

HEE Quality Interventions Review Report

**King's College Hospital NHS Foundation Trust
(King's College Hospital)
Foundation Surgery
Risk-based Review (Learner Review)**



**HEE South London
10 November 2020**

Review Overview

Background to the Review:	<p>The review was planned in response to the 2019 General Medical Council (GMC) National Training Survey (NTS) results of Foundation Surgery at King's College Hospital NHS Foundation Trust (King's College Hospital). The department performed poorly and received seven red outliers which included overall satisfaction, curriculum coverage, educational governance, induction, workload, adequate experience and supportive environment.</p> <p>The current review was part of Health Education England's (HEE) follow-up visit to King's College Hospital to review and assess any changes made by the Trust since the last review in 2019 to address the outstanding issues within the surgery department.</p>
Training Programme/Learner Groups Reviewed:	Foundation Surgery
Who we met with:	12 Foundation Surgery trainees based in the Acute Surgical Unit and Trauma Unit at King's College Hospital.
Evidence utilised:	<p>Foundation Surgery Faculty Meeting Minutes</p> <p>Foundation Surgery Breakdown of Educational and Clinical Supervisors</p> <p>Foundation Surgery Guardian of Safe Working Quarterly Report</p> <p>Foundation Surgery Learner Feedback</p>

Review Panel

Role	Job Title / Role
Quality Review Lead	Anand Mehta, Deputy Postgraduate Dean, South London
Specialty Expert	John Brecknell, Head of Specialty School of Surgery
Specialty Expert	Dominic Nielsen, Deputy Head of Specialty School of Surgery
Foundation School Director	Paul Reynolds, Associate Director of South Thames Foundation School
Lay Representative	Kate Brian, Lay Representative

HEE Quality Representative	Kenika Osborne, Learning Environment Quality Coordinator
Supportive roles	James Oakley, Quality and Patient Safety Officer

Executive summary

The review team would like to thank the Trust for ensuring that the session was well attended.

The review team found that there was some improvement in the support of trainees in the Upper Gastrointestinal (GI) firms since the last visit. However, the review team was disappointed to find out that many of the issues from previous review had still existed within the department.

The review team heard that the foundation trainees did not consistently receive induction on starting in post. The trainees reported frequently working beyond their rostered hours in the Acute Surgical Unit (ASU) and Trauma team. The trainees unanimously agreed that they felt there was a lack of senior supervision in the Trauma unit and that their role was still largely administrative. The review team heard that there was no consultant involvement or ownership of patients on the Trauma unit, and a lack of consultant review during most patient admissions.

Overall, the review team found that trainees were not adequately supported or supervised in the ASU and Trauma Unit. The Trust was required to put in place arrangements for consultant supervision, as per national guidance.

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive 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 interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Handover</p> <p>The review team heard that there were no formal handover arrangements. The foundation trainees stated that handovers were conducted separately amongst themselves and the consultants and higher trainees conducted their own handovers independently. This included handing over new patients between themselves without involvement from the foundation trainees.</p> <p>The trainees said that there was a handover between foundation year one trainees (F1s) on the day shift to the night and this was also the same process for the higher trainees. The review team heard that there was no direct communication between the consultants and the trainees about their patients and the foundation trainees relied on information passed on from other junior doctors.</p>	FS1.1
1.2	<p>Bullying and undermining</p> <p>The trainees reported that they were generally well supported in the department. However, there was a particular consultant on the Acute Surgical Unit who was described as repeatedly undermining the trainees, other medical students, and colleagues.</p>	
1.3	<p>Quality Improvement</p> <p>The review team heard that all patients admitted as emergency cases were reviewed within 14 hours of admission on the ASU but not during their admission on the Trauma unit. Trainees also stated that at times there were no consultant cover on the Trauma ward rounds and no clear cross cover arrangements. The trainees reported an occasion when a consultant was on annual leave, yet they were allocated a list of patients to review on the ward.</p> <p>The F1 trainees reported that they were often left to discuss specialist referrals with Radiology and Specialist Surgical teams even though consultants in those teams expected referrals to be made by higher trainees or consultants. The trainees felt that this often led to undue pressure being put on them.</p>	FS1.3
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review team heard that at times, patients were cared for only by the foundation trainees on the wards without senior supervision. On the trauma unit was unclear which consultant was responsible for the patients as there was no named consultant assigned to patients. This was particularly challenging when trainees needed to escalate an issue or there was a potential complaint raised.</p> <p>The review team heard that most of the middle-grade doctors on the ASU and Trauma unit were in non-training grade posts. Trainees felt that their commitment to teaching was at times was variable. It was reported that the middle-grade doctors carried trauma bleeps and were regularly pulled away from ward rounds. This often lasted until the afternoon and the trainees stated that sometimes F1s were left to look after patients unsupervised.</p>	<p>FS1.4a</p> <p>FS1.4b</p>

	<p>The F1s stated that the middle-grade doctors were contactable either directly or indirectly by a wireless phone, but they often gave telephone advice rather than reviewing patients in person.</p> <p>The review team heard that F1s were not directly supervised on the ASU and Trauma wards for most of the time. However, trainees advised that they were well supported by the Critical Care Outreach Team (CCOT) who would often arrive to provide support to unwell patients in wards. The trainees praised the CCOT and appreciated this support but felt that training and learning opportunities from dealing with a sick patient were often missed as the CCOT's primary objective was treating the patient.</p> <p>The review team heard that patients were reviewed by an emergency department consultant before being admitted on to the Trauma wards. Once admitted, there was no surgical consultant responsible for reviewing patients on the wards during their entire stay.</p> <p>The review team heard that trainees were not well supported in the department and that there was a lack of senior support for trainees on the Trauma ward especially during night shifts. The ASU was described as offering better support for trainees.</p> <p>On call shifts at night in the Trauma unit were described as difficult for foundation trainees as the more experienced junior doctors were often busy with trauma calls and theatre. The trainees reported that at night the F1 was regularly the only doctor on the unit. Trainees reported that on call surgical middle-grade doctors would not help on the Trauma unit if no other senior doctors were available.</p>	
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Domain 2 – Educational governance and leadership		
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>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.</p> <p>2.4. Education and training opportunities are based on principles of equality and diversity.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>Trainees reported that there was no formal mechanism for feedback or escalating issues to the senior management team, but that the College Tutor was able to escalate any concerns as necessary.</p>	FS2.1
2.1	<p>Impact of service design on users</p> <p>The trainees advised that they had an allocated room to complete their administrative work and attend teaching sessions. However, the computers did not facilitate remote learning involvement.</p>	

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	Access to appropriately funded professional development, training and appraisal for educators N/A	

Domain 5 – Delivering curricula and assessments		
<p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	Placements must enable learners to meet their required learning outcomes <p>The review team heard that it was difficult for ASU and Trauma trainees to attend formal teaching due to heavy workloads on busy wards and lack of cross-cover. Trainees feared that they regularly missed out on learning opportunities working on a regional trauma unit as they were unable to attend most trauma calls. Trainees advised that there was no scheduled operating time for them.</p> <p>The trainees also advised that attending teaching was only possible when they attended on their days off and by attending sessions whilst on annual leave. This prevented trainees from accessing protected teaching time. Additionally, it was reported that although teaching was bleep free, trainees reported that many of the computers did not facilitate remote learning involvement.</p> <p>When asked, the trainees were not aware of any surgical consultants who maintained an overview of the teaching programme.</p> <p>There were few opportunities for trainees to attend theatres due to time and workload constraints as they were too busy on the ward.</p>	FS5.1
5.1	Appropriate balance between providing services and accessing educational and training opportunities <p>Trainees expressed that they found it difficult to attend formal teaching due to high workloads and consequently missed teaching sessions. There was no formal encouragement for trainees to submit exception reports. Most of the trainees were unaware of who the Guardian of Safe Working Hours (GoSWH) was and a few trainees who had submitted exception reports felt that the process had not been supported even by the GoSWH.</p> <p>The review team heard that there were no Advanced Clinical Practitioners (ACPs) or Physician Associates (PAs) or doctor's assistants to support the</p>	

