

# Royal Free London NHS Foundation Trust Foundation Surgery Risk-based Review (on-site visit)



## Quality Review report

7 and 21 February 2017

Final Report

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## Quality Review details

<b>Background to review</b>	<p>A Risk-based Review was conducted on 7 and 21 February 2017 where a number of specialties were reviewed over the course of the review. This included Foundation Surgery, Surgery, Core Anaesthetics and Intensive Care Medicine, Gastroenterology and Rheumatology.</p> <p>The review to foundation surgery was instigated due to a number of red outliers received in the GMC NTS results for 2016 for foundation surgery training. These included ten red outliers in Surgery Foundation year one (F1) at the Barnet Hospital site and six at the Royal Free Hospital site. Surgery F2 generated three red outliers and Plastic Surgery generated eight pink outliers. The quality review team was keen to explore these areas in order to ascertain if progress had been made in addressing them.</p> <p>There was one patient safety comment (out of a total of six) in the 2016 GMC NTS in General Surgery (Barnet Hospital) regarding staff shortages and poor handover as well as unmanageable patient numbers through the emergency department (ED) and an inadequate environment to review and talk to patients.</p>
<b>Training programme / learner group reviewed</b>	<p>The quality review team reviewed the training environment across the surgery department for foundation training at the Barnet Hospital and the Royal Free Hospital sites.</p>
<b>Number of learners and educators from each training programme</b>	<p>The review panel had the opportunity to meet with a number of foundation year one and two trainees from the general surgery and trauma and orthopaedic surgical department from both hospital sites. Over the course of the first day, the following grades were interviewed:</p> <ul style="list-style-type: none"> <li>• Nine foundation training year one (F1) trainees</li> <li>• Five foundation training year two (F2) trainees</li> </ul> <p>At the Royal Free Hospital site, the review team met the following:</p> <ul style="list-style-type: none"> <li>• Twelve foundation training year one (F1) trainees</li> <li>• One foundation training year two (F2) trainee</li> </ul> <p>The review team also met with two foundation training programme directors (FTPDs) and a total of five educational supervisors (ES) and clinical supervisors (CS) at the Barnet Hospital site and seven at the Royal Free Hospital site.</p>
<b>Review summary and outcomes</b>	<p>The quality review team would like to thank the Trust for accommodating the review and all of those who attended.</p> <p>The quality review team was pleased to note the following positive areas that were working well with foundation surgery training across the Barnet Hospital and Royal Free Hospital site, as outlined below:</p> <p><b>Barnet Hospital:</b></p> <ul style="list-style-type: none"> <li>• The quality review team was impressed that one of the consultants had revitalised teaching and training opportunities in general surgery. The review team heard that a Trust educational lead/Royal College of Surgeons (RCS) tutor post would be advertised soon and would be recruited into. The trainees provided unanimous feedback that there was a strong feeling of belonging in the team.</li> </ul>

- It was noted that all general surgery and trauma and orthopaedic surgery trainees would recommend this training post to friends and family.
- The quality review team was impressed with the organisation and structure of the trauma and orthopaedic surgery rota.

**Royal Free Hospital:**

- The quality review team heard that there was a general feeling of support and a positive culture amongst the educational and supervisors within foundation surgery.
- The foundation surgery trainees and educational supervisors stated that a focused Local Faculty Group for foundation had recently been implemented at the Royal Free Hospital site and this received positive comments from the educational supervisors and trainees alike.
- The review team was pleased to hear that a locum perioperative physician had been recruited and in place since September 2016 leading to very positive feedback in terms of supervision. The review team recommended that this post was converted into a substantive post to enable good learning practices to continue within foundation surgery.

However, the quality review team identified some areas of improvement within foundation surgery training across both sites which included:

**Barnet Hospital:**

- The quality review team noted that there needed to be a review of the general surgery rota and that this needed to be structured in terms of timetables, theatre and outpatient clinic sessions. The review team heard that on several occasions there had been a lack of clarity regarding who was responsible for conducting ward rounds and when they should take place.
- It was reported that generic teaching was not protected. The foundation trainees reported this was 'hit and miss' and prone to be cancelled without warning on a number of occasions.
- A number of trainees had observed undermining behaviour from a senior member of the surgical team in the presence of patients. This behaviour would appear to be an exception rather than the norm and the review team felt this was not acceptable.

**Royal Free Hospital:**

The review panel identified the following serious concern and as a result, issued the Trust with an Immediate Mandatory Requirement (IMR):

- F1s were reported to be carrying out regular orthopaedic ward rounds either alone or with a locum doctor at core trainee, with no consultant ward round for several days at a time. The Trust was required to ensure a daily ward round was conducted with either a consultant or a higher surgical trainee at specialty training (ST) level.

Further areas requiring improvement were as follows:

- The review panel heard that there was a lack of formal and informal teaching opportunities offered to foundation surgical trainees as well as a lack of feedback provided based on their clinical decisions.

- The quality review team advised that the handover process needed to be more robust and structured, as this was not always taking place.
- The review panel remained concerned about the detrimental effects of workload on training opportunities and patient safety, therefore the Trust was required to look at ways of mitigating this, for example, by recruiting clinical fellows, middle grades, physician associates or Clinical Nurse Specialists to ensure support of foundation trainees in surgery.

## Educational overview and progress since last visit – summary of Trust presentation

### Barnet Hospital

The quality review team heard that Barnet and Chase Farm Hospitals NHS Trust was acquired by the Royal Free Foundation Trust in July 2014. Following the acquisition, the Trust had reconfigured some services such as urology which now has its inpatient service centralised at the Royal Free Hospital site but with urology day and elective surgery at Barnet Hospital and Chase Farm Hospitals.

The FTPDs at the Barnet Hospital site informed the review panel that there had been significant changes within the surgical department, in terms of education and training. The quality review team was informed of the changes within the vascular consultant body as a result of the merger of the two Trusts. Consequently, the vascular service was based at the Royal Free Hospital site at the time of the review.

### Royal Free Hospital

The review panel heard that the vascular department had inherited a lot of patients without an increase in resources and heard that several specialties within the Trust such as medicine and surgery were receiving a high volume of patient referrals and this rise was growing, again without an increase in resources.

The quality review team heard from the foundation training programme directors at the Royal Free Hospital site that there were positive things to report within the vascular department and things were improving. It was reported that a new consultant in surgical medicine had been appointed within the vascular department in September 2016 who was a very good source of senior support for the foundation trainees. The FTPDs stated that daily morning ward rounds were conducted and that foundation trainees were able to call this consultant for support when seeing sick patients. The review panel heard that although this post was locum until September 2017, foundation trainees received a lot of support from the appointment of this new consultant. Concerns were raised that this was not yet a substantive post and that it would require further support for example a trainee at SPR level, which may facilitate expansion of this service and support to surgical foundation trainees across other sub specialities.

The FTPDs at the Royal Free Hospital site felt quite strongly about the different requirements imposed on the foundation surgical teams at the Royal Free Hospital site, and stated that this was not benefiting them or their surgical training and advised what they required was more medical assistance in surgery such as getting physicians to conduct more ward rounds. Therefore, the FTPDs reported that the urology department had submitted a business case for four physician associates. It was reported that the urology department and T&O covered each other, which had both advantages and disadvantages. The review panel heard that part of the problem was that both departments required assistance from a doctor at the same time. The FTPDs believed that on the whole, foundation doctors enjoyed their roles, but there were issues with workload reported.

The review panel heard that there was a significant conflict between training and service delivery (which was considered to be very heavy).

The educational and clinical supervisors at the Royal Free Hospital site praised the Director of Medical Education and informed the review team that the Sheila Sherlock Centre had undergone significant changes within the few years prior to the review and as a group they felt that part of the problem was the massive overlap since the merger, as they were not able to see the managerial support or medical support put in place since the

merger.

### Quality Review Team – Barnet Hospital

<b>HEE Review Lead</b>	Dr Dan Farrar, Director of North Central Thames Foundation School	<b>External Clinician</b>	Mr Ahmed Abidia, General Surgeon & Foundation Programme Director The Princess Alexandra Hospital NHS Trust
<b>Trust Liaison Dean/County Dean</b>	Dr Andrew Deaner, Trust Liaison Dean Health Education North Central and East London	<b>Foundation School Representative</b>	Ms Sabine Schütte, Foundation School Manager North Central Thames Foundation School
<b>Lay Member</b>	Catherine Walker, Lay Representative	<b>Scribe</b>	Jannatul Shahena, Quality Support Officer, Health Education England London and the South East

### Quality Review Team – Royal Free Hospital

<b>HEE Review Lead</b>	Dr Dan Farrar, Director of North Central Thames Foundation School	<b>External Clinician</b>	Mr Raymond Anakwe Director Medical Education Surgery, Cancer and Cardiovascular Services Imperial College NHS Trust
<b>Foundation School Representative</b>	Ms Sabine Schütte, Foundation School Manager North Central Thames Foundation School	<b>Trainee Representative</b>	Miss Priya Patel, Darzi Fellow in Multi- Professional Foundation Training Health Education England
<b>Lay Member</b>	Caroline Turnbull, Lay Representative	<b>Observer</b>	Dr Shanti Paramothayan Associate Foundation Dean
<b>Scribe</b>	Jannatul Shahena, Quality Support Officer, Health Education England London and the South East		

## Findings

**1. Learning environment and culture****HEE Quality Standards**

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
FS1.1	<p><b>Patient safety</b></p> <p><u>Barnet Hospital site</u></p> <p>There were no patient safety concerns raised at the review.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team was concerned to hear that F1s were reported to be carrying out regular orthopaedic ward rounds either alone or with a locum doctor at core trainee level, with no consultant ward round for several days at a time.</p> <p>The review panel identified flaws regarding the handover in terms of structure and process at the Royal Free Hospital site, which meant that there was no formalised process for handing over surgical cases. Please see further details in handover section of the report.</p>	Yes, please see FS1.1 below
FS1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p><u>Barnet Hospital site</u></p> <p>The quality review team heard that there were no serious incidents reported at the time of the review and that the general surgery and trauma and orthopaedic surgery (T&amp;O) trainees were aware of the Datix reporting system put in place and that appropriate feedback was received from clinical incidents when reported. The review panel heard that F1 and F2 trainees did not report incidents, due to the lengthy process that was involved, but it was reported that a good culture existed, where trainees were encouraged to report serious incidents.</p> <p>The quality review team heard from the F2 trainees that one of the educational supervisors held weekly meetings on Fridays where trainees were able to approach them directly regarding any concerns they may have.</p>	



	<p><u>Royal Free Hospital site</u></p> <p>The F1s at the Royal Free Hospital site reported that they were encouraged to report serious incidents. Trainees felt a datix system was time-consuming and very few had submitted a form, although others recognised that there were times when they should have. When incidents occurred, trainees felt able to discuss and escalate concerns if appropriate.</p>	Yes, please see FS1.2 below
FS1.3	<p><b>Appropriate level of clinical supervision</b></p> <p><u>Royal Free Hospital site</u></p> <p>Please see FS1.1 above.</p>	
FS1.5	<p><b>Taking consent</b></p> <p><u>Barnet Hospital site</u></p> <p>The general surgery F2s reported that they did not consent patients.</p>	
FS1.6	<p><b>Rotas</b></p> <p><u>Barnet Hospital site</u></p> <p>The quality review team heard that there were eight F1 trainees working across trauma and orthopaedic surgery and general surgery. It was reported that although the surgical specialties previously faced many rota issues; these had largely resolved at the time of the review.</p> <p><u>General Surgery</u></p> <p>The general surgery F1s reported that the ward rounds worked well. These were led by the higher general surgery trainees, which took place late morning although they did not happen on a daily basis. The review panel heard that consultant led ward rounds were held twice a week for two of the consultants. However, the F1 general surgery trainees stressed the importance of a daily ward round led by a higher trainee, to support and enhance learning opportunities. There was a feeling that the organisation of day to day timetable was less formal than the T&amp;O department. In addition, the review panel heard that the weekend ward rounds were manageable in comparison to other specialties such as medicine, but workload was variable.</p> <p>On an overall basis, the F1s confirmed that the surgical department was flexible towards the arrangement of 'zero hours' day' and stated that they had the flexibility of changing days with their colleagues if they preferred to take it on another day.</p> <p>In addition, the F1s stated that the experience they received from the medical take was very good, but opportunities to gain theatre exposure were limited, although they were able to do so when they were on the on-call shift. There was a suggestion that at least one 'timetabled' theatre session and outpatient sessions would be beneficial.</p> <p><u>Trauma and Orthopaedic Surgery</u></p> <p>The T&amp;O department had a very structured rota ensuring the trainee is timetabled well in advance including outpatient activity, theatre and zero days. The T&amp;O F2s stated that they felt appreciated and felt part of a team. They felt that it was evidence that they were not there for service provision only, but for learning opportunities. The review panel heard that the working hours of the F2s were 8am to 5pm per day and that they worked a weekend shift once a month as well as night shifts. The F2s reported that that the daily duties of their job were reasonable and they did not feel like they were being left alone at any point in their training placement. In addition, the F2s reported that they were able to cross-cover their colleagues and felt this was a great learning opportunity, as they were able to gain exposure to other surgical specialties.</p>	

