

HEE Quality Interventions Review Report

**King's College Hospital NHS Foundation Trust
(Princess Royal University Hospital)
Medicine (including Geriatric Medicine, Foundation
year one Medicine and GP Medicine) Learner Review
and Senior Leader Engagement Visit**



HEE South London

18-19 November 2021

Final report: 21 February 2022

Review Overview

Background to the review:	<p>This review was planned as a follow-up to a series of reviews to monitor the ongoing issues within medical training at King's College Hospital NHS Foundation Trust, Princess Royal University Hospital (PRUH).</p> <p>The General Medical Council (GMC) National Training Survey (NTS) 2021 identified several areas of concern across multiple medical specialties including clinical supervision, workload, rota design and access to learning and teaching opportunities.</p> <p>There were over 20 open actions on the HEE Quality Management Portal (QMP) from previous reviews covering various HEE quality domains including learning environment and culture and educational leadership and governance.</p>
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>Medicine (various specialties, including Foundation year one (F1) Medicine, Geriatric Medicine, and General Practice (GP) Medicine.</p>
Who we met with:	<p>The review panel met with nine trainees in Medicine at PRUH, including foundation, Internal Medicine Training, General Practice and higher trainees.</p> <p>The review panel also met with the following Trust representatives:</p> <ul style="list-style-type: none"> • Chief Executive Officer • Chief Medical Officer • Clinical Director – General Medicine • Site Medical Director • Site Director of Operations • Director of Medical Education • Senior Medical Education Manager • Site Medical Education Manager • Clinical Director – Speciality Medicine • Guardian of Safe Working (PRUH site) • Associate Medical Education Director for Post-Foundation Training • Training Programme Director for Internal Medical Training • Foundation Programme Director

<p>Evidence utilised:</p>	<p>The review panel received the following supporting evidence from the Trust in advance of the review:</p> <p>Medicine Local faculty group minutes – Medical Education Committee, Foundation, IMT, GP, Acute Medicine</p> <p>Medicine Exception reports – Guardian of Safe Working Reports</p> <p>Medicine Rota for post-acute medicine and acute medicine (E-Rostering now in place)</p> <p>Medicine Quality improvement activity – information below</p> <p>Medicine Learner Feedback Surveys and Student Feedback (End of Placements - EOPs)</p> <p>Medicine Teaching sessions and attendance lists – Foundation and IMT</p> <p>Medicine Breakdown of educational and clinical supervisors within the department – some Clinical Supervisor allocations are in a state of transition.</p> <p>Medicine Details of Outpatient clinics</p> <p>IMT Teaching Calendar and Clinics Reports</p> <p>Medicine department images of on-call room</p> <p>Medicine Trust presentation November 2021</p> <p>Foundation Medicine, IMT and GP Faculty Meeting Minutes</p>
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Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Geeta Menon, Postgraduate Dean, South London, Health Education England
Quality Review Lead	Anand Mehta, Deputy Postgraduate Dean, South London, Health Education England
Specialty Expert	Andrew Deaner, Head of the London School of Medicine, Health Education England
Specialty Expert	Jonathan Birns, Deputy Head of the London School of Medicine, Health Education England
Specialty Expert	Sarah Divall, Head of London School of General Practice Speciality Training, Health Education England
General Medical Council (GMC) Representative	Kevin Connor, Principal Education QA Programme Manager, GMC
Lay representative	Saira Tamboo, Lay Representative
HEE Quality Representative	Kenika Osborne, Learning Environment Quality Coordinator, Health Education England

HEE Quality Representative	Aishah Mojadady, Quality, Patient Safety and Commissioning Officer (Quality, Reviews and Intelligence), Health Education England
HEE Quality Representative	Paul Smollen, Deputy Head of Quality, Patient Safety and Commissioning, Health Education England
HEE Quality Representative	Louise Brooker, Deputy Quality, Patient Safety and Commissioning Manager (Quality, Reviews and Intelligence), Health Education England

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 to the induction process since the last visit in May 2021. The review panel was pleased to hear that the trainees on the Gastroenterology wards were able to attend their teaching and training sessions.

