NHS
Health Education England

Royal Free London NHS Foundation Trust (Royal Free Hospital)

Acute Internal Medicine

Risk-based review (on-site visit)

Quality Review report

23 April 2019

Final Report

Developing people for health and healthcare

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Quality Review details

Background to review	To explore the reasons behind the GMC NTS 2018 survey that returned eight red outliers at the Royal Free Hospital in Acute Internal Medicine for: - Overall Satisfaction - Clinical Supervision - Supportive Environment - Curriculum coverage - Educational Governance - Educational Supervision - Regional Teaching - Rota Design There were also pink outliers for: Clinical Supervision out of hours; Reporting Systems; Teamwork; Handover; Adequate Experience; Feedback; Local Teaching and Study Leave.
Training programme / learner group reviewed	Acute Internal Medicine
Number of learners and educators from each training programme	The review team met with: – two Foundation year one (F1) trainees; – two F2 trainees; – two Core Medical Training (CMT) year one trainees; – two specialty training year 3 plus (ST3+) trainees; and – one ST1 Acute Care Common Stem (ACCS) trainee The review team also met with: – Director of Medical Education – Head of Quality, Postgraduate Medical Education – Clinical Director – Education Lead – Guardian of Safe Working Hours; – four Educational and/or Clinical Supervisors At the feedback session to the Trust the Executive Board was represented by the Director of Workforce and Organisational Development.
Review summary and outcomes	The review team thanked the Trust for hosting and facilitating the review.

	The review team was pleased to find that junior trainees felt well supported by their middle-grade colleagues. It was clear to the team that there was good camaraderie between all training grades. However, the review team had serious concerns around patient handover and issued an Immediate Mandatory Requirement (IMR). The IMR issued was for: – trainees spending too much time locating patients due to inefficient paper-based handover system. There were several reported instances where 'outlier' patients had been lost due to lack of multidisciplinary/multispecialty involvement. To address this the Trust will be required to: – put in place arrangements for a multidisciplinary handover to ensure that adequate handover of patients, as well as identifying clinical responsibility and location of patients identified as 'outliers'. The following areas were identified as in need of improvement: – The review team was disappointed to hear that FY1 trainees on occasion were on the wards alone out of hours without clearly identifiable clinical supervision. Similar issues had been picked up at recent HEE quality visits to other specialties throughout the Trust, including other sites; – The review team was disappointed to hear from trainees in both specialties that the balance between service provision and their education and training was heavily weighted toward service provision; – The review team was disappointed to hear that where trainees had submitted reports on clinical incidents, they had not received any acknowledgement or meaningful feedback; and – The review team was disappointed to hear that some trainees had felt pressured to act up beyond their substantive level in the event of gaps in the rota, even if they felt uncomfortable doing so.

Quality Review Team			
HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London	**Head of School**	Dr Andrew Deaner, Head of School of Medicine
Lay Representative	Jane Chapman, Lay Representative	**HEE Representative**	John Marshall, Learning Environment Quality Coordinator, Quality, Patient Safety & Commissioning Team

Educational overview and progress since last visit – summary of Trust presentation
The review team heard that the department was surprised that the results from the General Medical Council (GMC) National Training Survey (NTS) for 2018 were so disappointing. However, it was acknowledged that there were a number of factors that could have contributed to trainee satisfaction.

The review team heard that at the time of the survey the department had lost two longstanding middle grade trainees and had been replaced by two specialty training year 3 (ST3) trainees. It was felt that the lesser experienced trainees may have struggled initially to in their new roles in a complex clinical environment. It was reported that the department was responsible for a high volume of outlier patients and that it was challenging to navigate the pathways from admission of patients through to specialist teams.

The review team heard that the Acute medicine team had become so closely aligned with that of general internal medicine (GIM) that there was little distinction between the two. It was reported that moving patients through to specialist teams had become difficult and that there was a culture of departments 'silo' working throughout the Trust. This meant that patients were staying under the care of the Acute team for longer than was necessary.

There was acknowledgment from the department that handover processes were not robust and paper-based but reported that attempts to address this with an electronic system had been challenging in the context of resource pressures in relation to the roll out of the new electronic patient records system. The review team heard that keeping track of outlier patients also proved challenging and it was common for trainees and consultants alike to have to physically traverse the site trying to locate patients. It was noted that the implementation of a new Acute Admissions Unit (AAU) had improved the service but that there had been a net-loss of available beds overall.

It was reported that when it was proposed, the AAU was planned to be a shared service staffed by staff from the Emergency Department and Geriatric Medicine, along with Acute Medicine, but in practice it ended up being an Acute Medicine-led service. It was felt that this, coupled with an increased workload overall and challenges to recruit, had had a negative impact on the trainee experience – particularly heavy out of hours commitments that limited trainees' ability to get to scheduled teaching. It was also reported that trainee learning opportunities had been further diluted by Geriatric Medicine trainees coming into the department in seven-week blocks as per their curriculum requirements.

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

AM1.1	**Patient safety** The review team heard from all of the trainees that it met with that the handover of patients was informal, lacked structure and continuity, and was felt to pose a risk to patient safety. This also led to concerns around the management and tracking of outlier patients throughout the hospital.	(see action AM1.7)
AM1.2	**Serious incidents and professional duty of candour** The review team heard that none of the trainees had been involved in any serious or clinical incidents.	
AM1.3	**Appropriate level of clinical supervision** The review team was disappointed to hear that foundation year one (F1) trainees on occasion were on the wards alone out of hours without clearly identifiable clinical supervision. It was noted that similar issues had been picked up at recent Health Education England (HEE) quality visits to other specialties throughout the Trust, including other sites.	Yes, please see AM1.3
AM1.4	**Responsibilities for patient care appropriate for stage of education and training** The review team was disappointed to hear that some trainees had felt pressured to act up beyond their substantive level in the event of gaps in the rota, even if they felt uncomfortable doing so.	
AM1.5	**Rotas** The review team was pleased to hear that F1 and F2 trainee rotas were aligned with a single middle grade doctor when on each of the eight-week blocks assigned to the Acute Medical Unit (AMU). F1 and F2 trainees found this continuity of senior support to be valuable. Higher and core trainees expressed dissatisfaction with the design of the rota. The rota was described as ‘onerous’ and was the source of much of the frustration trainees had encountered whilst in their posts. The review team heard that the demands of service provision on trainees in the rota limited trainees’ ability to attend scheduled teaching sessions and attend clinics, as well as other training opportunities. Trainees reported that general medicine trainees would complete seven-week blocks in the AMU, whilst Acute Medicine trainees had a heavy on-call commitment – that covered general medicine – meaning that they only had around six to eight-weeks in the AMU themselves. It was felt that this arrangement was unfair. The review team heard that trainees had no input into the design of the rota and had fixed, pre-allocated annual leave that meant that taking extended annual leave – anything beyond four or five consecutive days in a row – that the onus was on trainees to swap shifts amongst themselves to ensure that the rota was adequately staffed so that they could take extended leave. It was also reported that it was challenging to arrange sufficient cover due to zero days and limited number of trainees and middle grades on the rota. From the clinical and education leads for Acute Medicine the review team heard that they managed the rota in conjunction with the rota coordinator. Where trainees had	

	been met with resistance from the rota coordinator to accommodate changes or requests for leave it was because they had not come directly to either the clinical or education lead. The department, in contrast felt that it was receptive to acting upon trainee feedback and stated that it operated an open-door policy for trainees to raise concerns.	Yes, please see AM1.5
AM1.6	**Induction** All of the trainees the review team met with reported that they had both a Trust-wide and departmental induction. Both were described as good and trainees reported that they received all the necessary login credentials for the reporting systems that they required and that they general felt well prepared to start their posts.	
AM1.7	**Handover** The review team heard that there was no formal daily handover. Whilst there was a twice weekly morning report meeting, which trainees recognised as a valuable learning opportunity, the review team heard that the handover of patients was done on an ad hoc basis using a paper-based system. It was reported that patient details were recorded in a book that was held by one of the middle grade doctors. The review team heard that at the shift change from the night team to the day team it was the responsibility of trainees take copies of the relevant pages for the patients in their care and to hand them over to their respective colleague. The review team was concerned that this book-based system only offered a fixed snapshot in time and that there was no centrally held up to date real-time system that was readily available that documented all patients in the care of the department or other medicine specialties. Trainees in AIM, CMT and F2 reported that they often had to walk around the hospital to find a member of the speciality team to handover patients at the end of a night shift. It was felt that this system was particularly inefficient and posed risk to patient safety with particular regard to outlier patients, whom it was reported that the tracking and management of these was challenging. The review team heard that it was common for trainees and consultants alike to have to traverse the hospital to locate these patients. It was reported that there had been multiple instances where patients had been 'missing' for anything from a few hours to a number of days. It was also reported that there had been occasions where the handover book had been misplaced. The review team heard that there was no specialty medicine department involvement in the handover process to or from the Acute Medicine team. It was reported that what attempts had been made to include other medicine specialties had been met with resistance from a number of departments who had reasoned that it would overlap with time designated to clinics. It was the view of the review team that this posed such risk to patient safety that the Trust was issued an Immediate Mandatory Requirement that required the Trust to put in place arrangements for a multidisciplinary handover to ensure that adequate handover of patients, as well as identifying clinical responsibility and location of patients identified as outliers. The educational and clinical leads shared trainee concerns around the handover and management of patients between departments and reported that any attempts to address this with the Board had been challenged in the context of resource pressures in relation to the roll out of the new electronic patient records system. It	Yes, please see AM1.7

	was noted however, that an electronic patient record (EPR) system had been implemented at Barnet and Chase Farm Hospitals and was due to be rolled out to the Royal Free Hospital in the next 18-months. The review team heard that the ideal handover would include a triage meeting where representatives of each medicine specialty would attend to receive all relevant patients into their care. Again, it was felt that this had been met with resistance. The review team heard that it was the impression of the department that medicine specialty departments had more influence within the organisation and declared that they did not have the resources to meet the needs of acute patients.	
AM1.8	**Protected time for learning and organised educational sessions** The review team heard that F1 and F2 trainees did not have protected time in their job plans for to get to scheduled teaching.	Yes, please see AM1.8
AM1.9	**Adequate time and resources to complete assessments required by the curriculum** All of the trainees that the review team met with felt well supported by the consultants and did not have any concerns around having their workplace assessments signed off by senior clinicians.	
AM1.10	**Access to simulation-based training opportunities** Higher trainees reported that they had access to simulation-based training opportunities.	

