

HEE Quality Interventions Review Report

**Guy's and St Thomas' NHS Foundation Trust
(Guy's Hospital)
Clinical Oncology
Senior Leader Engagement Visit**



HEE South London

14 October 2021 / SLEV

27 June 2022

Review Overview

Background to the review:	<p>Health Education England (HEE) arranged this Senior Leader Engagement Visit (SLEV) as a follow-up to the Clinical Oncology reviews that took place in August and September 2020.</p> <p>Clinical Oncology received 14 red outliers in the 2019 General Medical Council (GMC) National Training Survey (NTS) results including Clinical supervision out of hours, Workload, Induction, Adequate Experience and Educational Governance.</p> <p>The Trust has made significant improvements over the past two years and there was a significant improvement shown in the results of the 2021 GMC NTS. The 2021 GMC NTS did not highlight any areas of major concern.</p> <p>The SLEV was requested to confirm the sustainability of the improvements made by the Trust and to ascertain if the department could be removed from GMC Enhanced Monitoring.</p>
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>Clinical Oncology</p>
Who we met with:	<p>The review panel met with the following Trust representatives:</p> <ul style="list-style-type: none"> • Associate Director of Medical Education • Chief Executive • Medical Education Manager • Clinical Director • Clinical Lead • Director of Medical Education • Educational Lead • Medical Director • Medical Education Manager

<p>Evidence utilised:</p>	<p>The review panel received the following supporting evidence from the Trust in advance of the review:</p> <ul style="list-style-type: none"> • Clinical Oncology Cervix Masterclass Feedback • Clinical Oncology Survey Results • Clinical Oncology SpR RCR CT Meeting Minutes for February, June and September 2021 • Clinical Oncology Consultant applications Feedback Forms • Clinical Oncology Teaching Rotas • Clinical Oncology LFG Meeting Minutes for May, July and September 2021 • Medical Education Faculty Leads Meeting • SH Palliative/ Neurology/Lung Masterclass Feedback forms <p>The review panel also utilised evidence from the GMC NTS 2019 -2021 and HEE's National Education and Training Survey (NETS) 2019 - 2020.</p>
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Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Geeta Menon Postgraduate Dean, South London, Health Education England
Deputy Post Graduate Dean	Anand Mehta Deputy Postgraduate Dean, South London, Health Education England
Specialty Expert	Edward Won-Ho Park Head of the London School of Clinical Oncology, Health Education England
GMC Representative	Kevin Connor Principal Education QA Programme Manager, General Medical Council
HEE Quality Representative	Kenika Osborne Learning Environment Quality Coordinator, Health Education England
HEE Quality Representative	Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager, Health Education England
Supporting roles	Aishah Mojadady Quality, Patient Safety and Commissioning Officer, Health Education England

Executive summary

The review panel would like to thank the Trust for accommodating the review. The review panel was pleased with the engagement from the senior management team and the consultant body. The Trust gave a detailed presentation on the ongoing work which had helped to transform the department.

The review panel was pleased to note several areas that were working well within the Clinical Oncology department.

The review panel commended the Trust on the improvements made since the last review in September 2020. Particularly, improvements were made to the learning environment to ensure that it was more supportive to learners. The review panel was also pleased to hear that there were systems in place to ensure that trainees received constructive feedback.

The review panel was pleased to hear that all trainees had suitable clinical supervision in and out of hours and that there was a robust system in place for handovers.

The review panel felt that the Trust executive representatives had shown commitment to creating positive changes within the department (including to trainees and fellow colleagues) and this commitment had helped to deliver change at pace.

Due to the progress made by the Trust and the sustainability of actions put in place, it was agreed to remove Clinical Oncology at Guy's and St Thomas' NHS Foundation Trust (GSTT) from GMC Enhanced Monitoring.

