

HEE Quality Interventions Review Report



King's College University Hospitals NHS Foundation Trust
Ophthalmology
Senior Leaders Engagement Visit

Health Education England, London
Date of review: 1 March 2022
Date of Final Report: 25 May 2022

Review Overview

The review was planned due to the repeatedly below-average General Medical Council National Training Survey (GMC NTS) results for Ophthalmology at King's College Hospital (KCH). The department was last reviewed by HEE in early 2019 and the GMC NTS 2021 identified further deterioration in various areas. There were several areas of concern highlighted including workload, teamwork and clinical supervision.

Subject of the review

Ophthalmology

Who we met with

The review panel met with the following Trust representatives and Educators:

- Jonathan Lofthouse, Site Chief Executive
- Leonie Penna, Chief Medical Officer
- Sheinaz Mahomedally, Senior Medical Education Manager, cross-site
- Christine Nurthen, Medical Education Manager, Princess Royal University Hospital (PRUH) site
- Danielle Moore, General Manager
- Gemma Morelli, Guardian of Safe Working Hours (PRUH)
- Ed Glucksman, Guardian of Safe Working Hours, (KCH)
- Eoin O'Sullivan, Clinical Director
- Frank Smedley, Medical Director
- Emma Hollick, College Tutor
- Mohammed Abu-Bakra, College Tutor
- John Bladen, College Tutor
- TJ Lasoye, Director of Medical Education

Evidence utilised

The review panel received the following information and documents from the Trust in advance of the review:

- Induction programme details 2020 – 2021
- Teaching rotas, medical timetables and teaching attendance
- Local Faculty Group minutes, May 2020 – January 2022
- Medical Education Committee meeting minutes, October 2021
- Summary of meetings regarding trainees, October 2021
- DH Annual Leave form
- Exception reports
- Ophthalmology exception report analysis, August 2020 – February 2022
- Push Report Alert
- Response re: trainee involvement in incidents

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- Summary of meeting with College Tutors on 17 December 2021
- Standard Operating Procedure for Ward Duty – Day Doctor, Roles and Responsibilities at Denmark Hill, Ophthalmology

The review panel had submitted a request for a ward audit following the pre-review meeting which the Trust was unable to complete in the short time frame. The Trust instead provided a summary of an audit conducted previously which focussed on the quality of referrals from wards.

The review panel also considered information from the GMC NTS 2019 - 2021 and HEE National Education and Training Survey (NETS) 2020 – 2021. This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Geeta Menon, Postgraduate Dean, Health Education England, London
Deputy Postgraduate Dean	Anand Mehta, Deputy Postgraduate Dean, Health Education England, London
Head of School of Ophthalmology	Cordelia Mckechnie, Head of School of Ophthalmology, Health Education England, London
Deputy Head of School of Ophthalmology	Ourania Frangouli, Deputy Head of School of Ophthalmology, Health Education England, London
HEE Quality Representative	Kate Alley, Learning Environment Quality Coordinator, Health Education England (London)
HEE Quality Representative	Ummama Sheikh, Patient Safety and Commissioning Officer, Health Education England (London)
Observing	Puush Engineer, QPSC Officer, Primary Care Health Education England (London)

Executive Summary

The review panel thanked the Trust for accommodating the review. The review was prompted by the 2021 GMC NTS which highlighted issues that have been ongoing without resolution for a number of years and pre-date the COVID-19 pandemic. The Trust management representatives acknowledged that long standing issues such as out of hours support, inadequate handover and staff timetables remain unresolved but reported that other concerns raised by trainees were resolved. The review panel heard from Trust staff that managing the pandemic had been a challenge for the Trust and that the ophthalmology service had been significantly impacted during the first and second waves of the pandemic.

The review panel noted that a substantial amount of improvement work was being done by the Trust and was pleased to hear about a recently secured £5 million pound investment in the ophthalmology service. The review panel was keen to ensure that investment in training was at the heart of the department's action plan going forward and that trainees were involved in devising the action plan.

