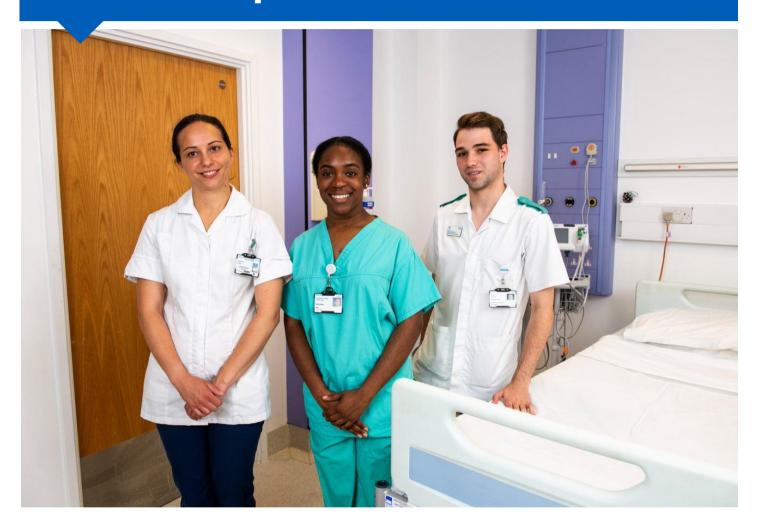


Health Education England

HEE Quality Interventions Review Report



St George's University Hospitals NHS Foundation Trust (St George's Hospital)
Acute Medical Unit (AMU)
Senior Leader Engagement Visit

London – South West London

Date of Review: 27 June 2022

Date of Final Report: 21 September 2022

Review Overview

Background to the review

Health Education England (HEE) initiated this Senior Leader Engagement Visit to the Acute Medical Unit (AMU) at St George's University Hospitals NHS Foundation Trust (St George's Hospital) in response to concerns raised by postgraduate doctors (PGDs) working in the unit, shared with HEE in February 2022. The PGDs' key issues related to poor rota coordination and rota gaps (including disrespectful communication with PGDs about shifts); a focus on service provision rather than education and training; intense and stressful workload; lack of induction; and a need for clearer communication between staff working on the unit, particularly for those medical PGDs based in other departments who were rostered onto the AMU's acute on-call rota.

Concerns about the AMU's learning environment were also raised by PGDs during HEE's Learner and Educator Review of GP medicine, GP emergency medicine and GP surgery training at St George's Hospital conducted in November 2021. This review was prompted by negatively outlying results for these GP training programmes at the Trust in the 2021 General Medical Council (GMC) National Training Survey (NTS). During the review, the PGDs reported that there was an emphasis on transferring patients out of the unit and on discharging patients as soon as possible. The PGDs felt this had the potential to compromise patient safety and on occasions, described having to assertively challenge discharge plans which they felt were not appropriate.

Furthermore, the AMU was negatively referenced in several Patient Safety, Bullying and Undermining (PSBU) comments submitted by PGDs to the 2022 GMC NTS, which were subsequently shared with the Trust for action.

Subject of the review:

The Acute Medical Unit (AMU) at St George's Hospital

Who we met with

HEE's review panel met with the following Trust representatives:

- Chief Medical Officer
- Director of Operations Medicine and Cardiothoracics
- Director of Medical Education
- Associate Director of Medical Education
- Medical Education Manager
- Assistant General Manager AMU
- Clinical Lead
- Training Programme Director
- College Tutor
- Educational Leads
- Guardian of Safe Working Hours

- Freedom to Speak Up Guardian
- PGD representative AMU

Evidence utilised

The review panel received the following supporting evidence from the Trust in advance of the review:

- Action plan from junior doctor feedback meeting 10 March 2022
- Breakdown of trainee groups within the department
- Guardian of Safe Working Hours Quarter 4 2021/22 final report
- Master rota (13 May 2022) all locum
- AMU consultants meeting action log March 2022
- AMU consultants meeting minutes 29 March 2022
- Minutes and action log consultants meeting 24 May 2022
- Local Faculty Group (LFG) reporting October 2021
- · Serious incidents in acute medicine and senior health from 2021
- Acute medicine SIs and AIs completed 2021-22
- Internal Medicine Training forum meeting notes April 2022

The review panel also considered information from the GMC NTS 2017-2022 and from HEE's National Education and Training Survey (NETS) 2019-2021 to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Geeta Menon, Postgraduate Dean, South London
Quality Neview Lead	Health Education England, London
	Clifford Lisk, Lead Training Programme Director for Internal
Specialty Expert	Medicine Training, North Central London
	Health Education England, London
Specialty Expert	Nikki Payne, GP Associate Director, South London
Specially Expert	Health Education England, London
HEE Quality Representative	Gemma Berry, Learning Environment Quality Coordinator
HEE Quality Representative	Health Education England, London

Executive Summary

The review panel thanked the Trust for accommodating the review and was pleased to note that the concerns of PGDs working in the AMU were being listened to and addressed at both a departmental and Trust level.

The review panel identified several areas that were working well within the AMU learning environment at St George's Hospital. The review panel was encouraged to hear that a comparison of feedback collated by an AMU PGD representative in March and June 2022 indicated that PGDs' morale had improved during that period. It was highlighted to the review panel that all staff on the AMU had made a concerted effort to positively change the culture in the department.

Furthermore, a PGD patient safety forum was being established to give PGDs the opportunity to discuss patient safety concerns, share suggested solutions with Trust managers and more effectively link the 'shop floor' to the wider health and care system.

Two new physician associates (PAs) were also being recruited to the AMU (nine in total to the directorate) to support the unit's workforce and allow PGDs more time to attend educational sessions.

However, the review panel also identified some areas for improvement. The AMU's educational leads had re-designed the local induction programme for August 2022, but it was not clear whether this would involve PGDs based outside of the unit who would be covering acute on-call shifts in the AMU. This is important to ensure patient and learner safety and to engender a more welcoming and effective learning environment.

In March 2022, PGDs raised concerns about the AMU's facilities and workspace, including a lack of telephone lines and computers, and these issues remained in June 2022.

PGDs' attendance at local teaching sessions was often compromised due to a heavy workload and service provision. PGDs were also required to move elsewhere within the department on a shift, often at short notice, due to the unit's caseload and this sometimes negatively impacted upon their training opportunities and curriculum assessments.

This report contains further details and a full list of requirements for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 December 2022.

Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory Requirements

Requirement	Boylow Findings	Required Action, Timeline
Reference Number	Review Findings	and Evidence

AMU1.1	PGDs working in the AMU raised concerns about the unit's facilities and workspace in both March and June 2022, via feedback to an AMU PGD representative.	Please provide evidence via correspondence and/or meeting minutes to demonstrate how the PGDs' facilities and workspace issues are being addressed and how PGDs are being kept updated on this matter. Please submit this evidence via the Quality Management Portal (QMP) by 1 December 2022, in line with HEE's action planning timeline.
AMU1.5	Two PAs were due to start working in the AMU by September 2022, although their rota arrangements were yet to be confirmed. Funding had also been secured for some additional AMU PGDs. The aim of this recruitment was to provide better workload continuity for staff, continuity of care for patients and to allow PGDs more time to attend educational sessions.	Please provide a copy of the updated AMU rota or equivalent, to evidence the new PAs' shifts and how these arrangements will allow PGDs to attend educational sessions. Please also provide details about the additional PGD recruitment, including numbers, start dates and rota arrangements. Please submit this evidence to the QMP by 1 December 2022, in line with HEE's action planning timeline.
AMU2.4	AMU rota arrangements and amendments had not always been communicated to staff in a timely manner.	Please provide feedback from PGDs regarding the communication of rota arrangements, via meeting minutes or equivalent. Please submit this evidence to the QMP by 1 December 2022, in line with HEE's action planning timeline.
AMU3.7	The AMU's educational leads were exploring ways in which Workplace-based Assessments (WBAs) could be conducted on a more scheduled basis, to meet curriculum requirements more effectively.	Please provide a copy of the WBA schedule or equivalent and details of how this will be communicated to PGDs. Please submit this evidence to the QMP by 1 December 2022, in line with HEE's action planning timeline.
AMU3.9	The local induction for PGDs in August 2021 required improvement. In particular,	Please provide copies of the new local induction programme for August and December 2022,

