

King's College Hospital NHS Foundation Trust (Princess Royal University Hospital) Trust Wide Review



Quality Review report

Date: 24 May 2016
Final Report

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Quality Review details

Background to review	<p>The purpose of the Trust-wide Review (TWR) was to assess the education and training environment, specifically at the Princess Royal University Hospital (PRUH) site and in particular the education governance structure.</p> <p>The Care Quality Commission (CQC) carried out an announced inspection in April 2015 and rated the Trust as requiring overall improvement. The maternity and gynaecology as well as services for children and young people were rated good; however, the urgent and emergency services, medical care, surgery, critical care, end of life care as well as outpatients and diagnostic imaging were rated as requiring improvement.</p> <p>The visit team was keen to explore the following areas:</p> <ul style="list-style-type: none"> • The teaching and learning environment and the culture at the Trust. • The educational governance and leadership structure, and the impact on teaching and learning opportunities since the merger in 2013. • The extent of support learners received within different specialities at the PRUH site. • The support educators received within their educational and clinical roles at the PRUH site. • The development and implementation of curricula and assessments. • The processes put in place for the reporting of serious incidents. <p>The visit team intended to follow up with previous acute medicine unit (AMU) issues highlighted at the previous visit and assess the Trust's progress.</p> <p>The last visit conducted by Health Education England to King's College Hospital NHS Foundation Trust - Princess Royal University Hospital site was on 13 May 2014 where anaesthesia, obstetrics and gynaecology, core surgical training, general surgery, trauma and orthopaedic surgery and foundation were reviewed. At the time of the visit, the Princess Royal University Hospital site had some open visit actions from earlier visits.</p>
Specialties / grades reviewed	<p>The visit team had the opportunity to meet with a number of trainee representatives, trainees, and trainers from a variety of specialties in the Trust Wide Review session.</p>
Number of trainees and trainers from each specialty	<p>There were trainees from several specialties including core and higher trainee representatives and trainees from anaesthetics, emergency medicine (EM), core medical training, general surgery, trauma and orthopaedic surgery (T&O), obstetrics and gynaecology (O&G), gastroenterology, geriatric medicine and general medicine (GIM).</p>
Review summary and outcomes	<p>The visit team would like to thank the Trust for accommodating the quality review and ensuring an adequate number of attendees were in all sessions.</p> <p>This was the first Trust Wide Review since the merger of the Denmark Hill and PRUH sites in 2013. The visit team were pleased to hear of the benefits of the merger on a Trust Wide basis especially on teaching and learning opportunities for both trainees and supervisors at the PRUH site.</p> <p>Overall, the visit team noted the following positive areas:</p> <ul style="list-style-type: none"> • All trainees would recommend their training post and would be happy for

	<p>their friends and relatives to be treated at the Princess Royal University Hospital site.</p> <ul style="list-style-type: none"> • Trainees and trainers were complimentary of the support provided by the Director of Medical Education and the on-site postgraduate medical education team. In particular, the appraisal of educators and access to courses and teaching opportunities. The DME was highly praised by all educational and clinical supervisors and the visit team heard of the vast amount of support received. • The Medical Education Committee was well established with attendance from most specialties. • However, the visit team identified an area of serious concern and issued the Trust with an immediate mandatory requirement to address this, as outlined below: • Locums and trainees did not receive passwords to the Trust's Information Technology (IT) systems in a timely manner. As a result of this, trainees and locums often shared passwords amongst themselves. The visit team had concerns regarding this practice as it was against Information Governance Policy. <p>The visit team felt the following were areas for improvement:</p> <ul style="list-style-type: none"> • Patients were being transferred between Denmark Hill and Princess Royal University Hospital sites without patient notes, and the two IT systems did not communicate effectively. As a result, there was often a duplication of tests and investigations. • Local faculty groups were not well established in all specialties. However, all trainees the visit team met were confident that there were a variety of channels through which concerns could be raised. • Core medical training trainees reported there were tight service pressures. The visit team heard they were unable to access educational opportunities, for example clinics and teaching sessions. • There were issues with poor levels of staffing across many departments on the site, but that this was felt most acutely in paediatrics. <p>The visit team heard the culture of the Trust had improved since the previous quality visit, as cultural integration was one of the main issues identified. The visit team were pleased to hear this culture had improved and there was a much less 'them and us' feeling. The visit team were informed there were still improvements to be made on this and the SMT were working on this to reconcile differences in approaches and cultures.</p> <p>This was the first Trust Wide Review since the merger of the Denmark Hill and PRUH sites in 2013. The visit team were pleased to hear of the benefits of the merger on a Trust Wide basis and how it benefitted teaching and learning opportunities for both trainees and supervisors at the PRUH site.</p>
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Educational overview and progress since last visit – summary of Trust presentation

The director of medical education (DME) gave a presentation regarding medical education to the visit team which included details of the organisational structure for education, medical and dental education notable practices, achievements and progress made since the last visit in May 2014. The DME reported that an education governance structure and process was now in place and that both learners and educators had benefited from this.

