Health Education England

HEE Quality Interventions Review Report

Royal Free London NHS Foundation Trust (Royal Free Hospital)
Acute Internal Medicine and Acute Care Common Stem (ACCS)
Learner and Educator Review

Quality, Reviews and Intelligence Team, HEE London

29 June 2021

Final Report 14 September 2021

Version 0.1

Review Overview

Background to the review:	There had been ongoing concerns around the patient pathways in acute medicine and referrals to other specialties. An on-site visit was conducted in April 2019, and a follow-on Educator Review was conducted in January 2020. At the visit in April 2019 the review team had serious concerns around patient handover and the management of outlier patients, with several reported instances where outlier patients had been lost due to lack of multidisciplinary/multispecialty involvement. This resulted in one immediate mandatory requirement, and six mandatory requirements – three of the mandatory requirements remain open on QMP. Further concerns around the emergency and acute medicine pathways were raised by Acute Care Common Stem (ACCS) - Emergency Medicine (EM) trainees in at the Royal Free Hospital, with issues including: • Adequate induction • Handover (issues with consistency, particularly on weekends) • Approval of annual leave • Access to study leave/ability to attend exams • Staffing levels • Undermining by consultants Due to the recurrent issues in the acute medicine pathway and further concerns raised by EM ACCS trainees at the site, HEE Quality requested a learner and educator review of the specialties involved.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Acute Internal Medicine trainees (including Foundation) and ACCS - EM
Who we met with:	The review team met with the following Trust representatives: - Directors of Medical Education (job share – x2) Royal Free Hospital - Head of Postgraduate Medical Education Quality - Medical Education Manager - Trust Education Lead for Postgraduate Medical Education - Regional TPD for Acute Medicine, consultant in acute medicine - Service Lead for Acute Medicine (RFH), consultant in acute medicine The review team met with five acute internal medicine trainees, including specialty trainees and foundation trainees. The review team were unable to meet with any ACCS trainees on the day of the review. The review team also met with eight clinical supervisors across acute medicine and ACCS.

Evidence utilised:	The following evidence was utilised for this review: - Acute Medicine LFG Minutes 14 Oct 2020 v3 - Details of the number of exception reports - Most recent MEC minutes

Review Panel

Role	Name / Job Title / Role
HEE Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean
Deputy Head of Specialty School of Medicine	Dr Andrew Deaner Head of School for Medicine
Head of Specialty School of Emergency Medicine	Dr Jamal Mortazavi London Head of School of Emergency Medicine
Head of Foundation School	Dr Nick Rollitt Deputy Foundation School Director
HEE Representative	Saira Tamboo Lay Representative
HEE Representative	Nicole Lallaway Learning Environment Quality Coordinator
HEE Representative	Naila Hassanali Quality, Patient Safety and Commissioning Officer

Executive summary

This HEE Quality Review of Acute Internal Medicine and ACCS at Royal Free Hospital was organised due to ongoing concerns around the patient pathways in acute medicine, referrals to other specialties and handover which had been raised as a concern at previous quality reviews. Please note that ACCS trainees were not in attendance at this review, despite the request to meet with them.

The review team acknowledged that significant work had been done to improve processes and handover that had been an issue at previous HEE quality reviews. HEE were pleased to hear from trainees that consultants were friendly and approachable, and it was also encouraging to hear that the morning report was described as 'excellent' and was of great educational value to the trainees.

However, the following areas of concern were identified at the review:

- Trainees reported that handover was not formalised, and that the rota did not enable correct members of staff to be present to receive the handover of sick patients.
- Trainees felt that nurses were unclear on who to contact if a patient became unwell.
- The electronic take list did not provide up to date information on patients.
- There was a large administrative burden on trainees working in same day emergency care (SDEC).
- The bed-base in the acute medical unit (AMU) was not large enough to take in acutely unwell patients.
- There was no formalised induction process for trainees, which led to uncertainty about the referral system and how to transfer patients to other departments.

This review generated five Mandatory Requirements and one Recommendation. Details of these can be found on pages 6-7.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the

‘Review Findings’ section. Requirements identified should be succinct, SMART and not include the full narrative from the detailed report. Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider.