The review panel was disappointed to find that there had been no improvements to the clinical supervision on some of the post-acute wards and that the foundation and GP trainees were at times left to cover acute and post-acute medical wards without direct consultant supervision.

The review panel heard that Internal Medicine Training (IMT) and GP trainees were routinely unable to access outpatient clinic experience due to the staff shortages on the post-acute wards.

The review panel also found that trainees received full rotas for their wards at very short notice. This made it difficult to identify staffing gaps in advance. This contributed to them being unable to plan access to learning opportunities such as clinics and caused a significant degree of stress.

Following the Learner Review, the review panel felt that there were considerable improvements needed to ensure a suitable learning environment for trainees. Three Immediate Mandatory Requirements (IMRs) were issued by HEE, requiring a response from the Trust within five working days.

Actions have been set to assist in resolving the concerns outlined in this report, which will be reviewed by HEE as part of the three-monthly action planning timeline.

It was also agreed that a follow-up review would be arranged for spring 2022 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
ML1.4	The review panel heard that Foundation Year One (F1s) trainees and GP trainees were left to cover acute and post-acute medical wards without direct consultant supervision. On occasion trainees had tried to call consultants for assistance, but the consultants had been unable to attend the wards due to high levels of clinical activity elsewhere.	The Trust is required to ensure that F1 and GP trainees have access to direct consultant supervision at all times.
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	<p>Response date 25 November 2021</p> <p>Monday to Friday the acute medical wards (56 patients on two wards) have designated Consultants with no other duties as follows: o 08.00-12.00 there are 4 Consultants allocated to be present; o 12.00-16.00 there are 2 Consultants allocated to be present; and o 16.00-18.00 there is Consultant allocated to be present. • In addition there is a rostered 12.00-17.00 acute physician of day and a 17.00-20.30 general medical Consultant on-call. • On Saturday and Sunday there is an acute ward Consultant 08.00-16.00 and a post-take ward round Consultant 08.00-12.00 with an onsite medical Consultant 12.00-20.30. • Overall Monday-Friday there is Consultant ward presence 08.00-20.30 and on Saturday and Sunday 08.00-16.00. All shifts are covered for holiday and are covered in the event of short-term absence due to sickness (by rearrangement of SPA time or cancelling of other none urgent activity or by bank shifts). • The post-acute medical wards (18 wards) each have a named Consultant who is present and undertakes a full ward round 09.00-13.00 three days per week and a mini-round (unwell and discharge patients) 09.00-11.00 on two days per week. In the afternoon, these named ward Consultants undertake clinic and procedure related (e.g. endoscopy)</p>	<p>Please provide feedback from trainees to confirm that these measures have addressed the immediate senior supervision for junior doctors on the wards.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>

	<p>activity but are accessible to the ward teams by phone to discuss patients and return to the wards if necessary. Immediate actions to meet requirement as of 25/11/21: • No change required to acute medical ward Consultant staffing. • A “fire-break” of one hour has been added to the end of all clinic sessions undertaken by the named Consultants for post-acute wards. This period will allow Consultants to be able to return to the wards when called, with the ability to catch-up on time absent from clinics, and if not called acutely to return to the wards to discuss any problems at the end of the afternoon. • Consultants will ensure juniors have the appropriate contact number when they leave the ward. Juniors will be provided with a central escalation number based in the central rota management office, for advice and support to use if they are unable to contact the named Consultant for any reason. Further actions to allow optimal meeting of requirement (3-6 months to complete): • Review of Consultant job plans with recruitment of additional workforce to increase the presence of Consultants on post-acute wards without other activities on weekdays and provide increased weekend support. • The medical staffing lead and lead clinician have scheduled regular monthly meetings with the IMT cohort to address any issues they may have with their training. The first meeting will be on 15th December 2021.</p>	
Requirement Reference number	Review Findings	Required Action, timeline, evidence
ML5.1a	The review panel heard that Internal Medicine Trainees (IMTs) were unable to attend clinics as required by their curriculum due to staff shortages on the medical wards.	The Trust should ensure that IMTs are released to attend clinics as specified in the curriculum.
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	<p>Response date 25 November 2021</p> <p>There are a good range of clinics available for IMTs to attend as training clinics. However, the rostering system does not allocate timetabled clinic sessions to IMTs. In addition, the vacancies in the junior doctor rotas</p>	<p>The Trust is required to provide feedback and evidence from trainees to confirm that these measures have addressed IMT trainees attendance at clinics.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE’s action plan timeline.</p>