The DME also reported there was a strong administrative team on both the PRUH and Denmark Hill sites. The visit team heard that there was a large amount of Continuing Professional Development (CPD) programmes for existing staff. The visit team heard the Trust was working towards effective local faculty groups (LFGs), but this was not particularly well-established at the time of the visit. The DME reported the Trust had an effective Medical

Educational Committee (MEC), which met quarterly to discuss Trust-wide educational issues.

The visit team heard some of the challenges raised at the 2014 visit were issues related to inadequate staffing at different levels. This had a negative impact on different specialties across the Trust. The DME reported that there had been considerable refurbishment and development of the education facilities on the PRUH site, despite financial constraints, which included ensuring all facilities met with health and safety standards, and providing high specification facilities for education, training and simulation. The visit team was pleased to hear of the investment in the simulation facilities, with dedicated simulation associates, some nurses, administrators and upgraded facilities. The trauma and orthopaedic (T&O) department at the PRUH site was the first in Europe to have high fidelity joint simulators.

The DME was pleased to inform the visit team how these challenges were addressed as a Trust. The Trust had five medical education fellows at the time of the visit who provided faculty support and improved the integration of departments across the sites.

The senior management team (SMT) informed the visit team of some of the improvements since the previous visit. The visit team heard the Trust was compliant with the 'broadening the foundation programme' targets' and that there were two new foundation year one (F1) psychiatry posts created since August 2014. The DME reported that the paediatric department at PRUH had strong links to the community with increased collaborative learning and it was hoped that this would be developed for care of the elderly too.

The DME highlighted a number of programmes that were developed for the benefit of both trainees and trainers.

The leadership programme, which combined study days for skills development and provided cross specialty training, helped trainees to establish leadership skills in the workplace through Quality Improvement Projects (QIP).

The mentoring scheme provided a formal mentoring scheme for trainers and trainees.

The Overseas Doctors Development Programme provided new doctors from overseas with an understanding of the NHS and medical education in the UK.

The visit team heard from the SMT of the development programmes which were available for both trainees and trainers. With regards to trainees there was a lot of simulation based training across physical and mental health which promoted inter-professional education. The DME reported there were joint teaching programmes in place at the time of the visit in specialties such as geriatric medicine and psychiatry as well as the GIM regional teaching programme. The visit team heard the pass rate for MRCP was high.

Quality Review Team

Lead Visitor	Dr Anand Mehta, Trust Liaison Dean, Health Education England South London	Local Office Representative	Teresa Collins, Quality and Performance Manager, Health Education England South London
Trust Liaison Dean / County Dean	Dr Helen Massil, Trust Liaison Dean, Health Education England South London	Observer	Dr Rachel Alder, Medical Education Fellow, Health Education England South London
Lay Member	Caroline Aldridge, Lay Representative	Observer	Elizabeth Cannon, Learning Environment Quality Coordinator
Scribe	Jannatul Shahena, Quality Support Officer		

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
TWR1.1	<p>Patient safety</p> <p>The visit team heard from all trainees that on occasions patients were 'lost' for periods of time. The visit team heard that the PRUH site was still using a paper system to track patients, unlike the Denmark Hill site that was using the electronic patient record (EPR) system. The trainees stated that although there was a main database to monitor patient's attendance, it was only the site managers who had access, and the trainees had to phone the site managers to locate 'lost' patients. The trainees assured the visit team that no patients had come to harm. The visit team was concerned that the lack of an effective IT system could be a potential patient safety concern.</p> <p>The visit team heard from trainees in trauma and orthopaedic surgery (T&O) that they felt that the sheer number of vacancies within the department had compromised patient safety. The visit team heard that there were eight locum doctors out of a team of 12 who changed on a daily basis which was detrimental to the continuity of patient care.</p> <p>The visit team felt that there was a lack of communication between the Denmark Hill site electronic system and the PRUH paper-based system which meant that patients transferring from Denmark Hill effectively arrived with no notes meaning that either the PRUH team was not fully informed about them and/or tests had to be repeated.</p>	Yes, see TWR1.1 below
TWR1.2	<p>Serious incidents and professional duty of candour</p> <p>The DME reported that the Trust had created an effective learning environment which allowed trainees to raise concerns. The visit team heard from the DME that there was a robust system in place for dealing with incidents and trainee concerns, and a rapid electronic response system in place. The DME informed the visit team that he was made aware of any trainee concerns on the day the concern was raised. The medical trainers informed the visit team of troubleshooting meetings which enabled medical trainees to be involved in an open forum discussion. Trainees understood they were able to approach their supervisors during these sessions. The trainees stated there were good channels of raising incidents, and informed the visit team that although this topic may not have been part of their induction, there were channels to raise concerns. The O&G trainees informed the visit team that they communicated with the 'consultant of the day' when required to express clinical concerns, and communicated with the educational supervisor if the concern was related to education.</p> <p>All trainees informed the visit team that they received an acknowledgement</p>	Yes, see TWR1.2 below