Immediate Mandatory Requirements **Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales**		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
	N/A	N/A
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	N/A	N/A

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	**Review Findings**	**Required Action, timeline, evidence**
AM1.1a	The review team were concerned to hear that the current rota did not enable the correct members of staff to be present at handover, and that this process was not formalised.	The Trust is required to formalise the handover process and to ensure that the rota enables all required members of staff to be present. Please submit progress against this action by the next Quality Management (QMP) reporting cycle.
AM1.1b	Acute internal medicine trainees reportedly felt that nurses were unclear on who to contact if a patient became unwell whilst on the ward.	The Trust is required to ensure that the escalation process for nurses are clarified and that they are aware of who to contact if a patient becomes unwell. Please submit progress against this action by the next QMP reporting cycle.
AM2.1a	The review team felt that although work had been done to implement the electronic take list, it was felt that this system needed to be more robust in providing up to date information on patients. As a result, Foundation trainees were unsure of which patients to prioritise and were often travelling across the hospital to locate patients and deliver care.	The Trust is required to further develop the electronic take list so that it provides up to date information on patients within the hospital. Please submit progress against this action by the next QMP reporting cycle.
AM2.1c	The review team heard that there was a large administrative burden on trainees in same day emergency care (SDEC). Trainees reported that they had to call up patients themselves to book patients into clinic and this could sometimes lead to double bookings.	The Trust is required to provide adequate administrative support to reduce the administrative workload on trainees when working in SDEC. Please submit progress against this action by the next QMP reporting cycle.
AM3.4	The review team heard that there was no formalised local induction process for trainees, which was of particular concern for trainees coming into acute medicine from a different department who may be less familiar with how it operated. It was also felt	The Trust is required to set up a formalised induction for trainees coming into their acute medical placement. Please submit progress against this action by the next QMP reporting cycle.

	that including the referral system as part of induction would be of great benefit to the trainees.	

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	**Recommendation**
AM2.1b	The Trust is recommended to secure a dedicated bed-space large enough to take in acutely unwell patients. This is due to trainee reports that there was not a large enough 'bed-base' for the Acute Medical Unit (AMU), patients could bypass the AMU and go directly to the ward without general medical input. It was felt that this was a concern as some patients may not be seen for a period of time, and that patients could end up in various places throughout the hospital.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
	N/A	

HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture
1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users. **1.2.** The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours. **1.3.** There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I). **1.4.** There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative. **1.5.** The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge. **1.6.** The learning environment promotes interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	**Handover** The Trust representatives reported that the morning handover took place at 08:00 and had a large consultant presence, and that the evening handover took place at 20:00 and had some consultant presence, albeit with fewer consultants than the morning. It was felt that handover enabled members of staff to understand concerns with patients when working out of hours, and who to prioritise. The review team heard about some of the issues raised at the previous HEE Quality review. It was raised that there were previous concerns about lack of electronic system for handover and the lack of evening handover. The review team heard from acute internal medicine trainees that handover was now well established within the department and there was an electronic system used. Trainees reported that handover took place at 8am and 8pm and that everything was covered during the handover of patients. Trainees felt that the 'morning report' at 8am in particular was excellent with attendance from well-engaged consultants and this handover meeting was evidently prioritised within the department. However, the review team heard that the current rota did not enable the correct members of staff to be present at handover. An example was provided whereby handover for the '8 North' ward in the evening did not have the members of staff who needed to receive the handover present. The review team also heard from trainees that if something happened on the wards out of hours, there was no dedicated time in the meeting to formally handover patients. It was reported that trainees would have to stay late and find a doctor who started their shift at 9am to handover the patient adequately. The review team heard from Trust representatives that there was an improvement to the handover process and the electronic take list. The review team heard that once on the take list, patients were only removed once the patient was 'post-taken' by another team and accepted onto another ward. It was also reported that patients were not lost as they were being tracked on the electronic take list. Trainees reported that handover was conducted on the screen and that first triage would be an electric observation, however after this, patient notes were written up on 'bedside' notes rather than having electronic notes. The review team heard that trainees could have made a list on Cerner. However, they	Yes, please see AM1.1a

