

# King's College Hospitals NHS Foundation Trust

Clinical Radiology

Risk-based Review (onsite visit)



## Quality Review report

7 August 2018

Final Report

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## Quality Review details

<b>Background to review</b>	<p>In February 2017, a Risk-based Review (onsite visit) highlighted a number of serious issues within the clinical radiology department at King's College Hospital NHS Foundation Trust. As a result of this review, Health Education England (HEE) decided to suspend training of clinical radiology for ST1,2 and 3 trainees.</p> <p>Following a number of reviews of the department, in March 2018 it was decided that there had been significant improvements and it was decided to re-introduce core trainees (initially the ST1 trainees) back into the department. This was carried out over a nine-week phased return, with the ST1 trainees fully back in the department as of the second week of July 2018.</p> <p>HEE and the Head of School for Clinical Radiology organised this Risk-based Review (onsite visit) to ensure that the ST1 trainees had integrated back in to the department and that the Trust was continuing to improve as a teaching and educational centre for clinical radiology trainees.</p>
<b>Training programme / learner group reviewed</b>	<p>Clinical Radiology</p>
<b>Number of learners and educators from each training programme</b>	<p>The review team met with a number of trainees from clinical radiology. The grades of the trainees are outlined below;</p> <p>Specialty Training Level 1 (ST1) Specialty Training Level 3-5 (ST3-5)</p> <p>The review team also met with the Director of Medical Education, Medical Education Manager, Training Programme Director, Deputy Clinical Director and the Guardian of Safe Working.</p> <p>The review team also met with both the clinical and educational supervisors within the clinical radiology department.</p>
<b>Review summary and outcomes</b>	<p>The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> <li>• The review team heard that morale levels in the department for both consultants and trainees had improved, with support from the South London and Maudsley (SLAM) intervention team, and regular faculty group meeting within the department.</li> <li>• The review team were pleased to hear that the phased reintroduction of the ST1 trainees back into the department had worked well, both for the trainees and the department.</li> <li>• The review team were happy to hear that there was an increased consultant workforce in the department.</li> <li>• The review team heard that there were now multiple feedback streams available for trainees within the department.</li> <li>• The review team were pleased to hear about the proposed acute reporting hub to be introduced into the department.</li> </ul>

- Trainees reported to the review team that pastoral support within the department had improved and was helpful.

However, the quality review team also noted a number of areas that still required improvement:

- The Trust is to make the improved supervision of the acute and inpatient CT lists within the department sustainable and robust with easy and clearly defined access to senior opinions, particularly during periods of leave.
- The Trust is to ensure that there are sufficient functioning reporting work stations available to all trainees within the department.
- The Trust is to explore ways to align trainee and consultant rotas so as to highlight possible gaps in supervision in a timely way in order to minimize the negative impact on either service or training sessions.

### Quality Review Team

<b>HEE Review Lead</b>	Dr Jane Young Head of School of Radiology, London, Health Education England	<b>GMC Representative</b>	Jane MacPherson, Education Quality Assurance Programme Manager, General Medical Council
<b>Trust Liaison Dean/County Dean</b>	Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England (London and the South East)	<b>Observer</b>	Jennifer Ogbata, Quality, Patient Safety and Commissioning Manager, Health Education England (London and the South East)
<b>Deputy Head of School Clinical Radiology</b>	Dr Samantha Chippington, Deputy Head of School of Clinical Radiology, Health Education England	<b>Scribe</b>	Ed Praeger, Learning Environment Quality Co-ordinator, Health Education England (London and the South East)
<b>Lay Member</b>	Jane Gregory, Lay Representative		

### Educational overview and progress since last visit – summary of Trust presentation

The Deputy Clinical Director (DCD) explained to the review team that although the department had come a long way from since the risk-based review (onsite visit) of the department held in February 2017, through hard work by the Trust management, nurses and trainees, that there was still work to do to get the department to the position that the Trust would be happy with.

The DCD explained that with the Trust still in financial special measures there were still high levels of scrutiny being placed on all at the Trust but highlighted that the department was happy to be welcoming the four Specialty Training Level 1 (ST1) trainees back to the Trust, as well as two new inter-deanery and three Kent, Surrey and Sussex (KSS) ST3-5 trainees that recently started within the department.