	following a Datix report but did not receive any feedback.	
TWR1.3	<p>Appropriate level of clinical supervision</p> <p>The trainees from various specialties reported that they felt well supported by their consultants. The junior O&G trainees commented they felt overly supervised, which at times limited practical learning opportunities.</p>	
TWR1.4	<p>Rotas</p> <p>The trainees and trainers from various specialties stated there were a lot of gaps in the rota and that this was detrimental for attending teaching and training opportunities.</p> <p>The SMT reported on the improvements of consultant recruitment within the AMU since the previous visit. The consultant body was previously made up of six consultants; this number had increased to twelve consultants at the time of the visit. The visit team heard there would be new recruitment strategies across all specialties, which would include both sites.</p> <p>However, the trainees in general surgery stated that the rota was very stretched and impeded trainees' ability to attend teaching or access training opportunities. The rota had been for 16 doctors, however due to vacancies the rota had been cut to eight doctors but with no reduction in work and trainees were having to work an increased number of shifts with higher workloads. In addition, the visit team felt that the high number of locums was particularly problematic for a safe and effective rota given the reduction in numbers.</p> <p>The paediatric college tutor stated that one of the main challenges they faced at the time of the visit were the gaps in rota at all levels of training, which had a negative impact on teaching and learning opportunities at the PRUH site. The visit team heard that the paediatric consultants had to at times step down from consultant duty to complete gaps in the rota due to a lack of higher trainees' availability. The visit team heard from the paediatric consultant that the paediatric trainees often did not have time to attend teaching sessions due to rota gaps and were unable to participate in educational opportunities across the Trust to fulfil the educational elements of their training (no paediatric trainees were interviewed during this visit). The visit team heard the paediatric department reluctantly moved trainees from day shifts to night shifts due to gaps in the rota, limiting their educational opportunities. The visit team heard from the SMT that there was a shortage of paediatric middle grade trainees across London. They heard although the department had already advertised for the posts it was unlikely that the post would be filled because of the national demand for the same, limited group of people. The postgraduate medical education team reported one of the challenges they faced within the department was the recruitment of junior clinical fellows and confirmed that recruitment was in place to fill these vacancies.</p>	
TWR1.5	<p>Induction</p> <p>The visit team heard that locum consultants and trainees did not receive passwords to the Trust's Information Technology (IT) systems in a timely manner at induction. As a result, there was a practice of sharing passwords amongst new starters, which went against the information governance rules.</p> <p>The trainees in T&O stated they did not have formal induction, when they commenced training in April.</p> <p>The O&G trainees reported that departmental inductions took place. The visit team heard their GP trainees received a short and quick induction and did not receive the rota in advance.</p> <p>The anaesthetic trainees expressed mixed views on the Trust induction. The visit team heard that although they were always told that they were part of one Trust,</p>	<p>Yes, see IMR TWR1.5a below</p> <p>Yes see</p>

