NHS
Health Education England

King's College Hospital NHS Foundation Trust (King's College Hospital)

Haematology

Risk-based Review (on-site visit)

Quality Review report

19 November 2019

Final Report

Developing people for health and healthcare

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Quality Review details

Training programme / learner group reviewed	Haematology
Number of learners and educators from each training programme	The review team met with seven higher trainees based at the King's College Hospital (KCH) site, ranging from specialty training level three (ST3) to ST7. The review team also met with the regional Training Programme Director / Lead Educational Supervisor, clinical and educational supervisors and consultants from the haematology department, as well as the following Trust representatives: • Corporate Medical Director • Clinical Director • Director of Medical Education • Senior Medical Education Manager • Guardian of Safe Working Hours • Clinical Education and Leadership Fellow

Background to review	This Risk-based Review was arranged to discuss the General Medical Council (GMC) National Training Survey (NTS) results for 2019 pertaining to haematology at the Trust's KCH site. Haematology at KCH received six red outliers, and three pink outliers in the GMC NTS for 2019. The red outliers related to clinical supervision, workload, supportive environment, educational governance, regional teaching and rota design. This generated six actions on the Trust's 2019 action plan. (NB. Haematology at the Trust's Princess Royal University Hospital (PRUH) site returned no responses in the GMC NTS for 2019 as less than three trainees completed the survey.) Health Education England (HEE) conducted Risk-based Reviews of haematology at KCH in April 2019, October 2018 and March 2018.
Supporting evidence provided by the Trust	The review team received the following supporting evidence from the Trust in preparation for the on-site visit: • Local Faculty Group (LFG) meeting minutes from September 2019 and October 2019 (the review team also received a hard copy of the November 2019 LFG meeting minutes at the review); • Haematology supervisor training records; and • Attendee lists for the review.

Summary of findings	The review team would like to thank the Trust for accommodating the review and extend their thanks to all of those members of staff who attended. The review team was pleased to note the following positive areas that were working well within haematology at the KCH site: • The review team found that there was a marked improvement in the morale of higher trainees in haematology, who were very positive about the support they had received from the consultant body.

	• The review team heard that trainee-only meetings, LFG meetings and trainee-trainer forums had all been held. The review team thought that the benefits to the learning environment of holding these formal meetings were clear. • The review team commended the very considerable contribution of the educational lead in haematology, as well as a number of other consultants who were specifically named by the trainees as being particularly supportive of their education, wellbeing and work at the Trust. However, the review team identified some areas of improvement within haematology: • The review team felt that a member of the administrative/service management team should be formally appointed to work in conjunction with the "administration" higher trainee to manage the rota, with formal named consultant oversight, particularly when urgent cross-cover was required. • The review team thought that there was a potential for conflict of interest in a structure in which one consultant was undertaking the three roles of regional Training Programme Director, educational lead at the Trust and the lead consultant responsible for rota oversight. In addition, this created a risk of burnout, and lack of sufficient system support for trainee governance. • Not all trainees had received their log-in details for the exception reporting system. • Given the ongoing flux in trainee establishment, a proactive approach to rota management, recruitment and workforce transformation, including establishing new roles, should be kept under ongoing monitoring by the department.

Quality Review Team			
HEE Review Lead	Jo Szram, Deputy Postgraduate Dean for South London, Health Education England	**Head of School Representative**	Martin Young, Head of School for Pathology, Health Education England
Training Programme Director	Mamta Sohal, Training Programme Director for North West London	**Lay Member**	Kate Rivett Lay Representative
Lay Member	Kate Brian, Shadow Lay Representative	**HEE Representative**	Gemma Berry, Learning Environment Quality Coordinator, Health Education England
HEE Representative	Louise Brooker, Deputy Quality, Patient Safety & Commissioning Manager, Health Education England		
Educational overview and progress since last visit – summary of Trust presentation			

The Lead Educational Supervisor (Lead ES) for haematology informed the review team that, since the last HEE quality review in April 2019, a robust plan had been developed to address the issue of cross-cover. Higher trainees no longer held bleeps while they were in mandatory teaching sessions on Tuesday mornings. The bleeps were held by consultants instead, four of whom had offered to do this. The higher trainees' job plans had also been changed (in collaboration with the trainees themselves) within a week of the last review so that higher trainees were carrying bleeps less frequently, their duties were reduced while cross-covering other teams and they were cross-covering only two bleeps at a time at maximum. There was no longer cross-cover of the paediatrics bleep; rather it was held by a trainee who only held that bleep (importantly, this was not a front-line cover bleep and was just for giving advice).

The review team heard that the haematology department was currently almost fully staffed within the non-consultant body. The establishment accommodated: three approved medical practitioners (AMPs), four newly appointed "bone marrow" fellows, 13 non-training grade doctors and one Medical Training Initiative (MTI) doctor. When asked how the department was supporting its trainees to plan and design rotas and address rota gaps, the Lead ES advised that with the one MTI in post and another joining in February 2020, they would be able to fill any rota gaps that came about within the training year without having to make daily adjustments to schedules. The Lead ES said that during a previous period of multiple staff vacancies, the three senior higher trainees in haematology had been allowed to design their own rotas and within this template they had reduced the number of tasks they were usually expected to complete whilst cross-covering on the daily rota. Should the department's trainee numbers reduced in the future, the Lead ES said that they would revert back to a previous rota they had created when they had vacancies, which would alleviate trainees of some of their additional duties. The review team heard that one of the senior higher trainees, who had been in the department for several years, reviewed staffing and recruitment at least once or twice a week in an "administration" role, with the support of the Lead ES.

The review team asked how the department had addressed the GMC NTS 2019 red outlier result for 'supportive environment'. The Lead ES said that, at the time of the previous HEE review in April 2019, there had been a 'sink or swim' situation for the ST3 trainees who had returned to the department as ST4s, but the department now had a named consultant who acted as the ST4 mentor, and who had arranged formal support including mindfulness and resilience training for the trainees. The latest cohort of trainees also received a three-day induction to the department. On commencing their posts, the trainees were each asked what they wanted to learn in the year ahead. Forward planning was undertaken so that they received their rotas with appropriate notice. Since the last HEE review, the department had purchased approximately 20 new books for the trainees' library.

The Lead ES advised the review team that a trainee forum had recently been established, LFG meetings were now being held more regularly than once a year and attendance had improved. Consultants also met to discuss activity on the wards, bringing a sense of community across the consultant body.

The review team heard that previous reports of trainees feeling undermined had been explored by the departmental leads and it transpired that these experiences related to specialist nurses making the trainees feel unwelcome. The Lead ES said that this matter had been addressed within the department, including at a LFG meeting. One of the consultants suggested providing a feedback box for trainees to share their thoughts, which the senior (lead) higher trainee could then use to feed back to the consultants in appropriate forums. This idea had been implemented but the Lead ES said that to date, the current cohort of trainees had not used the box. The Lead ES suggested that this was because, based on informal feedback, the current cohort of trainees seemed content and hopefully felt better supported in general. (NB. there were three or four current trainees who were in post at the time of the GMC NTS 2019).

The Lead ES advised that they had received exception reports recently due to trainees finishing clinics late (by 45 minutes - one hour). They said that they still needed to speak with the relevant trainees about these submissions, but that these issues had not been reported in the past. The review team heard that trainees had administration time factored into their job plans. The Guardian of Safe Working Hours also added that they attended corporate inductions at the Trust and everyone was advised how to log into the exception reporting system. Guidance was also shared with supervisors, notifying them that trainees' log-in details to the exception reporting system (provided via email) could occasionally be found in junk folders.

The Lead ES told the review team that the department had surveyed their trainees a while ago (although it was not stated exactly when) and their training-related concerns mainly related to clinical supervision of referrals, although this was not elaborated on by the Lead ES. When asked about working relationships within the department, the Lead ES advised that, following some changes to supervisory responsibilities within the consultant body, there was now a group of consultants with a keen interest in education (some had education-related degrees) working on the 'shop floor' with the trainees. The supervisors all had time for supervision in their job plans and supervised one or two trainees each. There were six to eight active clinical supervisors and six to

eight educational supervisors in the department. The Lead ES informed the review team that the consultants had previously had to be reminded that AMPs were also trainees and needed clinical and educational supervision.

The Clinical Director added that the department had addressed areas of concern and there had been a significant positive change over the past two to three years, including a change in leadership style. The Lead ES said that they had felt well supported by the Trust's Medical Education Team and the Director for Medical Education said that the department was lucky to have its latest leadership team.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
H1.1	**Patient safety** Some of the higher trainees told the review team that last year's rota had had the potential to negatively impact upon patient safety, but they did not have the same concerns about the current rota. However, the trainees expressed concern that at times when their workload was high and there was potentially one higher trainee looking after 35 patients (with support from a more junior trainee who was not familiar with the department) some tasks could get missed, i.e. bone marrow reporting or arranging for transplant patients to be followed up at their local district hospital within 24 hours. The trainees also said that the Trust's electronic patient record (EPR) system had become non-functional for two weeks recently, which meant there was further potential for tasks to be overlooked or missed. The trainees reported finding this situation very stressful.	Yes, please see H1.3a
H1.2	**Serious incidents and professional duty of candour** The higher trainees informed the review team that they received information and feedback from consultants regarding clinical incidents that had occurred within the haematology department, but none of the trainees had reported any incidents themselves yet.	
H1.3	**Rotas**	

	One of the higher trainees told the review team that whilst staffing levels had improved within the department, there remained two trainee vacancies. This would necessitate occasional cross-cover from now to February 2020. The review team heard that the trainees were currently holding an additional bleep once every three weeks and no trainees in this latest cohort had held more than two bleeps at any one time (previous trainees reported cross-covering up to four bleeps at a time). The trainees did four three-month rotations within the department in a year. The clinical and educational supervisors said that unless they had supernumerary staff in the department, it was difficult to eliminate cross-covering altogether, but the situation was being supported by the consultants. They said that the approved medical practitioners (AMPs) in training in the haematology department were also now covering the bone marrow list, which meant one less list for the higher trainees to cover (the AMPs also supported the ward round) but the supervisors acknowledged the importance of not shifting problems on to the AMPs. The review team suggested to the supervisors that they considered other types of roles within the department, such as physician associates and advanced clinical practitioners (ACPs), to help with workload. The review team heard from one of the higher trainees that rota cover had improved. In the past the number of rota gaps had been reportedly difficult for the trainees to manage both mentally and physically. The educational and clinical supervisors also told the review team that they thought previous issues relating to rota gaps had now been largely addressed due to an increase in staffing levels, but it was historically difficult to fill places on rota gaps during a training year, and in general recruitment took several months. However, the trainees said that it was often the case that the rota was fully staffed at the start of the training year but that by February/March rostering became difficult to manage again due to the more senior higher trainees taking leave ahead of their Certificate of Completion of Training (CCT) examinations. They thought this was due to a lack of forward planning on the part of medical staffing, which they suggested had been a chief complaint from the previous trainees. Despite a number of higher trainees being due to take part two of their CCT examinations in April 2020, one of the trainees suggested the latest rota would continue to work, albeit cover would be a bit stretched. The trainees advised that the rota was organised on a weekly basis and there was usually a rota gap once a week, or potentially an outpatient clinic that had more patients booked onto it than expected and there was occasionally a need to ask a higher trainee to help with cover. The trainees had a WhatsApp group to communicate with one another and they said it was rare that someone would not offer to help. The review team heard that four times a year, each of the trainees would be on-call on a weekend - Saturdays from 09:00 – 21:00 and Sundays from 09:00 – 21:00. When asked, the trainees thought that the current rota was fair and manageable and those who had been in the previous cohort were very happy with this year's arrangements compared to last year, because the rota was more structured. They thought that last year's rota had the potential to negatively impact upon patient safety, but they did not have the same concerns this year. The review team was informed that the lead senior higher trainee for the department, known as the 'admin registrar', coordinated rota cover and was not paid for this. This task had always been part of the senior higher trainee role in the department and so it was suggested it would be difficult to tell the departmental leads if they were not happy to do it. However, the trainees highlighted that by having the 'admin registrar' manage the rota, including the coordination of leave requests between the trainees, the trainees had more ownership over the arrangements, which was positive. The trainees advised that the 'admin registrar' took responsibility for how the haematology department was staffed but they received support from some of the consultants/departmental leads. The review team suggested it would be helpful for someone in continuous service to take over the rota administration tasks from the 'admin registrar'. The trainees said that the Training Programme Director (TPD)/Lead Educational Supervisor (Lead ES) oversaw the rota and undertook that role in some way. One of the trainees suggested that the haematology department could implement	Yes, please see H1.3a Yes, please see H1.3b & H1.3c

