

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 (Senior Leader Engagement Visit)



HEE South London

13 November 2020

Review Overview

Background to the Review:	<p>The current review was planned to monitor the on-going 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 clinical supervision out of hours, workload, teamworking and rota design.</p> <p>The current review was planned in conjunction with a learner review to assess the impact of changes made by the Trust to address these issues since the last review 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:	<p>Associate Medical Director for Post-Foundation Clinical Director General Medicine Clinical Director Specialty Medicine Director of Medical Education Foundation Training Programme Director GP Training Programme Director IMT Programme Director Interim Associate Director of Human Resources, PRUH & South Sites Medical Education Manager (PRUH) Senior Medical Education Manager Service Manager in Post-Acute Medicine</p>
Evidence utilised:	<p>Foundation Medicine Exception Reports Foundation Medicine Faculty Meeting Minutes Foundation Medicine Junior Doctor Rotas Foundation Medicine Learner Feedback Survey</p>

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 major plans for medical recruitment aimed at building a sustainable and resilient workforce.

The review team was disappointed to hear that there were still many issues surrounding immediate clinical supervision for trainees and some GP trainees did not have access to the exception reporting system.

It was agreed that a follow-up review would be arranged in spring 2021 to determine what progress had been 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		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	Handover The review team heard that there was now a coherent structure to the handover taking place at 08:00 and 20:00 every day, with clarified roles for both consultants and trainees. The night handover was attended by an on-call	

	consultant. This was an improvement from the last review where it was reported that consultants did not consistently attend handover meetings.	
1.4	Appropriate levels of Clinical Supervision The review team expressed their concerns to the Trust that junior trainees did not always receive appropriate levels of clinical supervision and stated that this was an obligatory requirement. The Trust representatives stated that the roles of each consultant on duty was clearly stated and this information was communicated amongst everyone in the department. The review team heard that there was a senior consultant led board round on each ward where foundation and core-level trainees were present. The department had also worked with staff to identify and manage the educational needs of trainees.	ME1.4
1.4	Appropriate levels of Educational Supervision N/A	

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	Effective, transparent and clearly understood educational governance systems and processes The review team heard about changes in the leadership team and that the department now operated under a new clinically lead Care Group Structure (CGS) which resulted in the merging of acute medicine and post-acute medicine units. The Trust representatives informed the review team that there had been an organisational restructure since the last review in early 2020. The review team further heard that there was a further divisional restructure of care groups to better integrate general and specialty services and training provision. This new structure was effective from the start of November 2020. The Trust had continued to review lessons learned and made plans for future improvements.	
2.1	Impact of service design on users The Clinical Director of General Medicine (CDGM) gave an update of progress made since the work programme meeting (WPM) in February 2020.	

	<p>The review team heard that there was a project underway to make opportunities for training easily accessible to all trainees and that the Trust had recently made improvements to the facilities in the doctors' work area.</p> <p>The review team heard that an Induction Lead Clinician was recently appointed to help improve the quality of induction for all new trainees joining the Trust.</p> <p>The review was pleased to hear that the Trust had formulated new or updated policies including relating to staffing and roles and responsibilities for on-call consultants in October 2020. The Trust representatives advised that the Trust was committed to ensuring that current policies and standard operating procedures were regularly reviewed and updated to provide a better quality of training to foundation and core-level trainees and department on a whole.</p> <p>The review team was informed that the Trust had allocated money for additional staffing as part of a winter planning initiative. These included funding for additional twilight junior doctors across the emergency department (ED) and general medical wards, weekend discharge doctors (consultants, middle grades, and foundation/core- level doctors), and towards overall staffing of Covid-19 affected wards.</p> <p>The review team heard that there were plans in medical staffing to merge from three teams into two new medical and surgical teams. However, this had not yet been confirmed as it needed to go through consultation under the Agenda for Change process before it was signed off.</p> <p>The review team informed the Trust that the trainees had advised them that the Trust continued to have staffing issues and that on post-acute medical wards, trainees were frequently left unsupervised or moved to cover different clinical areas at short notice. It was also reported to the Trust that F1s stated that regularly worked beyond their rostered hours.</p> <p>The Interim Associate Director of Human Resources informed the review team of major plans within medical recruitment at the Trust. It was reported that there had recently been successful recruitment to Junior Clinical Fellow (JCF) posts within the department and that there were now over 20 JCFs in post. Special attention was also given to medical staffing rotas to ensure that wards were appropriately covered and to avoid trainees being moved between wards at short notice.</p> <p>The review team heard that the medical staffing rota was reviewed on a weekly basis by the clinical director. Despite reports of trainees stating that training was affected by gaps in the rotas, and having experienced issues getting annual leave and study leave requests approved, the Trust representatives reassured the review team that this was also regularly assessed. New compliant F1 and CMT rotas were co-designed with trainees and circulated to all trainees.</p> <p>The review team was informed that members of senior management had met with all middle-grade doctors and higher trainees to help optimise their rotas and help avoid new starters within the department being put on to night duty or on calls on their first days.</p> <p>The review team heard that a critical care plan for the second surge of Covid-19 and a plan to manage winter pressures in 2020/21 had been created, and that the Trust had received positive responses for volunteers at each level</p>	ME2.1a
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	<p>amongst trainees for redeployment at both the PRUH and Denmark Hill sites. The Trust representatives stated that trainees would be redeployed for a maximum of one month to critical care units on a planned rota, which would provide trainees with stability and transparency about where they would be working.</p> <p>The review team further heard that all trainees who had been redeployed were provided with written evidence of their learning during this period which could be added to their portfolios.</p> <p>The Trust had partnered with Guardian News Media to create a PRUH-focused recruitment microsite. The venture was aimed at increasing the Trust's presence in the marketplace, promoting the job opportunities available within the Trust to a wider audience and attracting interest from senior medical practitioners into vacant posts at PRUH.</p> <p>The review team informed the Trust of reports that GP trainees did not have access to exception reporting system. These issues had been reported previously but had not been resolved at the time of the review. The Trust representatives stated that trainees were encouraged to exception report and were offered time off in lieu as an alternative to payment if preferred.</p> <p>The DME stated that trainees should feel empowered to raise any difficulty with exception reporting to their senior colleagues and escalate any issues to Training Programme Directors (TPDs) where necessary.</p>	ME2.1b
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Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p>Regular constructive and meaningful feedback</p> <p>The review team heard that there were established groups which regularly met to discuss training needs. These groups included F1 trainees and had the full support of and involvement from senior colleagues.</p> <p>The CDGM informed the review team that there were regular feedback sessions involving all trainees.</p>	

