Health Education England

Royal Free London NHS Foundation Trust (Royal Free Hospital)

Geriatric 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

	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	Geriatric Medicine
Number of learners and educators from each training programme	The review team met with: – five foundation year one (F1) trainees; – two core medical training (CMT) trainees; – three specialty training year one (ST1) to ST2 GP Vocational Training Scheme (GP VTS); and – two higher specialty trainees (ST3+) The review team also met with: – Director of Medical Education – Head of Quality, Postgraduate Medical Education – Clinical Lead – 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 the geriatrics consultant body was engaged with the issues affecting trainee experience and actively looking to address them. 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 also identified as in need of improvement: – The review team was disappointed to hear that F1 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 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 for 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
External Clinician	Dr Catherine Bryant, Consultant Geriatrician, King's College Hospital, NHS Foundation Trust, and Deputy Head of School of Medicine	**GP Representative**	Dr Huma Vohra, Patch Associate Director, Health Education England - Barnet, Royal Free and Whittington
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 since the General Medical Council (GMC) National Training Survey (NTS) in 2018 a new education lead had been appointed. Following the publication of the survey results it was reported that the department held an investigatory meeting with trainees to discuss the emerging themes. There was recognition of trainee misgivings about their ability to get to scheduled teaching sessions and to make the most of the training opportunities on offer owing to pressures around service delivery. The review team heard that the limited number of staff on the middle grade rota had impacted trainees which meant that they were unable to get sufficient experience in all the curriculum areas that they needed. It was reported that GP Vocational Scheme Training (GP VTS) on Wednesday afternoons clashed with clinic opportunities that higher trainees could not attend as they were required to cover the ward. It was noted that this clinic was attended by two clinical fellows and that there was scope to share these duties with the higher trainees. It was also noted that the introduction of three new Internal Medicine Training (IMT) posts had alleviated the service pressures on trainees.

It was still felt that the department needed additional resource to better manage workload across all training grades. The review team heard that trainees were encouraged to exception report where they had worked beyond their contracted working hours, as well as for missed scheduled teaching sessions. It was hoped that this could be used to build a case to present to the Trust management to request more resources to deliver geriatric services. It was also noted that there was a role for advanced nursing practitioners as well as physician associates within the department but that it was challenging to attract suitable candidates. It was also reported that the department faced challenges to retain its band 6 and 7 nurses and that there were anticipated clinical fellow vacancies on the horizon.

The review team heard that the department felt that it was receptive to trainee requests for support to ensure that trainees met their curriculum requirements, citing guarantees to arrange a block of clinics to a core trainee anxious that they would not meet the required threshold for clinic attendances for their training progression

To improve the educational experience for future cohorts of higher specialty trainees the review team heard that the department sent trainees a prospectus of the training opportunities available and asked them to send in advance and list of curriculum areas they would like to cover in their rotations. It was also noted that named educational and clinical supervisors were assigned and made aware to trainees prior to them beginning their posts.

The review team heard that morning handover across medicine specialties was informal, inefficient and conducted through a paper-based system. The clinical and educational leads the review team met with would welcome a formal daily handover meeting with representation from all medicine specialties. It was felt that he current handover arrangements increased the potential for risk to patient safety and it was noted that there was a culture of ‘silo’ working between departments across the Trust.

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**
G1.1	**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 G1.7)
G1.2	**Serious incidents and professional duty of candour** The review team heard that none of the had been involved in any serious or clinical incidents.	
G1.3	**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. The review team heard that it was common for both geriatric middle grade doctors be required in the emergency department to clerk patients, meaning that middle grade support for junior grades was variable. It was reported that if middle grade specialty support was not available supervision could be provided by core medical training (CMT) or GP VTS trainees. This was particularly apparent when higher specialty geriatric medicine trainees were completing their seven-week block assigned to the acute medical unit (AMU)	Yes, please see G1.3
G1.4	**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.	
G1.5	**Rotas** Higher trainees reported that there were often gaps in the middle grade rota. The review team heard that there had been instances where trainees had had an additional week of on-call duty added to the rota without being informed.	