	a similar model to the paediatrics department, which had an administrator to coordinate the rota in conjunction with a trainee representative. The trainees told the review team that they thought the 'admin registrar' should receive time owed in lieu (TOIL) for this and the review team agreed that recognition of this work was important. The review team was advised by the trainees that they each did a three-month rotation in paediatrics. This post was currently being covered by a ST3, which the haematology department did not normally have (ST3s would normally start at a smaller hospital and join King's College Hospital (KCH) as a ST4). The review team heard from the trainees that because the ST3 had come from a previous post in paediatrics, there had been a good transition into this haematology post. It was suggested by the trainees that it took some time for the department to get used to having a ST3 trainee, but this was getting better.	Yes, please see H1.3d
H1.4	**Induction** The trainees told the review team that they had received a very good induction and welcome into the department, and the laboratory induction had been good.	
H1.5	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** One of the higher trainees informed the review team that getting experience in the laboratory was sometimes difficult due to workload, for example if they were covering two different departments and looking after inpatients (the lymphoid department could have around 35 patients and the myeloid inpatient ward was said to have a particularly heavy workload). They said they wanted the opportunity to take an aspirate from a patient under their care and then analyse it in the laboratory, as it was a good learning opportunity. The trainees also told the review team they did not always have time to undertake bone marrow reporting themselves due to workload. One of the trainees suggested a solution to this issue was to arrange a three-month rotation in the laboratory (the trainees did four three-month rotations within the haematology department in a year). They said that they tabled this proposal at a recent Local Faculty Group (LFG) meeting, but the review team was not told of the outcome. However, one of the trainees did say that there were times on their rotations when they could meet with the designated laboratory supervisor for training. The clinical and educational supervisors said they thought the trainees' timetables factored in bone marrow reporting, although not necessarily for them to be the first clinician to review the bone marrow. They acknowledged that each bone marrow report took approximately 45 minutes, so if there were six or seven patients on a bone marrow list then there was not much time available for trainees to do any other work and if they were trying to prioritise tasks, the reports would often be completed by the consultants instead. The review team heard from the clinical and educational supervisors that the trainees had the opportunity to meet with consultants in the Haematological Malignancy Diagnostic Centre (HMDC) whenever they wanted to. The supervisors also said that they signposted interesting cases/scenarios to trainees and thought they had plenty of time for care-based discussions in clinic and in the laboratory. They advised that the laboratory consultants were always available for the trainees to ask for assistance with reporting blood films and bone marrows, where necessary. The review team heard from the trainees that although their training posts in haematology were very busy and stressful at times, they had exposure to lots of good learning opportunities. One of the trainees expressed the view that they never felt they knew enough about their cases because the department was always so busy, and another said that they would have ideally wanted more time to reflect on cases, but this was not realistic due to the pace of work and limited workforce.	
H1.6	**Protected time for learning and organised educational sessions**	

	The review team heard from the higher trainees in haematology that they all attended regional training sessions. They said that a new consultant had joined the department and had built a comprehensive and high quality teaching programme. There was now bleep-free teaching at least once a week, when the bleeps would be put into a box and covered by some of the consultants in the department. The trainees said that the teaching was relevant to their curriculum and general working, and they expressed their gratitude to the department for creating good educational opportunities.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

H2.1	**Effective, transparent and clearly understood educational governance systems and processes** The review team heard from the educational and clinical supervisors that LFG meetings were now held on the first Tuesday of each month, established as a result of a previous Health Education England (HEE) review. A trainee-trainer forum was also put into place and the supervisors thought that the relationship between trainees and supervisors had improved. The review team was informed that the consultants met between themselves to discuss cases and one of the supervisors said they thought there was great engagement between consultants in the department and they were committed to trainee welfare and wellbeing. The clinical and educational supervisors said that the department's consultant body had implemented a feedback box for trainees in the department, in an effort to identify and understand any issues they may have had, but they had not received any submissions yet. This had been noted at the last LFG meeting. The review team was told that trainees held closed meetings without the supervisors and feedback had been shared from those meetings. This feedback had related to cross-covering, rota gaps (which the supervisors said were no longer an issue since September 2019), consultants not stepping in to fill rota gaps, trainees having multiple jobs and worrying about finishing tasks and trainees feeling unsupported. The supervisors acknowledged that a lot of this feedback had been fair but on occasion in the past, they had tried to take bleeps from the higher trainees to alleviate their workload and they had been reluctant to relinquish them.	
H2.2	**Impact of service design on learners** Some of the higher trainees told the review team that they had been encouraged to submit exception reports (although it was not stated by whom). The trainees said they were supposed to finish their shifts at 17:00 and the on-call doctor would text them at that time to let them know that they had arrived. However, the red cell outpatient clinics on Thursdays and Fridays finished at 18:00. The educational and clinical supervisors said that they advised the trainees to go home when they were found to be working outside of their rostered hours, and encouraged them to submit exception reports, but some held the view that trainees ultimately had to take responsibility for themselves. The department had instituted a twilight shift higher trainee that worked in the evenings until 21:00 to enable the higher trainees to	

	go home on time, but the supervisors thought that the reason the trainees did not leave when they were scheduled to was because they wanted to care for patients. However, one of the supervisors suggested to the review team that there was more that could be done by the department to make the outpatient clinics run more efficiently. They said that there needed to be a greater drive to make that happen. The review team suggested including the trainees in the co-design of new clinic processes. The supervisors informed the review team that none of the trainees had submitted any exception reports at the time of the last LFG meeting, but that they needed to ensure all trainees had access to the exception reporting system. Some of the trainees advised that they had asked for log-in details for the exception reporting system but had not received these. The Clinical Education and Leadership Fellow (CELF) said that the subject of exception reporting system log-in details had been discussed at a recent LFG meeting and they would discuss this further with the trainees at the next meeting. The review team suggested to the supervisors that, depending on whether the trainees started to submit exception report in due course, they could review which areas of the service appeared to be more intense than others. The higher trainees told the review team that if they were advising their colleagues about training in the haematology department at KCH, they would warn them that it could be stressful due to a very busy workload, but they would still want to stay as this had improved since last year.	Yes, please see H2.2
H2.3	**Organisation to ensure time in trainers' job plans** The clinical supervisors told the review team that they supervised two or three trainees each, which was in their job plans. One of the educational and clinical supervisors said that they had 0.25 programmed activity (PA) per trainee in their job plan which should have been remunerated, but that currently it was not. The educational supervisors said that the Trust's Director of Medical Education (DME) was excellent at delivering educational supervisor training and they found it easy to access support from both the DME and the Lead ES in the department.	
H2.4	**Systems and processes to make sure learners have appropriate supervision** The review team heard from the trainees that, due to the department's cross-cover arrangements, if they were covering two areas, i.e. referrals and paediatrics, they were not always able to get help from consultants if the consultants were not assigned to supervise those specific areas. Some of the trainees thought this was more of a problem in the second part of the year than the first, due to an historically higher number of vacancies at that time. However, one of the trainees suggested this situation may not occur this year, as they had a Medical Training Initiative (MTI) doctor from Sri Lanka returning in February, another trainee returning from maternity leave soon and no senior higher trainees were doing their CCT until later in the year, so the establishment would be better. Some of the trainees advised that they did not initially find the department's consultants approachable and they had not known who to approach regarding referral queries. However, over the past few months this situation had improved, and they now had three consultants to supervise referrals. These three consultants had only been decided upon at the last LFG meeting, so the trainees said it was too early to know whether this was a successful approach. The review team was informed by the trainees that there were always two consultants available out-of-hours at any one time; one for red cell cases and one for white cell cases. However, the trainees said that they sometimes felt that if they were calling a paediatric consultant with a complicated clotting problem that may be outside of their normal area of expertise, there should be a separate consultant to call upon for supervision, although the coagulation team (four consultants) had recently agreed that they could be contacted out-of-hours with complicated issues.	

	The educational and clinical supervisors told the review team that they thought the current cohort of trainees seemed content and comfortable to share any concerns they had with their supervisors. When asked by the review team, the clinical and educational supervisors did not know who was responsible for managing Supported Return to Training (SRTT) at the Trust.	

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 to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

H3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The review team was informed by the clinical and educational supervisors that a new consultant in the haematology department had undertaken some pastoral work with the trainees recently, including encouraging the trainees to liaise with/drop in on the consultants they knew well, if they wanted to talk about anything. The review team heard that in the past, trainee feedback had apparently been linked to CCT examination anxiety and this formed a large part of supervisor-trainee discussions.	
H3.2	**Regular, constructive and meaningful feedback** One of the trainees told the review team that they received more informal than formal feedback, but this was not a problem for them. The educational and clinical supervisors said that they tried to give feedback to trainees in real-time on ward rounds, either verbally or via email, as this was felt to be more effective. Sometimes they would explicitly state that they were giving feedback. This was mainly done by the clinical supervisors who dealt with the ward rounds more than the educational supervisors. The supervisors also said that LFG meetings were used for sharing thoughts and information with trainees.	

4. Supporting and empowering educators

HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriate supported to undertake their roles.

	N/A	

5. Delivering curricula and assessments		
HEE Quality Standards **5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.** **5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.** **5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.**		
H5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The review team heard from the higher trainees that whilst they did four three-month rotations within the haematology department in a year, they had more than four curriculum areas to cover, so they spent approximately three years in the department altogether. The trainees said they knew in advance which curriculum areas they would be covering in the year ahead, as the rota would outline their rotations and on-call arrangements. The department's 'admin registrar' (senior higher trainee responsible for managing the rota) ensured that if the trainees did not cover one area of the curriculum one year, they would cover it in subsequent years.	
H5.2	**Regular, useful meetings with clinical and educational supervisors** The review team heard that each of the trainees had a named supervisor and had undertaken induction meetings with them, but not all of the trainees had met with their supervisors again since.	
6. Developing a sustainable workforce		
HEE Quality Standards **6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.** **6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.** **6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.** **6.4 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 Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Mandatory Requirements The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
H1.3b	A member of the administrative/service management team should be formally appointed to work in conjunction with the "administration" higher trainee to manage the rota, with formal named consultant oversight.	Please provide details of the administrative/service management team member providing support to the "administration" higher trainee and provide trainee feedback through LFG minutes detailing that management of the rota is being completed collaboratively. The deadline for this evidence is 1 March 2020.	R2.3
H1.3d	The nominated "administration" higher trainee should receive time owed in lieu (TOIL) for any additional work they undertake to manage the rota.	Please provide details of the administrative/service management team member providing support to the "administration" higher trainee and provide trainee feedback through LFG minutes detailing that management of the rota is being completed collaboratively and the "administration" higher trainee is receiving TOIL for any additional work undertaken to manage the rota. The deadline for this evidence is 1 March 2020.	R2.3
H1.3c	The Trust should arrange to formally separate and divide the roles of Training Programme Director, educational lead and consultant with oversight of the rota between three individuals from within the consultant body, as there is a potential for conflict of interest.	Please provide a forward plan as to how these roles will be separated and divided between three individuals within the consultant body to remove the potential conflict of interest and provide a robust faculty for ongoing support. The deadline for this evidence is 1 March 2020.	R2.3
H2.2	The Trust is to ensure that all trainees have received their log-in details for the exception reporting system and that they have all accessed the system.	Please provide a robust and sustainable process to ensure trainees have their log-in details and they are able to use the exception reporting system. Please provide evidence that all current trainees have their log-in details and that they have all accessed the system. Please deadline for this evidence is 1 March 2020	R1.7

H1.3a	The Trust is to further investigate the proactive management of the continued flux in establishment within the department. This should be completed through recruitment, rota management and workforce transformation, including looking at new potential roles in the department.	Please provide evidence and plans for future workforce development within the department. The deadline for this evidence is 1 March 2020.	R1.7

Minor Concerns **Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.**			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Recommendations **These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.**		
Rec. Ref No.	**Recommendation**	**GMC Req. No.**
	N/A	

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:	Dr Jo Szram, Deputy Postgraduate Dean for South London, HEE
Date:	16 January 2020

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.