The DCD explained to the review team that each of the new inter-deanery and KSS trainees had been allocated a local educational supervisor during their Trust and departmental inductions. When asked about the induction process, the DCD indicated to the review team that the Trust had introduced a formal mentoring programme for the ST1 trainees. The Director of Medical Education indicated that this mentor could be either a radiologist or a

non-radiologist if they preferred, and highlighted that the mentor came to the Trust with no prior experience of the problems seen in the department and provided an impartial standing with the trainees.

The ST1 tutor explained that the department had introduced drop in sessions available to the ST1 trainees on each Friday, where the trainees were encouraged to provide feedback on the training programme and their placement in the department.

The ST1 tutor explained to the review team that the department was preparing the current ST1 trainees for working on call in March 2019 by allowing the trainees to shadow from September as the third doctor on at the weekends and the second registrar on call during the week. The trainees are able to attend the trauma Multi-Disciplinary Meetings (MDMs) and have dedicated computerised tomography (CT) training sessions on the rotas. The trainees are planned to also receive assessments in plain film and ultrasound through September to December.

In terms of the local teaching opportunities within the department, the DCD explained that the trainees were working on a two week rolling timetable, with good attendance by the trainees.

Regarding recruitment rates to posts within the department, the DCD explained that the department was finding it difficult to recruit to the second of the two available paediatric posts, with the other post filled with a consultant starting later in 2019. The DCD highlighted that this paediatric radiologist would be providing an interventional paediatric session once a week (1 PA) at King's College Hospital during their yearlong Interventional Paediatric Radiology fellowship at Great Ormond Street Hospital (GOSH), before starting in post at King's in October 2019. Along with the unfilled paediatric post, the DCD highlighted the difficulty in filling the Gastrointestinal post, which the department had put back out to advert.

The DCD informed the review team that the film library within the department had recently been refurbished and was again open. Regarding new equipment, the DCD highlighted that there were three new PC's in the library and one in the registrar room. The Trust now had improved WIFI, new fluoroscopy equipment, as well as two new portable x-ray machines and two new portable ultrasound machines.

When asked about the gaps in the CT and ultrasound rota's, the DCD highlighted to the review team that the onus was heavily on consultants to fill the rota gaps and not to have registrar's filling these gaps. The DCD made it clear to the review team that this message had been communicated to all consultants within the department.

When asked about the feedback streams available to trainees, the DCD informed the review team that along with the monthly trainee forum attended by the consultants, the department had recently introduced an anonymous feedback programme online, which is discussed at the monthly trainee meeting and themes would be discussed and taken to the local faculty group meetings (LFGs). The DME also indicated that they would have regular meetings with the trainees where feedback such as potential patient safety issues could be discussed and actioned.

The DCD highlighted to the review team that issues still remained in the department, of which the CT rota was one of them. The DCD indicated that the rota had difficulty when consultants were on leave, and that the Trust were recruiting Clinical Fellows to help support this rota in releasing the consultants to allow them to attend the organised teaching sessions. A further initiative to help the CT rota was the proposed formation of an Acute Reporting Hub (ARH) where a number of consultants would work, with a spare terminal for trainees to work on, allowing for both easy access to consultant feedback and closer working relationships within the department.

The DCD informed the review team that they had recruited Medical Training Initiative (MTI) doctors and post CCT fellows to cover some of the gaps in service in acute and in-patient CT lists. These individuals already have significant training and their competencies are checked to ensure that there were no patient safety concerns. The panel was also assured that no training opportunities were taken away from the trainees by these 'fellows' in the department.

The DCD highlighted that for the future, the department would like to set up management tutorials for the senior trainees to give them a better understanding of the complexities involved in the management of a department contributing their development. The DCD also highlighted how the Trust had put out a Prior Information Notice (PIN) to look at up take from a number of large companies with regards to replacing a large amount of equipment at the Trust as well as to form a research and development partnership.