	<p>this was not the case at the induction. During the PRUH induction trainees watched a video clip of the Denmark Hill site and not the PRUH site. Trainees felt the PRUH site could still be overlooked.</p>	TWR1.5b below
TWR1.6	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The visit team heard from trainees in general surgery and O&G that they did not find workplace-based assessments (WPBAs) educationally useful as they were treated more as a tick box exercise. The trainees stated they would have preferred more useful one-on-one time with their consultants. However, the anaesthetic trainees stated they had the opportunity to go through investigations and procedures with their clinical supervisors.</p> <p>The EM trainees informed the visit team that feedback was good, and consultants within the emergency department would take time to complete WBPAs and provide feedback to trainees.</p> <p>The visit team heard that foundation year one trainees were involved in administrative duties following the handover in acute medicine and often spent a great deal of time searching for lost patients or tracking patients to try and ensure patients did not become lost. The visit team felt there was not any training element to this exercise and felt these tasks should be managed by the administrative members of staff. The visit team for Foundation corroborated these findings.</p>	Yes see TWR1.6 below
TWR1.7	<p>Protected time for learning and organised educational sessions</p> <p>The visit team heard from the postgraduate team that there were limited teaching and learning opportunities at the PRUH site in the early days of the merger. However, at the time of the visit, it was noted there was a good mixture of learning opportunities that existed at both sites. However, the consultants stated that they felt over the years, the number of patients had increased but the trainee numbers had not. This had placed considerable service pressures on the trainees. The trainees confirmed that they experienced these pressures and that this was detrimental to their training and educational experience.</p> <p>The visit team heard of the lack of educational opportunities for trainees across several specialties at the PRUH site. The visit team heard that the anaesthetics trainees at the Denmark Hill site had colleagues who covered their on call shifts so that they could attend teaching sessions. However, this practice did not exist at the PRUH site.</p> <p>The care of elderly and core medical trainees (CMT) trainees stated they were able to attend teaching sessions if they were not on the rota. However, the T&O trainees informed the visit team that due to the high number of agency T&O doctors, they were unable to attend teaching sessions.</p>	Yes see TWR1.7 below
TWR1.8	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>The visit team heard all trainees had a designated educational supervisor who they met on a regular basis to receive feedback and discuss trainee progress and develop teaching and learning opportunities.</p>	

GMC Theme 2) Educational governance and leadership**Standards**

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

TWR2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The post graduate education team commented on the developments of the post graduate centre and the expansion of the post graduate team since the previous quality review. Some of the roles within the post graduate centre included the role of the medical manager, service manager, simulation technician, and post graduate department medical education receptionists to name a few. The visit team heard the administrative members of staff cross-covered very well and maintained a very friendly office. The visit team heard that there was a dedicated postgraduate education team for each site and who were then jointly managed to ensure continuity and to continue to develop inter-site working.</p>	
TWR2.2	<p>Impact of service design on learners</p> <p>The DME commented on the rationalisation of the medical workforce and different resources. The visit team heard the cardiology department faced the closure of the CATH lab since the merger in 2013. This put huge pressures at service level, as a cardiology service was unable to function without a CATH lab and was detrimental to learning. As a result of this, trainees and trainers missed out on teaching and learning opportunities.</p> <p>The visit team heard that there had been some discord between consultants and the SMT but that this had improved since the merger. However, some consultants felt that important decisions were made at the Denmark Hill site without any form of communication between consultants at the PRUH site. It was noted there was further room for improvement in this area.</p>	Yes see TWR2.2 below
TWR2.3	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The visit team found that there were some conflicting views regarding the local faculty groups. The DME stated that LFGs were functioning in the majority of departments although there was still progress to be made on trust-wide implementation. However, the only specialties where the visit team found there to be functioning LFGs with regular trainee and consultant attendance were in O&G, EM and the CMT trainee forum. The visit team heard from these sets of trainees that educational issues could be raised and discussed.</p> <p>The visit team found that other specialties would hold consultant meetings to discuss trainees' progress and raise any concerns on trainee progression, which some considered to be a LFG. However, these meetings did not allow for trainees to attend and raise issues as part of the department's faculty.</p> <p>The trainee reps informed the visit team that the medical education committee (MEC) meetings worked well in several specialties with good attendance rates. It was also good platform for trainees to increase leadership skills. The T&O trainees</p>	Yes see TWR2.3 below

	reported they did not have LFGs, however the MEC was well established and there was good representation from T&O colleagues.	
TWR2.4	<p>Organisation to ensure time in trainers' job plans</p> <p>The postgraduate medical education team stated that educational supervisors received 0.25 (programmed activity) PA per trainee (up to a maximum of one PA) and the college tutor received one additional PA. The visit team heard from the consultants that due to service pressures, the consultants' educational responsibilities would be undertaken in the consultants' own time. The visit team heard that although the consultants were aware that the postgraduate department and DME fully supported education it was not necessarily reflected in their job plans.</p>	