The review panel was informed that the Trust was in the process of reconfiguring ophthalmology service provision and had upskilled community-based providers which resulted in more cases being managed locally. Plans for the recruitment of a medical staffing coordinator and a new consultant in eye care services, as well as the intention to introduce virtual clinics and nurse-led glaucoma clinics were also shared with the review panel.

The review panel heard that the 2019 survey showed much improved results on previous years and the senior tutor had received a letter of commendation. The Trust representatives were also proud to advise the review panel that trainees redeployed during the pandemic had been praised as outstanding, that three trainees obtained publications from their experience, and that one trainee had received a letter of commendation from the Chief Executive.

This report includes some requirements and recommendations for the Trust to take forward, which will be reviewed by Health Education England (HEE) as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 June 2022.

Review findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

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 clinical 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.

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All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the Review Findings section. Requirements identified should be succinct and not include the full narrative from the Review Findings.

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
O1.5a	The review panel was concerned that the Trust did not currently employ a rota or workforce coordinator.	<p>Please prioritise the recruitment of a rota or workforce coordinator to help manage trainee workload and timetables.</p> <p>Please submit this evidence by 1 June 2022, in line with HEE's action plan timeline.</p>
O1.5b	The issues raised in the GMC NTS 2021 had not been reported through the LFGs or other escalation routes.	That the Trust reviews the local faculty group meetings to ensure that the trainee voice is being heard and acted on.
O1.5c	The review panel noted that there had been a rise in exception reporting at the Queen Mary Hospital but not at the other Trust sites	<p>Please provide a summary of exception reports for trainees from the other Trust sites.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 June 2022, in line with HEE's action plan timeline.</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A	N/A	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence

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.

Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
1.5	The review panel was concerned that a private provider, commissioned to provide out of hours service, was not operating effectively, causing delays in patient care. The review panel recommends that this provider is monitored to ensure that commissioned services are being delivered and that the service provides value for money.
1.9	The review panel was pleased to hear of the £5 million pound investment in the ophthalmology department. The review panel recommend that trainees are involved in developing the action plan to utilise this investment and to ensure that training is at the heart of the action plan.
1.11	The review panel advised that the Trust liaise with Guy's and St Thomas' NHS Foundation Trust to make arrangements for trainees to have access to a cataract simulator located in St Thomas's hospital.

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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The Trust representatives articulated a belief in a collective responsibility to work collaboratively with the trainees in order to improve patient outcomes, noting that service delivery and training were intrinsically linked. The review panel heard that the Trust believed in offering an all-encompassing training environment to junior doctors. Trainees were also offered the opportunity to attend Schwartz rounds.</p> <p>The review panel heard from the Chief Medical Officer (CMO), that the team at King's was engaged and keen to develop the training programme. The CMO noted that the service had grown significantly in recent years and needed investment. The review panel was also advised that that an action plan was being developed to support a forward trajectory for the ophthalmology department. It was noted that time and commitment was needed to develop an effective action plan and recruit the best people.</p>	
1.2	The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	
1.3	The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.	
1.4	There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.	
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>The review panel heard that the COVID-19 pandemic had been particularly challenging for the Trust and that ongoing issues in the ophthalmology department were magnified as a result. The Trust outlined changes that were made in order to manage COVID-19 patients and infection control across the hospital sites:</p> <ul style="list-style-type: none"> restricted ophthalmology services but these have been re-opened the outpatient clinics at PRUH were closed and subsequently adult clinics at University Hospital Lewisham (UHL) have recently closed and a new facility at the Orpington site was opened 	

<ul style="list-style-type: none"> • during the first wave of the pandemic, three trainees were redeployed • in the second wave, all trainees were redeployed and the ophthalmology service was closed to all but very urgent cases for three months • at the end of the second wave of the pandemic, the 52 week waiting list for ophthalmology treatment included approximately 1600 adults. As a result, the department mobilised the workforce quickly to establish virtual clinics on a large scale • during the third wave of the pandemic there was only internal redeployment • currently the department had four vacant training posts <p>The panel heard that the Trust continued to work towards restoring stability in the ophthalmology department and that the Trust was taking this opportunity to improve services.</p> <p>The review panel heard that the specific concerns raised by trainees in the GMC survey (workload, teamwork, rota design, clinical supervision, out of hours supervision, and supportive environment) were linked to ongoing challenges faced by the ophthalmology department. The review panel heard that the ophthalmology department had been significantly short staffed over a number of years and that services were interrupted while the department moved to a different hospital. The Trust representatives noted that these problems were exacerbated by the lack of a medical staffing coordinator and ineffective communication links with the trainees.</p> <p>Trust staff expressed surprise that the GMC survey results had shown that trainees based at the KCH site were dissatisfied as internal meetings with the trainees were positive. The review panel was informed that doctors on maternity leave or taking COVID-related leave were not covered, and there were fewer trainees than in previous years, so the current cohort of trainees had a higher workload. The review panel heard that Trust staff expected future cohorts of trainees would be more satisfied.</p> <p>The Trust outlined additional steps which were undertaken to address trainee concerns, including:</p> <ul style="list-style-type: none"> • working with the Guardians of Safe Working Hours • an infection and emergency cover tracker • discussion of supervision issues with the regional Training Programme Director (TPD) 	<p>Yes, please see O1.5a</p> <p>Yes, please see O1.5b</p>
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	<ul style="list-style-type: none"> the appointment of a new consultant in eye care services. This post is to be spread across the KCH and Queen Mary's Hospital (QMH) sites investigating new ways of working, such as holding virtual reviews a plan to appoint a staffing coordinator <p>The review panel was informed that there had been some teething problems following a restructure at KCH during which a private emergency care provider had been commissioned to manage the out of hours service. Trainees had notified the Trust that there were lengthy delays in new patient details being uploaded to the KCH computer systems overnight which meant that trainees were unable to order tests for these patients. The Trust reported that these issues had since been resolved and that it was unaware that any subsequent issues had arisen.</p> <p>The Trust explained that a recent spike in exception reporting was likely explained by the trainees attending a meeting with the Director of Medical Education (DME) at which exception reporting was encouraged. The review panel also heard that Trust staff were using the Friday teaching session with trainees to encourage exception reporting where appropriate.</p> <p>The review panel heard that the exception reports logged were due to excessive hours worked and supervision concerns.</p> <p>The Trust reported that despite trainees raising some concerns with their placement, overall satisfaction amongst the trainees was above average and that 66% reported their experience at King's as good or very good.</p>	Yes, please see O1.5c
1.6	The environment is one that ensures the safety of all staff, including learners on placement.	
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.	
1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves.	
1.9	<p>There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.</p> <p>The review panel was pleased to hear that a five-million pound business case put forward by the ophthalmology department to develop hubs and increase non-medical staffing levels was approved by the Trust, noting that investment in the</p>	

	<p>ophthalmology department was overdue. The Trust outlined preliminary plans for multiple workstreams where activities previously undertaken by doctors would be performed by other clinicians, the recruitment of a medical staffing coordinator and an increase in administrative staff. Plans were also being developed to optimise the emergency pathway.</p> <p>The review panel noted that initiatives being planned by the Trust were already in place in many other centres, in particular the use of nurses to carry out injections, having non-medical professionals run glaucoma clinics and the use of virtual clinics.</p> <p>The review panel and Trust discussed opportunities for the trainees to participate in this project in order to develop their skills in leadership, planning and financial management. It was agreed that involving the trainees was important not only to ensure the money was utilised to benefit training, but also to give the trainees ownership over the solutions being found and a sense that their concerns had been listened to and acted upon.</p>	
1.10	<p>There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.</p> <p>The Trust reported that trainees were invited to present at meetings on serious incidents they had not been involved in as a learning opportunity.</p>	
1.11	<p>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</p> <p>The Trust requested HEE support in purchasing a simulator. A strategy for sharing a simulator based at St Thomas' Hospital was discussed as an alternative to purchasing a dedicated simulator for KCH.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The review panel heard that the Trust was investing in the development of the nursing staff by upskilling emergency nurse practitioners to help with triage in the ophthalmology walk-in service. It was hoped that this initiative would improve teamworking within the department.</p>	

