NHS
Health Education England

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

Medicine

Risk-based Review (on-site)

Quality Review report

29 January 2019

Final report

Developing people for health and healthcare

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Quality Review details

Background to review	Health Education England (HEE) felt that with the release of the 2018 General Medical Council's (GMC) National Training Survey (NTS) results and an Educational Leads Conversation (ELC) which took place in September 2018, that a conversation with the trainees at all levels in medicine was required.
Training programme / learner group reviewed	Medicine
Number of learners and educators from each training programme	The review team met with a number of higher trainees in medicine. - Foundation Trainees Year 1 (F1) - Foundation Trainees Year 1 (F2) - General Practice Vocational Training Scheme (GPVTS) trainees - Core Medical Trainees Year 1 (CMT1) - Core Medical Trainees Year 2 (CMT2) - Specialty Trainees Level 3 (ST3) - Speciality Trainee Level 4 (ST4) - Specialty Trainee Level 6 (ST6) As well as meeting with the trainees, the review team also met with a number of the senior management within the department including: - Director of Medical Education - Senior Medical Education Manager - Medical Education Manager - Deputy Medical Education Manager - Associate Director of Medial Education for Post Foundation - Acute Medicine Clinical Lead - Foundation Training Programme Director - Core Medical Training Programme Director - General Manager for Acute Medicine - General Manager for Post-Acute Medicine
Review summary and outcomes	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 appreciated the fact that the Trust had recognised there were problems and were trying to make improvements. However, the quality review team noted a number of areas of concern: - The review team was disappointed to hear that service requirements meant that junior trainees had very little exposure to educational opportunity - The review team felt that the current system for tracking acute and post-acute patients was not fit for purpose.

	- The review team was concerned with the number of patients being missed due to the current system which resulted in patients having come to serious harm - Whilst the review team felt there had been improvement on handover, it was felt that the absence of consultant presence was not appropriate - The review team was concerned that the morale amongst trainees at all levels was low. The review team had no memory of encountering a group of doctors of such distress, disillusion and exhaustion

Quality Review Team			
HEE Review Lead	Andrew Deaner, Head of London School of Medicine and Medical Specialties, Health Education England	**External Clinician**	Jonathan Birns Training Programme Director South East London
Trust Liaison Dean/County Dean	Anand Mehta Deputy Postgraduate Dean Health Education England, South London	**Foundation Representative**	Paul Reynolds Foundation Training Programme Director
Lay Member	Jane Gregory Lay Representative	**GP Representative**	Veni Pswarayi GP Associate Dean South London
HEE Representative	Bindiya Dhanak, Learning Environment Quality Co-ordinator, Health Education England (London)		

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

The Associate Director of Medial Education (ADME) for Post Foundation gave an update of the progress made since the previous HEE educational leads conversation in September 2018. The review team heard from the ADME that focus groups had been held with the trainees to determine issues and possible solutions. The results from the focus groups were that the trainees felt workload was significantly high. As a result of this it was noted by the review team that daily board rounds had been implemented so day to day work was prioritised. The ADME informed the review team that all departments had training as a standing agenda item at Local Faculty Group (LFG) meetings to ensure managers were made aware of upcoming inductions and training opportunities.

The ADME informed the review that at the end of rotation, a survey was sent out to all foundation trainees. The review team heard that the most recent survey suggested that an improved local medical education would be beneficial for new starters. The ADME informed the review team that all specialties had re-written local medical inductions to ensure that these were fit for purpose and produced induction handbooks for acute and post-acute medicine which had been received well by trainees. The ADME indicated to the review team that the department was looking into the involvement of medical staffing members in local induction to facilitate good working relationships with trainees.

The Clinical Lead (CL) for acute medicine indicated to the review team that they had recognised the concerns highlighted by all trainees regarding staffing gaps and the administration of the newly designed medical rotas. The General Manager (GM) for acute medicine highlighted to the review team that knowledgeable members of the medical staffing team had left the team which had put the medical staffing team in a vulnerable position. It was presented to the review team that as a result, a decision had been made by the executive team in April 2018 to centralise the medical staffing team with a new management structure to bring together medicine, emergency department (ED), surgery and women and children to expand knowledge and skills within the medical staffing team. The review team heard that previous to this there had been one or two members of the medical staffing team specifically assigned to each of the care groups. It was noted to the review team that the rotas had been redesigned and a rota expert had been appointed to support rotas to be imparted to new doctors in August 2018. As a result of the loss of knowledgeable members of staff and various leave, the GM indicated to the review team that the new doctors did not have the best start to the role with chaotic rotas with staffing gaps. The GM for acute medicine wanted to highlight to the review team that there had been a significantly improved out of hours ward cover with the introduction of an intensive recruitment campaign and the significant reduction in vacant posts from 30% in 2017 to 6% in July 2018. The Clinical Lead (CL) for acute medicine informed the review team that they chaired weekly meetings with trainee representation and members of the medical staffing team to discuss concerns and potential rota gaps. The review team heard that the senior management team indicated that trainees on the wards generally felt supported with the introduction of monthly trainee meetings from May 2018 which was attended by the Clinical Director (CD) for acute medicine. The GM for acute medicine informed the review team that there was an email link by which junior doctors could raise concerns.

