QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust (Queen's Hospital)
Foundation Surgery
Risk-based Review (Focus Group)

Quality Review report

7 November 2016

Final Report

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Quality Review details

Background to review	The Foundation School Director, the Foundation School Manager and Trust Liaison Dean for North East London met to discuss the learning and training environment for trainees in foundation surgery currently on rotation at Queen's Hospital (Barking, Havering and Redbridge University Hospitals NHS Trust). The issues regarding this programme had been on-going for a number of years and were highlighted in an on-site visit undertaken by Health Education England in November 2015, during which a significant number of patient safety issues were raised. There had been a failure to progress with the action plans and GMC NTS 2016 also continued to demonstrate persistent red outliers. A further report from the Foundation Training Programme Director at Queen's Hospital expressed concern at persistent lack of engagement and progress. A review of the Trust GMC NTS 2016 action plans suggested a failure of recognition of the issues by the department. In regard to the Surgery foundation year one (F1) programme in the General Medical Council National Training Survey (GMC NTS) 2016, three pink outliers were generated for; 'access to educational resources', 'adequate experience' and 'overall satisfaction' and a red outlier was generated for 'supportive environment. For the Surgery F1 programme, four pink outliers were generated for; 'access to educational resources', 'clinical supervision', 'induction' and 'supportive environment' and two reds were generated in relation to 'handover' and 'overall satisfaction'. The issues were particularly concentrated at the Queen's Hospital site while the King George Hospital F1s reported a much better experience. At the Education Lead Conversation held with the Trust on 11 October 2016, the Trust was notified that a meeting would be taking place with the Foundation School Director in which a decision would be made as to whether the learning environment at Queen's Hospital was suitable for trainees or whether they would need to be removed from the programme. At this meeting the team considered all available evidence including: the previous visit report, the Foundation School survey, the GMC NTS Trend analysis, the visit and GMC NTS action plans, a summary of the current issues from the Foundation Training Programme Director and the responses received from the Trust to date. 1. It was recognised that although the Trust reported two consultants were on call at all times and all acute patients were seen twice a day by consultants (personal communication from School of Surgery), there was evidence from trainees reporting that inpatients received only one consultant ward round week. There were recognised rota gaps at the core trainee level and higher specialty trainees reportedly spent the majority of their time in operating theatres. This did not provide any supervision or educational feedback opportunities to F1s who were left to manage patients on their own. 2. There was no consultant / higher trainee-led regular departmental teaching. 3. The trainees received no exposure to surgical lists or minor operation lists. 4. The trainees received no exposure to surgical clinics. 5. There were no opportunities to attend mortality and morbidity (M&Ms), multi-disciplinary teaching or pathology meetings. There were no formal teaching surgical ward rounds. Amongst the data that was considered, there was no evidence of actual situations available where trainees were asked to act beyond their competence or any patients being actually put at risk from the current cohort of trainees. Despite the issues raised and a persistent lack of engagement from the department or progress demonstrated, it was noted that the evidence was

	submitted by the previous cohort of trainees who were at the Trust and not those currently at Queen's Hospital on rotation. It was felt that due to the historical nature of this evidence a further focus group with the current trainees was necessary in order to gain their insight and discover their views of the training environment in which they were currently working. This focus group was scheduled to take place on the 7 November 2016.
Training programme / specialty reviewed	Foundation year one surgical training
Number and grade of trainees and trainers interviewed	The review panel met nine foundation year one (F1) surgical trainees. Three trainees were on annual leave and were not able to participate.
Review summary and outcomes	The quality review panel heard that efforts were being made to transform the surgical department but the trainees were not confident that there would be drastic changes implemented immediately. The trainees felt the culture at the Trust needed to be changed and that there should be more importance placed on patient care and on training and education. On a positive note, the trainees were all extremely complimentary of the consultants' skills and on the whole felt that they wanted the trainees to enjoy their time in the post and surgery. However, the review panel heard that at times the department did not appear to be very cohesive and communication was ineffective. The review panel heard high praise for the Trust grade doctor who had been newly appointed; trainees confirmed that this appointment had made a positive improvement to the department. The quality review panel recognised that it would take some time to change the negative culture as this had been an on-going issue for a number of years. However, the quality review team was confident that if the Trust implemented its recommendations the department could make significant improvements prior to the arrival of the new set of foundation trainees. The trainees suggested the following solutions in order to change the learning environment within the department for foundation trainees: • Increase the number of F1 trainees which would alleviate the problems they faced, as this would have a positive impact upon cross-covering and work would be more adequately allocated. However, it was felt that this could also be achieved by moving to a ward-based system as opposed to team-based. • Ensure that F1 rotas were more aligned with their consultants'. • Have an engaged named consultant on the ward every week providing training. • Ensure that the newly implemented Thursday teaching took place. • Ensure that a third higher trainee was on duty at the weekends every week • Increase the number of core trainees on the ward. • Introduce more physician assistants to help with some of the administrative tasks. Some of the trainees were concerned that workload may increase if an additional consultant was recruited whereas the number of F1s remained the same. Overall, the trainees reported that they would not recommend Queen's Hospital to their friends and family to attend for treatment. Only three out of the nine trainees interviewed commented that they recommend their posts, and it should be noted that these were the trainees who reported that they wanted to pursue a surgical career. The quality review panel acknowledged the Trust's hard work and determination to change the department for the better, but felt that there were there still major

	issues which needed to be addressed immediately.

Quality Review Team			
HEE Review Lead	Keren Davies	**Learning Environment Quality Coordinator**	Elizabeth Dailly
Foundation School Manager	Sara Davenport	**Trust Liaison Dean / County Dean**	Indranil Chakravorty
Scribe	Azeem Madari		

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
F1.1	**Patient safety** The trainees reported that there had been occasions where they had to review and felt pressure to discharge patients after interventional radiology procedures who were under the vascular surgical team. In addition the foundation trainees in vascular felt there was a lot of pressure to discharge the day surgery unit patients from nursing staff/matrons. The trainees reported they would typically try to do the pre-assessment and then ring the higher trainee to ask them to discharge them, but higher trainees were not always available and the F1s would have to ring round to find assistance. The trainees interviewed were of the general consensus that there was a lack of support from senior staff in vascular. Some trainees felt that on occasion they were asked to work beyond their competence and were placed situations where they had insufficient clinical knowledge. The trainees reported that workload was intense and sometimes unmanageable as it varied significantly. The trainees sometimes struggled to cross-cover different teams as they often had to cross-cover up to four consultants, and felt consultants did not understand they had other patients to see who were not on their list. It was reported	Yes, see below F1.1

	that post-on call F1s could on occasion be expected to take care of up to 45 patients. Trainees reported that on at least three occasions patients who were sent from the Emergency Department (ED) or Medical Assessment unit (MAU) had not been accepted by the surgical teams, as no proper referral had been made, and were left on the wards for several days without senior review. It was reported that there had been occasions when a patient did not have a named consultant which the trainees found concerning. It was reported that there was no clearly understood or publicised escalation policy for F1s who might be concerned about a patient under their care.	
F1.2	**Rotas** The trainees reported the rota was structured well but there was room for improvement as some trainees reported that they did not know who their direct clinical supervisor was during their shifts. It was reported that the rota did not identify their clinical supervisors and trainees had to make several phone calls to request assistance. The quality review team felt there should be a ward-based system in surgery with a dedicated consultant of the week who would supervise trainees on all three surgical wards. The review team suggested that workload should be distributed equally amongst the 12 F1s. The review panel heard that the Trust had recently appointed a Trust grade doctor who appeared enthusiastic and knowledgeable in terms of teaching F1s but had only been appointed three weeks prior to the review. The individual in post provided support as a mentor, had been extremely helpful, managed the rota well and provided pastoral support. In addition, it was reported that the mentor arranged the newly implemented education sessions which took place on Thursday and was an excellent teacher. Furthermore, the Trust had recently started trying to ensure that three higher trainees were on at the weekend (and at times the new Trust grade doctor had filled one of these slots) but in general this was a bank shift and therefore it was not always guaranteed that a third higher trainee would be available. The trainees reported that the consultant rota did not match the F1 rota and ward rounds were not cohesive enough for them to have one trainee on at the same time as their consultant. The trainees reported that it was difficult to conduct a ward round whilst being on post take and there was insufficient time to manage other tasks. Some trainees reported that they were offered to attend clinics and theatre, but many had not been able to attend as their workload was too high. It was reported that there were rota gaps within the department and some of the posts were covered by locum staff. All the trainees reported they were working beyond their allocated working hours and were unable to leave on time. The Trust had undertaken a monitoring exercise but this had taken place during half term, when many consultants were off so work had been particularly light. Trainees felt that it was not representative of what they actually did and suggested that it needed to be redone. It was reported that there were concerns that the number of consultants would be increasing but the number of F1s would be staying the same which would lead to more cross-covering. The trainees reported their rota was more concentrated on administrative tasks and did not contain much clinical work. Trainees felt that if the Trust hired more physician assistants it would help with the administrative tasks. The trainees reported that many systems at Queen's Hospital were still paper-based; they suggested that an electronic system should be introduced. The review panel felt it would be beneficial for all F1s to attend eight clinics and eight theatre sessions including minor ops during their four month placement.	Yes, see below F1.2 Yes, see below F1.2a Yes, see below F1.2b
F1.3	**Induction** All the trainees reported they had received their induction within one month of starting their post. However, they stated that their department induction had not been sufficiently robust: they had not received a thorough introduction to the department or	

	appropriate information about protocols. The trainees reported that surgery protocols were not disseminated among all the trainees and that they had to ask other trainees for advice. There were also discussions that the Queen's Hospital intranet webpage was not user friendly and it was difficult to locate guidelines in relation to surgery. In addition, there were examples where protocols gave conflicting directions.	
F1.4	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The trainees reported that ward rounds were not always consultant led and that they did not have enough opportunity to present patients which in turn hampered their learning opportunities. A number of trainees reported that they had not been able to participate in quality improvement projects whilst in the post and they felt they did not have the adequate support to do so.	Yes, see below F1.4
F1.5	**Protected time for learning and organised educational sessions** The trainees reported that they could attend their monthly foundation teaching sessions; however, they were often called and bleeped throughout the sessions. Also it was reported that nurses often questioned their allocated teaching time and would question the amount of time they were allocated for training.	Yes, see below F1.5
F1.6	**Adequate time and resources to complete assessments required by the curriculum** The trainees reported that they had weekly surgical teaching, where there were case-based discussions and during which they presented journal articles. It was reported that one week it was led by a higher trainee and one week it was led by F1s. However, they sometimes felt that higher teaching on Tuesday mornings was pitched at too high a level for F1s. The trainees felt they did not have enough clerking opportunities and that this was predominantly a senior staff task in which the trainees did not have enough involvement. The trainees reported that their learning through ward rounds varied depending on which consultant they undertook this with. A few trainees felt that some consultants were more engaging than others and more enthusiastic about teaching. The trainees felt that the onus was on them to ask for further information and that they were expected to be more proactive about asking questions, however due to their workload many felt they did not have time to prolong the ward rounds by asking such questions. The trainees also stated that they did not ask many questions because they wanted to complete the ward round as quickly as possible so that they could return to their other heavy workload.	Yes, see below F1.6
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.**		
F2.1	**Organisation to ensure time in trainers' job plans** The review panel noted that communication between the consultants and trainees was inadequate. Clarification on job plans was also insufficient and trainees sometimes did not know where their consultants were on different days of the week. It was reported	

	the trainees would try and figure out which consultant was on duty on the day. The review panel noted there needed to be openness regarding consultant timetables with contact details so trainees knew who to contact.	
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.**		
F3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The trainees reported that they had all met with their educational supervisors, yet not all had had meetings with clinical supervisors. Not all trainees had been able to successfully complete work-place-based assessments and have them signed off.	Yes, see below F3.1
F3.2	**Regular, constructive and meaningful feedback** The trainees reported they did not receive regular feedback from their trainers as their main concentration was on service provision. The trainees reported they did not have regular informal meetings with their clinical supervisors and commented that they would appreciate more dialogue in relation to cases. Trainees reported that although monthly M&M meetings and governance meetings took place, they were not always required or able to attend due to their workload. Furthermore, not all trainees were aware of the Local Faculty Group meetings that took place.	Yes, see below F3.2a Yes, see below F3.2b

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
F1.1	F1s should not be required to review or discharge patients post-interventional and day surgical procedures without direct middle grade or consultant supervision.	The Trust to provide evidence that this practice has ceased and will not recommence. This should be monitored.	R1.8
F1.2a	There should be regular consultant ward rounds including weekly teaching rounds.	The Trust should provide evidence that this is in place, Please provide ward round timetable which should detail which are teaching rounds.	R1.15
F1.2b	All F1s should attend at least eight clinics and eight theatre sessions including minor operations during their four month placement.	The Trust should provide copies of trainee timetables and evidence of delivery against this.	R1.15 R1.19
F1.4	There should be a dedicated consultant lead for QI projects for supervision and support provided to all F1s.	Please provide the name of this consultant and evidence of a plan of QI activity involving F1s.	R1.22
F1.5	F1s should be released to attend 'bleep-free'	The Trust to provide evidence that this	R1.18

	monthly mandatory teaching.	has been implemented.ie attendance sheet and evidence of 'bleep-free' learning.	
F1.6	All F1s should clerk an average of four patients per on call, present them on consultant ward rounds and receive feedback.	The Trust should provide evidence that this is in place, e,g. audit results.	R1.15
F3.1	Clinical supervisor meetings should be undertaken formally every month and documented in the trainees' portfolio with feedback on progress being made.	The Trust to provide evidence that this is in place and that this issue is being monitored.	R3.13
F3.2a	F1s should be released and supported to attend all morbidity and mortality and governance meetings.	Please confirm that this is in place. This should be monitored and evidence submitted.	R3.13
F3.2b	There should be regular consultant–F1 meeting and monthly local faculty group meetings.	Please confirm that these are in place, and submit minutes from meetings.	R3.13

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
F1.2	There should be a ward-based system in surgery with a dedicated consultant of the week who will supervise trainees on all three surgical wards. The workload should be distributed equally amongst the 12 F1s who will be based on four wards. Clinical responsibility for care of patients should be via middle-grade and consultant of the week.	Review the current ward system, and provide outcome of review including details of any plans to introduce a ward-based system.	R1.7

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	*Dr Keren Davies*
Date:	*6 December 2016*

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.