The Training Programme Director (TPD) highlighted to the review team that all trainees were able to attend regional teaching opportunities available to clinical radiology trainees in South London.

The visiting panel were informed that the department was continuing to work with SLAM on departmental behaviours and culture and the last session in July was offsite and involved all trainees including the new ST1 who had been transferred from Croydon. A further session was planned for October 2018.

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

**1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.**

**1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.**

**1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.**

**1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.**

**1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.**

**1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**

Ref	Findings	Action required? Requirement Reference Number
CR1.1	<p><b>Patient safety</b></p> <p>The review team were happy that no patient safety issues were reported by the trainees within the department.</p>	
CR1.2	<p><b>Appropriate level of clinical supervision</b></p> <p>The ST1 core trainees indicated to the review team that they did not have any on call experience but felt that the Trust had prepared an extensive plan for them to help them build up the confidence and experience required by planning shadowing sessions before trainees were expected to work on call by themselves.</p> <p>The higher trainees informed the review team that there would often be a trainee allocated to a CT list that did not have a named consultant attached to it. The higher trainees informed the review team that trainees were encouraged to find a consultant if there was not a consultant available to them immediately. The higher trainees did indicate that this would usually mean walking to the second CT room or if no consultant was there, to the reporting room to find a senior doctor. The trainees indicated that this</p>	Yes, please see CR1.2a below

	<p>was due to the difficulty in matching up the consultant and trainee rotas as the two rotas were organised independently.</p> <p>When asked, the Deputy Clinical Director (DCD) indicated that the named consultant in on the Golden Jubilee CT GJCT list would also be the named consultant on the inpatient list.</p> <p>The higher trainees informed the review team that they were expected to have reports checked by a consultant by 17:00 the same day. The trainees highlighted that they would like to be able to discuss the reports with the consultants, but understood if this was not possible due to time constraints. The Clinical Supervisors (CSs) indicated that checking senior trainee scans was greatly improved but the CSs felt that it was still a challenge in Paediatrics if any consultants were off. (It was noted that there had not been any subspecialty paediatric trainees until recently)</p> <p>When asked if they always had clinical supervision, the higher trainees informed the review team that they had never been unable to find a consultant to answer questions or to supervise them. When asked if they received the clinical supervision required over the weekend hours, the higher trainees all confirmed that they did and that this was not a problem.</p> <p>When asked about the delivering the required supervision on the CT lists, the CSs indicated that they were able to successfully meet these requirements with the extra staff that the Trust had employed. The CSs informed the review team that they had recently been through job planning and that there was supervision time assigned within their job plans. The CSs also indicated to the review team that the introduction of the Acute Reporting Hub (ARH) would greatly improve their ability to supervise as well as bring more people together in a single place.</p> <p>The CSs informed the review team that each consultant would report on their own sub specialty CT scans with the rest of the scans being picked up by the consultants covering the inpatient lists.</p>	<p>Yes, please see CR1.2b below</p>
<p>CR1.3</p>	<p><b>Rotas</b></p> <p>The core trainees informed the review team that there were still rota gaps, but that they felt that the Trust was doing everything they could to try and fill them.</p> <p>The higher trainees informed the review team that currently, there were four ultrasound sessions, covered by registrars, two inpatient and two portable slots to be allocated to any trainees. There was a total of nine people on the on-call rota, with the ST2 grade trainees due to start on call in January.</p> <p>The higher trainees also informed the review team that currently the fluoroscopy room was not in use, The Biopsy lists are covered by consultants with a registrar there for training purposes. The higher trainees felt the IR lists had had improved with two more IR consultants recently recruited, but the higher trainees felt that the Liver list would be over staffed with three registrars allocated to it.</p> <p>When asked about clinical supervision over the weekends, the CSs all indicated that they would all come into the department over the weekend, having called first to make contact with the registrar and see if any problems and what reports needed prioritising. The CSs informed the review team that they would check all the scans and leave phone numbers for trainees to contact them if they needed to.</p> <p>The CS's informed the review team that they felt the newly appointed Delivery Manager (DM) to be a great asset, with the DM communicating well with all consultants and organising a great deal for both the consultants and the trainees. The CSs highlighted that the DM had access to everyone's job plans as well as oversight of the leave within the department.</p>	