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

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
CL2.1	The review panel heard that there were several rota gaps affecting the provision of service on the Clinical Oncology wards.	The Trust is to provide evidence that there is now adequate staffing in place to cover rotas on the Clinical Oncology wards. Please submit this evidence by 1 September 2022, in line with HEE's action plan timeline.
CL5.1	The review panel heard that Covid-19 pandemic had affected the trainees learning opportunities and that face-to-face teaching sessions were replaced with some facilitation of online learning.	The Trust is required to ensure that trainees have access to face-face learning opportunities to meet the necessary competences as required by their training programmes. Please submit evidence to show learning activities are readily accessible and used by trainees. Please submit this evidence by 1 September 2022, 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

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)

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	<p>Handover</p> <p>Trust Executive representatives advised the review panel that there was a robust system in place for handovers. The Clinical Lead (CL) informed the review panel that handovers were consultant led and had multi-professional input. The review panel heard that these improvements had proved beneficial and promoted continuity of care for patients.</p> <p>The review panel heard that the junior trainees were well supported and that there was always consultant presence at board rounds and ward rounds. Handovers were done verbally and via email if there was any additional information that needed to be passed on to other staff members.</p>	
1.1	<p>Serious incidents and professional duty of candour</p> <p>Trust management representatives informed the review panel that they were confident in the safety and outcomes of the service within the department and that they continued to work closely with the consultant body and trainees to minimise the risk of serious incidents.</p>	
1.2	<p>Bullying and undermining</p> <p>Trust executive representatives informed the review panel that there was good communication amongst the consultant body. The review panel heard that consultants were approachable and communicated openly amongst each other and with trainees. The Trust executives were unaware of any reports of bullying or undermining behaviour.</p>	
1.3	<p>Quality Improvement</p> <p>The review panel heard that the department was very proactive and regularly conducted internal surveys to monitor quality within the department.</p> <p>The CL reported that the junior, middle grade and specialty trainees had access to a weekly psychological support session with a Clinical Psychologist. The CL further reported that there were better facilities available including improved access to office space on wards and better equipped private areas.</p>	

	<p>The review panel commended the Trust on the continual improvements it had made to the Clinical Oncology department over the last year and a half. The senior leadership team had shown commitment to ensuring sustainability of the changes. The review panel was further impressed with the level of contribution from all staff within the department.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review panel heard that there had been an improvement to clinical supervision both in and out of hours. The CL informed the review panel that clinics were planned to ensure that there was always a supervising consultant present. The review panel heard that trainees were not required to cover ad-hoc clinics. The review panel also heard that clinics were rescheduled if there was no adequate consultant supervision available and instead patients were moved to remote consultations.</p> <p>The review panel heard that the Trust had taken steps to improve the culture within the department. This included introducing a nominated consultant of the week. This had improved morale within the department and made it easier for trainees to access support if there were any complications. The review panel also heard that the department held daily boards rounds and ward rounds. There were various other initiatives started by the department including team bonding exercises and themed days.</p>	
1.4	<p>Appropriate levels of Educational Supervision</p> <p>The CL informed the review panel that they believed the department offered a supportive learning environment for the Clinical Oncology learners and offered access to excellent learning opportunities. The review panel was also informed that there were clearer lines of communication in the education team.</p> <p>It was noted that the department had held listening exercises with both trainees and consultants to gather feedback on their experiences within the department. It was also heard that the managerial team worked closely with staff in the department to find ways to resolve any issues.</p> <p>The Trust executive representatives informed the review panel that there had been a significant amount of collaborative work to improve the culture and move the department forward. The consultants were given clear responsibilities and workload distribution had been revised.</p>	
1.5	<p>Access to Library and Knowledge Services N/A</p>	
1.5	<p>Access to Technology enhanced and simulation-based learning N/A</p>	
1.6	<p>Multi-professional learning N/A</p>	

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 N/A	
2.1	Impact of service design on users <p>The Trust executive team informed the review panel that there had been a restructure to the rotas to improve cover across the department which was short staffed on occasions. It was further stated that the middle grade doctors' job plans had been redesigned which had further made an improvement to the cross-cover arrangements.</p> <p>The review panel also heard about an update to the outdated bleep system and that there were now 10 mobile phones available for use amongst the staff. It was heard that this change was beneficial and welcomed by all trainees. It was stated that there was currently a business case put forward for long term clinicals fellows to increase staffing numbers and cover in the department.</p>	Yes, please see CL2.1
2.2	Appropriate systems for raising concerns about education and training <p>The review panel commended the Trust on the practical approaches taken to improve issues within the department. The review panel heard that there had been various discussions amongst the consultant body and trainees to gain a deeper understanding of the difficulties they faced. It was further stated that complaints and incidents were reviewed regularly. The review panel heard that there had been a reduction in the number of Educational Supervisors (ESs) to improve the focus on pastoral care and team building</p> <p>The CL informed the review panel of the escalation routes outside of the directorate and that there was access to the Freedom to Speak up Guardian (FTSUG) and Guardian of Safe Working Hours (GoSWH).</p> <p>The review panel heard that the Clinical Oncology department held six-weekly College Tutor and eight-weekly Local Faculty Group meetings. It was heard that these meetings were multi-professional and well-attended.</p>	
2.2	Appropriate systems to manage learners' progression N/A	
2.4	Reasonable adjustments for learners with protected characteristics	

