NHS
Health Education England

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

Medicine

Risk-based Review (focus group)

Quality Review report

25 June 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 following the poor results highlighted through the 2018 General Medical Council's (GMC) National Training Survey (NTS) and following an Educational Leads Conversation (ELC) which took place in September 2018 to discuss the results, that a conversation with the trainees at all levels in medicine was required. This review took place on29 January 2019. The review team was concerned to hear that service requirements meant that junior trainees had very little exposure to educational and training opportunities and as a result of this, moral amongst trainees at all levels was low. The review team had no memory of encountering a group of doctors so distressed, disillusioned and exhausted. HEE felt that a focus group was required to meet with trainees to see what progression the Trust has made since.
Training programme / learner group reviewed	Medicine including Foundation Trainees, Core Medical Trainees and Specialty Trainees
Quality review summary	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 implemented changes to the learning environment and were trying to make improvements. However, the quality review team noted a number of areas of concern: – The review team was concerned about the lack of senior support for junior trainees on some of the post-acute wards, which often left trainees stretched due to staff shortages. – The review team heard of on-going issues with the management of last minute changes to the rotas. It was heard that trainees were frequently being pulled off post acute wards to cover AMU and on call requirements. – The review team was particularly concerned to hear that the higher trainees were frequently missing out on educational opportunities due to service provisions.

Quality Review Team			
HEE Review Lead	Anand Mehta Deputy Postgraduate Dean Health Education England (London)	**Head of School**	Andrew Deaner Head of the London Specialty School of Medicine
GP Representative	Veni Pswarayi GP Associate Dean South London	**Lay Member**	Jane Gregory Lay Representative

HEE Representative	Bindiya Dhanak Learning Environment Quality Co-ordinator Health Education England	**Observer**	Aishah Mojadady Quality, Patient Safety & Commissioning Team Administrator Health Education England

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 that on the Geriatrics Medicine M3 ward the Foundation year 1 (F1) was mostly working alone without immediate and direct senior supervision for approximately eight weeks. This raises issues of patient safety and appropriate support for the doctor in training. The review team heard that trainees felt comfortable for their friends and families to be treated within the department but this was highly dependent on which ward within medicine. The review team equally heard that trainees would only recommend the training role to a colleague dependant on the ward.	Yes, please see M1.1
M1.2	**Serious incidents and professional duty of candour** All groups of trainees informed the review team they knew how to report serious incidents (SIs) on Datix. The review team heard that trainees had reported a number of Serious Incidents (Sis) but were disappointed not to have received any feedback or communication in regard to the incidents.	

M1.3	**Appropriate level of clinical supervision** The review team heard of positive feedback from trainees in the Acute Medical Unit (AMU) and some specialty wards. All trainees felt particularly well supported by the AMU consultants who were approachable and mentioned that patients were reviewed regularly. Although some specialty wards felt well supported, it was heard that clinical supervision in some wards was variable. The review team was concerned about the lack of support for junior trainees on a number of the post-acute wards which often left trainees stretched due to staff shortages. It was noted that some wards required consultants to be pulled from their own wards to cover as locum consultants. The trainees informed the review team that this had been escalated numerous times to educational supervisors (ESs) and clinical leads but as such, there were no long-term plans in place. It was heard that the F1s covered the acute ward 17:00 – 20:00 during weekdays and were able to contact a designated higher trainee if required. The review team was concerned though to hear that junior trainees were unsure which consultant was covering when their consultant was on annual leave. All groups of trainees informed the review team that cover was dependent on the consultant as some would let trainees know who to contact in their absence.	
M1.4	**Rotas** All groups of trainees expressed the continued struggle with the management of rotas and the strained relationship with the medical staffing department due to this. The review team heard of on-going issues with the management of last minute changes to the rotas. 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 junior trainees all felt that most issues stemmed from the poorly organised rotas and the junior trainees felt there was no forward planning from the medical staffing department and no overview of which doctor was working on which ward. The review team was particularly concerned to hear that the higher trainees were missing out on educational opportunities due to unscheduled service provision demands. The trainees noted to the review team that the problem with being pulled onto wards to provide cover meant that there was no continuity of care for the patients and trainees felt they were not learning from this as they would not be involved with the further plans for the patient unless they followed up themselves through electronic patient records (EPR). The review team heard that the senior management team were working closely with the trainees in developing a suitable distribution of trainees between post-acute and acute wards, which had the potential to address some of the staffing issues on the post-acute wards.	
M1.5	**Handover** The review team was pleased of the implementation of a morning handover since the last risk-based review in January 2019, with consultant presence, which had been positively received by all trainees. The review team heard they were well structured with introductions, discussions of rota gaps for the day, any serious incidents and lessons learnt from them. It was noted that although the electronic patient handover list was not a live list and patients were not routinely placed on the list. The review team heard of one occasion where the handover list had been deleted which had been escalated to the clinical leads, educational supervisors (ESs) and IT to try to retrieve the list which unfortunately was not possible. The higher trainees confirmed to the review team that	

	whilst the handover patient list was not live, patients would always get seen in the acute wards.	
M1.6	**Protected time for learning and organised educational sessions** When asked about local teaching, the core medical training trainees (CMTs) informed the review team they were mostly able to attend weekly teaching unless they were on-call or on annual leave. It was noted the CMTs never felt that they could not leave the wards to attend weekly teaching. The general practice vocational training scheme trainees (GPVTSs) informed the review team that they had only attended a handful of teaching sessions as they were constantly covering the on-call rota in the acute medicine wards. The higher trainees informed the review team they were able to conduct educational sessions for the junior trainees out of hours for their development.	

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** It was heard by the review team from all groups of trainees that they 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 due to lack of feedback received. It was also noted that occasionally the incorrect identification code was reported which meant trainees would have to file another report which they felt would be time consuming.	
M2.2	**Appropriate system for raising concerns about education and training within the organisation** When asked about local faculty group (LFG) meetings, the review team was informed that there was not a LFG for medicine as a whole but there were meetings held three times a year for CMT where trainee representatives attended as well as the training programme director (TPD) for CMT and ESs. When asked if the GPVTSs attended a LFG it was noted they did and were frequently asked by colleagues for feedback. It was also noted that one of the CMTs had set up a trainee forum which was open to all trainees within the hospital which was fed up to consultants by the trainee representative.	

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 pleased to hear from higher trainees that there had been improvements in the relationship and communication between them and the ED consultants. At the visit in January 2019 higher trainees had reported confrontational and intimidating behaviours from the senior staff in the Emergency Department.	
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	
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	**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 across all 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
N/A

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
M1.1	The review team was concerned to hear that on the Geriatrics Medicine M3 ward the Foundation year 1 (F1) was working mostly alone without immediate and direct senior supervision for approximately eight weeks.	The F1 must be moved to a ward which provides appropriate supervision with immediate effect.	R2.1

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

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
	N/A		

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
Some progress was evident but further work was required in order to meet some of the mandatory requirements made at the last visit. The monitoring of progress to meet outstanding requirements will be continued.	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Anand Mehta, Deputy Postgraduate Dead, South London
Date:	20 August 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.