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.

AM2.1	**Impact of service design on learners** The review team heard from all of the trainees that it met with that it was felt that the balance between service provision and their education and training was heavily weighted toward service provision. It was reported that trainees' out of hours	

	commitments and zero days impacted their ability to get to scheduled teaching sessions. Core trainees reported that they had limited opportunities to get to clinics and were anxious that they may not meet the threshold of the required number of clinics to count towards their training progression. It was reported that trainees had protected time in their job plans to pursue areas of interest and curriculum requirements but that they were advised to use their seven-week block in geriatric medicine for this. However, the review team heard that this was at the discretion of the geriatric medicine consultants.	Yes, please see AM2.1
AM2.2	**Appropriate system for raising concerns about education and training within the organisation** It was unclear from the trainees that the review team met with that there was a functioning local faculty group (LFG) in place as a forum for trainees to raise concerns about their education and training. However, from the educational and clinical supervisors the review team learned that there was an LFG but that the trainee representative had been unable to attend the review.	Yes, please see AM2.2
AM2.3	**Organisation to ensure access to a named clinical supervisor** The review team heard that all the trainees it met with had a named clinical supervisor.	
AM2.4	**Organisation to ensure access to a named educational supervisor** The review team heard that all the trainees it met with had a named educational supervisor.	
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.**		
AM3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The review team heard that none of the trainees it met with had been subject to or had witnessed any behaviour or incidents that could be described as bullying or undermining. However, as previously mentioned, trainees on occasion had felt pressured to act up beyond their substantive level.	
AM3.2	**Access to study leave** The review team heard that on occasion trainees had been denied study leave despite making the request well in advance. The reason given for turning this down was due to gaps in the rota.	

AM3.3	**Regular, constructive and meaningful feedback** The review team was disappointed to hear that where trainees had submitted reports on clinical incidents, they had not received any acknowledgement or meaningful feedback.	Yes, please see AM3.3

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.

AM4.1	**Access to appropriately funded professional development, training and an appraisal for educators** N/A	

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.

AM5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** 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.

AM6.1	**Learner retention** The review team was disappointed to hear that none of the core or higher trainees that it met with would recommend the department or their posts to their peers, citing the issues around the design of the rota and the lack of formal handover and the resultant potential risk to patient safety. Core trainees also cited their concerns around meeting the required number of clinic attendances as required by the curriculum.	

Good Practice and Requirements

Good Practice
The review team identified the synchronicity of F1 and F2 trainee and middle grade rotas in the Acute Medical Unit as an example of good practice of support for junior trainees.

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
AM1.7	Trainees spending too much time locating patients due to inefficient paper-based handover system. There were several reported instances where 'outlier' patients had been lost due to lack of multidisciplinary/multispecialty involvement.	Trust is required to put in place arrangements for a multidisciplinary handover to ensure that adequate handover of patients, as well as identifying clinical responsibility and location of patients identified as 'outliers'.	R1.14

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
AM1.3	Trust is required to ensure that constant close supervision out of hours for F1 trainees is always available.	Please develop a standard operating procedure (SOP) setting out how the department will provide this support and provide a copy to HEE within two months from the date of issue of this report.	R1.7
AM1.5	The Trust is required to review the rota arrangements in acute medicine to ensure that curriculum requirements are being met	Please raise this issue at the next available local faculty group meeting and provide HEE with a copy of the minutes within two	R1.12

	and that it promotes satisfactory work life balance for trainees. This exercise should include representation from all training grades.	months from the date of issue of this report showing what steps the department will take to facilitate this requirement.	
AM1.8	The Trust is required to ensure that there is protected time in the rota for foundation trainees to attend the weekly foundation programme teaching.	Please provide HEE with a copy of the foundation trainee rota that shows protected time for foundation programme teaching, with the necessary cover arrangements, within two months from the date of issue of this report.	R1.16
AM2.1	The Trust is required to ensure that higher specialty and core trainees have protected time in their job plans to allow them to meet the subspecialty and curriculum requirements as demanded for the progression of their training.	Please provide HEE with a copy of middle grade rota that shows protected time for higher trainee subspecialty and curriculum requirements, within two months from the date of issue of this report	R1.16
AM2.2	The Trust is required to invite all trainees to the next available local faculty group (LFG) meeting to demonstrate its purpose and function.	Please provide HEE with the minutes from the meeting documenting trainee attendance within two months from the date of issue of this report.	R2.7
AM3.3	The Trust is required to provide constructive feedback to trainees following reported clinical incidents.	Please develop an SOP for providing feedback to trainees following reported clinical incidents and provide a copy to HEE within two months from the date of issue of this report.	R1.3

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
	N/A		

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London
Date:	24 May 2019

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.