<p>The T&amp;O F1 role was felt to be relatively supernumerary and more of a medical troubleshooting. They did not have the opportunity to attend outpatient clinic sessions or gain any exposure to them, other than occasionally having a half day to attend clinic, therefore they felt that this limited their teaching and learning opportunities. The T&amp;O F1 was felt to be a role where the trainee could feel pressurised to make clinical decisions on their own at times but overall enjoyed their role.</p> <p>The review panel heard that there was a 'NCEPOD' higher trainee and consultant on the rota. During the day, there was an on call higher trainee and on call consultant. The educational and clinical supervisors reported that the foundation surgery training had three sub teams which included general surgeons and colorectal surgeons. However, it was reported that there were no vascular surgeons at the Barnet Hospital site.</p> <p>All foundation surgery trainees were happy with their training posts and would recommend the training to friends and colleagues.</p> <p><u>General Surgery</u></p> <p>The general surgery F2s reported that they had not been in clinic and had limited theatre exposure, and confirmed that they would like to have more exposure to teaching sessions. Similarly, the F1s reported that there were a lot of cancelled elective theatre sessions, which limited their teaching and learning opportunities within foundation surgery. On the other hand, the general surgery F1s stated that although their post was a busy role, it provided sufficient learning opportunities.</p> <p>The review panel heard that all elective surgery was based at the Chase Farm Hospital site.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team heard that at any one time, there were seventeen F1s in and a total of six F2s based at the Royal Free Hospital site. Some F1 rotations included posts which have two of their three, four month attachments as a surgical post. F1 trainees were represented from all surgical specialities including general surgery, T&amp;O, vascular and the urology department. Regarding the F2 rota, the review panel heard that there were two F2s in plastic surgery, two in the T&amp;O department and two in the O&amp;G department. However, the review team met with one F2 from the urology department.</p> <p>The quality review team heard that the general surgery and the T&amp;O department cross-covered each other and had their on call shifts together. Similarly, the vascular and colorectal department cross-covered each other. It was reported that a consultant anaesthetist managed the rota for all F1s and F2s. The review panel heard from FTPDs and trainees that these posts were mainly focused on service delivery.</p> <p><u>Trauma and Orthopaedic Surgery</u></p> <p>The F1s also stated that T&amp;O department shared their on calls and that there were two F1s at any one time. The general surgery and the T&amp;O department shared the rota and there were six F1s on the rota at any one time.</p> <p>The quality review team heard from the T&amp;O F1s that they felt that their working days were very long and that a typical day within the T&amp;O department was from 8am - 8pm if they were on an on-call shift. The review panel heard that the T&amp;O service operated with two F1s and a locum at core surgical trainee level. The T&amp;O F1s stated that they were fortunate enough to have a locum doctor at core trainee level who was based in one of the surgical wards and was able to answer any questions that they may have had. Concerns were raised that this position would not exist from August 2017 and the impact would be there would be no safety net, which may be detrimental to patient safety. The review team heard that consultant and higher</p>	<p>Yes, please see FS1.6a below</p> <p>Yes, please see FS1.6b</p>
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<p>trainee ward rounds were felt to be infrequent and were very surgical focussed. As a result of this, support for medical issues had to be sought elsewhere.</p> <p>The T&amp;O F1s reported that there was often a feeling of uncertainty amongst them as to what was required of them and suggested it would be helpful if there was a discussion about this with the senior team to enable some structure and an expectation of what an F1 should do and what time they should leave their shift. The quality review team heard from the T&amp;O F1s that they felt somewhat unsafe, as there was no dedicated ward round in the T&amp;O department, unlike the urology department. Again this was affecting the teaching and learning opportunities within foundation surgery training.</p> <p>The FTPDs reported that an orthopaedic clinical fellow had been in post but would soon be leaving in August 2017. The FTPDs and trainees felt this post was very valuable in terms of supervision, teaching and learning and were clear that possible loss of this post would be very detrimental and as such should be continued.</p> <p><u>General Surgery</u></p> <p>The review panel heard that the general surgery department had a Consultant of the Week rota. The quality review team heard that there was an acute general surgeon within the general surgery department who had a surgical higher trainee working with them as well two F2s. The general surgery F1s stated that they completed ward rounds every morning with the consultant and higher surgical trainee. The quality review team heard that the F1s worked with the colorectal surgery higher trainees for a week, before rotating onto another surgical speciality.</p> <p><u>Vascular Surgery</u></p> <p>It was reported there were four vascular trainees at the time of the review. The quality review team heard that the vascular department had a colour system, which consisted of four colours, and as an F1, they covered two colours each day. However, it was reported that this was not ideal, as they ended up covering two teams on the same day, and there was a possibility that they could miss two ward rounds as they both ran simultaneously, which impacted their foundation surgery learning. All F1s praised the higher surgical trainees and the review panel heard that they were a friendly team who were happy to be contacted, although very busy at times. The review team noted that there was a need for a staff grade or a clinical fellow working within the vascular department and heard that although there was a locum vascular core trainee, they were always placed on night shifts, so did not make contribution to the daytime activities. The quality review team heard that during the weekend on call shift, there was an F1 based in each sub surgical speciality such as the colorectal and the T&amp;O department. Overall, the structure of the vascular rota was good, ward rounds took place, although this could be more organised as trainees could not be in two places at the same time.</p> <p>On the whole, all F1s reported that the higher surgical trainee on duty covered the colorectal ward, emergency department and all other areas of the surgical speciality. However, it was reported that although many higher surgical trainees were very supportive, some would not be present to support foundation trainees on the on-call shift until Sunday evening. Therefore, there was a need to ensure senior trainees had what was expected of them made clear at weekends.</p> <p><u>Urology</u></p> <p>The review panel heard that the urology cover was good with a good exposure of learning taking place. The urology F2 informed the quality review team that although they did not view surgery as their career path, they were enjoying their training within the department and felt very well supported by the team. The review panel heard the trainee enjoyed learning about urological surgical procedures. The quality review team heard that the F2 was happy with the current set-up, and praised the two urology F1s and the F2 that worked with the trainee and the panel heard how</p>	<p>Yes, please see FS1.6c below</p> <p>Yes, please see FS1.6d below</p>
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	<p>competent they were at their jobs with a reasonable amount of learning experience. It was also reported that all on-call weekend shifts were at nights, which was fair. The F2 also praised all higher surgical trainees and found them very helpful, supportive and easily contactable. The quality review team heard that an F2 usually saw the T&amp;O sick patients and referred to the higher trainee if they required any clinical clarification.</p> <p>Regarding the night on call shifts, the quality review team heard that the general surgery higher trainee mostly saw all general surgery referrals, and the urology F1 and F2 covered the ward and saw patients which varied from urology, general surgery and T&amp;O patients.</p> <p>The quality review team heard that the outreach team was very good and supportive.</p>	
FS1.7	<p><b>Induction</b></p> <p><u>Barnet Hospital site</u></p> <p>The F1s and F2s reported that the Trust induction was of standard quality. The quality review panel heard that F2s had not received enough information prior to attending induction. The local inductions for surgery were reported to have not been useful and informative as some trainees had not been given information regarding the structure of their timetables. However, those trainees who had attended, stated that it was good.</p> <p>Some F2s reported that they had missed the formal induction due to being on the night shift in the emergency department. However, on the other hand, the quality review team was pleased to hear of an occasion where the consultant had gone through the induction processes and presentation with the trainee and answered any questions they had.</p> <p>In contrast to the above, the F2 trainees informed the review panel that although the induction was good, not all questions were answered for example study leave, instead they were advised to ask previous F2.</p>	Yes, please see FS1.7 below
FS1.8	<p><b>Handover</b></p> <p><u>Barnet Hospital site</u></p> <p>The general surgery F1s reported that the handover process worked well within the general surgery department and that handover took place at 8 to 8.30pm each day. It was reported that the handover was formally documented with good consultant presence and concerns were addressed on a daily basis.</p> <p>It was reported that the trainees would hand over to the vascular trainee on ward cover duties between 5pm-8pm on the on-call shift. The quality review team heard that this handover was informal, and took place either face to face, via text or by phone call.</p> <p>The review panel heard that the F2s did night shifts with the support of the higher surgical trainee. However, it was reported that they were not regular trainees working at the Trust, but were research trainees from The Royal Marsden NHS Foundation Trust.</p> <p>In addition, the F1s reported that the weekend handover worked well. This was a formal handover with an electronic list of patients that were reviewed. The review panel heard that the second handover took place between the F1 leaving the day shift at 10pm to the F1 on the on-call shift, which was less formal. The F2s reported that although the evening handover was less formal, patients were still discussed properly.</p> <p><u>Royal Free Hospital site</u></p> <p>The FTPDs informed the review panel that the vascular department and the Surgical Assessment Unit (SAU) had a handover system in place. The quality review team</p>	

	<p>heard that the ortho-geriatric handover took place every day. An orthopaedic foundation trainee assisted the consultant physician. It was reported that the orthopaedic department was well staffed in terms of trainees at both foundation and core level.</p> <p>The F2 informed the review panel that the night handover needed to be more structured and formalised, to enable trainees at all training grades to be kept well informed.</p> <p>Urology and general surgery handover worked well and it was reported that there were two F1s and two F2s on the urology rota. The review panel heard that during the on call shift that there were two twilight hours during which the F1 was alone. The F2 reported that they did on calls and night shifts.</p> <p>The urology F2 would hand over to the F1 in the morning and in the instance of admitting a patient, the F2 would speak to the higher surgical trainee on the phone and provide updates on the patient. The review panel heard that the F2 would carry out a formal handover with the F1s but conduct a courtesy phone call to the higher surgical trainee whilst providing updates regarding the urology patients. This reportedly worked well, and the F2 was happy with the process, and stated that they did have not any issues calling the higher trainees and felt confident in doing so.</p>	Yes, please see FS1.8 below
FS1.9	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p><u>Barnet Hospital site</u></p> <p>The quality review team was pleased to hear that all foundation trainees commented that they were happy with their training posts and would recommend their post to others wishing to pursue a career in medicine.</p> <p><u>Royal Free Hospital site</u></p> <p>Only four of the twelve F1s that the review team met would recommend their training post to colleagues.</p> <p>The T&amp;O F1s stated that the consultants and higher surgical trainees were very keen for trainees to go to theatre, but due to service provision, they were unable to do so, which was impacting their learning and clinical experiences.</p> <p>The educational and clinical supervisors informed the review panel that the foundation surgery trainees appreciated the clinical exposure they received from the emergency department (ED) as they were able to receive exposure from different elements of surgery.</p>	Yes, please FS1.9 below.
FS1.10	<p><b>Protected time for learning and organised educational sessions</b></p> <p><u>Barnet Hospital site</u></p> <p>It was reported that there seemed to be a pattern where trainees were unable to meet with their ES for their one-to-one sessions, as half of the consultant body within the surgical department were locum consultants, and were therefore unable to fulfil the role of an educational supervisor.</p> <p>The quality review team heard from the FTPDs that trainees were having difficulties attending teaching sessions and protected teaching. It was reported that F1 teaching took place every Tuesday for an hour, with surgical teaching sessions taking place on Fridays every week. However, the review panel heard that although the Grand Round was not frequent, it was a useful learning opportunity whenever it did take place.</p> <p>The F1s informed the review panel that they were receiving a broad experience within their training placement with plenty of learning opportunities, but they</p>	Yes, please see FS1.10 below

<p>confirmed that this depended on the higher trainee that was supporting them.</p> <p>Similarly, the T&amp;O F2s reported that departmental teaching sessions took place every Tuesday. In addition, daily trauma teaching sessions took place, which trainees found useful, as it was a good learning opportunity to look at imaging scans.</p> <p>The general surgery F2s reported that the Grand Round was held on Fridays which was well attended by trainees. The trainees stated that they had time to attend this and provided good feedback on this.</p> <p>The review panel heard a lot of positive feedback from all F1s and F2s, who unanimously praised the efforts of an educational supervisor and their engagement towards teaching and learning opportunities at the Barnet Hospital site. This supervisor was praised by the Foundation Surgery Review Lead when formal feedback was given.</p> <p><u>Royal Free Hospital site</u></p> <p>The FTPDs informed the review panel that trauma teaching meetings were held on a daily basis within the T&amp;O department.</p> <p>On an overall basis, all F1s from various surgical specialities stated that their senior colleagues were very keen to offer teaching sessions. Unfortunately, due to time constraints, they were unable to do so. For example, the F1s reported that although the higher trainees were very supportive and keen to offer teaching, they did not have the time within their job plans to do so, and on the rare instances when they did offer teaching, it was often interrupted.</p> <p>As well as formal teaching sessions, the F1s received one hour protected teaching per week which was offered on Tuesdays. The review panel heard that the F1s were due to have allocated teaching sessions on Tuesday afternoons, but this had not happened. It was reported that they received one hour of generic teaching session per week. In addition, the review panel heard that ward teaching sessions were due to take place on Thursday evenings; again due to time constraints they are unable to do so.</p> <p>On the other hand, F2 teaching was held on Thursdays and trainees had the opportunity to attend, as they were able to cover each other.</p> <p>The F1s and F2 reported that a lot of the work they did could be completed by other colleagues such as Nurse Practitioners or Physician Associates, as it would enable them to take the burden off some of their less educational related work. The foundation surgery trainees unanimously reported that the training environment was a good one to learn and train in, if the above improvements were made to enhance training opportunities, it would be a very good place to work in.</p> <p>The educational supervisors informed the quality review team that as they had initiated the Systematic Training in Acute Illness Recognition and Treatment for Surgery (START) course three years prior to the review and were delivering this to foundation surgery trainees. The review panel heard that 90 surgery trainees had attended this course in the first year and 102 in the second year and confirmed that every surgical trainee had attended this course.</p> <p>It was reported by the educational supervisors that the vascular perioperative physician had introduced Wednesday lunch time teaching sessions, which were separate from generic teaching sessions offered within foundation surgery. The quality review team heard that Membership of the Royal College of Surgeons (MRCS) and Fellowship of the Royal College of Surgeons (FRCS) teaching programmes would be introduced in the near future, for trainees interested in pursuing a career as a surgeon. In addition, the review panel heard that that the ED consultant offered F1 and F2 teaching programmes where broad surgical aspects were covered.</p>	<p>Yes, please see FS1.10 below.</p>
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FS1.11	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p><u>Royal Free Hospital site</u></p> <p>The F1s from both T&amp;O and general surgical specialities confirmed that they could undertake workplace-based assessments.</p>	
FS1.12	<p><b>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</b></p> <p><u>Barnet Hospital site</u></p> <p>All F1s and F2s confirmed that they had access to an education supervisor, and that they were engaged in education and training.</p> <p>The quality review team heard reports of other educational supervisors who were not based at the Barnet Hospital site, but based at Chase Farm Hospital, however they were keen and engaged with teaching and training.</p>	

## 2. Educational governance and leadership

### HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

FS2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p><u>Barnet Hospital site</u></p> <p>The T&amp;O and general surgery trainees reported that the culture of the workplace was very positive and supportive. Some general surgery trainees reported that they were working with very good surgeons.</p> <p>The quality review team heard from the FTPDs that the local faculty groups were not working well and required improvement within the surgical department, with a few exceptions.</p> <p>However, in contrast to the above, the educational and clinical supervisors stated that Local Faculty Groups (LFGs) were in place and the Head of General Surgery for Chase Farm Hospital and Barnet Hospital site attended most of these and reported that foundation training was discussed at the most recent meeting that took place prior to the quality review.</p> <p><u>Royal Free Hospital site</u></p> <p>Both the foundation surgery trainees (F1s and F2) and the educational and clinical supervisors confirmed that they had recently implemented a Local Faculty Group to</p>	<p>Yes, please see FS2.1 below</p>
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	deal with issues in teaching and learning, particularly for F1s and F2.	
FS2.2	<p><b>Impact of service design on learner</b></p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team heard that a locum perioperative physician had been in post since September 2016. The primary aim of this post was to give medical input to complex surgical (primarily vascular) patients, to provide support to the foundation trainees as well as provide a mentoring role to the trainees and oversee Quality Improvement projects. In addition, the physician worked with foundation surgery consultant colleagues and provided support as when required.</p> <p>The educational and clinical supervisors informed the quality review team that the perioperative physician role allowed plenty of learning opportunities to foundation surgery trainees. Trainees were encouraged to see the patients and provide feedback based on their clinical decisions made. The review panel heard that as this was a specialist role, cover was not provided in the absence of the physician when on leave. The quality review team heard that foundation surgery trainees felt well supported by the perioperative physician post that the physician's time was split time between the colorectal and vascular ward.</p>	
FS2.3	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p><u>Barnet Hospital site</u></p> <p>The FTPDs reported that there was a system in place for raising concerns. The quality review team heard that the FTPDs also held one to one sessions with trainees, as well as educational supervisors, although this was the role of an ES. The quality review team advised the FTPDs that as training programme directors, they should be overseeing education and training within the surgical specialities and not play the role of ES.</p>	Yes, please see FS2.3 below
FS2.4	<p><b>Organisation to ensure access to a named clinical supervisor</b></p> <p><u>Barnet Hospital site</u></p> <p>The quality review team heard that foundation trainees had access to a named clinical supervisor and were able to approach them directly if they had any concerns. However, there were some reports of trainees not being able to access their clinical supervisors due to them working once a week, although all were able to access alternative clinical support when needed. Some F1s reported that they needed to change their clinical supervisors as they rarely had the opportunity to meet them, as a result of timetable issues and because they were not based at the Trust.</p> <p><u>Royal Free Hospital site</u></p> <p>The F1s reported that they had an initial meeting with their clinical supervisors to go through their portfolio, but did not see them at other time due to workload constraints.</p>	
FS2.5	<p><b>Organisation to ensure access to a named educational supervisor</b></p> <p><u>Royal Free Hospital site</u></p> <p>Some F1s from the Royal Free Hospital site reported that they were aware of who their educational supervisors were, but due to workload and time constraints, they were unable to work with them and had not seen them since the first meeting when they started their foundation training.</p>	Yes, please see FS2.5 below

### 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 and to achieve the learning outcomes required.**

**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**

FS3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p><u>Barnet Hospital site</u></p> <p>The quality review team heard that a number of trainees had observed, on at least one occasion, undermining behaviour towards another trainee in front of a patient.</p>	Yes, please see FS3.1 below
FS3.2	<p><b>Access to study leave</b></p> <p><u>Barnet Hospital site</u></p> <p>The F2s reported that mandatory study leave was good to organise and that they were able to attend teaching sessions such as 'Step on to 3' without any difficulties. Annual leave was reportedly easy to organise and trainees did not have any difficulties in requesting leave.</p> <p><u>Royal Free Hospital site</u></p> <p>The F2s at the Royal Free Hospital site reported that study leave was difficult to organise with the current rota system in place at the time of the review. However, claiming expenses from study leave was not problematic.</p>	Yes, please see FS3.2 below

#### 4. Supporting and empowering educators

##### HEE Quality Standards

**4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.**

**4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.**

FS4.1	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p><u>Barnet Hospital site</u></p> <p>The educational and clinical supervisors informed the review panel that the foundation surgery consultant body had locum consultants some of whom had been in locum posts for five years. The three locum consultants practically ran the service and were very good educational supervisors. The review panel heard that interviews for substantive consultant surgical posts would be held in March 2017 and it was reported that certain educational supervisors' posts had not been filled since 2012.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team heard that some of the educational supervisors were offered 0.25 SPA time within their job plans but this varied.</p>	
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## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

Immediate Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
FS1.1	F1s at the Royal Free Hospital site were reported to be carrying out regular orthopaedic ward rounds either alone or with a locum doctor (core-trainee level), with no consultant ward round for several days at a time.	The Trust is required to ensure a daily ward round is conducted with either a consultant or a higher surgical trainee at ST level.	R1.7

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
FS1.2	The Trust is required to ensure that a mechanism is in place to ensure trainees at the Royal Free Hospital site report and escalate incidents and receive feedback as a result.  The Trust is required to encourage trainees to report incidents.	The Trust is required to provide details of what has been put in place regarding incident reporting, escalation and feedback.	R1.1
FS1.6b	The Trust is required to ensure all T&O F1s at the Royal Free Hospital site have adequate clinical supervision when working on the wards.	Compliance with this action should be monitored through LFG meetings and follow-up actions taken.	R1.9
FS1.6c	The Trust is required to ensure that daily, formalised ward rounds are conducted in the T&O department at the Royal Free Hospital site.	The Trust is required to submit evidence that ward rounds are being conducted within the T&O department.	R1.9
FS1.7	The Trust is required to ensure that all foundation trainees in the general surgery and trauma and orthopaedic surgery departments receive an adequate local induction when commencing training placements at the Barnet Hospital site.	The Trust is required to submit confirmation of induction arrangements as well as induction material. The Trust is required to circulate an induction survey to trainees and submit feedback received. Performance of induction should be monitored through LFG meetings.	R1.13
FS1.8	The Trust is required to review the night	The Trust is required to submit standard	R1.14

	handover processes at the Royal Free Hospital site. The Trust is required to create standard operating procedures for handover sessions and implement set times for the night handover.	operating procedures document and night handover timetable, and records of attendance.	
FS1.10	The Trust is required to ensure that all foundation surgery trainees at the Barnet Hospital site are able to attend protected teaching and that they are organised and relevant to the curriculum.	The Trust is required to submit evidence that trainees are able to attend teaching sessions, e.g. copy of teaching register.  Compliance with this action should be monitored through LFG meetings and follow-up actions taken.	R1.12
FS2.1	The Trust is required to implement regular local faculty groups within all surgical sub-specialities that report appropriately to the PGMDE.	The Trust is required to submit minutes of surgical LFG meetings at the Barnet Hospital site.	R4.2
FS2.5	The Trust is required to ensure that all foundation surgery trainees at both hospital sites have access to a named educational supervisor, and have the opportunity to meet with them on a frequent basis.	The Trust is required to submit copies of one to one sessions of these meetings with trainees at both hospital sites.	R1.8, R1.18
FS3.1	Clinical leads should hold regular meetings with the trainees to confirm that the behaviours identified have been resolved.  Consultants who behave in a manner that undermines the professional confidence of trainees should receive appropriate training with reflection.	The Medical Director should submit a statement outlining how this issue has been addressed.	R3.3, R3.1
FS3.2	The Trust is required to ensure that the trainees' rota at the Royal Free Hospital site permits them to take study leave, when needed.	Provide confirmation that trainees are able to take study leave, if sufficient notice is given, when requested.	R3.12

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
FS1.6a	The Trust is required to ensure that all foundation surgery trainees at the Barnet Hospital site are able to attend a number of outpatient clinics.  The Trust is required to plan timetables to ensure that training opportunities are not lost due to predictable rota gaps.	The Trust is required to submit trainee attendance at trauma and orthopaedic and general surgery clinics.  Compliance of this action should be monitored through the foundation surgery LFGs.	R1.7, R1.8, R1.15,
FS1.6d	The Trust is required to ensure that middle	The Trust is required to provide evidence	

	grade surgical supervision continues within the T&O department at the Royal Free Hospital site.	that alternative support would be put in place.	R1.12
FS1.9	The Trust is required to ensure that where possible trauma and orthopaedic and general surgery operating lists at the Royal Free Hospital site are fairly distributed to foundation trainees according to their educational needs and appropriately organised by each sub-specialty. The Trust is required to ensure that foundation surgery trainees have adequate exposure to surgical procedures.	The Trust is required to complete a three-month audit demonstrating the distribution of attendance at operating lists of the trainees.  Compliance of this action should be monitored through the sub specialty LFGs.	R1.15
FS2.3	The Trust is required to review the role of an educational supervisor, to enable FTPDs to lead on education and training opportunities within the surgical specialties at the Barnet Hospital.	The Trust is required to provide details of the outcome of this review.	R1.15

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

Requirement	Responsibility
N/A	

#### Signed

<b>By the HEE Review Lead on behalf of the Quality Review Team:</b>	Dr Dan Farrar, Director of North Central Thames Foundation School
<b>Date:</b>	30 March 2017

#### 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.