

King's College Hospital NHS Foundation Trust

Clinical Radiology

Risk-based Review (on-site)



Quality Review report

9 April 2019

Final report

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Quality Review details

Background to review	<p>Following a number of reviews of the department, in March 2018 it was decided that there had been significant improvements in the education and training being provided within the department and a decision was taken to re-introduce core trainees (initially the ST1 trainees). This was carried out over a phased return, with the ST1 trainees fully back in the department as of the second week of July 2018.</p> <p>HEE conducted a quality visit in August 2018 to which 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 and that morale levels in the department for both consultants and trainees had improved. Since this visit there had been further increase in core trainees through national recruitment and inter-deanery transfers.</p> <p>HEE and the Head of School for Clinical Radiology, with the GMC organised the current quality review to monitor progress and meet with the core and higher trainees.</p>
Training programme / learner group reviewed	<p>Clinical Radiology</p>
Number of learners and educators from each training programme	<p>The review team met with a number of core and higher trainees. The review team also met with clinical and educational supervisors in clinical radiology and the following Trust representatives:</p> <ul style="list-style-type: none"> – Director of Medical Education – Medical Director – Clinical Director – Training Programme Director (TPD) – Medical Education Manager – Deputy Medical Education Manager
Review summary and outcomes	<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"> – The review team was pleased to hear that the 'acute hub' for reporting was seen as a positive development which has benefited training. – The review team heard that morale in the department for both consultants and trainees had significantly improved. – The review team was pleased to hear that there were robust mechanisms for trainees to feedback through regular monthly local faculty group meetings as well as a higher trainee forum. – The review team was pleased to hear there were robust mechanisms in place for new trainees to be inducted (both departmental and speciality) and supported which all trainees felt worked well. The core trainees highlighted to the review team that the period of out of hours shadowing at prior to participating in the OOH rota had been beneficial.

However, the quality review team also noted a number of areas for improvement:

- The review team was concerned that the trainees were unaware of how to download or save images to the network from the portable ultrasound machine used particularly for Paediatric Intensive Care Unit (PICU).
- Whilst the acute hub had been a positive benefit to the department, the review team was disappointed to hear that occasionally it was difficult for core trainees to get specialist opinions when needed and out of the area of expertise of the supervising consultant. The review team suggested the Trust put in a formal escalation process that will be triggered if a trainee cannot easily get the relevant specialist opinion within an appropriate timescale – ideally within that working day.
- The review team felt that the Trust should have a clear strategy for managing out of hours support for core trainees as senior trainees inevitably get consultant posts and that this strategy should be communicated to core trainees.

Quality Review Team

HEE Review Lead	Anand Mehta Deputy Postgraduate Dean for South London	Head of School	Jane Young Head of School for Clinical Radiology
GMC Representative	Samara Morgan Principle Education QA Programme Manager, General Medical Council	Lay Member	Kate Rivett, Lay Representative
HEE Representative	Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Quality, Patient Safety & Commissioning Team (London)	HEE Representative	Bindiya Dhanak Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London)
HEE Representative	Kenika Osbourne Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London)		

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

The CD informed the review that that since the last quality visit in August 2018, there had been the introduction of the hub for acute computerised tomography (CT) reporting which had been received well by trainees and consultants. It was heard that there were always one or two consultants rostered in the CT hub who had oversight for the acute CT and inpatient CT scan reporting done by trainees. The review team heard of extra

work stations in the CT hub with a further plan to increase within in the department. It was heard that all chairs within the department had been replaced and ultra sound machines had been replaced.

The review team heard that the Training Programme Director (TPD) of the Portsmouth radiology training programme had been invited as an external experienced trainer to review the training following the return of the core specialty trainees and-provide feedback. The feedback given was positive. Areas of improvement highlighted to increase the number of workstations, The CD was pleased to highlight to the review team that Kings College Hospital (KCH) had been categorised with the platinum certificate of excellence by the European Society of Radiology (ESR).

It was noted that the morale amongst trainers and trainees had significantly changed for the better with a much more collegiate atmosphere. The CD informed the review team that they felt this had a large degree to do with the introduction of the CT hub, wider teaching programmes and regular local faculty group (LFG) meetings. The review team heard there was-regular (LFG) meetings taking place where trainees were able to raise concerns with action points that were dealt with. The TPD informed the review team that a mentoring programme continued to function. It was noted there was a lot of up take in the initial stages of the programme but there was less currently which the TPD interpreted as a positive change as this probably reflected other mechanisms in place to raise issues. The TPD also noted that there was also an anonymous suggestion box still in place. The review team were informed that the department had finished its work with South London and Maudsley NHS Foundation Trust (SLAM) on departmental behaviours and culture, with the last session taking place in March 2019 to which all trainees and trainers were included.

The review team asked if internet access was available for access to learning and reference resources It was noted that internet access had improved, and Wi-Fi was easy accessible on personal devices and some PCs. It was noted that IT had allowed the department to obtain a unified log in which allowed access to CT reporting, emails, electronic patient records (EPR) and internal learning resources online. The review team heard that there were six work stations within the CT hub for reporting.

The CD informed the review team that the Trust was looking into external companies to manage the future department which would encompass how, where and when imaging was performed, research opportunities and improved accessibility for patients in primary care. The CD indicated to the review team that reporting would be centralised at KCH so trainees would still be based at KCH.

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>Patient safety</p> <p>The review team was pleased to hear that no patient safety issues were reported by trainees in the department.</p>	
CR1. 2	<p>Serious incidents and professional duty of candour</p> <p>Although no serious incidents had been reported, the core trainees informed the review team that they were unaware of how to download or save images to the network from the portable ultrasound machine used in Paediatric Intensive Care Unit (PICU) which would facilitate discussion of difficult cases with consultants.</p>	Yes, please see CR1.2
CR1. 3	<p>Appropriate level of clinical supervision</p> <p>The review team heard from all levels of trainees that the consultants within the department were all supportive and approachable. It was noted by the review team that the core trainees valued the clinical supervision of the higher trainees out of hours (predominantly weekends) and felt anxious about how that would be replaced when senior trainees moved on to consultant posts.</p> <p>The review team heard from the core trainees that occasionally it was difficult to get specialist opinions when needed for areas of expertise outside that of the supervising consultant in the acute computerised tomography (CT) hub. The clinical supervisors (CSs) indicated to the review team that it was the responsibility of the named consultant supervising the CT hub to escalate appropriately for specialist opinions. The core trainees reported that this was variable and dependant on the individual consultant.</p> <p>When asked by the review team how they received feedback on reporting errors or changes, the core trainees told the team that they got one to one feedback from the consultant and another mechanism for feedback is the monthly discrepancy/errors meeting where the cases and reporting radiologist is anonymous.</p> <p>The review team heard that the interventional radiology (IR) department was separate from the clinical radiology department. It was noted but the higher trainees in radiology that there was always appropriate direct supervision. The IR trainees do not participate in the IR out of hours rota, which has both advantages (they participate in the general radiology out of hours work) and disadvantages.</p>	<p>Yes, please see CR1.3a</p> <p>Yes, please see CR1.3b</p>
CR1. 4	<p>Rotas</p> <p>The review team heard that there were three higher trainees rostered at weekends and two higher trainees on evening on-call between 17:00 – 21:00 covering ultrasounds and plain film x-rays.</p> <p>The review team heard that there had been eight new consultants appointed with further appointments to be made.</p>	
CR1. 5	<p>Induction</p> <p>The review team was pleased to hear that new trainees received departmental induction which was noted to be both useful and valued. It was heard that trainees received a sub speciality induction which was reported to be useful. The core trainees highlighted to the review team that the out of hours shadowing for two weeks prior to being part of the out of hours rota had been particularly beneficial.</p>	
CR1. 7	<p>Protected time for learning and organised educational sessions</p> <p>The review team was pleased to hear that all trainees were able to attend and were happy with the daily morning and lunchtime teaching within the department.</p> <p>The review team heard from all levels of trainees that they were able to attend regional teaching.</p>	

2. Educational governance and leadership		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p> <p>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</p> <p>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.</p> <p>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</p>		
CR2.1	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The review team heard there were regular local faculty group (LFG) meetings taking place where trainees were able to raise concerns with action points that were dealt with. The TPD noted that there was also an anonymous suggestion box still in place.</p> <p>All levels of trainees had reported that they felt there was not enough workstations to report from and felt the computer took a considerable amount of time to load CT scans which meant they were unable to finish meetings with consultants.</p>	Yes, please see CR2.1
3. Supporting and empowering learners		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p>		
CR3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The educational supervisors (ESs) and CSs highlighted that the meetings that had been set up with South London and Maudsley NHS Foundation Trust (SLaM) to help address behaviours and culture issues within the department had finished in March 2019. The final report (or executive summary) of this intervention has not yet been shared with all members of the department. When asked about the morale in the department, the ESs and CSs all commented that it had improved, with more positive interactions between consultants and trainees. The trainees were pleased to be part of the process and indicated that this was a beneficial event, for understanding how decisions were made.</p>	Yes, please see CR3.1
CR3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The review team was pleased to hear that no trainees had reported any bullying or undermining behaviour within the department.</p>	

CR3. 3	<p>Regular, constructive and meaningful feedback</p> <p>The core trainees informed the review team that there were a number of pathways to give feedback. The Training Programme Director (TPD) informed the review team that the department had a monthly trainee forum with educational leads which then fed into the LFG meetings. 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 TPD informed the review team that a mentoring programme had been put together which continued to function. It was noted there was a lot of up take in the initial stages of the programme but there was less currently with was seen as a positive as this reflected other mechanisms in place to raise issues. The TPD also noted that there was also an anonymous suggestion box still in place.</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>	
<h4>4. Supporting and empowering educators</h4>		
<p>HEE Quality Standards</p> <p>4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.</p> <p>4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.</p>		
	N/A	
<h4>5. Developing and implementing curricula and assessments</h4>		
<p>HEE Quality Standards</p> <p>5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
CR5. 1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The review team was pleased to hear that all levels of trainees met with on the day of the review were happy with the curriculum coverage at the Trust.</p> <p>When asked by the review team if there was any pressure to get a certain number of plain film x-ray numbers while working out of hours (as outlined in the trust documentation), the core trainees indicated that they did not feel under pressure to achieve certain numbers.</p> <p>The review team heard from the core trainees that the number of ultrasound sessions was about right and there were always sonographers who were approachable and happy to help.</p> <p>The core trainees mentioned to the review team that sub speciality training was very good highlighting the neuro-radiology block.</p>	

	<p>It was noted that there was a lot of supervision from higher trainees and consultants and a variety of teaching in place throughout the day.</p> <p>The higher trainees in neuroradiology clarified to the review team that the neuro-radiology department itself was very separate to the general Imaging department, there was an overwhelmingly positive environment which was well supported by consultants. It was noted that the department had good exposure to intervention and very good for diagnostic neuroradiology. The higher trainees had noted that the phone advice line often became hectic for the one trainee covering it but had reported that this had improved and there was more support from consultants.</p> <p>When asked by the review team if the trainees would recommend this position to a colleague, both groups of trainees would highly recommend this department within the Trust as a teaching hospital.</p>	
CR5.2	<p>Regular, useful meetings with clinical and educational supervisors</p> <p>The trainees informed the review team that they all had a named educational supervisor when starting in the post and that they would meet at the start of the rotation. The ESs indicated to the review team that they met with the trainees at the beginning, middle and end of their post. The review team heard from both groups of trainees that ESs were easy to access and approachable and higher trainees reported that they found career advice from ESs to be useful.</p>	

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	
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Good Practice and Requirements

Good Practice

The review team was pleased to hear the introduction of the CT hub had been well received by trainees.

The review team was pleased to hear of the high quality teaching programme available to trainees.

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.
CR1.2	Trust is to ensure core trainees are aware of how to download or save images to the network from the portable ultrasound machine used in Paediatric Intensive Care Unit (PICU).	Please provide HEE with evidence to show this has been communicated to core trainees. Please provide a response within 30 days of this report being issued.	R2.6
CR1.3a	Trust should have a clear strategy for managing out of hours support for core trainees when senior trainees have moved on to consultant posts and this strategy should be communicated to core trainees.	Please provide HEE with a robust plan that shows out of hours support for core trainees. Please provide a response within two months.	R1.12
CR1.3b	The Trust is to ensure that acute scans requiring a subspecialty review forming part of the work reported by core trainees in the acute hub, are dealt with on the day by an appropriate sub specialty radiologist.	The Trust is to put a formal escalation process in place for complex scans to be seen by an appropriate sub specialty radiologist if required. Please provide a response within two months.	R1.7

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
CR2.1	The review team recommends the Trust should look into implementing further workstations to enable trainees to report.	HEE suggests that the Trust explores ways to expand the number of workstations within the department.	R2.6
CR3.1	The review team recommends that the final report (or executive summary) of the meetings with SLaM should be shared with all members of the department.	The review team suggest the final report should be emailed to department.	R3.2

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:	Anand Mehta, Deputy Postgraduate Dean for South London
Date:	8 May 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.