	educational leads acknowledged that PGDs at registrar level should have been better prepared for their first oncall shifts in the AMU. Foundation level PGDs should also have had their access to IT systems and induction resources arranged prior to their first shifts.	outlining which PGDs and other staff will be attending. It is important that the inductions involve PGDs based outside of the AMU who will be covering acute on-call shifts in the department. Please submit this evidence to the QMP by 1 December 2022, in line with HEE's action planning timeline.
AMU5.6	PGDs' attendance at AMU educational sessions was often compromised due to a heavy workload and service provision. Two local AMU teaching sessions were currently being held per week, with lunch provided (reduced from three sessions per week). This trial was being evaluated by the educational leads to see if attendance had improved and whether PGDs thought it was an effective solution to this problem.	Please provide PGD feedback on the new teaching sessions, via meeting minutes or equivalent. Please submit this evidence to the QMP by 1 December 2022, in line with HEE's action planning timeline.

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	N/A	
Requirement	Progress on Immediate	Required Action, Timeline
Reference Number	Actions	and Evidence
	N/A	

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.

Related HEE Quality Framework Domain(s)	Recommendation
and Standard(s)	

N/A	

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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
	N/A	

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
	The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.	
1.3	The review panel heard that a Trust-wide 'culture' programme had recently launched, which allowed the Trust's senior management team, including the Chief People Officer, to analyse cultural issues affecting the organisation. The acute operational pressures faced by the AMU had been highlighted as a factor in some of the department's cultural challenges. Whilst the senior management team were monitoring this situation in the unit, they said that AMU staff had worked hard to ameliorate these cultural issues to date.	
	Based upon a comparison of feedback received by an AMU PGD representative in both March and June 2022, the review panel heard that the morale of PGDs working in the unit had improved during that period. This was considered to be, in part, reflective of the concerted effort made by all staff on the AMU to positively change the culture in the department. Although the feedback from June 2022 had yet to be thoroughly reviewed, there were reportedly a greater number of positive comments than the feedback received in March 2022, which was encouraging.	
	Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.	
1.5	The review panel was informed that the AMU's workload was extremely busy and had become more variable since the COVID-19 pandemic, with wards expanding and contracting in size on a daily basis to meet service user requirements. Furthermore, AMU staff were continually redistributed around the unit according to the requirements of each section, which made for an unpredictable working environment.	
	In feedback shared with an AMU PGD representative in March 2022, PGDs expressed frustration at being required to move elsewhere within the department on a shift, often at short notice, as this sometimes negatively impacted upon their training opportunities. However, they recognised and accepted this situation as a necessity to maintain patient safety.	

The Trust representatives acknowledged and appreciated how the flexible approach AMU staff had taken towards their duties helped to manage the department's demanding workload. The departmental leads said they were working to identify ways of limiting disruption to AMU staff under the current circumstances. The leads confirmed that they had sourced funding for nine PAs across the directorate, two of whom were due to start working in the AMU by September 2022, although their rota arrangements were yet to be confirmed. Funding had also been secured for some additional AMU PGDs. The aim of this recruitment was to provide better workload continuity for staff, continuity of care for patients and to allow PGDs more time to attend educational sessions.

Yes, please see AMU1.5

The morning ward round and handover processes for the AMU had recently been amended and continued to be evaluated by the departmental leads. These amendments were predominantly required to improve continuity of care for patients whilst also diminishing the need for PGDs on a 13-hour night shift to work beyond their rostered hours: these PGDs were rostered until 10:00 but had often stayed beyond that time due to the post-take ward round. One of the changes described was that the on-call consultant for the day now attended the morning handover meeting with both the outgoing night and incoming day shift teams, when they would pass over bleeps and discuss patient cases. This provided valuable senior input into handover discussions and night shift staff had the opportunity to seek support from day shift colleagues if needed. Some consultants reportedly felt that the morning handover meeting was a good learning opportunity. The review panel heard that the changes put in place had been effective so far and PGDs working a night shift were now more likely to leave work by 10:00. The importance of finishing this shift on time had also been communicated to PGDs on induction.