	<p>and the workload at the Princess Royal mean that the clinical activity on the wards in the afternoons can be high, making the trainees concerned about leaving the ward. Immediate actions to meet requirement as of 25/11/2021:</p> <ul style="list-style-type: none"> • All IMT timetables have been reviewed to ensure there are timetabled clinic attendances, with an agreed cover for wards. • Use of E-Roster to ensure all IMTs are allocated and aware of the training clinics they should expect to attend over the next 6 weeks. • IMTs will be provided with the dedicated contact number for the rota management office so they can report real-time if they consider the activity levels on the ward are such that they cannot attend a timetabled clinic. The intention of this process is to allow the issue to be logged for audit purposes, to provide the trainee with immediate support wherever possible to allow attendance at the training clinic and if this is not possible the incident will be reviewed by the Clinical Director/Site medical director so that plans for this training opportunity are replaced at a future date are made. The log of all reported issues and solutions will be reported to the Chief Medical Officer. Further actions to allow optimal meeting of requirement (3-6 months to complete): • Review of Consultant job plans and recruitment of additional Consultant workforce to increase the presence of Consultants on post-acute wards to facilitate IMT attendance in training clinics. • Development of Physician assistant role to support junior doctors on wards at all times. 	
Requirement Reference number	Review Findings	Required Action, timeline, evidence
ML1.1b	<p>The review panel heard that trainees received full rotas for their wards at very short notice, making it difficult to identify in advance where there were staffing gaps. This contributed to them being unable to plan access to learning opportunities such as clinics and caused a significant degree of stress.</p>	<p>The Trust should ensure that trainees are provided with full rotas (including lines for all medical staff on wards and not only the trainees' individual shifts) six weeks in advance.</p>
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence

	<p>Response date 25 November 2021</p> <p>Review of current situation: • An e-Roster system (Healthroster) has recently been implemented (October 2021) and the full benefits of this system are only just being realised. There are vacancies in the junior doctor rotas which means that there is a lack of resilience in the rota. Short-term gaps due to sickness do result in the occasional need to move trainees to other areas. There is no specific process for moving trainees and thus some trainees may be affected more than others. Immediate actions to meet requirement as of 25/11/21: • E-Roster is now fully operational and is used to ensure rotas for all clinical activity are provided 6-weeks in advance. • The new band 8a staffing co-ordinator will ensure that, in the event of the need for a short-term change to the rota, a process of consultation with trainees is undertaken. Further actions to allow optimal meeting of requirement (3-6 months to complete): • Patchwork (an independent workforce management provider) made a number of recommendations to strengthen medics' work / life balance, the rota planning, training exposure and senior support to juniors. The junior doctor issues will be addressed over the next six months, plus the further recruitment of additional doctors / physician assistants to increase the rota resilience. • Obtain greater junior doctor involvement in rota issues, through the development of a Chief registrar role.</p>	<p>The Trust is required to provide evidence that these measures have addressed the rota gaps which are negatively impacting on trainee experience.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
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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
ML1.1	The review panel heard that patients were being left in the corridors on chairs and beds, a term referred to as 'boarding' by the trainees as they waited for beds to become available. Whilst 'boarded' in the corridors,	Please provide evidence to demonstrate that the practice of boarding patients has been investigated and measures have been put in place to ensure patient safety and prevent this from reoccurring.