	It was reported that the rota was designed for four middle grade posts but that there had been long periods where there were only three trainees to staff it. Trainees also reported that they had concerns that pressure on the rota could be exacerbated with the forthcoming retirement of one of the clinical fellow if no replacement could be found. One trainee noted that in a department with similar patient volume in their previous post there had been a four staff minimum staffing, whilst in this department it was three. The review team heard that trainees faced challenges if they wanted to take extended annual leave – anything beyond four or five consecutive days in a row. It was reported 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.	
G1.6	**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.	
G1.7	**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. It was felt that this system was particularly inefficient and posed risk to patient safety with 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 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 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	Yes, please seeG1.7

	handover of patients, as well as identifying clinical responsibility and location of patients identified as outliers.	
G1.8	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** GP VTS trainees reported good timetabled access to attend clinics. However, it was noted that on occasion they had to miss these clinics to provide cover on the ward. It was reported that there was a possibility to reschedule these clinics but that these were not always confirmed. GP trainees also reported that they had opportunities to get out into the community and see patients in nursing homes, which they found both enjoyable and valuable. However, it was felt that they had large ward-based commitment in their roles that they felt did not provide much meaningful educational value. Higher trainees reported that they did have clinics scheduled on a weekly basis into their job plans but that they were not always able to attend them due to having to cover the wards.	
G1.9	**Protected time for learning and organised educational sessions** The review team heard that there were weekly departmental teaching sessions held at lunch time. These were described as good and trainees reported that they enjoyed the opportunity to present audits or discuss complex cases. Higher trainees reported that they would like to see more a structured teaching programme to allow for more exposure subspecialty areas of interest. It was felt that this would help ensure that trainees met the objectives set out in their job plans. The review team was disappointed to hear that trainees were considering revising their job plans due to the limited access to learning opportunities in light of service demands.	
G1.10	**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.	

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.		
G2.1	**Impact of service design on learners** GP and F1 trainees reported that the enjoyed their posts. F1 trainees stated that there were never any expectations on them to stay late. They did however note that gaps on the middle grade rota meant that there were times when this affected their workload. Higher trainees reported that their opportunities to work with consultants could be limited owing to the need to be present on the ward to support junior trainees. It was recognised among higher trainees that there was a wealth of learning opportunities available, provided that the balance between education and training could be addressed.	Yes, please see G2.1
G2.2	**Appropriate system for raising concerns about education and training within the organisation** The review team was pleased to hear that trainees could approach the education and clinical leads if they had concerns about their education and training. One CMT trainee noted that they were concerned about the number of clinics they had attended in relation to the number required for their training progression. After raising this with their supervisors they assigned a block of clinics to attend and study leave so that they could prepare for their end of year interview. The review team heard that there was a local faculty group (LFG) in place. However, some trainees were unaware of its purpose or function. The review was also pleased to hear that trainees were encouraged to submit exception reports if they had worked beyond their contracted hours or had missed scheduled teaching session. It was noted among the trainees that this encouragement to submit exception reports was in contrast to perceptions in other departments they had worked in at the Trust. The review team heard that in some cases trainees had been wary of submitting exception reports because of the perceived impact it would have on their training progression.	
G2.3	**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.	
G2.4	**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.		
G3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The F1, CMT, and GP VTS trainees that the review team met with had not witnessed or been subject to any behaviour that could be construed as bullying or undermining. However, higher trainees did note that they had experienced some interactions with consultants where the attitude of the consultants in question was described as dismissive of the needs of trainees and 'very rude'. At the session with the educational and clinical supervisors the review team heard that there had been cases where trainees had reported instances of bullying behaviour from trainees, both by consultants and fellow trainees. It was reported that there had been a recent investigation but that the outcome had yet to be communicated back to the department.	
G3.2	**Access to study leave** Trainees reported that they had no concerns about access to study leave.	
G3.3	**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 G3.3
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.**		
G4.1	**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.**		
G5.1	**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.**		
G6.1	**Learner retention** The review team was pleased to hear that trainees would recommend their training posts to their peers.	

Good Practice and Requirements

Good Practice
The review team was pleased to find that the geriatrics consultant body was engaged with issues affecting trainee experience and actively looking to address them.

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
G1.7	Trainees spending too much time locating patients due to inefficient paper-based handover system. There were several	Trust is required to put in place arrangements for a multidisciplinary handover to ensure that adequate	R1.14

	reported instances where 'outlier' patients had been lost due to lack of multidisciplinary/multispecialty involvement	handover of patients, as well as identifying clinical responsibility and location of patients identified as 'outliers'.	

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
G1.3	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
G2.1	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.	R1.12
G3.3	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.