	would have to individually create the list for every ward. It was felt that this was not an efficient way to work, as there was no electronic system to inform members of staff where patients were and who was on the ward. The clinical supervisors (CS) with whom the review team met echoed concerns raised by trainees that the rota did not enable people who should have received handover to be present at the meeting. It was reported that following handover, trainees would frequently contact colleagues on the ward to check if a patient had been seen as they were not confident there was an adequate handover of responsibility. CSs reported that this was raised at the Local Faculty Group (LFG) meeting and that a survey had gone round to understand the cause of the problem. The review team also heard that CSs were working on development of a structured handover and were working to align handover more carefully to enable all relevant members of staff to be present. The review team heard that trainees felt nurses were unclear on who to contact if a patient became unwell. The review team heard that trainees would have to remind nurses that they were the relevant doctor for certain patients and to contact them if there were concerns about a patient.	Yes, please see AM1.1b
1.2	**Bullying and undermining** The review team heard that the majority of trainees at the review had not experienced bullying and undermining within the acute medicine department, however it was acknowledged that trainees had heard second-hand from colleagues who were spoken to in an unpleasant way by supervisors. The review team heard of the effort made by the Trust to foster a positive working culture where members of staff were able to speak up about concerns. Trust representatives reported that the Royal Free London NHS Foundation Trust had one Freedom and Speak up Guardian and approximately fifty 'speaking up' champions. The role of the champions was to raise awareness of speaking up and escalation pathways within the Trust and came from a variety of professional backgrounds including Doctors, Nurses, Pharmacy and Administration. The Trust also reported that the 'speaking up' champions had direct access to senior colleagues and the executive team in order to escalate issues.	
1.4	**Appropriate levels of Clinical Supervision** The review team heard from Trust representatives that CS were always present within the building to support trainees, and that six CSs were always present out of hours. The acute internal medicine trainees reported that they felt well supported by their CSs when on the ward in the acute medical unit (AMU), and that consultants were friendly and approachable. The review team also heard that trainees felt well supported in their decision making on the wards. However, the review team heard that trainees felt less supported by their CSs when in the Same Day Emergency Care (SDEC) clinic. It was reported that there was not a specific, dedicated consultant to provide support, but that support could be sought from the lower ground floor consultant. However, trainees reported that they would not know who the lower ground floor consultant was if they did not check the rota. It was felt that support for trainees was dependent upon the 'goodwill' of the consultant and was provided reactively rather than proactively.	

	The review team heard from the CSs that acute care common stem (ACCS) trainees had adequate clinical and educational supervision from consultants within the acute medicine department.	

Domain 2 – Educational governance and leadership

2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
2.4. Education and training opportunities are based on principles of equality and diversity.
2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	**Effective, transparent and clearly understood educational governance systems and processes** The review team heard from Trust representatives that the acute medicine department monitored the impact of changes within the department by obtaining informal feedback from trainees. It was noted that regular LFG meetings were previously missing as the rota became complicated due to the Covid-19 pandemic. Since then, the department had its first LFG meeting and it was expected that the meetings take place on a quarterly basis moving forward. The CSs reported that an LFG meeting was now organised and that it was not a joint meeting, but all acute internal medicine trainees were invited to attend. The review team heard from ACCS CSs that there were no concerns raised to them this year. It was reported that there was one ACCS trainee at any time and they were on the same rota as internal medicine trainees (IMT). The review team heard that when an Educational Supervisor met with their ACCS trainee, the trainee was not aware of the LFG meetings. Trainees in acute internal medicine reported that they had not been required to exception report but they were familiar with the process. Some trainees expressed concern that exception reporting may be perceived negatively by supervisors as an inability to cope within the department.	
2.1	**Impact of service design on users** The review team acknowledged that a huge amount of work had been put into building the new electronic take list. The Trust representatives reported that the Trust provided IT assistance in building this, and it took two months to create the electronic take list. It was acknowledged that this was crucial in dealing with the Covid-19 pandemic, and that it came into place a couple of months before the first wave of Covid.	

	Trainees also reported that the department operated under a ward-based care system. Trainees in acute internal medicine reported that despite this, not all wards were 'ward-based' and that only the medical ward was ward based. It was felt that trainees had to check every patient to determine whether they were a medical patient or an 'outlier' patient, which was challenging as there was no electronic system to determine where patients were. The review team heard that some Foundation trainees started from the top floor and worked their way down through each patient to read through their bedside notes and to prioritise patient care. The review team heard that there was not a large enough bed-base for acute medicine, and trainees reported that not all patients would go through the acute medical unit (AMU) if there were no beds available. Trainees reportedly felt that ward-based care led to a flow problem and felt that there was not a fully functioning AMU. Trainees reported that the AMU was shared with Accident and Emergency (A&E) and it was felt that nurses did not know who to bleep for different patients. Acute internal medicine trainees reported that at Royal Free Hospital, patients could end up in various places throughout the hospital, and that this was a concern as some patients may not be seen for a long period of time. It was reported that patients could bypass the AMU and go directly to the ward without general medical input. It was felt that one area was required as a receiving unit for patients and that this would improve patient flows. The review team heard that the trainees' perceived the referral system to be unclear and that there were many different ways to refer patients to different departments. Trainees in acute internal medicine felt that there was not a secure way of knowing if referrals had been actioned as there was not an effective electronic system to track this. Some trainees reported that when in SDEC, they had to call the specialty registrar to ask how they would like the referral to be made. Trainees also reported that when they contacted other departments to either ask about referrals or patients, they found members of staff in other specialties gave hostile responses. It was also reported that when working in the SDEC, trainees had to call up patients themselves to book patients into clinic and that on occasions this could lead to double bookings. Trainees felt that the department would benefit from a coordinator and administrative support, as it was felt that there was a large administrative burden on trainees working in SDEC. The review team heard that staffing levels during the weekday were good and trainees felt well supported and able to cope with the workload. However, it was reported that on both the weekend and working out of hours, staffing levels were low and it was felt that this could have an impact on patient safety. The review team also heard from some trainees that staffing concerns were raised and that they were not clear on who was responsible for writing up the rota and staffing on the weekend and out of hours. This was reportedly raised in the morning report, however no one in the meeting was aware of who held this responsibility. It was also reported that even if someone was responsible for it, it was not evident that they would be given appropriate time to actually put the rota together. The review team heard that some trainees did not feel that they had a rota that took into account their training needs, and that some trainees no longer felt the satisfaction of looking after patients they had met before and following them along the patient pathways. Some trainees felt that their moving around on the rota constantly damaged morale and felt exhausting.	Yes, please see AM2.1a Yes, please see AM2.1b Yes, please see 2.1c