	patients were on occasions given medical treatments where possible, however trainees did not feel that this was safe.	Please submit this evidence by 1 June 2022, in line with HEE's action plan timeline.
ML1.2	Trainees reported that they had witnessed bullying and undermining behaviours from some of the senior nurses on the acute medical wards. Trainees informed the review panel that they had witnessed colleagues being verbally undermined publicly and with no clear learning outcomes.	<p>The Trust is required to ensure that any reports of bullying and undermining are addressed and thoroughly investigated. Please provide evidence to demonstrate that staff are receiving anti-bullying training on a regular basis and that the issue has been investigated.</p> <p>Please submit this evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
MLS1.3	<p>The review panel heard from both the higher and GP trainees and from supervisors that there was little support from senior staff members for quality improvement initiatives. Formal processes around sharing feedback with trainees could also be improved.</p> <p>Regular meetings should be held between supervisors and trainees, and supervisors should use those opportunities to share feedback on the trainees' progress towards meeting their learning objectives.</p>	<p>Please provide evidence in the form of trainee feedback to demonstrate that they receive formal feedback from their supervisors on a regular basis.</p> <p>Please submit this evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
MLS2.1a	Challenges around management of rotas and rota gaps resulted in trainees frequently working beyond their rostered hours.	The Trust is to ensure that rotas are 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 June 2022, in line with HEE's action plan timeline.
MLS2.1b	The review panel was informed that trainees were frequently unable to attend their clinics due to pressures on the wards. The Trust representatives informed the review panel that they would update the escalation policy of the department to ensure that there was a greater understanding of why clinics were not taking place.	<p>The Trust is required to provide evidence of the escalation reports which shows that reasons for trainees' inability to access and attend clinics is being recorded and reasons explored.</p> <p>Please provide evidence that this process has been implemented into the escalation policy and any issues raised have been addressed. Please provide evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
MLS2.2	The review panel heard from both the higher and foundation trainees that formal processes around sharing feedback on issues raised with senior management could be improved.	<p>The Trust is required to provide evidence in the form of trainee feedback to demonstrate that they are receiving formal feedback from their supervisors and senior management team on issues raised on a regular basis.</p> <p>Please submit this evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
MLS5.1b	The review panel heard that staff shortages on wards prevented GP trainees from attending teaching sessions and outpatient clinics.	The educational leads for all medical trainees and GP trainees must ensure that trainees are released to attend teaching sessions and outpatient clinics as required by their curriculum.

		Trust to ensure that accessibility to teaching is prioritised in the departments. Please provide evidence that this process is in place and is being followed by 1 June 2022, in line with HEE's action plan timeline.
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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
N/A	N/A

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	N/A	

HEE Quality Standards and Domains for Quality Reviews

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	<p>Patient safety</p> <p>The trainees informed the review panel that they thought there was a high intake of patients in the acute medical wards and a disproportionate number of consultant cover. The foundation trainees raised some concern around the safety of patients on the wards due to the overall lack of staffing including adequate consultant cover. They stated that patients were not always seen quickly and thought the triage system was ineffective. The review panel heard that patients were being placed in the corridors on chairs and beds (a practice referred to as 'boarding') when all the beds on the medical wards were full. Whilst 'boarded' in the corridors, trainees reported that patients were on occasions given medical treatments including intravenous medications, which the trainees did not consider to be safe. It was noted that no additional staffing resource was allocated to wards when additional patients were 'boarded'.</p> <p>Trust management representatives informed the review panel that they were confident in the safety and outcomes of the service but acknowledged that the feedback from the trainees would help to improve this further.</p>	Yes, please see ML1.1a
1.1	<p>Handover</p> <p>The Internal Medicine Trainees (IMTs) informed the review panel that daily handovers took place on the wards in the morning and evenings. The review panel heard that there was consultant presence during handovers, and they regularly discussed all patients on the wards during handovers.</p> <p>Junior trainees stated that it was at times difficult having ward rounds and handovers during the 'twilight' hours and due to limited numbers of staff.</p>	Yes, please see ML1.1b
1.2	<p>Bullying and undermining</p> <p>Trainees reported that they had witnessed bullying and undermining behaviours from some of the senior nurses on the acute medical wards. Trainees informed the review panel that they had witnessed colleagues across the multidisciplinary team being verbally undermined publicly and with no clear learning outcomes, which made them very uncomfortable. The review panel heard that although the issues were reported, they were not satisfied with the responses.</p>	Yes please see, ML1.2

<p>1.3</p>	<p>Quality Improvement</p> <p>The Chief Executive Officer (CEO) informed the review panel that the Trust was very committed to improving the medical departments at the PRUH and that they were disappointed to hear about the ongoing issues.</p> <p>The review panel heard that although trainees were given opportunities to raise issues and concerns, they felt that the Trust was very slow to make changes. It was noted that there were often agreements to make changes, particularly during Local Faculty Group (LFG) meetings, however the trainees were not aware of these changes being carried out. The trainees reported that there was little support from senior staff members for quality improvement initiatives.</p>	<p>Yes, please see MLS1.3</p>
<p>1.4</p>	<p>Appropriate levels of Clinical Supervision</p> <p>The review panel heard that junior trainees were frequently left unsupervised for long periods of time. The review panel heard that this had the potential to impact on patient safety, however it had not led to any reported clinical incidents to date.</p> <p>The foundation trainees reported that there were inappropriate levels of clinical supervision on the Acute Medical Unit (AMU) during twilight shifts. The review panel was informed that there was an occasion where a foundation trainee was left to look after a very unwell patient requiring urgent medical attention without senior supervision. The review panel also heard that there was little consultant cover after 18:00 in the AMU. It was reported that that on occasions, the F1s were left to cover over fifty patients on the AMU without direct supervision as the consultants were called to the emergency department.</p> <p>However, the F1s reported that there were Internal Medicine Training (IMT) and higher trainee-level doctors available when there were cases which required escalation to a more senior staff member.</p> <p>The Trust management representatives reported that all wards had allocated consultants and there was a process for early escalation of any staff absences, although the trainees were not aware of how to find out who the allocated consultant was. The Trust management representatives advised that contact details for supervisors and escalation of issues were provided as part of induction and an updated list of validated named consultant information was held by the hospital switchboard.</p> <p>The Chief Medical Officer (CMO) informed the review panel that there was reduced activity on some wards to ensure that appropriate levels of supervision were provided on the acute medical wards.</p> <p>The review panel heard from the foundation trainees that the clinical supervision they received from the locum doctors in medicine was of a high standard, and many of these doctors were aware of the staffing issues within the departments but there was little they could do to help.</p> <p>The IMT and higher trainees felt that there was a high level of competence amongst the locum doctors and that their presence helped to alleviate staffing issues and rota gaps and to create a controlled, supportive environment.</p>	<p>Yes, please see ML1.4</p>

	The review panel heard from some of the trainees that the majority of clinical supervisors and middle grade doctors were contactable by mobile phone. The trainees advised that their supervisors had conducted meetings with them upon commencing in their posts to discuss learning objectives, expectations and what the trainees hoped to achieve. The trainees stated that they felt that their clinical supervisors were friendly and approachable and showed care for their patients.	
1.4	Appropriate levels of Educational Supervision Overall, the trainees reported that their educational supervisors very helpful, however there was concern that they were overstretched and at risk of burnout. The review panel heard from trainees that supervisors lacked adequate time and resources to supervise appropriately due to their own high workloads. Trainees stated that consultants did not have enough time which they could dedicate to teaching due to high service pressures.	
1.6	Multi-professional learning Foundation trainees informed the review panel that there were limited opportunities for multi-professional learning due to staffing issues and high workloads. The review panel heard that there was a new multi-disciplinary Acute Frailty Assessment Unit which opened in November 2021. It consisted of a team of Acute Frailty Consultants, Specialist Nurses, Advanced Clinical Practitioners (ACPs), Pharmacists and Therapists. It was hoped that this new service would provide better teaching and training opportunities for trainees.	

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 trainees stated that they had been informed about LFG meetings which were attended by the learner representatives who would then provide feedback to them. The review panel heard that trainees were aware of how to raise a Datix and had done so in the past. When asked, trainees reported that they were encouraged to exception report. However, trainees felt that this did not make a difference to their work	

	<p>pattern as they regularly worked overtime. Trainees stated that they regularly stayed late to finish administrative duties including follow up scans and handovers.</p>	
2.1	<p>Impact of service design on users</p> <p>The review panel heard that there were regular rota gaps affecting the staffing levels on the wards. Trainees reported that the rostered hours were between 08:00 and 20:00 but that they regularly worked beyond their rostered hours due to staffing issues.</p> <p>The Trust management representatives stated that an additional middle-grade doctor shift had been implemented to cover the acute take each day from 17:00 – 23:00. It was stated that two locally employed doctors had been employed on a fixed term basis until March 2022 to help ensure continuity of care, provide extra support and resilience to the acute medical take and reduce excessive admissions.</p> <p>The review panel heard from the F1 trainees that individual rotas were not always made available to them six weeks in advance. The Trust management representatives stated that there was a newly recruited service manager who had overall responsibility of the rotas and regularly monitored for rota gaps. However, they recognised that recent staff shortages and absences had had a significant impact upon the team's workload.</p> <p>The review panel heard that trainees were frequently moved to cover different areas in the hospital at short notice, sometimes to work on wards which were unfamiliar to them with no prior notice. They expressed that it was very difficult to provide continuity of care as a result. The review panel heard that staff were regularly moved from specialties that were better staffed, such as Cardiology, to provide cover to other areas in the hospital. Trainees reported that at times, they were required to cover two workloads at once because of staff shortages.</p> <p>During the session with the executive team, the review panel heard from the CD that the Trust had contracted a workforce management company called Patchwork to conduct an independent rota review. Patchwork was tasked with critically challenging the style and structure of the junior doctor rotas. The senior management teams stated that the design of the revised rotas included dedicated teaching time for all junior trainees and an improved pattern of rest days. It was stated that a clinical lead for medical staffing had been appointed to support rota management and oversight, as well as a medical staffing manager who was responsible for administering all medical rotas and proactively overseeing recruitment. The Trust management representatives informed the review panel that they had made improvements to medical staffing which had previously affected the quality of training provided. The review panel further heard that the Trust had undergone work aimed at creating a more sustainable staffing model for future recruitments.</p> <p>The CD stated that the Trust had made investments into new models of staffing including the development of additional non-medical roles such as physician associates, clinical assistants and prescribing pharmacists. They anticipated that the creation of these roles would help release junior trainees time to attend teaching sessions and take study leave. To date, the Trust had advertised for a physician associate and had received 41 applications. The review panel also heard that recruitment was underway for six additional</p>	<p>Yes, please see MLS2.1a</p>

	<p>clinical assistants, to support the medical wards. At the time of the review there was a prescribing pharmacist within each specialty team. Training was underway to increase the number per team and to extend prescribing of discharge medicines across seven days. The Postgraduate Dean strongly recommended that the Trust engaged with HEE around this workforce transformation.</p> <p>The review panel heard that trainees received full rotas for their wards at very short notice, and this made it difficult for them to identify where there were staffing gaps in advance. This contributed to trainees being unable to plan access to learning opportunities such as clinics which caused a significant degree of stress.</p>	Yes, please see MLS2.1b
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>The review panel heard that although trainees had volunteered to work with the senior management team to address areas of concern across the medical departments, these offers had not been taken up.</p> <p>The F1 trainees reported that there was an informal meeting held every Thursday which provided the opportunity for trainees to meet with the Clinical Director (CD) to raise any concerns. The CD informed the review panel that three formal meetings had also taken place with the CEO, Medical Director and Director of Workforce. Additionally, the review panel heard that the Trust had a Monthly “You said/We did” newsletter which was circulated to all junior doctors, as well as regular education and training meetings. The trainees were all in agreement that there were forums available to raise any queries and concerns however they felt that although they were listened to, there was very little action taken following these discussions. Trainees found this lack of feedback and information very frustrating and challenging.</p> <p>The Deputy Postgraduate Dean advised the Trust management representatives that more engagement was needed with the trainees and it was a priority for trainees to be included in discussions of core issues within the department.</p>	Yes, please see ML2.2

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>Learners being asked to work above their level of competence, confidence and experience</p> <p>The review panel heard from foundation trainees who attended the review that although they had not directly been asked to undertake any tasks beyond their clinical competence, they sometimes felt they had to do this due to staff shortages and difficulty accessing clinical supervision at certain times.</p>	

3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p>The review panel heard that there was a newly refurbished doctors' mess which would be made available to trainees from November 2021. Equipped with new facilities, it included a television, lockers and easy-clean sofas. It was hoped that this would provide trainees with a comfortable place to rest and recuperate.</p>	
3.3	<p>Access to study leave</p> <p>The higher and specialty trainees reported that there was difficulty in booking annual and study leave. The trainees felt that there was poor communication amongst the rota administrators which affected their communication and efficiency. As a result, trainees stated that they had at times been unable to book leave when required or in a timely manner.</p>	
3.4	<p>Induction (organisational and placement)</p> <p>The review panel found that that there had been a considerable improvement to the induction process for all trainees.</p> <p>The foundation trainees confirmed that they had received a satisfactory departmental induction on starting in post, including an induction 'starter pack' outlining what to expect from the department in general, as well as specific clinical areas.</p> <p>The review panel heard that the Trust had made improvements to the induction pack for trainees. The Guardian of Safe Working Hours stated that trainees were shown how to exception report during the induction and there were various teaching sessions held. They also stated that they carried out ward visits to explain exception reporting process to trainees.</p> <p>The higher and GP trainees also reported receiving a good half-day departmental induction that was well-structured, relevant and helpful for setting expectations.</p>	

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
4.4	<p>Appropriate allocated time in educators job plans to meet educational responsibilities</p> <p>The review panel heard that the Trust had circulated communications to clinical supervisors highlighting their responsibilities regarding locally employed doctors. It was also stated that improvements had been made to</p>	

	ensure that robust processes were in place for educational supervision and appraisals.	
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Domain 5 – Delivering curricula and assessments		
<p>5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.</p> <p>5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.</p> <p>5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>The Trust management representatives informed the review panel that there had been an increase in the face-to-face teaching sessions available to trainees, which were previously suspended due to service pressures caused by the Covid-19 pandemic. The review panel also heard that the medical departments conducted joint site teaching and virtual teaching sessions which were accessible to all trainees.</p> <p>Trainees reported that the rota gaps affected their ability to attend clinics and training sessions. The IMT and higher trainees added that they did not feel comfortable leaving the foundation trainees unsupervised on wards and this had caused them to miss out on attending teaching sessions. It was reported that some specialties, such as gastroenterology and endocrinology and diabetes, had very proactive clinical leads who prioritised trainees learning and development and ensured that trainees were able to attend their Tuesday afternoon clinics, however this was not the case in every department. Consequently, some of the IMT and higher trainees stated they had been unable to attend any clinics since joining their current placement. Trainees further explained that due to limited senior cover on some of the wards, they would have to leave the foundation trainees without any senior support if they chose to attend clinics.</p> <p>The GP trainees also reported sometimes being unable to attend outpatient clinics and protected teaching time as they were unable to leave the wards due to high service commitment and poor medical staffing management. The GP trainees suggested that their education and training could be greatly improved if they were also given opportunities to attend independent sector clinics such as Beacon Medical Group clinics.</p> <p>The Trust management representatives informed the review panel that they would work with the departments to ensure that all trainees were able to attend their teaching sessions.</p> <p>The CMO assured the review panel that the Trust would look into instances where clinics were not taking place or were not accessible to trainees and that the reasons for this would be explored.</p>	<p>Yes, please see ML5.1a</p> <p>Yes, please see ML5.1b</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 The F1s said they would not recommend the services of the medical departments at PRUH to family and friends.	

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 Postgraduate Dean, South London
Date signed:	20 February 2022

HEE authorised signature:	Geeta Menon Postgraduate Dean, South London
Date signed:	20 February 2022

Date final report submitted to organisation:	21 February 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