. The student nurses had weekly drop in sessions with their mentors from the university. The university had informed the student nurses that the weekly drop in sessions was an important opportunity to meet and discuss how well things were progressing in their	

	training. However, some student nurses had been discouraged by senior nurses to attend these unless there was a specific issue or concern they had wanted to raise with their mentors. The student nurses received good supervision from nurses on the ward and that regular meetings were set up between them and the practice development nurse. The practice development nurse was seeking to improve communication links with the university through quarterly meetings, to enable a better overview of the training progression of student nurses.	
A1.8	**Protected time for learning and organised educational sessions** The acute medicine trainees informed the review team that they were aware of the patient safety summits but had been unable to attend due to their workload and inconvenient timings, which was also confirmed by the educational and clinical supervisors within the department. The student nurses found the patient safety summits meetings useful, informative and a good opportunity to discuss lessons learnt from serious incidents.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

A2.1	**Appropriate system for raising concerns about education and training within the organisation** The acute medicine trainees were not aware of the existence of a local faculty group or a similar forum to feedback on training or rota related issues. The foundation trainees were aware of a meeting scheduled once or twice per rotation with the education team in which feedback could be provided, but indicated that they were also unaware of any local faculty group meetings. The gastroenterology trainees were aware of their local faculty group meetings and had attended one in which they had raised concerns, but had not received any feedback. In addition, the educational lead for renal medicine confirmed that there were educational meetings twice a month where the renal medicine trainees had the opportunity to raise their concerns. It was heard that due to the winter pressures, the trainees had completed exception reports and received time off in lieu. The student nurses were aware of how to escalate concerns and felt supported by their mentors, the nurses in charge, the ward manager and the education facilitators who were readily available.	Yes, please see below A2.1

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 and to achieve the learning outcomes required.

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

	N/A	

4. Supporting and empowering educators

HEE Quality Standards

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

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

A4.1	**Sufficient time in educators' job plans to meet educational responsibilities** The review team was informed that the educational and clinical supervisors were aware of the policy to have allocated time in their job plans for educational supervision but not for clinical supervision. However, many of the supervisors were not able to account for this within their capped SPA allocations but ensured the trainees received the support they required.	

5. Developing and implementing curricula and assessments

HEE Quality Standards

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

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

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

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

	N/A	

6. Developing a sustainable workforce

HEE Quality Standards

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

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

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes. **6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.** **6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.**		
	N/A	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
A1.1a	The Trust to ensure that there are no patients in the Urgent Care Centre who are without appropriate medical triage, and that there is adequate resource to maintain safe monitoring whilst patients are waiting to be seen by the medical on-call team.	The Trust to submit to Health Education England the standard operating procedure for medical patients placed in the Urgent Care Centre.	
A1.1b	The Trust is required to confirm that there are no safety breaches of the plus one policy	The Trust to submit outcome of serious incident process review, including details of how the policy will be strengthened. The Trust to provide summary of feedback to the trainees versus a log of Datix forms submitted by the trainees.	
A1.5a	Departmental induction must be provided for any trainee starting any post at any time of year to the hospital sites they are allocated to, with a clear protocol for handover of patients. Furthermore, the Trust is to ensure appropriate educational and clinical supervision is provided to these trainees at all times. The Trust to ensure there is appropriate senior oversight of rotas with a clear and robust process of the transfer of trainees between both the Queen's and King George Hospital sites.	The Trust to submit copy of their departmental induction handbook. The Trust to supply timetable, agenda, register and summary of feedback from the trainees. The Trust to confirm, via audit of the trainees, that each trainee has received an induction for the hospital sites they work and that this was considered fit for purpose. The Trust to submit details of trainee timetables which should clearly indicate who is responsible for their clinical supervision at all times, including contact numbers. The Trust to provide steps indicating plans to implement a chief registrar or Darzi fellow post to assume responsibility and management of the rota for the trainees working across both the Queen's and King George Hospital sites, as well as an introduction of a weekly rota forum for the trainees to address and highlight any concerns.	

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
A1.4	The Trust to review and ensure that all the trainees are working in line with their curriculum and performing duties which are appropriate for their level of training.	The Trust to submit a report of review and actions taken. The Trust to provide trainee feedback collected via the local faculty group to ensure the issue have been resolved.	
A1.5b	The Trust to review their exception reporting process and ensure that trainees are receiving a response to the concerns they raise.	The Trust to submit a report of the review and actions taken. The Trust to provide trainee feedback collected via the local faculty group to ensure the trainees are receiving feedback on exception reporting.	
A1.6	The Trust to create and distribute a generic handover template for all. Trust to create standard operating procedures for handover sessions. Trust to implement set times for handover. Trust to ensure that all members of the team attend departmental handovers, and that representatives from all teams attend inter-departmental handovers.	The Trust to confirm what changes have been made to the handover process and the new arrangements. The Trust to submit the handover timetable and a register of attendance at handover.	
A2.1	The Trust to ensure all the trainees are invited to the LFG meetings	The Trust to confirm that all the trainees are now invited to the LFG meetings and provide a register of attendance	

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
	None		

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

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

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.