	<p>The review team heard that the Trust had set out new processes to ensure all Core Medical Trainees (CMTs) and Internal Medicine Trainees (IMTs) were able to attend clinics and complete their clinical and medical competencies.</p> <p>The review team was pleased to hear that the Trust had carried out further investigations and surveys to get feedback from trainees. The Trust representatives advised that they had used this feedback to consider how they could help improve the training experience and better integrate training into clinical service.</p> <p>The review team heard that the Trust had responded to concerns raised by the trainees and set up focus groups amongst all trainees from F1 to specialty training level three (ST3). There was special emphasis on improving access to clinics and the teaching experience for trainees. An action group was established which held accountability for this improvement work and aimed to ensure its sustainability.</p> <p>The review team was reassured by the GDGM that trainees had the full support of senior team to ensure they received a better training experience.</p>	
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p>The review team was pleased to hear of efforts to improve the wellbeing of trainees. The CDGM informed the review team that trainees affected by Covid-19 were provided access to wellbeing hubs and that trainees had set up a WhatsApp group for arranging virtual social events.</p> <p>The review team heard about workshops available to staff to help them increase mindfulness and resilience, especially during the current pandemic.</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>Access to appropriately funded professional development, training and appraisal for educators</p> <p>The review team heard that there was a campaign scheduled for January 2021 to acknowledge the hard work of staff across the Trust. The organisational structure within the department was revised and a development programme was established to provide support for clinical leaders.</p>	
4.2	<p>Educators are familiar with the learners' programme/curriculum</p> <p>N/A</p>	

4.3	<p>Educational appraisal and continued professional development</p> <p>The review team was pleased to hear that the Trust had plans to undergo a project aimed at increasing the number of Advanced Clinical Practitioners (ACPs) and Physician Associates in acute and general Medicine.</p> <p>The review team heard that there were also plans to expand geriatrics, frailty, and acute medicine services as part of a Trust-wide 'Modernising Medicine' programme.</p>	
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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 there were daily board rounds on the wards and consultant-led worklists for prioritising ward work. There were also micro-skill sessions on balancing training needs available to trainees. The review team heard that trainees were encouraged to attend training sessions and senior colleagues were reminded that trainees should be released to attend training.</p> <p>The Trust representatives outlined plans to keep attendance records for training sessions. If trainees did not attend, educational leads would be made aware of this and would investigate to find out the cause.</p>	

Domain 6 – Developing a sustainable workforce

- 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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	Retention and attrition of learners	

	N/A	
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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
ME1.4	The trainees did not receive appropriate levels of clinical supervision at all times.	The Trust is to provide HEE with evidence to show appropriate levels of supervision for their training grade. This evidence should include rotas and trainee feedback. Please provide an update by 1 March 2021, in line with HEE's action plan timeline
ME2.1a	There were staffing issues which resulted in trainees regularly being moved to cover different wards at short notice.	The Trust should provide HEE with evidence of progress made to address the current rota gaps and of the arrangements put in place to manage rotas. Please provide an update by 1 March 2021, in line with HEE's action plan timeline
ME2.1b	GP trainees did not have access to exception reporting system.	The Trust is required to ensure that all trainees have access to the exception reporting system and provide trainee feedback confirming that this is the case to HEE by 1 March 2021.

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:	04/01/2021

HEE authorised signature:	Geeta Menon
Date signed:	10/01/2021

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