1.13	The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <p>The review panel was informed that work was being done with the DME in order to develop stable timetables for the trainees, in particular focussed timetables to enable training in speciality areas such as paediatric eye care.</p>	
2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.	
2.3	The governance arrangements promote fairness in education and training and challenge discrimination	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>The review panel heard from Site Chief Executive Officer (CEO) that the ophthalmology team had presented a robust, long-term business plan which enabled the senior executives to support investment in ophthalmology. The Site CEO acknowledged that the department had been under pressure for a number of years but expected that the department would yield tangible year on year benefits going forward as a result of this investment.</p> <p>Trust staff informed the review panel that the department reported directly to the school board and that the regional Ophthalmic Practitioner Training (OPT) leader was very much involved with Allied Health Professional (AHP) teams.</p>	
2.5	The provider can demonstrate how educational resources (including financial) are allocated and used.	
2.6	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>The review panel heard that trainees were invited to attend cross-site governance meetings and Friday teaching sessions</p>	

	(governance and audit sessions), and that there was regular attendance by a trainee representative at governance meetings.	
2.7	<p>There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.</p> <p>The review panel heard that in order to manage an increased waiting list following the second COVID-19 wave, the Trust had worked to upskill community-based providers. The Trust described how the department had worked with both the Clinical Commissioning Group and the Minor Eye Conditions Service team to move as much service provision as possible to primary care settings and that this initiative was a great success, in particular diabetic eye screening. As a result of this work, many cases no longer came to the ophthalmology service. The review panel also heard that activities picked up by non-medical staff had increased but that workforce restrictions prevented this initiative from being deployed on a larger scale.</p>	
2.8	Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	
3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>The review panel heard that the Trust had both short- and long-term plans in place to address trainee concerns about out of hours supervision and working in the urgent care centre.</p> <p>The Trust representatives reported that their short terms plans included using COVID recovery funding to recruit a set of fixed</p>	

	<p>term locums and an additional consultant to cover the QMH and KCH sites. Plans to mobilise the workforce within new emergency pathways were also discussed although it was noted that recruitment to permanent positions would not be completed until later in 2022.</p> <p>The review panel asked the Trust about trainee concerns about on-call supervision and were informed that this was a problem historically but that the on-call system had changed substantially. The Trust representatives reported that the on-call system was centralised to the KCH site and was now operating efficiently. The Trust further elaborated that this issue was discussed at the LFG meeting. The Trust informed the review panel that it was discovered at these meetings that some trainees felt unable to contact the on-call consultant out of hours but that this issue was resolved by offering more support to junior staff.</p>	
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p>	
3.7	<p>Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.</p> <p>Trust staff expressed pride in the hard work that had been undertaken to offer trainees an all-encompassing training environment. It was noted that the trainees had high exam pass rates and that, despite the challenges of the previous two years, all trainees had signed off their competencies. The review panel was also informed about two research sites at the Trust in which trainees were heavily involved in clinical trials being run.</p>	
3.8	<p>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</p> <p>The Trust noted that the three trainees who had been redeployed during the first COVID wave were able to contribute to published articles based on their experience which had since been published. The Trust also praised the trainees who were redeployed during the second wave of the pandemic, describing their work as “outstanding.” It was reported by the Trust that one trainee received a letter of commendation from the Chief Executive.</p> <p>The review panel were informed that a new managerial team and a new education team were appointed by the Trust.</p>	