Domain 3 – Supporting and empowering learners

3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
3.3. Learners feel they are valued members of the healthcare team within which they are placed.
3.4. Learners receive an appropriate and timely induction into the learning environment.
3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	**Induction (organisational and placement)** The review team heard that induction was not formalised for acute internal medicine specialty trainees and foundation trainees. It was reported that induction occurred very quickly and some trainees reported that it was a brief meeting in a corridor following a ward round. The review team heard that trainees who came into their acute medicine placement from a previous acute medical covid-19 rota felt that they were less impacted by the lack of a formalised induction as it was expected that they were already familiar with processes, however it was noted that it would have been beneficial for a formal run-through of the department's systems and processes. Some trainees were not on the previous acute medical covid-19 rota and were therefore reliant on learning processes on the job and being taught by colleagues. In particular, it was highlighted that a formalised induction including the referral system would have been of great benefit to trainees. The review team heard that particularly for new trainees coming to the department, knowing who to contact and how to refer patients was a challenge and that it was important to clarify this process for trainees. The review team heard that the CSs corroborated trainee's concerns about their induction, and that the latest local induction was conducted on short noticed. The CSs highlighted that structured inductions were in place before the Covid-19 pandemic with slides packs and information on the systems and processes.	Yes, please see AM3.4

Domain 4 – Supporting and empowering educators

4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
4.2. Educators are familiar with the curricula of the learners they are educating.
4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
4.4. Formally recognised educators are appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.4	**Appropriate allocated time in educators job plans to meet educational responsibilities**	

	The review team heard that CSs felt there was a large volume of trainees at the Trust, and that some CSs did not feel that the volume of supervision carried out by them was recognised by the Trust.	

Domain 5 – Delivering curricula and assessments

5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	**Placements must enable learners to meet their required learning outcomes** The review team heard that acute internal medicine trainees did not feel they had any issues with their curriculum, however it was reported by the majority of trainees that their main difficulty was trying to organise and obtain experience in clinics. Some trainees felt that the responsibility was placed on the trainee to assess the rota regularly and identify opportunities to attend a clinic and obtain more experience for their learning objectives. The review team also heard that some trainees felt guilty leaving their colleagues on the ward when they attended clinic elsewhere for more experience. The review team heard from some trainees that they would welcome more teaching based on interesting cases on the ward and trainees felt that this may be beneficial for morale within the department. The review team heard from Foundation trainees that Teaching took place every Tuesday, however it was often difficult for trainees to attend as the wards were so busy.	

Domain 6 – Developing a sustainable workforce

6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	**Retention and attrition of learners** The review team heard that the majority of trainees would not recommend their placement to colleagues for training, however it was noted that a small number of trainees would recommend. Trainees also reported that they	

	would be comfortable with their friends and family being treated within their department. The review team heard that trainees were able to successfully get their annual leave booked in whilst at the Trust.	

Report sign off

Quaity Review Report completed by *(name(s) / role(s))*:	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Date signed:	17.08.2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean
Date signed:	14.09.2021

Date final report submitted to organisation:	14.09.2021

What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.
As part of our intention to development a consistent approach to the management of quality across England, Quality Reports will increasingly be published and, where that is the case, these can be found on HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups