QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Kingston Hospital NHS Foundation Trust

Core Surgery and General Surgery

Risk-based Review (on-site visit)

Quality Review report

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Version: Final Report

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Quality Review details

Background to review	The School of Surgery had wished to visit Kingston Hospital NHS Foundation Trust for the last 18 months, having identified serious problems within core surgical training and general surgery. There had been several attempts to review and these had been delayed. The trainees that were in post at the time openly expressed their serious concerns over educational matters at the annual review of competency progression (ARCPs) and in the General Medical Council National Training Survey (GMC NTS). Core surgical training had three red outliers in the 2016 GMC NTS in 'reporting systems', 'feedback' and 'local teaching'. There were four pink outliers in 'overall satisfaction', 'clinical supervision', 'adequate supervision' and 'supportive environment'. General surgery had seven pink outliers in the 2016 GMC NTS in 'overall satisfaction', 'induction', 'adequate experience', 'supportive environment', 'access to educational resources', 'feedback' and 'study leave'. Just before Christmas 2015, there had been some complaints about working conditions in general surgery from some of the less than full-time trainees. The issues were complex and it was hard to understand if the issues were all related to the Trust. The visit team felt, however, it would be useful to review the Trust and investigate the concerns raised. The 2015 Trust-wide review had found that core surgery trainees had difficulties with out of hours rostering across trauma and orthopaedic surgery, core surgery and general surgery and when the report was published the School of Surgery requested the opportunity to conduct a review.
Specialties / grades reviewed	Core surgical training Higher general surgery training
Number of trainees and trainers from each specialty	The visit team met with one core surgical trainee, five higher specialty trainees, the college surgical tutor, clinical director and management director for surgery.
Review summary and outcomes	The quality review team thanked the Trust for accommodating the review and ensuring the attendance of trainees, trainers and the senior management team for the feedback process. Following the review of the core surgical training programme and higher general surgery, the quality review team found the following areas to be working well: • Higher specialty training for general surgery was rated to be excellent across the board • The introduction of an emergency firm had turned the department around and there had been positive feedback from the trainees • The separation of core level training from the trauma and orthopaedic posts and the introduction of two foundation doctors at weekends were working well • Consultants were approachable and the happy unit was reflected in trainee feedback However, after discussions with trainees and trainers the quality review team uncovered that paediatric patients under the age of five years were routinely being referred from the paediatric emergency department to the general and emergency surgeons at the Trust. This was contrary to Trust policy which deemed that paediatric patients should be referred to the paediatric surgeons at St George's

	University Hospitals NHS Foundation Trust. The quality review team viewed this as a serious concern and issued the Trust with an immediate mandatory requirement (IMR). Furthermore, the review team felt it was necessary to put measures in place where paediatric patients aged five to ten years should be discussed on a consultant to consultant level but they should consider making arrangements with paediatric surgeons. Whilst general surgery was being reviewed and the IMR issued there was discussion as to whether these guidelines should be extended to trauma and orthopaedic surgery. Further improvements were required in the following areas: • Junior trainees were being harassed by the management team in emergency department (ED) to take on patients, in order that the ED met the national four hour wait target. • There was no surgical assessment unit at the Trust (SAU) which could have helped with the referrals being received from the ED. • The rota for core trainees needed to be reviewed as it was being coordinated by an administrative person without clinical input. Higher trainees should have been involved in coordinating the rota. • The core level on-call rota was running with a very minimum number of people. If a trainee left the post it could cause difficulty. • The Trust was reminded that for assigned educational supervisors the School of Surgery supported 0.25 programmed activity per trainee and the review panel recommended that this should be in job planning.

Quality Review Team			
HEE Review Lead	Professor Nigel Standfield, Head of London Specialty School of Surgery	**External Representative**	Mr Niall McGonigle, Consultant Thoracic Surgeon
Trust Liaison Dean	Dr Anand Mehta, Trust Liaison Dean South West London	**Lay Member**	Jayam Dalal, Lay Member
Scribe	Nimo Jama, Quality Support Officer		

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
S1.1	**Patient safety** The quality review team heard that there were high numbers of patients being referred from the emergency department to the general and emergency surgical teams. These referrals included patients under the age of three from the paediatric emergency department. The educational leads were particularly concerned with this as they informed the quality review team that they had no specialised paediatric training to care for these patients but had nonetheless felt obligated to accept the referrals as the emergency department was overstretched and often understaffed. The quality review team heard that the Trust had a policy to refer emergency paediatric patients to St George's University Hospitals NHS Foundation Trust but this frequently did not happen, as the surgery team were often seen as the easier option to refer the paediatric patients on to.	Yes, see Ref. S1.1
S1.2	**Serious incidents and professional duty of candour** Trainees reported that they received feedback from the Datix reports they submitted, although this often took some time due to the length of time it took to investigate cases. There were no other concerns reported.	
S1.3	**Appropriate level of clinical supervision** There were no concerns reported with clinical supervision; trainees were complimentary of the responsiveness of their clinical supervisors (CSs) when they needed to call on them. Higher surgical trainees (HST) were also very supportive of the core surgical trainees (CST) as HSTs were readily available to support them.	
S1.4	**Responsibilities for patient care appropriate for stage of education and training** The CST, HST and the education supervisors reported that the referrals coming from the ED were largely inappropriate. The patients that were referred were up to 75% of the time discharged by the general and emergency surgeons as they were inappropriate referrals. The quality review team heard that a HST had at one time discharged 11 out of 12 referrals from ED in one shift. The quality review team heard that many of the patients that were referred had medical issues rather than general surgical issues but were nonetheless referred to the surgery teams as the medical teams had refused to take on those patients. If a CST did agree to see a patient, that patient would automatically be under their treatment which put more pressure on the trainees and increased their workload. The out-of-hours cover appeared to be more problematic with the CSTs reporting that there was no physical consultant presence in the ED at night from whom advice could be readily sought, which had exacerbated this issue. The ESs and CSs corroborated this stating that they themselves felt compelled to take patients on that were referred from the ED, even if they might not be appropriate as the breach target was more important. The quality review team heard there was pattern of patient referrals increasing within minutes of the four hour target being breached by the ED.	Yes, see Ref. S1.4
S1.5	**Rotas** The quality review team was pleased to be informed that the core level rota had been separated from the trauma and orthopaedic rotas, which had made the CST rota more	

	stable. There was also the recent addition of an extra core trainee on weekends which trainees and trainers welcomed. However, the college tutor recognised that the rota was still not full as the core trainee year two (CT2) had left the post two months earlier than planned. The rota operated with four CSTs and four HSTs but the department was short of one HST. Despite being supplemented with Trust doctors and locums covering shifts, it was barely manageable and further difficulties were experienced with absences. There were three less than full time trainees (LTFT) at HST level, one operating at 70% and two at 60% each. The college tutor stated that this had affected the on call rota especially; as there was a need to find a locum to cover the unfilled shifts which was difficult to do. The CSTs reported that the rota could do with improvement structurally; it was coordinated by an administrative member of staff who lacked the experience for what was needed on the shop floor and the rota could therefore be messy. The CSTs stated they were stretched but they also found themselves rostered on at the same time with another CST for the on call rota and so they often had to swap around to ensure that there was cover. The quality review team heard that these concerns had been discussed with the department but there had been no action taken to make the required changes. During the review it had come to light that the rota was constructed in such a way that CSTs would be rostered on for seven nights in a block and would rostered off for four days to recover. Thus they spent 50% of the time being either on call, or covering nights which the quality review team heard wasted ample teaching opportunity. It was reported that in total the trainees had lost 11 non-training days which happened every eight weeks due to the structure of the rota. In order to make up for lost training the CSTs reported that they had moved their zero days around in order that they could attend theatre, or would attend the theatre at out-of-hours with the higher trainee. On non-zero days they could not justify the need to attend theatre, so felt like they missed opportunities for learning in this regard as well.	Yes, see Ref. S1.5a Yes, see Ref. S1.5b
S1.6	**Induction** There were no issues reported with the induction process and both trainees and trainers confirmed that there was a formal induction in place for trainees at all levels.	
S1.7	**Handover** The handover process was reported on positively: both CSTs and HSTs alike informed the visit team that the department was very cohesive in this respect and there was consultant and higher trainee presence at handover meeting every morning at 8am. The quality review team was informed that patients were properly tracked and discussed at such meetings before being disseminated to the relevant consultant for care.	

GMC Theme 2) Educational governance and leadership

Standards

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

S2.1	**Effective, transparent and clearly understood educational governance systems and processes** The college tutor informed the quality review team that a local faculty group (LFG) needed to be properly established. The Trust used to have clinical governance meeting, which they were moving away from and plans were in place where there would be a functioning LFG that was appropriately minuted. The quality review team heard that the department had initiated a survey to review the general wellbeing of trainees in order that all issues could be identified and dealt with. The result of the survey had identified one part time trainee who had expressed some concerns; however following discussions with the educational leads, their concerns had been dealt with. The quality review team heard from one trainee that other slight tensions in the department earlier on in the year, but these had since been resolved.	
S2.2	**Impact of service design on learners** The quality review team heard that there was no surgical assessment unit (SAU) at the Trust. There was an acute assessment unit (AAU) with eight bays, but most of these were for medical patients. There was also an acute care unit (ACU) where patients were fast- tracked from the ED but again the patients could be for variety of specialties. There was no identifiable unit which surgical patients could be treated. Considering the high number of referrals that were being received from the ED, the quality review team felt it was necessary that a SAU be established at the Trust. The visit team heard that trainees were incessantly called down to the ED when in theatre so it became apparent that there needed to be a unit where surgical referrals could be held pending review, which would simultaneously resolve the ED breach time.	Yes, see Ref. S2.2
GMC Theme 3) Supporting learners		
Standards **S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.**		
S3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The trainees that were interviewed reported that they found the surgery department to be supportive. The consultant body was approachable and there was a good atmosphere overall. As a training post the trainees stated they would recommend their post to another trainee and could even spend another year working in their surgical post. However, the quality review team heard that the trainees, particularly the CSTs felt unduly pressured to take on patients referred by ED to avoid breaching waiting targets. Even when in theatre the trainees reported they would be constantly called to go down to the ED. When patients were nearing the four hour breach time, the number of patients being referred, the telephone calls and bleeps to the trainees would increase to the point where they felt harassed. When trainees attended the ED, they found the higher trainees to be unnecessarily argumentative and not following protocol. The CSTs reported the staff in ED to be unhelpful as they refused to prescribe fluids, or provide gas treatment for the patients that presented to the ED but were deemed to be for the surgical teams. The quality review team heard this was a frustrating process for the CSTs. When questioned whether they would have their families treated at the Trust the trainees answered no if the relative was to initially present to the ED but they would recommend the elective surgical service.	Yes, see Ref. S3.1

S3.3	**Access to study leave** The visit team heard that a CST was unable to attend a course which was planned months in advance and would have complied with the six weeks' notice period that was required for study leave. This was due to a compressed rota at the CST level and the inability for the trainee to find cover for their on call shift. The quality review team was of the view that since this was not a mandatory course no further action was required in this respect, but the Trust was advised to review the CST rota considering the general impact it had on workload and training (see Ref S1.5 above).	
S3.4	**Regular, constructive and meaningful feedback** The trainers reported that they held meetings with trainees where trainees' performance was reviewed. However, it appeared that the educational supervisors were at times tentative to give open feedback where trainees were underperforming. The quality review team felt that trainees should receive feedback regarding their competence even if the feedback was not always to be well received. This could be where a trainee was falling below the standard required for training as it was paramount that patient safety was ensured at all times. The quality review team reaffirmed that measures should be put in place where the feedback was formalised and recorded.	

GMC Theme 4) Supporting educators

Standards

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

S4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The quality review team heard that there was a drive to reduce supported programmed activity (SPA) in the department. Educational supervisors did not have the required 0.25 PA per trainee recognised in their job plan and that this had been an issue of contention in the department. Although the Trust recognised SPA time for education in the Trust job planning guidance this was not being consistently implemented. There has been no combined departmental job planning to allocate educational SPAs.	Yes, see Ref. S4.2

GMC Theme 5) Developing and implementing curricula and assessments

Standards

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

S5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** Both CSTs and HSTs reported that the introduction of an emergency firm since April	

	2016 was an excellent component in their training as was their experience in colorectal and upper gastrointestinal training. The HSTs reported that they had ownership of the patients and had the opportunity to examine and manage them. The consultants were reported to be good at exposing the trainees to a variety of cases which gave them confidence. On the other hand, the educational and clinical supervisors reported there was an imbalance in the experience received by the core trainees in terms of emergency and elective surgical experience. Trainees were predominantly rostered on for emergency and received very little elective experience. The consultants indicated that there were difficulties balancing this out. However, the quality review team felt this was something that needed to be addressed at department level.	

Good Practice and Requirements

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
S1.1	Children under the age of five years are being referred from the emergency Paediatric department. Paediatric cases under five years of age seen by paediatricians should not be referred by the paediatricians to general or emergency surgeons. They should be referred to paediatric surgeons at St George's University Hospitals NHS Foundation Trust. Children aged five to ten should be discussed consultant to consultant level but they should consider making arrangements with paediatric surgeons.	Provide plan of action within five days.	R1.1

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
S1.4	The Trust is to review the referral policy from the emergency department to the core, general and emergency surgery teams. These referrals should be from higher emergency medicine trainees only.	The Trust is to review the referral policy and provide a copy of the policy. The Trust is to ensure that all staff across the emergency department and surgical teams are aware of the policy. Please provide copies of LFG minutes in which this is discussed.	R1.9
S1.5a	The Trust is to involve a higher surgical trainee in the coordination of the core surgical trainees' rota alongside the administrative support.	The Trust is to confirm that a higher trainee is involved in the creation of the core surgical trainee rota. Please provide copies of LFG minutes in which this is discussed.	R1.12
S1.5b	The Trust is to review the CST on-call rota to ensure that the rota does not impact on	The Trust is to review the on-call rota to ensure it does not impact on trainees'	R1.12

	trainees access to education and training.	education and training. The Trust should undertake a curriculum mapping exercise to ensure that trainees are receiving adequate experience across all departments within the core surgical training rotation.	
S3.1	The Trust is to review the behaviours between the ED and surgical teams to ensure that no bullying and undermining behaviour is shown.	The Trust is required to compile a report on the bullying and undermining behaviour with the emergency medicine department and the surgical teams. The Trust should provide a robust response to any untoward behaviour and support trainees. Please provide copies of LFG minutes in which this is discussed.	R3.3
S4.2	The Trust should review the job plans of educational supervisors to ensure that those involved in training and education are remunerated appropriately. This should be inclusive of all academic, research, and audit activities.	The Trust is required to provide a database of all supervisors demonstrating PA allocation of 0.25 PA for each supervisee (up to a maximum of four supervisees).	R2.10

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
S2.2	The Trust is to establish a surgical assessment unit where surgical patients can be fully assessed.	The Trust is to provide evidence of a review into the provision of a surgical assessment unit.	

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Professor Nigel Standfield, Head of School for Surgery
Date:	29 September 2016