Health Education England

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)

Learner Review

Version 0.1

HEE South London

06 May 2021

Final Report: 26 July 2021

Review Overview

Background to the review:	The current review was planned in order to monitor the ongoing issues within medical training at King's College Hospital NHS Foundation Trust, Princess Royal University Hospital (PRUH). There were over 12 open actions on the HEE Quality Management Portal (QMP) from previous reviews. These actions related to clinical supervision, access to learning and teaching opportunities, workload, and rota design. The current learner review was part of a follow-up to assess what changes had been made by the Trust to address these issues since the last visit in November 2020.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Medicine (various specialties, including Geriatric Medicine, Foundation year one (F1) Medicine and GP Medicine)
Who we met with:	16 trainees on Foundation Medicine training programmes at PRUH. 14 trainees on Core, Higher and Specialty Medicine training programmes at PRUH.

Evidence utilised:	Foundation Medicine Guardian of Safe Working quarterly reports Foundation Medicine Junior Doctor Rotas Foundation Medicine and IMT Learner Feedback Survey Foundation Medicine, IMT and GP Faculty Meeting Minutes Foundation Medicine and IMT Teaching Attendance IMT Teaching Calendar and Clinics Reports

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Anand Mehta, Deputy Postgraduate Dean, HEE south east London
External Specialty Expert (as appropriate)	Mark Cottee, Associate Director of South Thames Foundation School
External Specialty Expert (as appropriate)	Sarah Divall, Head of School GP Specialty Training, south London
Lay Representative	Anne Sinclair, Lay Representative
HEE Quality Representative	Kenika Osborne, Learning Environment Quality Coordinator
HEE Quality Representative	Louise Brooker, Deputy Quality, Patient Safety & Commissioning Manager (Quality, Reviews and Intelligence)

Executive summary

The Review panel would like to thank the Trust for ensuring that the sessions were well attended.

The review panel found that the Trust had made some improvements since the last visit in November. The review panel was pleased to hear that the supervision on the Geriatric and Cardiology wards and the Acute Medical Unit (AMU) had been improved. Additionally, the review panel was pleased to hear that none of the trainees reported any issues of bullying and undermining.

The review panel was disappointed to find that the foundation trainees were still not receiving adequate immediate supervision on some of the post-acute wards. The review panel heard that staff shortages on the post-acute wards meant that Internal Medicine Training (IMT) and General Practice (GP) trainees were routinely unable to access outpatient clinic experience. The review panel also found that high workloads continued to be a major issue affecting trainees and most trainees reported working beyond their scheduled hours on a daily basis.

Based on the overall lack of improvement from the last visit, the review panel agreed that a follow-up review would be arranged for autumn 2021 to further assess the progress made.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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 **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
	N/A	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	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**
ME1.1	The review panel was disappointed to hear that there was no formal handover process across the department especially in the evenings when there were fewer staff members which could lead to potential patient safety issues.	The Trust is required to ensure there is formal handover process across the department at mornings and evening. This is to support continuity of care and prevent the potential for patients to be lost within the system. Please provide evidence that this process is in place and is being followed by 1 September 2021, in line with HEE's action plan timeline.
ME1.4	Foundation trainees did not always have immediate senior supervision and it was sometimes difficult to contact clinical supervisors when needed.	The Trust is required to ensure that there are always named senior consultants on the wards and clinical areas. Foundation trainees should not be left unsupervised. Please provide a rota showing named consultants for all outlier wards by 1 September 2021, in line with HEE's action plan timeline.
ME2.1a	The switchboard did not always have up to date information regarding the covering consultants adding to delays and frustrations for trainees trying to obtain senior support.	The Trust is to review switchboard system and ensure that there is a clear and well managed pathway for trainees to connect to consultants and other colleagues when required. Please provide evidence that this process is in place and is being followed by 1 September 2021, in line with HEE's action plan timeline.
ME2.1b	Staffing issues at the Trust were affecting the quality of training provided.	The Trust is to ensure that current medical staffing is reviewed, and the necessary improvements are made to ensure trainees receive the expected quality of education and training in line with HEE quality standards. Please provide evidence that this process is in place and is being followed by 1 September 2021, in line with HEE's action plan timeline.
ME2.1c	Poor management of rotas and rota gaps resulted in trainees frequently working beyond their rostered hours.	The Trust is to ensure that rotas are properly managed to avoid trainees being regularly moved to cover gaps in rota. Please provide evidence that this process is in place and is

		being followed by 1 September 2021, in line with HEE's action plan timeline.
ME2.1d	Trainees did not feel encouraged to Exception Report as they feared it would not bring about much change to their working patterns.	The Trust is to encourage trainees to exception report and that they are given time to submit it. Please provide evidence of exception reports by September 2021, in line with HEE's action plan timeline.
ME2.2	Staff shortages on wards prevented trainees from attending teaching sessions and outpatient clinics.	The Trust is to ensure that trainees can attend teaching sessions and outpatient clinics as required by their training programme. Please provide evidence that this process is in place and is being followed by 1 September 2021, in line with HEE's action plan timeline.
ME3.1	There was no formal method of updating trainees on issues raised about their training programme. Trainees submitted feedback through different forums including LFG meetings regarding concerns about their training but were not always informed of any action taken as a result.	The Trust is to continue working with trainees and ensure that any actions or feedback through local faculty group meetings or other forums are actioned and followed up. Please provide evidence that this process is in place and provide evidence of LFG meeting minutes and attendance by 1 September 2021, in line with HEE's action plan timeline.

Recommendations

Recommendations are not mandatory but intended to be helpful, 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**
Domain 3	The Trust is advised to ensure trainees can book annual leave and study leave in a timely manner.
Domain 3	The Trust is advised to ensure GP trainees can attend outpatient clinics.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, 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	

HEE Quality Standards and Domains for Quality Reviews

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	**Handover** The review panel heard that there was a handover on the Acute Medical Unit (AMU) at 08:00 in the mornings. This generally happened daily with consultant involvement. Many of the junior trainees reported being moved at short notice to other wards in the hospital to cover rota gaps. This sometimes occurred during ward rounds and handover. The review panel also heard that there was no formal evening handover process in place. Trainees stated that they regularly stayed late in order handover patients' information and provide updates to other colleagues.	Yes, please see ME1.1
1.2	**Bullying and undermining** There were no reports of bullying and undermining from the trainees at the review.	
1.3	**Quality Improvement** The review panel found that there was not enough opportunity for trainees to be involved in activities that facilitated quality improvement. The review panel found that high workloads and pressures on the ward were factors preventing trainees' engagement in quality improvement initiatives.	
1.4	**Appropriate levels of Clinical Supervision** The review panel was disappointed to hear that the foundation trainees were still not receiving adequate immediate supervision on some of the post-acute wards. Junior trainees reported being frequently left alone to look after wards without immediate senior supervision and needing to spend a long time locating senior support through the switch board. The review panel was pleased to hear that the specialty wards such as Gastroenrology and Cardiology were well supervised and that there were clearly named consultants to cover when colleagues were away. Trainees also reported being well supported on the Geriatric ward.	Yes, please see ME1.4

	The Acute Medical ward had undergone some improvements since the last visit and trainees described it as being better staffed, however it was sometimes unclear to trainees which consultant was in charge and trainees had difficulty trying to contact consultants when needed. The review panel was concerned to hear that trainee had difficulty accessing senior supervision on the medical outlier wards. Trainees also reported that on the Farnborough ward which had 25 beds there was one or two junior doctors covering the ward. Trainees further stated that the consultants were aware of the poor staffing issues and that there were only two SHO's at night's covering the post-acute wards. Each SHO covered approximately 7 wards each. Higher trainees reported that on the AMU they often did not know who the on-call consultants were and had to call the switch board to find out, which could be time consuming. The review panel heard that junior trainees reported being left unsupervised whilst responsible for reviewing patients on several occasions. Junior trainees reported having good support from middle grade doctors and higher trainees. The trainees spoke highly of the Health Care Assistants (HCAs) who were referred to as 'technicians' on AMU. The HCAs were described as being very competent and as providing vital support to the doctors' roles. Trainees also reported that at times there was one trainee covering 25 patients on wards without supervision. It was heard that the staff had good working relationships and were very caring but there was significant concern that they were overstretched and at risk of burnout. The review panel found that the department lacked adequate out of hours cover on the wards as it was reported that there was usually one foundation or core-level trainee covering seven wards. The review panel found that the practice of leaving junior doctors unsupervised for long periods of time had the potential to impact patient safety, but they did not hear of any instances where it had led to clinical incidents to date. Trainees stated that they felt that their clinical supervisors were friendly and approachable and showed care for their patients. If there were any concerns raised the trainees found that the consultants were happy to discuss patients with them. The review panel heard that the trainees found their supervisors to be overworked and sometimes lacking the proper time and resources to supervise appropriately due to their own high workloads. Trainees further stated that consultants did not have supplementary time which they could dedicate to additional projects. Trainees reported that they had been informed that it was unlikely that any of the issues raised could be fixed in a short timeframe or during their rotations at the Trust.	
1.4	**Appropriate levels of Educational Supervision**	

	Some trainees reported having difficulty in accessing regular clinical and educational support. Trainees stated that it was difficult to access their supervisors at times however they were helpful once contact had been made.	
1.5	**Access to Technology enhanced and simulation-based learning** The review panel heard that the current Covid-19 pandemic had put a lot of pressure on teaching activities. All face-to-face teachings were suspended and trainees had to use their zero days and annual leave to catch up. Trainees stated that they were able to attend virtual training sessions which were recorded. There were plans to restart face-to-face teaching in the coming month which trainees welcomed.	

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** Trainees described difficulty with the switchboard system and stated that it took long periods of time to connect to an operator. Trainees stated they also had to wait long periods before they were connected to a consultant. The switchboard system was particularly difficult to navigate for the newer trainees or anyone who did not know the exact extension required when calling.	Yes, please see ME2.1a
2.1	**Impact of service design on users** The review panel heard that there were still major staffing issues at the Trust. Medical staffing management was described as variable and inconsistent. All the trainees who attended the review voiced that there were still gaps in the rotas. Trainees stated that board rounds were regularly interrupted, and they were regularly pulled away to cover different understaffed `wards. Trainees stated that locums were used to cover their wards when they were moved. Trainees confirmed that a rota coordinator was appointed, however there were still regular staff shortages across the department. Rota management was described as very disorganised and unreliable.	Yes, please see ME2.1b

	The review panel heard that the rotas were usually made available one week in advance rather than six weeks as was expected, and that rotas were regularly changed at the last minute. Trainees found their rotas very frustrating and unreliable. Foundation trainees described the medical wards as being chronically understaffed and reported that they routinely worked past their rostered hours. Most of the trainees stated that it was expected to start work at least 30 minutes early and to finish up to an hour late, and that this was a regular occurrence on most days. Trainees expressed that it had become very stressful and this was affecting their work and life balance. When asked, the foundation trainees stated that they were aware of the exception reporting system but admitted that they did not submit exception reports often as they felt it would not make much difference and it took a lot of time to complete. This was echoed by most of the other trainees at the review. Trainees said that they were reluctant to put in exception reports due to their hectic work schedules which caused them to finish late nearly every day. They advised that they have to stay back even later to file these reports, and this deterred them from exception reporting. The DPGD reminded the trainees of the purpose of exception reporting and encouraged the trainees to submit reports. Trainees further stated that there was a lack of response when exception reports were filed and that it could take months to receive a response. The review panel heard that consultants and higher trainees were regularly pulled away from wards to tend to patients. Trainees described being moved during board rounds in the morning to provide cover to other areas in the hospital due to rota gaps. As a result, board rounds were not finish until the late afternoons. Consequently, trainees were not left with much time to complete tasks and administrative duties that were assigned to them. This was a particular issue on the post-acute and outlier wards. The review panel found that poor rota management was affecting the quality of training and contributed to potential patient safety issues. The trainees appreciated that the Trust had put in place a new electronic referral system in Gastroenterology replaced an outdated Excel spreadsheet that was being used. They found it more efficient and quicker to complete referrals but noted that the system did not always show when referrals had gone through. The review panel heard that Gastroenterology team was the only team responsible for carrying out ascitic taps. This meant that the team regularly received referrals to perform this duty. The trainees also found that patients were often referred to specialty teams without proper initial management or assessment, leading to some unnecessary or inappropriate referrals.	Yes, please see ME2.1c Yes, please see ME2.1d
2.2	**Appropriate systems for raising concerns about education and training** The review panel was pleased to hear about the departmental meetings which included junior trainees and senior colleagues. The trainees a reported	

	good working relationship with their consultants and other staff members. However, there was no formal or minuted feedback from these meetings. Trainees stated that they felt that raising complaints did not result in any action being taken to resolve issues. The review panel was informed that there was an annual faculty meeting held in GP. GP trainees reported that they were not always able to access outpatient clinics and high workloads meant it was difficult to do so. GP trainees also expressed that medical staffing made trainees feel guilty for wanting to leave for teaching and would much prefer them to remain on the wards. Trainees reported that face to face teaching was cancelled due to Covid. The review panel heard that there were structured teaching sessions which were held virtually. These were recorded and accessible to the trainees. The review panel heard that GP trainees were not being released for protected teaching time.	Yes, please see ME2.2
2.2	**Appropriate systems to manage learners' progression** **N/A**	

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**
3.2	**Time for learners to complete their assessments as required by the curriculum or professional standards**	

	The trainees reported that they had little access to staff groups who could help with administrative functions. Trainees felt that it was time consuming and challenging due to their busy work schedules. The review panel heard that there was a lack of non-medical staffing groups such as physician associates and phlebotomists on the wards, although this varied. Trainees stated that the technicians (HCAs with additional training) on the AMU helped to book scans and performed other tasks such as venepuncture and cannulation which relieved some of the pressure on the junior doctors. It was suggested that expanding this role to other medical units and wards would improve the service and training experience. The review panel heard that there were phlebotomists based on the surgical wards and some medical wards, which trainees found helpful.	
3.3	**Access to study leave** The review panel heard that study leave was very difficult to arrange. Most of the junior trainees reported that they did not receive the 15 days of study leave permitted in their contract due to Covid-19 pressures on the service. It was reported that staff shortages and rota gaps resulted in some trainees missing many training days and external courses that would have benefited their training. Trainees stated that they undertook e-learning sessions to compensate for the missed teaching sessions and some had attended teaching on their annual leave days. Higher trainees stated that it was sometimes difficult to get study leave and annual leave even when the time was needed to prepare for exams. The Gastroenterology trainees stated that they were able to take study leave when required. The review panel heard that any resistance to trainees taking leave usually came from the medical staffing team, and that if the trainees obtained departmental or consultant support for their request in advance, they could avoid the need to ask medical staffing and this worked much better.	
3.1	**Regular constructive and meaningful feedback** Higher trainees stated that they met with their clinical directors on a bi-weekly basis however this was affected by pressures on the wards caused by Covid-19. Trainees reported logging various issues during meetings with their educational and clinical supervisors. Whilst the review panel appreciated that the trainees felt listened to and that there were many different platforms available for feedback and discussions between junior trainees and supervisors, it was felt there had been little improvement or action taken to resolve these issues. Trainees were unaware of any minutes or action logs from these meetings.	Yes, please see ME3.1

Domain 4 – Supporting and empowering educators

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 appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	**Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body** N/A	

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	**Placements must enable learners to meet their required learning outcomes** There were no reported issues with having workplace-based assessments signed off.	
5.1	**Appropriate balance between providing services and accessing educational and training opportunities** Trainees reported that pressures of Covid-19 had affected their training. They expressed that it was difficult to get to clinics in some specialties such as Gastroenterology (access to endoscopy had been particularly impacted by the pandemic) and they were worried that they would not meet the necessary numbers to satisfy their training portfolios. Geriatric medicine higher trainees stated that they were able to attend community clinics, but more junior trainees had experienced difficulty accessing clinics in this specialty. The review panel heard that trainees working in the Stroke unit were able to attend clinics frequently as there were junior clinical fellows who could provide clinical cover. Trainees told the review panel that they were able to do some clinics remotely via telephone, for example antenatal diabetes clinics. There were further arrangements to be made to allow Endocrinology trainees to access clinics at the Denmark Hill site. The review panel was pleased to hear that there were no critical training sessions that trainees were unable to join.	

	The trainees described having virtual training days in Renal Medicine. Additionally, the IMT trainees stated that they were able to attend training days.	

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** All trainees agreed that as the AMU and medical speciality training at the PRUH provided them with good opportunities to develop as a doctor, however the high workloads, short staffing and practice of moving trainees between wards at short notice caused significant stress. As a result, most of the foundation, higher and specialty trainees at the review expressed that they would not recommend their posts to colleagues, although Gastroenterology was mentioned as an exception to this. Some of the trainees at the review reported that they would be happy for their family members to be treated in the AMU and emergency department only. The trainees all agreed that there were potential risks to patient safety on post acute wards due to the persistently high workloads and lack of staff on wards, and this made some of them reluctant to recommend the hospital to friends or family members. Many of the trainees agreed that the medical wards were kept safe due to the dedication of the doctors and other staff, who regularly worked extra hours and went beyond the call of duty.	

Report sign off

Quaity Review Report completed by *(name(s) / role(s))*:	Kenika Osborne Learning Environment Quality Coordinator
Review Lead name and signature:	Anand Mehta

Date signed:	26/06/2021

HEE authorised signature:	Geeta Menon
Date signed:	29/07/2021

Date final report submitted to organisation:	02/08/2021

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 development 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups