

HEE Quality Interventions Review Report

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

Medicine (various specialties, including Geriatric Medicine,
Foundation year one (F1) Medicine and GP Medicine)

Risk-based Review (Learner Review)



HEE South London

13 November 2020

Review Overview

Background to the Review:	<p>The current review was planned to monitor the ongoing issues within the medical training at King's College Hospital NHS Foundation Trust, Princess Royal University Hospital (PRUH). There were 26 relevant open actions on the Quality Management Portal (QMP) which included actions related to clinical supervision out of hours, workload, teamworking and rota design.</p> <p>The current review was planned to assess the impact of changes made by the Trust to address these issues since the last visit in February 2020.</p>
Training Programme/Learner Groups Reviewed:	Medicine (various specialties, including Geriatric Medicine, Foundation year one (F1) Medicine and GP Medicine).
Who we met with:	Eight trainees on Medicine training programmes (including Geriatric Medicine, F1 Medicine, IMT and GP Medicine) at the PRUH.
Evidence utilised:	Foundation Medicine Exception Reports Foundation Medicine Faculty Meeting Minutes Foundation Medicine Junior Doctor Rotas Foundation Medicine Learner Feedback Survey

Review Panel

Role	Job Title / Role
Quality Review Lead	Anand Mehta, Deputy Postgraduate Dean, HEE south east London
Specialty Expert	Jonathan Birns, Deputy Head of School of Medicine
External Specialty Expert	Mark Cottee, Deputy Director of South London Foundation School
External Specialty Expert	Sarah Divall, Head of School of GP
Lay Representative	Sarah Jane Pluckrose, Lay Representative
HEE Quality Representative	Kenika Osborne, Learning Environment Quality Coordinator
HEE Quality Representative	Naila Hassanali, Quality and Patient Safety Officer
HEE Quality Representative (Observer)	Louise Brooker, Deputy Quality, Patient Safety & Commissioning Manager (Quality, Reviews and Intelligence)

Executive summary

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

The review team found that the Trust had made some improvements and heard that there were regular feedback sessions involving trainees at all levels, Junior Clinical Fellows, locally employed doctors and senior colleagues to help improve working relationships and provide trainees with a platform to address any issues.

The review team was disappointed to hear that there were still many issues affecting the foundation trainees within the department. The review team heard that there were still issues surrounding immediate clinical supervision for foundation trainees and the Trust had continued to have staffing issues which prevented foundation trainees from accessing learning opportunities.

It was agreed that a follow-up review would be arranged by spring 2021 to further assess the progress made.

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 was a handover between the Acute Medical Unit (AMU) at 08:00 in the mornings. Trainees also reported that there was a formal evening handover in AMU.</p>	
1.2	<p>Bullying and undermining</p> <p>There were no reports of bullying and undermining from the trainees at the review.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review team heard that there were issues surrounding immediate clinical supervision with F1, F2 and GP trainees being left without senior supervision on acute and post-acute wards for long periods of time.</p> <p>The review team heard that there was not enough middle grade support on post-acute ward rounds and on the weekends. Trainees felt that consultant cover was stretched on the wards. Junior doctors found it very difficult to get practical support in AMU as there were no middle grade doctors present. The acute medical and post-acute medical wards were covered by core trainees and consultant presence was scarce. The trainees advised that consultants were sometimes unavailable and at other times they were called away to attend to deteriorating patients leaving trainees unsupervised. There were potential implications for patient safety and learner safety when foundation trainees were unable to get timely support when it was required.</p> <p>The review team was concerned to hear that trainees had difficulty accessing senior supervision after wards rounds in the afternoons and out of hours. It was reported that on occasion there was one junior doctor responsible for covering the AMU and the Medical Assessment Unit.</p> <p>The review team heard that there were consultant ward rounds only twice a week on the oncology/haematology ward with no immediate senior supervision available in between these two ward rounds. The trainees advised that at times they were left to make difficult decisions on their own due to a lack of supervision on the wards. However, it was acknowledged that some medical wards were better-staffed and had more consistent consultant presence, such as those in cardiology.</p>	M1.4
1.4	<p>Appropriate levels of Educational Supervision</p> <p>The review team heard that there were regular feedback sessions involving trainees at all levels, Junior Clinical Fellows, LEDs, and senior colleagues to help improve working relationships and provide trainees with a platform to address any issues.</p> <p>All the IMTs stated that they had met with their educational supervisors (ESs). However, registrars level trainee reported that they had not met with their ESs since starting in the department.</p>	

	It was heard by the review team that GP trainees found that it difficult to speak up if there were any concerns within the department although that there were a few consultants who were very helpful. Otherwise, trainees found that their concerns were generally not acknowledged.	
--	--	--

Domain 2 – Educational governance and leadership

- 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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Impact of service design on users</p> <p>Acute post-take ward rounds were led by a consultant and attended by a core medical trainee or equivalent level locally employed doctor (LED) and a F1 trainee. The review team heard that the acute ward rounds often covered as many as 30 to 40 patients. Trainees reported that they regularly stayed beyond their rostered hours and that ward rounds were not completed until 15:00 on many occasions, leaving only one hour for the F1 trainee to complete the tasks assigned to them by the consultant. The review team was informed that F1 trainees on day shifts were reluctant to handover too many tasks to the F1 trainee on the 'twilight' shift, as this individual was responsible for covering additional clinical areas.</p> <p>The review team heard that due to staffing pressures during the Covid-19 pandemic, trainees were frequently moved between wards and were often expected to cover wards they were unfamiliar with. The trainees also stated that the rota coordinator gave them little notice when they were being moved to a different ward. The review team found that poor management of rotas was affecting the morale of trainees and resulted in trainees regularly working longer hours. The trainees suggested that the practice of moving personnel between wards had the potential to impact patient safety, but they did not believe that it had led to any clinical incidents to date.</p>	
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>The review team was pleased to hear about the meetings held in the department which included junior trainees and senior colleagues' in attendance.</p>	

Domain 3 – Supporting and empowering learners

<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	<p>Induction (organisational and placement)</p> <p>The review team was pleased to hear that all trainees had received local inductions.</p> <p>The review team heard that GP trainees did not have access to exception reporting system. Although this had been raised to the Guardian of Safe Working Hours (GOSWH), so far this had not been resolved.</p>	M3.4
3.2	<p>Time for learners to complete their assessments as required by the curriculum or professional standards</p> <p>The trainees reported that there was a lack of non-medical staffing groups such as Physician Associates on most of the acute and post-acute wards. However, the trainees noted that there were Phlebotomists on the AMU, who often helped them to book scans and chase information from doctors in other teams, which relieved some of the trainees' administrative workload.</p>	

Domain 4 – Supporting and empowering educators

<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	<p>Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body</p> <p>The review team heard that some of the LEDs did not receive proper local inductions, and for many of them these were their first NHS roles. As a result, foundation trainees found that these doctors were not always able to provide them with the level of support they required and were unclear about the roles of doctors at different grades.</p>	M4.1

Domain 5 – Delivering curricula and assessments

- 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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The review team heard that junior doctors were regularly unable to attend structured teaching programmes due to high workloads and pressures on the wards. The trainees expressed a sense that Internal Medicine Training (IMT) was viewed as more important than GP training and reported that they had heard undermining remarks of that nature. It was felt that this attitude, in conjunction with high workloads, had led to difficulties for GP trainees in handing over patients to colleagues in order to attend training. The GP trainees reported that it was also difficult to get their Case-Based Discussions (CBDs) and other assessments signed-off.</p> <p>Although a new clinic template was presented by the Clinical Director at the review, IMT and GP, trainees stated that they were not able to routinely access outpatient clinics, usually due to staffing shortages on the wards and being moved off their base specialty ward. Some trainees felt that they were expected to attend clinics in their free time.</p> <p>Trainees also reported that there were dedicated weekly teaching sessions held virtually. However, they found it difficult to attend due to inadequate cover on the wards.</p>	M5.1
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The review team heard that there was an insufficient staffing to patient ratio on the wards. Junior trainees reported being responsible for up to 40 patients at a time, which resulted in high workloads. There was also a report of a foundation trainee looking after 20 patients unsupervised. These staffing issues also affected trainees' ability to regularly access educational opportunities.</p> <p>Trainees reported that an internal survey was carried out among foundation trainees which showed that up to 40% of trainees regularly stayed over time and that only 20% of trainees were able to attend other clinics in different specialty areas. However, these were not exception reported.</p>	

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>The review team heard that the foundation trainees would recommend their posts to their colleagues as AMU provided them with good experiences to develop as a doctor.</p> <p>All trainees at the review reported that they would be happy for their families to be treated in the AMU and emergency medicine units. The trainees acknowledged that there were potential risks to patient safety due to the workloads and frequent movement of staff between wards but said that the doctors and nurses mitigated these risks by taking on additional tasks and working extra hours mostly through goodwill.</p> <p>The review team was shown a presentation of trust recruitment strategy which aims to improve learner experience and support</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	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)

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
M1.4	Foundation trainees should always have immediate senior-level supervision.	The Trust is required to ensure there is always a named consultant on each ward/clinical area and that foundation trainees are not left unsupervised. Please provide named consultants listed for all post-acute wards by 1 March 2021, in line with HEE's action plan timeline.
M3.4	GP trainees did not have access to the exception reporting system.	The Trust is required to ensure that all trainees can access the exception reporting system and are encouraged to submit exception reports when necessary.
M4.1	Lack of proper induction for LEDs is affecting the supervision and support provided to foundation trainees.	The Trust is to provide appropriate induction programmes for all LEDs in line with the local induction procedures. Evidence of the induction programme is required by 1 March 2021, in line with HEE's action plan timeline
M5.1	The review team heard that poor management of rotas and rota gaps had caused trainees to regularly work beyond their rostered hours.	The Trust is to ensure that rota gaps are proactively managed and that late-notice staffing changes are avoided. Trainees are to be encouraged to report late working and missed educational opportunities on the exception reporting system.

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:	13/11/2020

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

Date final report submitted to organisation:	19/01/2021
--	------------

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