During HEE's quality review of GP medicine and GP emergency medicine training at the Trust in November 2021, PGDs raised concerns that patients were sometimes being discharged from the AMU too early. The Trust representatives said they were aware of this feedback but that it was important to view discharge decisions as a whole. The Trust's presentation during the review acknowledged that the AMU's nursing staff were focused on discharges to promote patient flow, but that good discharge summaries took time and PGDs could feel pressurised to complete these.

Feedback shared with a PGD representative in March and June 2022 indicated this concern appeared to have been allayed somewhat. It was suggested this was because the caseload pressures of the COVID-19 pandemic had alleviated to some extent. Work was reportedly underway via vanguard programmes to develop acute medical pathways across south west London. However, the Trust representatives admitted that such work was not aways communicated to PGDs. The review panel heard that a PGD patient safety forum was being established to give PGDs the opportunity to discuss patient safety concerns, share suggested solutions with Trust managers and more effectively link the 'shop floor' to the wider health and care system. This innovative approach was welcomed by the panel and viewed as being likely to lead to greater understanding of the larger healthcare system. The educational leads said that patient safety and adequate supervision of PGDs remained a priority for the AMU team. They expressed a desire for all PGDs working in the unit to feel valued. There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative. The Terms of Reference for Trust-wide patient safety meetings were being changed to allow PGDs to attend. At a departmental 1.10 level, there were monthly clinical governance and morbidity meetings in place, which were open to all members of AMU staff and often provided PGDs with the opportunity to present cases. Any patient complaints linked to a PGD were discussed between them and their educational supervisor, in line with Trust protocol. The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists. The review panel heard that PGDs working in the AMU had 1.11 raised concerns about the unit's facilities and workspace in both March and June 2022, via feedback to an AMU PGD representative. The unit was considered too small for its current patient base and staffing levels. There were reportedly not enough telephone lines for PGDs to use and one telephone was out of order in the PGDs' office. Of the four computers in the PGDs' office, one was broken.

	The educational and departmental leads said that steps were being taken to try to clear space in the unit and more telephone lines were being installed. Some AMU consultants had also offered to give their telephone lines to the PGDs to ameliorate this situation. However, the leads advised that the issue of limited workspace could not be solved quickly or easily.	Yes, please see AMU1.11
1.12	The learning environment promotes multi-professional learning opportunities. The educational leads clarified that the newly appointed PAs working in the AMU would not take learning opportunities away from PGDs and they would have their own career development pathways. There were plans for the PAs to attend Grand Rounds as a useful way of introducing them to the department.	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
	Education and training issues are fed into, considered and represented at the most senior level of decision making.	
	The educational leads at both Trust and departmental level reviewed the GMC NTS 2021 results for AMU-related training programmes at the time of publication and met with the unit's PGDs and consultants to discuss the key areas of concern. A PGD representative working in the AMU also collated feedback from other PGDs in the unit in March 2022, which was shared with departmental and educational leads. The PGDs' feedback highlighted several issues, predominantly around workload, facilities and culture in the unit.	
2.4	In June 2022, the same PGD representative collated updated feedback from PGDs and approximately 50-60 members of the wider AMU workforce, which was due to be shared with departmental and educational leads imminently. The educational leads intended to meet with the AMU PGDs again after the GMC NTS 2022 results had been published in summer 2022, to discuss both the staff feedback and the survey results. The educational leads recognised the importance of listening to and working with PGDs to address problems in the department and thought that they had made significant, albeit slow progress since the GMC NTS 2021.	
	The review panel heard that AMU LFG meetings took place on a regular basis and allowed PGDs the opportunity to contribute to discussions about how the learning environment could be improved. The PGDs working in the unit were commended by	