<p>3.9</p>	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The Trust reported that the results for the GMC survey question on induction fell within the inter-quartile (average) range for the first time and credited the three college tutors for this success. The review panel heard that induction was an initial three days followed by a further three Friday afternoon sessions which focussed solely on supporting the trainees to engage with the Trust and understand what was expected of them in their roles.</p>	
<p>3.10</p>	<p>Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.</p> <p>The review panel heard that the Trust had been working with the current trainees to understand their concerns and, as a result, the trainees had a better understanding of the challenges faced by the Trust, as well as the steps that were taken to address them. The Trust representatives informed the review panel that trainees were invited to work with the Trust to find solutions and that a sense of co-production had allowed them to better understand trainees' experiences. Trust staff reported confidence in their ability to bring about the necessary changes.</p> <p>The Trust representatives acknowledged that trainees were unhappy at being frequently assigned to cover injection clinics but noted that during the pandemic nearly all medical staff were involved in injection clinics, including consultants.</p> <p>The review panel heard that the solution found by the Trust to staff the injection clinics was multi-factorial:</p> <ul style="list-style-type: none"> • a redesigned care pathway had improved capacity and efficiency • small scale training of nurses had taken place which had improved capacity in the short term • a monthly teaching session at the Frimley Park site was established to train more staff over time • the implementation of a track system in response to complaints from trainees. The tracker was regularly monitored <p>The Trust representatives informed the review panel that while recruiting other health professionals to carry out injections was an effective solution; the sheer volume of demand had presented a significant challenge. The Trust offered to provide evidence that efficiency in the injection service was improved by the tracker system.</p>	

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	It was also noted that the business case included measures which identified a long-term solution to this issue.	
3.11	Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing.	
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	
4.3	<p>Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).</p> <p>The review panel heard that the Trust sought to embed a training culture in the department by offering regular train the trainer sessions.</p>	
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.	
4.5	Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	
4.6	Clinical supervisors are supported to understand the education, training and any other support needs of their learners.	
4.7	<p>Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.</p> <p>The review panel noted that evidence provided by the Trust ahead of the review had not mentioned appraisals for educational supervisors (ES). The Trust representatives informed the panel that the DME, was responsible for training and accrediting the ESs. The review panel heard that the DME utilised a central database to manage ES training which was conducted over a three-year cycle and that new ESs were required to attend training workshops and have specific meetings with the DME to complete their appraisals.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	
5.5	The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The review panel heard that the Trust was taking steps to address trainee concerns around workload and overbooked clinics, noting that the outpatient service was examined in its entirety to identify where improvements could be made. The Trust representatives acknowledged that excessive workloads were the result of inefficiencies in the system which prevented the right person from being in the right place at the right time.</p> <p>The Trust informed the review panel that another cause of the concerns raised by trainees was disruption to the department during the site relocation during the COVID-19 waves. Prior to the relocation, the ophthalmology service was split across three hospital sites but, during the pandemic, one site was closed while another site was created and the QMH site was expanded. It was highlighted that the entire workforce was impacted by the changes, not just the trainees, as workforce timetables were remapped to adapt to the changes.</p> <p>Measures including new pathways, nurse-led injection clinics and virtual clinics were being explored as part of a long-term strategy to solve historical problems. The Trust representatives noted that the issue of improving trainee access to theatre time was yet to be addressed.</p>	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	
6.2	<p>There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>The review panel heard that, according to the GMC survey, 90% of trainees reported that their experience at King's was useful for their career opportunities.</p>	
6.3	The provider 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 and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.	

Report Approval

Quality Review Report completed by	Kate Alley Learning Environment Quality Coordinator, Health Education England, London
Review Lead	Geeta Menon Postgraduate Dean Health Education England, London
Date signed	21 April 2022
HEE Authorised Signature	Louise Brooker Deputy Quality, Patient Safety & Commissioning Manager (Quality, Reviews and Intelligence), Health Education England, London
Date signed	21 April 2022
Final Report submitted to organisation	25 May 2022