	trainees on the ASU and Trauma unit. Trainees expressed that a large proportion of their work was still administrative and combined with a high workload and limited senior support. It was reported that the trainees usually worked beyond their rostered hours, often finishing over an hour late.	
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Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>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.</p> <p>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 of patients and service.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p>Overall, the trainees stated that they would recommend their training posts to colleagues, except for the Trauma teams. Trainees found the on-call workload manageable but reported that the workload was demanding on all the wards and particularly on the ASU and Trauma unit. They therefore would not recommend posts in the Trauma team due to the high intensity and lack of support from senior colleagues. Trainees all agreed that there was potential for senior colleagues to improve the educational experience for all trainees within the departments.</p> <p>The review team heard that most foundation surgery trainees would be happy for friends and family members to be treated under Surgery at King's College Hospital.</p>	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	N/A	

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
FS1.1	Handover arrangements in the department were ineffective and did not provide trainees with adequate information.	The Trust is required to make improvements to handover processes to ensure trainees are well informed and there is good communication between the consultants and trainees. Evidence should include a written process for conducting handover and trainee feedback confirming that the process is followed. An update on this is required by 1 March 2021, in line with HEE's action plan timeline.
FS1.3	Trauma patients on the Acute Surgical Unit and Trauma Unit were not always reviewed by a consultant on and during their admission, in line with national guidance.	The Trust is required to put in place arrangements for consultant review of all patients admitted to the unit, as per national guidance. Evidence of this is required by 1 March 2021, in line with HEE's action plan timeline.
FS1.4a	Foundation trainees should always have senior-level supervision on Trauma wards.	The Trust is required to ensure there is always a named consultant on ward. Please provide rotas

		with named consultants listed by 1 March 2021, in line with HEE's action plan timeline.
FS1.4b	Time spent on administrative tasks should be balanced with educational opportunities.	The Trust is to provide evidence of improved balance between service provision and learning opportunities. This evidence should include Local Faculty Group (LFG) minutes and/or trainee feedback by 1 March 2021, in line with HEE's action plan timeline.
FS2.1	There was a lack of formal feedback mechanisms and methods of raising issues available to trainees in the departments.	The Trust is required to provide evidence that trainees have been provided with mechanisms to submit feedback formally. This evidence should include LFG minutes and/or trainee feedback by 1 March 2021, in line with HEE's action plan timeline.
FS3.1	Training opportunities for trainees including theatre should be reviewed and planned with their supervisors in line with their curriculum requirements.	The Trust is to provide evidence of trainee feedback confirming that trainees have planned training opportunities to meet their curriculum requirements and that they are able to achieve these. This evidence is required by 1 March 2021, in line with HEE's action plan timeline.
FS3.4a	Induction was inconsistent and lacked structure.	The Trust is to provide consistent induction programmes for all foundation trainees joining the ASU and Trauma teams. Evidence of the improved induction programme is required by 1 March 2021, in line with HEE's action plan timeline.
FS5.1	There was a lack of access to specialty resources and other useful information for trainees on joining the department.	The Trust to provide all trainees with an induction handbook and links to useful information and resources during induction into department. This evidence is required by 1 March 2021, in line with HEE's action plan timeline.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
	N/A

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively

delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
	N/A	

Report sign off

Outcome report completed by (name):	Kenika Osborne
Review Lead signature:	Anand Mehta
Date signed:	08/01/2021

HEE authorised signature:	Geeta Menon
Date signed:	14/01/2021

Date final report submitted to organisation:	15/01/2021
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on [\(web link\)](#) Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups