NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust (Queens University Hospital)

Acute Medicine and Critical Care

Risk-based Review (senior leads conversation)

Quality Review report

14 November 2019

Final Report

Developing people for health and healthcare

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Quality Review details

Training programme	Acute medicine, geriatrics, gastroenterology, anaesthetics and intensive care medicine
Background to review	The 2018 General Medical Council (GMC) National Training Survey (NTS) results returned a significant number of red outliers for acute medicine, gastroenterology, geriatric medicine and anaesthetics which prompted an Education Leads Conversation (ELC) between the Trust and Health Education England (HEE) in December 2018. Based on the agreed recommendations following that meeting, a follow up trainee focus group and Senior Leads Conversation (SLC) were held in April 2019 to obtain feedback regarding progress. Health Education England (HEE) also had concerns around the deterioration in the GMC NTS results from 2019. This risk-based review (SLC) forms part of the recommendations agreed from the meeting in April 2019. This Senior Leads Conversation (SLC) was arranged to review and report on; • Anaesthetics and intensive care medicine • Geriatric medicine • Gastroenterology • Induction • Feedback in initial findings of the Trainee Focus Groups in Foundation Emergency Medicine and Foundation Medicine (from 14 November 2019) • Workplace culture of bullying and undermining and impact on patient care and safety • Acute medical rota development • Learning and Development Agreement (LDA) funding allocations
HEE quality review team	**Review Team** Sanjiv Ahluwalia, Review Lead, Regional Dean, HEE London Indranil Chakravorty, Deputy Postgraduate Dean, (NCEL), HEE London Catherine Bryant, Dy Head of School of Medicine, HEE London Samara Morgan, Principal Education QA Programme Manager, GMC Alastair McGowan, Enhanced Monitoring Associate, General Medical Council Tolu Oni, Learning Environment Quality Coordinator, HEE London Paul Smollen, Dy Head of Quality, Patient Safety & Commissioning, HEE London Louise Lawson, Observer, Quality Reviews and Intelligence Apprentice, HEE London
Trust attendees	**The review team met with the following Trust representatives**: Magda Smith, Chief Medical Officer Gideon Mlawa, Clinical and Education Lead in Acute Medicine / Training Programme Director for Core Medical Trainees Muhammad Saleem, Rota Board Clinical Lead, TPD support for CMT/IMT Programme Mel Gill, Associate Specialty Manager Khalid Haque, Clinical Lead for Geriatrics Saswata Banerjee, Endoscopy & Joint Gastroenterology Leads Leena Sinha, Endoscopy & Joint Gastroenterology Leads

	Amani Haaris, Specialty Support Manager - Anesthetics / Surgery Sudhansu Pattnaik, College Tutor Anaesthetics / Regional College Tutor Oluremi Odejinmi, Divisional Director – Anaesthetics Asma Aziz, Guardian of Safe Working Peter Walker, FY1 Foundation Training Programme Director (QH) Robin Johns, FY2 Foundation Training Programme Director Carmen De Wet, Finance Manager Bradley Graham, Associate Specialty Manager Louise Head, Associate Director of Research & Chief Medical Officers Services Jayanta Barua, Director of Medical Education Ahmer Mosharaf, College Tutor – Anaesthetics Rajesh Bagtharia, Associate Director of Medical Education Caroline Curtin, Head of Medical Education & Training Manager Yvonne Aldham, Deputy Medical Education Manager Darryl Wood, Specialty College Tutor – Emergency Susan Coull, Medical Education Advisor Joanne Barrett, Divisional Manager - Specialist Medicine Anthony Lovell, Deputy Medical Education Manager Sujon Samanta, Consultant Gastroenterologist Aber Eaqub, Consultant - Specialty Lead for Emergency Medicine Lindsey Bezzina, Medical Education Fellows Arez Mohamed, Medical Education Fellows

