

Royal Free London NHS Foundation Trust (Royal Free Hospital)

Acute Internal Medicine

Risk-based Review (education lead conversation)



Quality Review report

16 January 2020

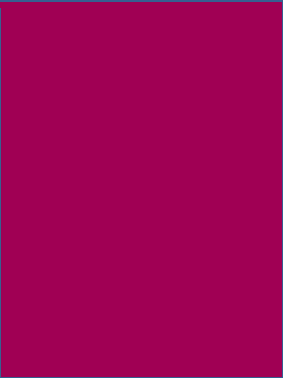
Final report

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Quality Review details

Training programme	Acute Internal Medicine
Background to review	<p>This education lead conversation was a follow-up to the on-site visit to Acute Internal Medicine at the Royal Free Hospital on 23 April 2019.</p> <p>At the visit in April 2019 the review team had serious concerns around patient handover and the management of outlier patients. An Immediate Mandatory Requirement (IMR) was due to trainees and other staff having to spend considerable time locating patients within the hospital due to an inefficient paper-based handover system. There were several reported instances where outlier patients had been lost due to lack of multidisciplinary/multispecialty involvement.</p> <p>In addition to this the review team also identified the following areas of concern during the visit of April 2019:</p> <ul style="list-style-type: none"> – The review team was disappointed to hear that Foundation 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 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.
HEE quality review team	<p>Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London</p> <p>Dr Andrew Deaner, Head of School, London School of Medicine</p> <p>John Marshall Quality, Patient Safety & Commissioning Team Health Education England (London)</p>
Trust attendees	The review team met with the following representatives from the Trust:

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- Deputy Director of Medical Education;
 - Divisional Director Medicine and Urgent Care;
 - Head of Quality, Postgraduate Medical Education;
 - Education Lead and Clinical Lead, Acute Medicine;
 - Education Lead, Internal Medicine Training;
 - Two Acute Medicine Consultants

Following the review feedback was provided to the Royal Free site Medical Director in a closed session.

Conversation details

Item	Summary of discussions	Action to be taken? Y/N
	<p>Handover</p> <p>The review team asked for an update on handover processes in Acute Medicine (AM) following the issuance of the IMR at the on-site visit on 23 April 2019.</p> <p>The review team heard that the paper-based book system used for tracking of patients and handover had been replaced following the implementation of an electronic patient management system which was updated in real-time and could be accessed across the site. It was also reported that morning handover had representation from specialist medical teams and that it was felt by the department that this, coupled with the introduction of the electronic list, had made handover more robust.</p> <p>The major concern of the review team on the 23 April on-site visit was the tracking of outlier patients across the hospital. To address this, it was reported that it was hoped that the designation of a dedicated General Internal Medicine (GIM) ward, staffed through the reorganisation of pre-existing medical and nursing teams and other multidisciplinary staff, would create extra capacity and would be able to decrease the reliance on the need to host patients on outlying wards. The review team heard that a large workload within AM would be better served by the GIM team due to its more diverse skill mix to treat patients with comorbidities and those patients requiring longer stays in hospital. However, it was recognised that this would not fully address the issues around outlier patients. The review team heard that it was expected that the new GIM ward would be established and running by March 2020 and that a business case was currently with the Trust executive board for sign-off.</p> <p>In terms of its educational offering to trainees, it was heard that the new GIM ward would have an establishment on its rota that included one higher specialty trainee, one core trainee and four foundation trainees from AM and that would complete blocks in GIM that would offer exposure to a broad range of Medicine subspecialties.</p>	
	<p>Foundation</p> <p>The review team heard that trainee feedback continued to show that gaps on the rota at consultant, trust-grade, and all training grades were having a negative impact on the training and support available to Foundation trainees in particular. It was heard that steps had been taken to address these issues following the on-site visit in April 2019 to address this issue.</p> <p>The review team heard that it had been reaffirmed to senior trainees and trust-grade doctors to not leave Foundation trainees alone on the ward and that an additional consultant had been added to the weekend rota to increase senior support across AM at weekends. The Clinical Director noted that they had flagged the issue around support for trainees to the consultant body, particularly at weekends, and that they felt that the ward-based team structure that was being established as part of the forming of the new GIM ward would have a positive impact on trainees. However, the department did note that Foundation trainees worked across other Medicine subspecialties as well as AM and that it was challenging to pinpoint where specific issues lay.</p>	

	<p>The review team also heard that workload remained high, although despite this, Foundation programme teaching was protected in the rota and that there had been low levels of exception reporting among trainees for missed educational opportunities. It was not clear to the review team whether Foundation trainees were attending their scheduled teaching or were missing it and failing to submit exception reports. The review team heard that the Trust would raise the issues around AM for Foundation trainees as part of its feedback and reporting procedure for the Foundation Training Programme Directors.</p>	
	<p>Rotas</p> <p>The review team heard that the Trust had looked to address the issues around work/life balance for all trainees following the on-site visit in April 2019. It was reported that a new rota coordinator was in post and that they met with educational and clinical leads to review all trainee requests for annual and study leave on a twice-weekly basis and that these were accommodated wherever possible. It was noted that there was currently no trainee input into rota design and that this had not worked well previously. However, the review team heard that a drop-in session was held on Fridays for trainees to discuss any issues they had with the rota. It was not evident from the feedback received that this had resulted in a significant improvement on the issues that were raised in April 2019.</p> <p>It was reported that Foundation and Core trainees had float weeks in their rotas, during which they could access special interest clinics and undertake work directly in-line with their curriculum requirements, and on which there were no restrictions on taking annual leave. For higher specialty trainees however, gaps in the rota had been exacerbated due to the move of some trainees to less than fulltime hours.</p> <p>It was reported that higher specialty trainees had a seven-week block within the Acute Medicine Unit (AMU) where they were not required to work nights and had no restrictions on when they could book annual and study leave. The review team heard that trainee feedback at all training levels was now more positive than it had been previously, that trainees received their rotas with in advance at the earliest opportunity, and that all rotas would be reviewed in line with new junior doctor contract.</p>	
	<p>Educational Governance</p> <p>The review team heard that trainees with specific issues were supported by the educational supervisor and that trainees were able to raise any concerns or issues they had via the Local Faculty Group (LFG). However, it was noted that the LFG and its terms of reference needed to be reaffirmed with trainees and trainers alike, including the formal recording of minutes and actions. Following the LFG, it was heard that a supervisor only LFG was held to discuss the issues raised.</p>	
	<p>Feedback on clinical incidents</p> <p>It was recognised by the Trust that it needed to establish a formal mechanism for feeding back to all staff the outcomes following the reporting of a clinic a incident. The review team heard that the Trust’s Patient Safety and Risk Manager was involved in</p>	

	<p>the development of this process and that it was hoped that the sharing of outcomes across the Trust would be embedded soon.</p> <p>At a local level, the review team heard that a process for feeding back on clinical incidents was in place but that this was not always adhered to.</p>	
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Next steps

Conclusion
HEE will await the release of the General Medical Council (GMC) National Training Survey results for 2020 before deciding any next steps.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

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
The Trust are required to identify a named individual for the action previously raised in April 2019 in order to demonstrate clear lines of accountability and responsibility.	Royal Free London NHS Foundation Trust
The Trust are required to obtain trainee centred feedback on the specific issues raised in April 2019 to ensure that the concerns are being resolved to the satisfaction of trainees. This must include a clearly documented discussion during the LFG aligned to the concerns raised in April 2019.	Royal Free London NHS Foundation Trust

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:	4 February 2020

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.