The GM for acute medicine presented to the review team that the priorities for the year were to continue with the weekly meetings held for identifying rota gaps with medical staffing and service managers on a Monday afternoon and to continue to engage with the junior doctors. The GM for acute medicine informed the review team that they were looking into ways for further improvement of the flow of trainees between acute and post-acute areas.

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

M1.1	**Patient safety** The review team was concerned to hear patient safety issues which were highlighted by the trainees. The senior trainees informed the review team that patients were tracked and monitored electronically through an excel spreadsheet. The Core Medical Trainees (CMTs) all agreed that there was significant potential for patients to be lost in acute medicine wards due to the current system in place. The junior trainees reported to the review team that there were excessive delays for patients who required urgent procedures. One junior trainee reported to the review team that there had been a four-day wait for a central line insertion which they had reported on Datix. The junior trainees that had reported incidents on Datix felt that they did not receive any feedback. The review team felt that the current system for tracking acute and post-acute patients was not fit for purpose. The review team was concerned to hear that as a result of the patient safety concerns, very few trainees felt comfortable for their friends and families to be treated at the Trust. The review team was equally concerned to hear that very few would recommend the training role to a colleague.	Yes, please see M1.1
M1.2	**Appropriate level of clinical supervision** The Foundation Trainees Year 1 (F1s) in acute medicine indicated to the review team that clinical supervision was variable. The review team was concerned to hear that the F1s were left alone on the Acute Medicine Unit (AMU) wards between 5pm-8pm with 56 patients. The F1s indicated to the review team that there was a medical registrar covering acute medicine and post-acute medicine wards so it was often the case that the medical registrar was busy if supervision was required. It was noted by the review team that due to recent changes by management, there was no bleep for the CMTs so they were not contactable. The ST3s indicated to the review team that they were never alone in wards and had support during night shifts but weekend shifts proved problematic as trainees felt stretched due to staffing gaps and one CMT covering the ward. The F1s indicated to the review team that on weekends there was a post take ward round where patients are seen by the consultant and CMT or a Foundation Year Level 2 (F2). The review team was concerned to hear that junior trainees were unsure which consultant was covering when their consultant was on annual leave. The senior trainees informed the review team that cover was dependent on the consultant as some would let trainees know who to contact in their absence. It was noted by the review team that this meant that junior trainees were left without senior support and supervision. The review team heard from the junior trainees that there was limited consultant cover for post-acute wards at weekends and on bank holidays. The CMTs in cardiology informed the review team that the cardiology department was well organised and had a consultant of the week for supervision. The CMTs informed the review team that routine daily ward rounds took place and the consultant had seen patients at different times during the day.	Yes, please see M1.2a Yes, please see M1.2b
M1.3	**Rotas** The junior trainees stressed to the review team the pressures that came from under staffed rotas. The review team was concerned with the frequency of junior trainees staying beyond rostered hours due to inadequate cover for wards. The F1s informed the review panel that there was a master rota but the trainees felt this was not a reliable source as this was not updated. The junior trainees all felt that most issues stemmed from the poorly organised medical staffing department as the junior trainees felt there was no forward planning and no overview of which doctor is on which ward. It was noted to the review team that sometimes doctors were pulled from other post-acute care wards to cover acute shifts leaving those areas short of staff. The General Practice Vocational Training Scheme (GPVTS) trainees informed the review team that when doing on-call shifts there was supposed to be another GPVTS	Yes, please see M1.3a

	trainee assigned as a buddy, either in groups of two or three. The GPVTS trainees highlighted to the review team that due to junior trainees not starting at the Trust, they had done on-call shifts alone with variable locum cover which they felt was not appropriate. The GPVTS trainees had raised concerns with medical staffing prior to each on-call shift to ensure locum cover would be provided. The Clinical Lead (CL) for acute medicine informed the review team that they had chaired weekly meetings with trainee representation, members of the medical staffing team and service managers to discuss concerns and potential rota gaps. Whilst the trainees recognised that the meetings were taking place, the review team was disappointed to hear from all trainees that they were having to ring medical staffing themselves to chase rota gaps It was heard by the Educational Supervisors (ESs) that there was a locum consultant covering 40-50 outliers across the hospital with the help of a CMT or F2.	
M1.4	**Induction** Most trainees confirmed to the review team that they had attended local medical induction. The F2s indicated to the review team that they had started in emergency medicine and had a different induction to medicine trainees. The F2s indicated to the review team that they had not received an induction when they started in medicine due to being on nights in Emergency Department (ED). The Specialty Trainees Level 3 (ST3s) indicated to the review team that they had missed parts of local induction as they had also been rostered to do nights on their first day. The F1s informed the review team that they initially had a week of shadowing which had been good but indicated that the local medical inductions could be improved. The Associate Director of Medial Education (ADME) informed the review team that all specialties had revised local medical inductions. The review team heard that induction handbooks had been produced for acute and post-acute medicine which had been received well by trainees. The F1s and ST3-6s felt that the handbooks had been helpful and a good source for sense checking. The ADME indicated to the review team that the department was looking into the involvement of medical staffing members in local induction to facilitate good working relationships with trainees.	
M1.5	**Handover** The F1s indicated to the review team that there had been an introduction of a consultant led morning board round in Acute Medicine Unit (AMU) and indicated that everyone on the AMU ward attended which had been good. The ST3-6s informed the review team that they were involved in the introduction of the new board round meetings and indicated to the review team that the Trusts offered good transformational projects for them to be involved in. It was heard by the review team that there was a formal evening handover in AMU which took place at 8pm and attended mainly by senior trainees and Intensive Care Unit (ICU) staff. It was noted to the review team that the consultants did not consistently attend handover meetings. The review team heard from the ST3-6s that a high number of patients had been handed over from the day to night team and it was often the case that all levels of trainees were unaware of which consultant would be covering at night as the on-call consultant did not attend the evening handover meetings.	Yes, please see M1.5

M1.6	**Protected time for learning and organised educational sessions** The F1s indicated to the review team that there was a local teaching session once a week which lasted an hour. The review team was disappointed to hear that the teaching session was not bleep free for the trainees even though this was meant to be. The CMTs and GPVTS trainees informed the review team that there was a structured teaching programme but due to ward pressures and on-call they were not able to attend all sessions. The ADME informed the review team that trainee attendance for CMT and GPVTS teaching was low with a total of three trainees attending the most recent session. The ADME indicated to the review team that trainees were aware that they were able to leave ward duties to attend teaching.	Yes, please see M1.6a Yes, please see M1.6b
M1.7	**Access to simulation-based training opportunities** The ADME informed the review team the department had enhanced training opportunities for the junior doctors with additional in situ simulation sessions for acute and post-acute trainees. The F1s indicated to the review team that they had attended simulation training days every three months at the King's College Hospital (KCH) site. The F2s informed the review team simulation training was made available to them once a year which they had attended.	

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.

M2.1	**Impact of service design on learners** The review team was disappointed to hear that some of the F1s felt that they had not made much progress educationally since their final year as a medical student due to lack of learning opportunity on the ward rounds. Some of the F1s noted to the review team they had not had experience or teaching of procedures such as lumbar punctures as CMTs or F2s would be called and F1s felt they did not have time to observe due to pressured workloads. The F1s indicated to the review team that clinical workload was high, but this was not due to seeing sick patients in AMU, this was more in relation to heavy administrative tasks given by consultants. It was noted by the review team that F1s often finished late chasing referrals and ordering tests for patients. It was noted to the review team that there were no Physicians Assistants (PAs) working within the medicine department. The ST3s informed the review team that they felt that the general medicine wards had a usually high workload with proportionate CMT support with very complex patients. The review team heard from ST3-6s that they had received a high volume of calls from bed managers which they felt was preventing them from completing tasks to discharge patients.	Yes, please see M2.1a

	It was noted by the review team that respiratory medicine had two wards, one acute ward with 10 patients and another with 20 patients. The F1s indicated to the review team that the ward with 10 patients was consistently staffed with one F1 and either a CMT or F2. There was no senior trainee on the ward but there was an on-call registrar for respiratory who was always available if needed. It was heard by the review team that there was a daily ward round which the F1s felt were educationally beneficial with an evenly split discussion between the consultant, F1 and CMT. It was heard by the review team that junior trainees were consistently starting early and staying late due to inadequate cover on the wards. There was a general reluctance amongst the junior trainees to consistently file exception reports as it was reported that Time off in Lieu (TOIL) was often difficult to arrange with service requirements. The review team was concerned that the morale amongst trainees at all levels was low as all trainees felt that service requirements took priority over education. It was also recognised by the review team that Educational Supervisors (ESs) and Clinical Supervisors (CSs) also exhibited low morale due to equally stretched rotas and an inability to attract consultants to the hospital.	Yes, please see M2.1b
M2.2	**Organisation to ensure access to a named educational supervisor** All trainees confirmed that they had been allocated an ES and knew how to contact them if needed. The ST3-6s indicated to the review team that although they had an initial meeting with their ESs, they felt this had not been helpful in setting objectives. Most trainees agreed that most ESs had been supportive but that this was highly dependent on the consultant.	

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.

M3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The review team was concerned to hear from the ST3-6s the way in which they were communicated to by senior staff in the Emergency Departments (ED). The ST3-6s felt frequently bullied and undermined by emergency medicine senior staff when in ED. The ST3-6s gave examples of confrontational and intimidating behaviour which took place in front of colleagues, patients and friends and family of patients. The ST3-6s felt that this made it an unpleasant and difficult atmosphere to work within.	Yes, please see M3.1

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.

M4.1	**Sufficient time in educators' job plans to meet educational responsibilities** All Educational Supervisors (ES) confirmed to the review panel that they had time allocated in their job plans to meet educational responsibilities. The ADME informed the review team that all ESs were job planned to 0.25 PA per trainee. It was noted by the review team that few consultants had had their job plans signed off since merging with KCH in 2014.	Yes, please see M4.1

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 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.

5.3 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.

5.4 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.

M5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The review team heard that trainees were able to complete clinical and medical competences. The CMT trainees reported that the ambulatory clinic was the only outpatient clinic they were able to attend.	
M5.2	**Appropriate balance between providing services and accessing educational and training opportunities** The review team was disappointed to hear that heavy service commitments meant that junior trainees had very little exposure to educational opportunities. The review team was concerned that the morale amongst trainees at all levels was low and issues surfaced from the poorly organised rotas and poor management of rota gaps by medical staffing.	

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 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.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

	N/A	

Good Practice and Requirements

Good Practice
The review team appreciated that Trust had recognised that there were problems and were trying to make improvement.
The review team heard from the ST3s that there were opportunities to be involved transformational projects and that they had been actively involved in the newly introduced handover meetings.

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.**
M1.1	The Trust is to ensure there is a robust system for tracking acute and post-acute patients so patients can be seen in a timely manner.	The Trust is to provide HEE with evidence of the system introduced by the Trust and this should include evidence that trainees are given feedback on any incidents reported on Datix. Please provide an initial update within one month.	R1.1
M1.2a	The Trust is to ensure appropriate levels of supervision for foundation trainees on AMU wards between 5pm-8pm.	The Trust is to provide HEE with evidence of appropriate levels of supervision on AMU wards and send through the master rota to show. Please provide an update within one month.	R1.7
M1.2b	The Trust is to ensure there is a named consultant for supervision of junior trainees in the absence of another consultant.	The Trust is to provide evidence to HEE to show junior trainees are aware of the named consultant covering annual leave. Please provide an update within one month.	R1.8

M1.3a	The Trust is to ensure a forwarding thinking and proactive approach to rota gap management and a designated individual within the department to follow up with medical staffing.	The Trust is to provide HEE with evidence of processes to avoid potential rota gaps. Please also confirm the named person within the department who will have an overview of rotas and liaise with medical staffing. Please provide a response within one month.	R1.12
M1.5	The Trust should ensure that the rostered consultant should formally attend evening handover meetings alongside junior trainees.	The Trust is to provide HEE with evidence of consultant presence at evening handover meetings. Please provide an update within one month.	R1.14
M1.6a	The Trust is to ensure that CMT weekly teaching sessions are bleep free.	The Trust is to provide HEE with evidence of weekly CMT teaching being bleep free which could be evidenced through trainee meetings minutes. Please provide minutes within one month.	R1.16
M1.6b	The Trust is to ensure appropriate cover on the wards to ensure junior trainees are able to attend local teaching.	Please provide evidence of communication with trainees ensuring they know they are able to leave wards with appropriate cover to attend weekly teaching. Please provide an update within one month.	R1.16
M2.1b	The Trust is to ensure trainees who stay late and file exception reports have their TOIL approved.	Please provide evidence of filed exception reports for staying late and trainees being offered TOIL. Please provide an update within three months.	R2.6
M3.1	The Trust is to ensure that the bullying and undermining issues amongst junior trainees and emergency medicine consultants is addressed.	Please prove HEE with evidence that this the issues have been raised with the emergency medicine consultants. Please provide an update within a month.	R3.3
M4.1	The Trust is to ensure that consultant job plans issued since merging with KCH in 2014 are signed off.	Please provide evidence that all consultant job plans have been signed off. This can be confirmed within LFG meeting minutes. Please provide an update within three months.	R2.10

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
M2.1a	The Trust is to look into ways to further the educational opportunities for trainees through the expansion of the non-training grade workforce.	The Trust is to provide HEE with evidence of plans and recruitment pathways for additional non-training grade doctors in to the department. Please provide an update within three months.	R1.12

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**

N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Andrew Deaner
Date:	5 March 2019

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.