GMC Theme 3) Supporting learners

Standards

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

TWR3.1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The DME reported the Trust maintained a zero tolerance policy regarding bullying and undermining issues. The DME reported they were open and upfront regarding bullying and undermining issues. The visit team heard of the robust system that was in place such as instant email communication regarding these issues. The DME reported they dealt with bullying and undermining issues effectively in a timely manner and the DME was made aware of incidents on the day the incident is reported. The visit team also heard of the whistleblowing policy which was available online. None of the trainees seen by the visit team reported experiencing or witnessing any bullying or undermining behaviours. They were all aware and confident about the pathways for raising such concerns.</p>	
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GMC Theme 4) Supporting educators

Standards

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

TWR4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The visit team heard the DME completed educational appraisals for all four hundred consultants at the Trust and repeated these three yearly. The DME also met with all new consultants appointed to the Trust. It was noted there was a huge respect for education at the PRUH site. All the trainers met praised the DME highly for his personal efforts and support for individual educators. The educational and clinical supervisors reported the benefits of this educational appraisal by the DME which highlighted their strengths and areas for improvement as well identifying appropriate training resources.</p>	
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GMC Theme 5) Developing and implementing curricula and assessments**Standards**

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

TWR5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The T&O trainees informed the visit team their training was split between the PRUH site and the Orpington site, where they saw a new set of patients each day. The T&O trainees reported although this was good for training purposes, it was detrimental to patient care as there was no consistency in the patients pathway. The visit team also heard there were several agency locums in the T&O department.</p> <p>The respiratory consultant body reported that there was a lack of training opportunities for trainees in the department. The visit team heard there was no scope for respiratory trainees to attend teaching sessions during their working day and therefore they often attended during their zero days or annual leave. Due to tight service pressures, the department held teaching programmes at other times throughout the year to ensure good attendance from trainees at all levels.</p>	
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Good Practice and Requirements

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
TWR1.5a	The visit team heard that locum consultants and trainees did not receive passwords to the Trust's Information Technology (IT) systems in a timely manner. As a result of this, there was a practice of trainees sharing passwords amongst themselves, which was against the Information Governance Policy.	This practice must cease immediately. Trust to submit response to IMR within five days of the visit.	R1.3

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
TWR1.1	The Trust is required to ensure that when patients are transferred from one site to the other, patient information is not lost in the process.	The Trust is to provide a detailed plan of action to address this issue, including a timeline. Trainee feedback should also be sought to confirm that this issue has been resolved. Compliance of this action should be monitored through the surgery and medicine LFGs.	R1.2
TWR1.2	The Trust is required to ensure that all	The Trust is required to review the	R1.3

	trainees who submit Datix reports receive feedback and that learning from incidents is shared across the specialty and the Trust.	process of feedback and team briefing following a serious incident for those in the team involved in incidents. Evidence must be provided in the form of minuted discussion at the LFGs.	
TWR1.5b	The Trust is to ensure that all trainees within T&O and anaesthetics receive a formal induction at all the sites they will be working at during the rotation.	The Trust is to provide evidence of the agenda for the T&O and anaesthetic trainees' site inductions and attendance lists signed by trainees. Compliance of this action should be monitored through the anaesthetic and T&O LFGs..	R1.12
TWR1.7	The Trust is to ensure that trainees are able to attend local teaching sessions and that these are bleep-free.	The Trust is to provide evidence of local teaching programmes across the Trust, as well as confirmation that sessions are bleep-free. Compliance of this action should be monitored through the LFGs and medical education committee minutes.	
TWR2.3	The Trust is to implement LFG meetings in each specialty which trainees are invited to and have a forum in which to feedback issues regarding their training.	The Trust is to provide an update on the implementation of LFGs across all specialties and indicate when they will commence. The Trust is to ensure that trainees or trainee representatives are invited to all LFG meetings and are released to attend. Please provide evidence of implementation through medical education committee minutes and LFG minutes and attendance sheets.	R1.13
TWR1.6	The Trust is to ensure that workplace-based assessments provide trainees with opportunities to learn.	The Trust is to support the consultant body to ensure WPBAs are educationally useful.	R2.1

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
TWR2.2	The Trust is to work more closely with the consultant body at both the Denmark Hill and the PRUH site, so that consultants feel more engaged in the decision-making process relating to service reconfiguration which impacts on education and training.	The Trust is to review how consultants are engaged in decision-making processes relating to education and training where suitable. This will be monitored through medical education committee minutes.	

Signed

By the Lead Visitor on behalf of the Visiting Team:	Dr Anand Mehta, Trust Liaison Dean, Health Education England South London
Date:	12 July 2016