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
AM&CC1	**Anaesthetics & ICM** In terms of the 2019 General Medical Council (GMC) National Training Survey (NTS) returns, the review team acknowledged the progress made by the efforts of the college tutors in induction, regular educational sessions, supervision and participation in the local faculty groups. The review team expressed concern about feedback received from trainees at ARCPs through the School of Anaesthesia about the lack of out of hours senior supervision and episodes of undermining. The review team received reassurance from the College Tutor that since the last quality review in April 2019, the department had strived to improve the learning environment for the new cohort of trainees in August 2019. In relation to the 2019 GMC NTS survey, the College Tutor also advised that the department had engaged with trainees through regular monthly local faculty group (LFG) meetings with support from the education team. At the LFG, the College Tutor reported that the 2019 GMC NTS results had been discussed, and	

	that the trainees had given positive feedback on educational supervision and governance. However, it was noted that prompt processing of study leave requests had been affected by a lack of timely information flow from HEE as well as administrative support during rota design and planning. The Trust requested support from HEE to improve timely transfer of rotational information. **Impact of Out of Hours (OoHs) Supervision on Patient Safety** The review team heard that the on-call rota at King George Hospital (KGH) was coordinated by a specialty doctor. There was provision for consultant cover till 20:00 and a core trainee was on call till 08:00, with consultant support off-site. In terms of the on-call at Queen's Hospital (QH), the review team heard that the department-maintained consultant level clinical supervision during on-call shifts in theatres and 2 additional middle-grade and senior doctors were job planned to provide support to these trainees in emergency situations (for example O&G, trauma and cardiac arrest). Furthermore, the Divisional Director for Anaesthetics (DDA) reported that the department maintained seven-day consultant cover in all areas. Trainees received direct consultant support in the labour ward until 21.00, on ICU until 23.00 and that consultant anaesthetists were able to return from home for all emergency cases OoHs from 18.00 to 08:00. The DDA also confirmed that that department huddle at 18.00 allowed trainees to engage directly with on call consultants. **Culture** The review team heard that the issues around culture within the department were being addressed. It was felt that the poor interaction and professional incivility between a number of consultants and junior doctors had negatively impacted on patient safety and trainee experience. The review team received further reassurance from the DDA and College Tutor that the feedback had been received from the School of Anaesthesia around undermining and that specific action plans had been instituted to remedy the challenging environment. The review team commended the positive steps taken by the Trust but reiterated that continued action and vigilance was needed to sustain cultural change. Further reviews will be arranged at an appropriate interval.	Yes, please see AM&CC1
	Guardian of Safe Working Hours (GoSWHs) **Exception Reporting** The review team heard that the Trust had appointed an interim Guardian of Safe Working Hours (GoSWH) who maintained active engagement with trainees	

	through the LFG forums. The interim GoSWH indicated that the anaesthetic trainees had submitted a small number of exception reports. The interim GoSWH also reported that consultants proactively encouraged safe working practices within the department and that trainees feedback described several instances where they had been relieved of their bleep 15 minutes before completing their shifts. **Rota monitoring** The review team heard that the interim GoSWH worked closely with the rota board and provided oversight on rota design in managing gaps and absences and ensured that the rota fulfilled the educational needs and curricular requirements of trainees.	
AM&CC3	**Geriatric Medicine** The Trust outlined the steps it had taken to improve workforce and education and training for higher trainees in geriatric medicine since the previous quality review in April 2019. **Consultant Workforce (Recruitment & Retention)** In relation to the 2019 GMC NTS survey results, the clinical lead for geriatrics described that the poor feedback around consultant supervision was primarily connected to the ongoing recruitment challenges on a background of an ageing, highly frail population of the north east London. The review was encouraged to hear that the department had recently appointed a new geriatric medicine consultant to in-reach to the emergency department and provide a frontline acute frailty assessment service. The Trust was committed to exploring different models for and multi-professional workforce in geriatric medicine. The CMO reported that the Trust was working collaboratively with the North East London Foundation Trust (NELFT) to develop an acute frailty and emergency care pathway, to attract an acute and community geriatric medicine consultant who would be primarily based at NELFT. The review team also heard that the Trust had deployed several specialist senior nurses to provide support within the department. The review team heard that the consultant staffing challenge had impacted on the regularity and attendance at the LFGs for geriatric medicine. The Trust provided reassurance that this would be improved in the near future. **Handover** The review team expressed some concerns around the irregularity in representative from geriatric unit (Harvist A) attending handover occurring within the Elderly Receiving Unit (ERU) leading to a potential risk of patients being	

	missed in the ERU. This was likely due to a clash of timing of the general medical and geriatric team handovers. The review team acknowledged and commended the Trust for the improvements made in the department but highlighted that the supervisorial burden placed on the consultant body was an area of concern. The review team recommended that the Trust worked collaboratively with HEE to provide reassurance that trainee safety and welfare were not being compromised.	Yes, please see AM&CC3
AM&CC4	**Induction** The review team was pleased to hear of the ongoing transformational plan to improve the systemic issues around local / departmental/ specialty specific induction. Of note was the quality improvement (QI) audit recently conducted across the Trust which was understood to be on its second cycle. The review team acknowledged the receipt of evidence submitted which indicated that majority of specialties undertook a local induction but remained concerned that only 50% of the department achieved the Trust quality standards. The Director of Medical Education (DME) commented that the first cycle of the QI work was a benchmarking exercise which had identified significant variability in specialty local induction. The DME reported that a new induction booklet had been implemented to highlight the essential needs of new trainees and that the expectation was to standardise this approach for all specialties across the Trust. There was however an acknowledgement that, a number of the specialties had been slow in embracing the new approach. The education team confirmed that the QI cycle occurred on a three-monthly basis (next phase - March 2020) and that an evidence-based approach was being implemented to highlight the achievements of onboarding for these specialties. The review team also heard that the education team would be supplemented with additional support to accelerate the pace of improving local induction.	
AM&CC5	**Gastroenterology** The review team commended the Trust for the steps it had taken to address systemic issues within the merged gastroenterology and Upper GI surgical department, in particular the ongoing transformational changes. **Endoscopy Training Lists** The review team received reassurance that the department had provided all trainees with two endoscopy training lists per week and that they had all met or exceeded their curricular requirements. **Outpatient clinic**	

	The review team heard that gastroenterology trainees now had access to the two scheduled outpatient clinics per week as recommended by the Joint Royal Colleges Physicians Training Board (JRCPTB) curriculum. The educational lead for gastroenterology confirmed that the department had recently appointed a Trust grade registrar to support the wards, so trainees now had regular access to clinics. The review team heard that recruitment plans were underway to further increase the number of Trust grade registrars within the division. **Consultant Ward cover** The review team heard that the department had put in place consultant job-planned working patterns that ensured robust cover was always provided to trainees managing inpatients. The review team heard that trainees attended a daily consultant-led ward round at mornings (08:00am) and a board round afternoon (at 14:00). It was reported that there were three consultants in the department with two job-planned to provide daily ward cover and the third designated to be free from afternoon commitments. The review team was pleased to hear that the third consultant always engaged directly with the junior doctors in case of any problems and issues during the afternoon board rounds. It was also reported that even consultants in clinics were provided with a phone for easy access by trainees and that new arrangements were in place to ensure high visibility to trainees. The review team received reassurance that the agreed limit on number of patients (4) being managed by the gastroenterology team as outliers was still in place. The review team commended the work done by the gastroenterology department under very difficult circumstances and highlighted their achievements as a success.	
AM&CC6	**Finance** The Finance Manager confirmed that HEE LDA funding was distributed to all the divisions across the Trust and that this resource was not included in any Trust cost saving measures. The Medical Director informed the review team that the Trust had signed off 65% of consultant job plans. The review team was reassured to hear that all consultants across the division had appropriate job planned time dedicated for educational and clinical supervision. The MD's team had visibility of all job plan allocation for supporting educational supervision and activities at departmental level. **Educational Supervision**	

	In relation to the 2019 GMC NTS survey returns regarding poor educational supervision, the HoMET described the departments proactive management of any slippage in the quality/ access to educational supervision. She confirmed that subsequent feedback received from current cohort trainees was positive and demonstrated the results of actions taken by the department. The interim GoSWH also reported that the Trust recognised the significance of exception reporting in educational governance and supervision and that efforts were underway to integrate exception reporting training as part of the educational appraisals for all trainers.	Yes, please see AM&CC6
AM&CC7	**Focus Group Feedback (foundation and general practice trainees in emergency medicine at King George Hospital)** The review team acknowledged the recent improvement and progress made within the emergency medicine department for foundation and general practice trainees working at King George Hospital. In particular, the review team highlighted the following improved areas: • Education and teaching were highly rated by the trainees • There was a universal willingness to accommodate trainees request for attending relevant study leave activities • The rota arrangement was perceived by the trainees to be well managed. • Trainees unanimously described that the consultant support, visibility and approachability as being excellent and of high quality. **Areas for Improvement;** • Trainees had not received an induction specific to the King George Hospital site nor were offered a tour of the department on their arrival. • That due to unexpected absences trainees had been allocated as the solitary trainee to manage the paediatric emergency section of ED, without adequate training, although they did have access to a middle grade doctor in adjacent areas. • Whilst the review team welcomed the practice of organising round table discussions designed to explore critical incidents, there was concern that these lacked clear guidance in terms of educational support and feedback being afforded to trainees. In addition, the trainees reported a lack of opportunity for team debrief for when unexpected events occurred.	
AM&CC8	**Foundation Medicine** The review team expressed concerns about the quality of medical training being delivered within the foundation medicine department. The review team also had concerns about the significant deterioration of the 2019 GMC NTS results.	

	The review team noted that a focus group had been scheduled in advance of this senior leads conversation but that a lack of representation and attendance from trainees had resulted in its postponement. The review team was disappointed by the lack of engagement from the department and requested that the focus group be rescheduled as an off-site event in December 2019, to allow better engagement. There was an acknowledgement from the Trust senior leadership of the department's failure to facilitate the focus group and reassurance that the Trust's education, training and development team would work collaboratively with HEE toward facilitating the newly proposed off-site focus group.	Yes, please see AM&CC8
AM&CC9	**Impact of Culture on Patient Care and Safety** The clinical and education leads for acute medicine commented that the Trust had taken proactive steps to address the concerns raised around a culture of bullying and undermining following previous quality interventions in April 2019. • The Trust had organised several multidisciplinary and multi-professional workshops to improve culture and professionalism. These workshops were regularly attended by consultants and trainees with representation from external agencies such as National Health Service Improvement (NHSI). • A key focus was around improving the interactions between emergency medicine staff and higher trainees in acute medicine. The review team heard of a positive outcome of the initiative to establish a designated safe space/zone, equipped with IT facilities fostering face-to-face interaction between the medical registrar on-call and the ED doctors. It was reported that plans were underway to mirror these measures across other specialties including surgery and T&O. • The Trust's CMO indicated to the review team that outcomes from these workshops were being embedded into the internal professional framework of interprofessional standards. • In relation to the interaction between emergency department staff and obstetrics and gynaecology (O&G) staff, the GoSWHs noted a few instances where the O&G staff had experienced difficulty in accessing the emergency department consultants. However, the review team was r reassured to hear that an action plan was in place to address these situations.	Yes, please see AM&CC9
AM&CC10	**Acute Medical Rota Management** The review team was encouraged to hear that the Trust management team was working collaboratively with the newly established rota board to improve the on-call medical rota. That changes had been phased in 2019 with good effect. The	

	review team heard that the rota board engaged regularly with foundation trainees to review progress. The phase II long-term proposal plans for the on-call acute medical rota is due to be launched in Feb'20. It was reported that the key focus of the long-term plan was to enhance visibility via a new rota software, so that the junior doctors were aware of the staffing levels during OoHs and weekend working across the Trust. The impact of the new rota design on fill rates for medicine vacancies, was still to be realised and was currently 65% substantive doctors. However, the phase II development would have a positive effect on long term gaps. The GoSWHs indicated that the Trust was looking to roll out the initiative into other specialties. **Clinical Oversight on Rota Management** The Trust indicated to the review team that steps had been taken to recruit a number of locally employed doctors to fill rota gaps. Clinical oversight on rota management was provided by the acute medical lead who regularly participated in the rota board monthly meetings and provided reports to the departmental management meetings. The review team expressed some concerns around the impact of the on-call medical rota arrangement on the current cohort of foundation medicine trainees. It was highlighted that the review team would benefit from additional information on the Trust's interim safety arrangement for foundation medicine trainees pending the development of the new rota in February 2020.	Yes, please see AM&CC10.1 Yes, please see AM&CC10.2

Next steps

Conclusion
The review team thanked the Trust for facilitating the review, and its efforts in preparing all of the materials presented to the team. The review team also thanked the Trust for the improvement and transformation made over the last 18 months. The review team commended the improvements in educational opportunities and out of hours supervision and the steps that were being taken to address the cultural issues in interactions between consultants in the anaesthetics department. The review team also welcomed the setting up of the innovative Acute Frailty and Emergency Care Pathway and commended the Trust on the progress made so far. The review team acknowledged and encouraged the efforts made by consultants towards induction, educational supervision and improving the learning environment for higher trainees in the geriatric medicine department. In particular, the newly instituted QI approach aimed at improving specialty local induction.

The review team acknowledged and encouraged the efforts made by the gastroenterology consultants towards maintaining the educational opportunities afforded to higher trainees in the gastroenterology departments.

The review team welcomed the new Rota Board and the steps that had been taken toward ensuring appropriate allocation protocol to manage rota gaps and absences. The review team also urged the Trust to view the rota board as an opportunity to minimise resources spent on agency and bank staff.

It was agreed that HEE would provide ongoing support to the developmental work in areas highlighted below and conduct a follow up visit in May 2020 to assess the impact of the proposed changes within acute medicine including those in anaesthetics, gastroenterology and geriatric medicine.

Overall the review team was pleased with the improvements made in the emergency medicine department for foundation and general practice trainees at King George Hospital and confirmed that HEE would be recommending to the GMC that this item be removed from GMC Enhanced Monitoring.

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
AM&CC3	Head of Medical Education and Training (HoMET): The Trust is required to conduct a trainee survey in anaesthetics and intensive care to assess the out-of-hours access to consultants when required for deteriorating patients on a monthly basis from Dec'19-Mar'19. The Trust is urged to work collaboratively with the DPGD and a representative from the HEE to design and conduct the survey.	The Trust is required to provide evidence of audit monthly for 3 months. The Trust must ensure second submission by 01 March 2020.	R1.3
AM&CC8	The Trust is required to facilitate a trainee focus group meeting on 10 December 2019 between representatives from HEE and the Trust management team to allow a review of the GMC survey and to assess the quality of medical training being delivered within the medicine department for foundation and GP trainees.	The Trust must ensure it supports the foundation and GP trainees in medicine department in providing a good level of representation at the proposed focus group on 10 December 2019. Representatives from KGH Foundation Y1, Y2 and GP trainees must also attend.	

AM&CC9	Guardian of Safe Working Hours (GoWHs) & Chief Medical Officer (CMO): The Trust is required to work urgently with its HR and Medical Education Team in implementing interim mediation strategies to address the issues surrounding culture of undermining of surgical, obstetrics and gynaecology team by staff in the emergency department.	Trust must submit a strategic plan of how it aims to resolve this within 3 months of this report being published as final. This should be submitted by 01 March 2020.	R1.17
AM&CC10.1	The Trust is required to provide a timeline on how the Rota Board intends to roll out the development of the new rota design into other departments beyond medicine.	Trust must to provide initial evidence by 01 March 2020.	R1.12

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.

Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
	The Trust is required to facilitate a follow up meeting in May 2020 between representatives from HEE and the Trust management team to allow a review of the GMC survey, cross-referencing of reports received from the educational and clinical supervisors and to assess the impact of the proposed changes within gastroenterology and geriatric medicine.	London HoS, DPGD and QPSC

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 Indranil Chakravorty, Deputy Postgraduate Dean (North East London)
Date:	19 December 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.