The Trust's educational leads highlighted that some locum doctors had not been paid punctually for AMU-based shifts recently. The leads were also aware that AMU rota arrangements and amendments had not always been communicated to staff in a timely manner. The AMU rota coordinator post had been vacant for more than a year which had been a significant factor in these administrative oversights. However, an internal candidate had recently been appointed to this role and was reportedly doing an excellent job. These issues had also been raised with the Trust's Human Resources department and new processes were being developed to prevent them from occurring in the future.	Yes, please see AMU2.4
Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers). The educational leads confirmed that each year, at least three PGDs at various stages of training were involved in designing the	
	doctors had not been paid punctually for AMU-based shifts recently. The leads were also aware that AMU rota arrangements and amendments had not always been communicated to staff in a timely manner. The AMU rota coordinator post had been vacant for more than a year which had been a significant factor in these administrative oversights. However, an internal candidate had recently been appointed to this role and was reportedly doing an excellent job. These issues had also been raised with the Trust's Human Resources department and new processes were being developed to prevent them from occurring in the future. Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
	Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.	
3.7	The review panel heard that clinical supervision, the completion of WBAs and preparing PGDs for their Associate of the Royal College of Physicians examinations was challenging for AMU PGDs and consultants alike. This was due to the department's heavy workload and rota arrangements. For example, there was a lack of continuity around where, and with whom, PGDs were going to be working each day due to the unit's caseload, and this often changed at short notice. It was also particularly difficult for consultants to optimally supervise and assess sub-specialty PGDs who were only working in the AMU for acute on-call shifts and who not been properly inducted or introduced to AMU staff. However, the review panel was told that AMU consultants managed to dedicate time each day to complete WBAs and PGDs had not reported any gaps in their WBAs.	Yes, please see AMU3.9

	The educational leads were exploring ways in which WBAs could be conducted on a more scheduled basis, to meet curriculum requirements more effectively.	Yes, please see AMU3.7
	Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.	
	The educational leads recognised that the local induction for PGDs in August 2021 required improvement. In particular, it was acknowledged that PGDs at registrar level should have been better prepared for their first on-call shifts in the AMU. Foundation level PGDs should also have had their access to IT systems and induction resources arranged prior to their first shifts.	
3.9	The educational leads said they had now developed a more robust local induction programme for August 2022, which addressed the issues of the previous year's induction and was more closely linked to the Trust induction programme. PGDs had also created some induction videos since August 2021 which the leads were keen to utilise as part of the programme.	Yes, please see AMU3.9
	Prior to induction, PGDs joining the department were going to be asked to provide a photograph of themselves to put on the wall in the unit, to help with orientation and team building.	
	An enhanced induction programme was also due to be delivered this year to PGDs who were new to working in the NHS.	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	
4.2	The educational leads confirmed that all AMU consultants' job plans had one hour per week assigned to educational supervision, which they thought was ample time.	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.6	Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.	
	The review panel heard that PGDs generally enjoyed the AMU's education programme but their attendance - and that of	

HEE Quality Domain 6 Standard Developing a sustainable workforce	Requirement Reference Number
Based upon feedback, the educational leads thought that, despite the disappointment felt by PGDs about their disrupted training programmes during the COVID-19 pandemic, the PGDs had been cognisant of the pressures faced by the consultants on the unit and knew that teaching and training had not been sacrificed out of choice.	
consultants - was often compromised due to a heavy workload and service provision. Local teaching sessions were currently being held twice per week, on Mondays and Fridays, with lunch provided (reduced from three times per week). This trial was being evaluated by the educational leads to see if attendance had improved and whether PGDs thought it was an effective solution to this problem.	Yes, please see AMU5.6

Report Approval

Quality Review Report completed by	
Name	Gemma Berry
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Geeta Menon
Role	Postgraduate Dean, South London
Signature	Geeta Menon
Date signed	20 September 2022

HEE Authorised Signatory	
Name	Geeta Menon
Role	Postgraduate Dean, South London
Signature	Geeta Menon
Date signed	20 September 2022

Final Report submitted	Final Report submitted 21 September 2022	
to organisation	21 September 2022	