	<p>When asked about the registrar rota, the CSs informed the review team that the registrars create their own rota, with the ST1 tutor creating the first-year trainee's rota. The DCD informed the review team that although the registrars did not see the consultant rota when creating their own, that there was a book containing consultant leave available to the trainees from the DM if they asked for it.</p>	
CR1.4	<p><b>Induction</b></p> <p>The review team were informed by the core trainees that although everyone within the department had been very supportive and friendly, they had heard that other staff e.g. radiographers and sonographers within the department had wanted to be included in the introduction to the trainees,</p> <p>When asked about the quality of their induction, the core trainees informed the review team that they had received a full local induction, a handbook and a tour of the department. The higher trainees felt that the induction was of good quality and was fit for purpose.</p>	
CR1.5	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The ST1 core trainees informed the review team that they had managed to catch up on all of the plain film numbers they required within the department and that their educational supervisor was making things flexible for the trainees which they felt was working very well.</p> <p>The core trainees indicated to the review team that there were four to five teaching sessions organised per week, with a WhatsApp group created to make sure that details of the teaching sessions reached everyone. The core trainees also highlighted that they had received teaching from one of the radiographers on positioning and that some of the CT teaching on out of hours work, there had been a social event open to all to attend.</p> <p>The newly arrived higher trainees informed the review team that they received training in emergency scanning to prepare for complex and paediatric OOH cases which they felt was of great benefit.</p> <p>When asked about the teaching time available to the trainees, the Educational Supervisors (ESs) informed the review team that there was a fortnightly teaching rota that was shared with everyone. This covered all specialties and was made up of two sessions a day, five days a week. The ESs informed the review team that they kept attendance lists for each session. The ESs also highlighted that with the teaching sessions held generally before 9am and at lunch time, that trainees should not have any clinical duties in for these times.</p>	
CR1.6	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>When asked if they had access to workstations, the core trainees felt that although they did have access and knew where they were, that with a new cohort of ST1 grade trainees coming into the department, that it could become busy. The higher trainees echoed this sentiment, informing the review team that they did not feel that there were enough workstations within the department.</p> <p>The DCD informed the review team that due to the pressures of finding available workstations within the department, that the department had had ordered and had delivered ten new workstations The DCD explained that due to a technical issue with software, these computers had not been fully installed yet.</p>	Yes, please see CR1.6 below

CR1. 7	<p><b>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</b></p> <p>The ST1 core trainees informed the review team that they were able to meet with their ES every Friday, which allowed them to feedback about their placement as well as adjust their teaching sessions as required.</p>	
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## 2. Educational governance and leadership

### HEE Quality Standards

**2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.**

**2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.**

**2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.**

**2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.**

CR2. 1	<p><b>Organisation to ensure access to a named educational supervisor</b></p> <p>The new higher trainees informed the review team that they had been allocated an ES and that they had been good in getting them up to speed and felt that that they would have the opportunity to sit down with them to discuss the rota.</p>	
CR2. 2	<p><b>Systems and processes to identify, support and manage learners when there are concerns</b></p> <p>When asked if the department had any trainees in difficulty (TID) and support mechanisms, the ESs informed the review team that a there were TID focussed teaching sessions that could be arranged to support them if needed.</p>	

## 3. Supporting and empowering learners

### HEE Quality Standards

**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.**

**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**

CR3. 1	<p><b>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</b></p>	
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	<p>The core trainees informed the review team that the department as a whole had been very supportive and that their only negative was that they were being treated too much like 'royalty' and that they did not want to be treated any different to other trainees. The core trainees did highlight the excellent training that they had received at Croydon Health Services NHS Trust and that this had been commented on by consultants in the department at King's that they demonstrated good skills and knowledge starting in post.</p> <p>When asked about the morale in the department, the ESs and CSs all commented that it had increased, with more positive email correspondents between consultants. The ESs and CSs highlighted the meetings set up with South London and Maudsley NHS Foundation Trust (SLaM) were of great benefit and felt that speaking to other consultants within the department helped them to realise that the challenges they faced were common to many others.</p>	
<p>CR3. 2</p>	<p><b>Academic opportunities</b></p> <p>The core trainees informed the review team that they had all been invited to the recent meeting with the SLaM intervention team but that only one trainee had been able to attend. The trainee indicated that this was a beneficial event, for understanding how decisions are made to being and also to be able meet other consultants but did feel that they were a little of their depth as they were not completely familiar with all the issues.</p> <p>The DCD highlighted to the review team that there had been continual inclusion of trainees into abstracts/presentations at both nation and international meetings, including Symposium Mammographicum, Radiological Society of North America (RSNA) (nine abstracts accepted during 2018), UK Radiological and Radiation Oncology Congress (UKRC) as well as book reviews and authorship of peer review papers.</p>	
<p>CR3. 3</p>	<p><b>Regular, constructive and meaningful feedback</b></p> <p>The core trainees informed the review team that there were a number of pathways to give feedback. The core trainees informed the review team that had attended the London trainee forum which they found interesting in terms of comparing their experience and training with that of trainees from other Trusts. The higher trainees informed the review team that they had a trainee representative and that they could feedback through them to the relevant forums and meetings.</p> <p>The Training Programme Director (TPD) informed the review team that the department had a monthly trainee forum with the Clinical Tutor (CT) which then fed into the Local Faculty Group (LFG) meetings. The TPD felt that everything that they were hearing in terms of anonymous feedback from trainees was in line with what was being fed back through other streams.</p> <p>The ESs informed the review team that the Trust educational faculty was held every quarter and that the Director of Medical Education (DME) would make sure that each supervisor was up to date on all supervisor mandatory training.</p>	

#### 4. Supporting and empowering educators

##### HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

	N/A	
<b>5. Developing and implementing curricula and assessments</b>		
<p><b>HEE Quality Standards</b></p> <p><b>5.1</b> Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</p> <p><b>5.2</b> Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.</p> <p><b>5.3</b> Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.</p> <p><b>5.4</b> Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.</p>		
	N/A	
<b>6. Developing a sustainable workforce</b>		
<p><b>HEE Quality Standards</b></p> <p><b>6.1</b> Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.</p> <p><b>6.2</b> Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.</p> <p><b>6.3</b> Progression of learners is measured from commencement to completion for all healthcare learning programmes.</p> <p><b>6.4</b> First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.</p> <p><b>6.5</b> Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.</p>		
	N/A	

## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The review team heard that morale levels in the department for both consultants and trainees had improved, with support from the South London and Maudsley (SLAM) intervention team, and regular faculty group meeting within the department.			

The review team were pleased to hear that the transition of the ST1 trainees back into the department had worked well, both for the trainees and the department.			
The review team were happy to hear that there was an increased consultant workforce in the department.			
The review team heard that there were now multiple feedback streams/ pathways available for trainees within the department.			
The review team were pleased to hear about the proposed acute reporting hub to be introduced into the department.			
Trainees reported to the review team that pastoral support within the department had improved and was helpful.			

### Immediate Mandatory Requirements

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

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CR1.2a	The Trust is to make the improved supervision of the acute and inpatient CT lists seen within the department sustainable and robust with easy and clearly defined access to senior opinions, particularly during periods of leave.	The Trust is to communicate any changes to trainees and show monitoring of these to ensure that consultant supervision is robust and easy to obtain whilst on CT lists.	R1.8
CR1.6	The Trust is to ensure that there are enough work stations available within the department for all trainees	The Trust is to provide updates on the installation of the 10 new workstations as well as feedback from trainees highlighting the availability of workstations with the department.	R2.6

### Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
CR1.2b	The Trust is to explore how to better align the trainee and consultant rotas to highlight possible gaps in service or training sessions ahead of time	The Trust is to provide plans of action to better align the two rotas to minimise the disconnect between them.	R1.12

### Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	

<b>Signed</b>	
<b>By the HEE Review Lead on behalf of the Quality Review Team:</b>	Dr Jane Young Head of School of Radiology, London, Health Education England
<b>Date:</b>	04 September 2018

### **What happens next?**

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.