	N/A	
2.5	Processes in place to inform appropriate stakeholders when learners are involved in patient safety incidents 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
3.1	Learners being asked to work above their level of competence, confidence and experience N/A	
3.4	<p>Induction (organisational and placement)</p> <p>The review panel heard that all trainees were provided with a one-week local induction programme that included an introduction into the radiotherapy services and oncology wards.</p> <p>The review panel heard that trainees were encouraged to make early contact with their supervisors before commencing in post.</p> <p>The CL also reported that all trainees received an induction pack at the start of their rotations which was to be completed over the following four to six weeks. This pack contained useful information including key contact details such as a list of named educational supervisors (ESs) and clinical supervisors (CSs), named consultants in and out of hours, information on spinal cord compression pathways and clear guidelines on the admission criteria for Guy's Hospital Cancer Centre to aid decision making, in order to ensure that patients received the right care on the right location. This information had been additionally approved by the accident and emergency (A&E) team and medical team.</p> <p>The review panel also heard that trainees new to the Trust were given no on-call responsibilities for the first four weeks in post to help them settle into their roles.</p> <p>The review panel heard that the clinical leads had created a spinal cord compression pathway document. The review panel heard that this document was set out to efficiently manage the pathway for patients with Malignant Spinal Cord Compression (MSCC) and included a clear consultant escalation process.</p>	

3.2	Time for learners to complete their assessments as required by the curriculum or professional standards The review panel heard about various learning opportunities available for junior trainees to improve the curriculum coverage. The CL described the Radiotherapy planning sessions and 'Radiotherapy Voluming Training Datasets' which were offered to trainees. The review panel also heard that trainees were allocated audits at the start of their placements.	
3.5	Learners have an initial, mid-point and final meeting to set and discuss progress against their learning agreement N/A	
3.3	Shadowing for medical students transitioning to foundation training N/A	
3.3	Access to study leave N/A	
3.1	Regular constructive and meaningful feedback The review panel heard that complaints and incident feedback were gathered and reviewed regularly.	
3.1	Access to resources to support learners' health and wellbeing and to educational and pastoral support N/A	

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	Access to appropriately funded professional development, training and appraisal for educators The CL informed the review panel that the Trust had undertaken a diagnostic exercise to transform the organisation. These interventions included externally facilitated senior leadership away days and multi-disciplinary training. Further improvements had been made to develop the educators and there had been an increase in the number of supervision courses offered to trainers including access to internal courses and courses run by the Royal College of Radiologists. There had also been more coaching and mentoring offerings to the clinical leadership team.	
4.1	Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body N/A	

4.2	Educators are familiar with the learners' programme/curriculum N/A	
4.3	Educational appraisal and continued professional development N/A	
4.4	Appropriate allocated time in educators job plans to meet educational responsibilities 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 N/A	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The Trust representatives stated that the COVID-19 pandemic had affected the learning opportunities available to trainees. However, there was an adjustment made to facilitate some online learning and activities that trainees had access to.</p> <p>The trainees informed the review panel that they were very satisfied with the two-month block of gynaecology work and found it to be very useful.</p> <p>Trainees reported that the relationship between trainees and Locally Employed Doctors (LEDs) was good and that the LEDs were very engaged with supervising and teaching the more junior trainees. Trainees also noted that learning opportunities were equally accessible for both groups and that the balance between the groups was fair.</p>	Yes, please see CL5.1

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	
6.2	Opportunities for learners to access careers advice N/A	
6.4	Support for students making the transition from their education programme to employment The CL for Clinical Oncology informed the review panel that some Clinical Oncology students placed at the Trust had applied for roles within the Trust once they had finished their studies. The review panel also heard that the CL was previously a Research Fellow at the Trust.	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Kenika Osborne Learning Environment Quality Coordinator
Review Lead name and signature:	Geeta Menon
Date signed:	27 June 2022

HEE authorised signature:	
Date signed:	

Date final report submitted to organisation:	29 June 2022
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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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups