

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



Quality Review report

7 and 21 February 2017

Final report

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Quality Review details

<p>Background to review</p>	<p>The risk-based review (on-site visit) to surgery at the Royal Free London NHS Foundation Trust was organised in order to review the core surgical training as well as the training within general surgery and trauma and orthopaedic (T&O) surgery at the Barnet Hospital site. Furthermore, these surgical specialties were reviewed at the Royal Free Hospital site in addition to plastic surgery.</p> <p>The General Medical Council National Training Survey (GMC NTS) in 2016 generated one patient safety comment (out of a total of six) 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>
<p>Training programme / learner group reviewed</p>	<p><u>Barnet Hospital site</u></p> <p>The quality review team met with core surgical trainees as well as higher trainees in general surgery (including those sub-specialising in colorectal and breast surgery) and T&O.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team met with core surgical trainees as well as higher trainees in general surgery (including those sub-specialising in colorectal, transplant and vascular surgery), T&O and plastic surgery.</p>
<p>Number of learners and educators from each training programme</p>	<p><u>Barnet Hospital site</u></p> <p>The quality review team met with three core surgical trainees and six higher trainees in the above specialties, at the following grades:</p> <ul style="list-style-type: none"> • Core surgical training year 1, • Core surgical training year 2, • Specialty training year 4, • Specialty training year 5, • Specialty training year 7, • Specialty training year 8. <p>The quality review team also met with seven trainers in general surgery and T&O.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team met with six core surgical trainees and fifteen higher trainees in the above specialties, at the following grades:</p> <ul style="list-style-type: none"> • Core surgical training year 1, • Core surgical training year 2, • Specialty training year 3, • Specialty training year 4, • Specialty training year 5, • Specialty training year 6, • Specialty training year 7, • Specialty training year 8. <p>The quality review team also met with seven trainers in plastic surgery, vascular</p>

<p>Review summary and outcomes</p>	<p>surgery and T&O.</p>
	<p><u>Barnet Hospital site</u></p> <p>Health Education England would like to thank the Trust for accommodating the risk-based review.</p> <p>The quality review team was informed by all trainees that they received a positive training experience at the site and that the consultants were approachable and supportive.</p> <p>During the course of the review, some areas for improvement were identified, as specified below:</p> <ul style="list-style-type: none"> • The quality review team was informed that some trainees in T&O were not receiving adequate exposure to trauma lists. • The quality review team heard that the formal morbidity and mortality (M&M) meetings at the Trust took place once every three months, which was deemed insufficient. • The quality review team heard that there were no lockers available for use by trainees. • It was reported that when doing breast lists at the Chase Farm Hospital site, the plastic surgeons otherwise based at the Royal Free Hospital site worked with their own higher trainees. As such, this practice limited the experience available to the higher trainees based at the Barnet Hospital site in breast surgery. • It was reported by the majority of trainees, that there was a lack of computers for their use at the site. The Trust should review whether there are adequate computer numbers for trainees and endeavour to get more, if needed. • The quality review team was informed that regarding T&O, there were adequate numbers of trainees for the workload. However, there was concern that the proposed removal of the three non-training grade junior doctors may detrimentally impact upon the quality of training. <p>All of the trainees from across specialties advised that they would recommend the post to a colleague.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team was disappointed by the number of trainees in attendance at some of the sessions at the Royal Free Hospital site. This was despite HEE having given the Trust twelve weeks' notice of the risk-based review and organising the on-site visits at both the Barnet Hospital and Royal Free Hospital sites, in order to ensure good trainee representation.</p> <p>The quality review team was pleased to hear that trainees across all surgical specialties reported having received a positive training experience. Some of the trainees had requested to stay at the Trust as a result of the training opportunities available there. Furthermore, trainees reported that the majority of consultants within the department were approachable and that they felt well supported.</p> <p>However, the quality review team heard that there were a minority of consultants within vascular surgery who bullied and undermined trainees. Similar concerns had also previously been raised within hepatology, biliary and pancreatic (HBP) surgery. It was reported by the trainees that although such instances had been reported, the Trust had not taken adequate action to resolve the issue.</p> <p>During the course of the review, additional areas for improvement were identified as specified below:</p> <ul style="list-style-type: none"> • The quality review team heard that understaffing at the Trust (especially regarding core surgical trainees) was having an impact on trainees. The Head of School for Surgery suggested that the Trust considered

expanding the surgical team (e.g. non-training grade doctors, physician assistants and clinical nurse specialists).

- The quality review team heard that some of the higher trainees in general surgery clerked patients for theatre due to shortages of core surgical trainees to complete these duties.
- The core surgical trainees advised that the system of working two consecutive night shifts did not work.
- The quality review team heard that there was only one core surgical trainee covering T&O on the on-call rota.
- The quality review team heard that some of the core surgical trainees in T&O had only attended four trauma lists over a four-month period.
- The quality review team was informed that there were seven trainees on the T&O rota (from the Stanmore rotation) although the minimum requirement for the rota was eight.
- The higher trainees in T&O reported being phoned at night by junior trainees in the emergency department, with inappropriate questions in some cases.
- The quality review team heard that the higher trainee in renal transplant covered the urology out-of-hours rota and was inappropriate for such a trainee to be expected to give specialist urological advice to clinically cover another surgical specialty.
- The quality review team heard from the higher trainees in plastic surgery that the process for getting annual leave and study leave signed off was neither transparent nor equitable. Furthermore, in some cases requests that had previously been agreed were subsequently cancelled.
- Higher trainees in vascular surgery reported not receiving adequate endovascular experience.
- The quality review team heard from the plastic surgery trainees that the teaching within the department was trainee-led and that consultants did not provide formal teaching sessions due to recent changes within their programmed activities (PA) allocation. However, the trainers subsequently informed the quality review team that there was consultant presence at the teaching sessions but that many trainees often did not attend.
- The higher trainees in plastic surgery informed the quality review team that there were no Local Faculty Groups (LFG) with trainee representation, in the department.

Quality Review Team

Barnet Hospital site – 7 February 2017		Royal Free Hospital site – 21 February 2017	
HEE Review Lead	Professor Nigel Standfield, Head of the London Specialty School of Surgery	HEE Review Lead	Professor Nigel Standfield, Head of the London Specialty School of Surgery
External Clinician	Mr Kash Akhtar, Consultant Trauma & Orthopaedic Surgeon, Barts Health NHS Trust	Lead Provider Representative (General Surgery)	Miss Jennifer Hu, Training Programme Director – North East, Barts Health NHS Trust
Lay Member	Jane Chapman, Lay Representative	Lead Provider Representative (Plastic Surgery)	Mr Jonathan Simmons, Consultant Plastic and

			Reconstructive Surgeon, Imperial College Healthcare NHS Trust
Scribe	Kate Neilson, Learning Environment Quality Coordinator	External Clinician (Trauma & Orthopaedic Surgery)	Mr Reza Mobasheri, Consultant Trauma & Orthopaedic Surgeon, Imperial Healthcare NHS Trust
		Lay Member	Jane Chapman, Lay Representative
		Scribe	Kate Neilson, Learning Environment Quality Coordinator

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
S1.1	<p>Patient safety</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team was advised by all of the surgical trainees they met with that they had no concerns regarding patient safety at the site.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team was advised by all of the surgical trainees they met with that they had no concerns regarding patient safety at the site.</p>	
S1.2	<p>Serious incidents and professional duty of candour</p> <p><u>Barnet Hospital site</u></p> <p>Whilst none of the trainees met by the quality review team had submitted a serious</p>	

	<p>incident report via Datix, they advised that they knew how to escalate any concerns they had.</p> <p><u>Royal Free Hospital site</u></p> <p>The core surgical trainees advised that they had not reported any serious incidents.</p>	
S1.3	<p>Appropriate level of clinical supervision</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team heard from all of the trainees across surgical specialties that both the higher trainees and consultant body were approachable and available to give advice, including when on call. As such, they felt well supervised and supported.</p> <p><u>Royal Free Hospital site</u></p> <p>The higher trainees in plastic surgery advised the quality review team that they felt well supported in terms of clinical supervision and that adequate support was available out of hours, although this varied from consultant to consultant. They noted that they were never in a position where they were not able to access consultant advice and that the majority of consultants were approachable.</p> <p>Regarding the trainees within other specialties, no issues around clinical supervision were raised. However, some of the trainers expressed concern around the levels of clinical supervision available to foundation trainees and noted that this was not adequate. As foundation training was not part of the remit of this panel, this issue was dealt with in the foundation surgery review (please see report for related actions).</p>	
S1.4	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team heard from the higher trainees in general surgery that as a result of the lack of core surgical trainees, they had to take on extra duties such as clerking patients for surgery. Such duties would otherwise have provided a good learning opportunity for core surgical trainees, if there were adequate numbers within the department. Furthermore, as core surgical trainees covered urology, T&O and vascular surgery when on call, there was not much opportunity for them to support higher trainees covering other sub-specialties.</p>	<p>Yes. See ref S1.4 below.</p>
S1.5	<p>Rotas</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team was advised by the higher trainees in general surgery that at the time of the review, two higher trainees had recently left and that the rota gaps were being covered by locums.</p> <p>The core surgical trainees with experience of general surgery reported receiving a positive training experience with good opportunities in terms of theatre lists. It was noted that these trainees were supernumerary.</p> <p>The core surgical trainees in T&O advised that they did not receive as much theatre time as expected although the quality of the exposure they had was good.</p> <p>The quality review team was informed that some of the ST4 trainees in T&O were not receiving adequate exposure to trauma lists, as a result of the consultants they worked with not being on the trauma rota. These trainees advised that out of the fifteen consultants, five of them were not on the trauma rota so the higher trainees working with such consultants did not receive a trauma week (other trainees received this trauma week in six months). Furthermore, when in theatre these higher trainees worked with another higher trainee so there was not much opportunity to get adequate experience. These trainees expressed frustration that despite not receiving trauma theatre time, they were required to cover the on call trauma service for service provision, including covering the emergency department (ED). It was noted that the three non-training grade junior doctors were on the trauma rota and so obtained this experience.</p> <p>The ST4 trainees advised that they had escalated the issue of lack of exposure to trauma lists to their educational supervisors, although when the quality review team</p>	<p>Yes. See ref S1.5a below.</p>

<p>met with the trainers they appeared to be unaware of this concern.</p> <p>The higher trainees advised that on average they did four or five clinics and three theatre sessions a week (plus the trauma week for those on the rota). Moreover, some of the higher trainees in T&O advised that the day case surgery centre had recently been closed which had impacted on their theatre time. These trainees had previously done one list a week which had decreased to one list in the four weeks prior to the review. As a result, some of these trainees raised concern around the impact that this may have on the training experience for subsequent trainees.</p> <p><u>Royal Free Hospital site</u></p> <p>The core surgical trainees in vascular surgery reported receiving a good training experience both in terms of access to theatre lists and attendance at clinics. This was due to the fact that these trainees were supernumerary and foundation year one (F1) trainees covered the ward duties.</p> <p>The quality review team heard from the core surgical trainees in plastic surgery that they received good access to theatre lists and were able to attend theatre most days when not on call, on nights or on the ward week (which each trainee did once every eight weeks). Furthermore, these trainees mainly undertook elective cases, although there was some hand trauma exposure and they were taught by both consultants and higher trainees. They also noted that they attended hand trauma clinics only and that other clinics were covered by the higher trainees. The quality review team heard that higher trainees were available either in clinics or on the ward, should core surgical trainees require advice when in clinic.</p> <p>The core surgical trainees in T&O advised that whilst they attended theatre, there was a lack of hands-on experience as consultants and higher trainees did most of the operating. Furthermore, due to shortages on the rota, core surgical trainees were required to cover a lot of night shifts, which had made it difficult to gain trauma experience with one trainee reporting only attending four trauma lists over a four-month period. However, it was noted that at the time of the risk-based review, the situation with the rota was hoped to improve due to the addition of a trainee in general practice (GP). Moreover, F1 trainees had also been added to the night rota which the trainees noted had made it safer, although there were still only six trainees despite a minimum requirement of eight. Regarding the night rota, one core surgical trainee covered T&O, urology as well as vascular surgery (occasionally general surgery and renal transplant also) and the pattern was such that they worked two consecutive night shifts. These trainees noted that this did not work well and that they would prefer to work blocks of four nights in a row.</p> <p>The quality review team heard from the higher trainees in colorectal surgery that whilst they received a good training experience, access to theatre lists was lacking as they only attended an average of two lists a week. Moreover, these trainees advised that they attended on average, three to four clinics a week although the requirement was only two clinics a week.</p> <p>The higher trainees in general surgery told the quality review team that the minimal numbers of core surgical trainees made it difficult for such trainees to benefit from the learning opportunities available in the department. Moreover, due to the burden of covering night shifts, core surgical trainees often missed out on opportunities otherwise available during the day.</p> <p>The quality review team heard that the higher trainee in general surgery (renal transplant) covered the urology out-of-hours rota and was expected to give specialist urological advice to other departments and hospitals despite not being trained in urology.</p> <p>The higher trainees in T&O advised the quality review team that the rota had had one rota gap since October 2016, which meant that they covered extra duties, especially clinics. Whilst this rota gap had been covered by a locum prior to October 2016, the Trust had not been able to recruit a suitable replacement. These trainees reported that whilst they were non-resident on call after 8pm, they were often phoned at home with inappropriate questions from core trainees and nurses in the emergency department. Furthermore, the higher trainees in T&O advised that whilst exposure to elective cases was good, trauma experience was lacking at the site.</p>	<p>Yes. See ref S1.5b below.</p> <p>Yes. See ref S1.5a below.</p> <p>Yes. See ref S1.5c below.</p> <p>Yes. See ref S1.5d below.</p> <p>Yes. See ref S1.5e below.</p> <p>Yes. See ref</p>
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		S1.5a below.
S1.6	<p>Induction</p> <p><u>Barnet Hospital site</u></p> <p>The core surgical trainees advised that whilst they received a good local induction in T&O with a formal presentation, the general surgery induction was less formalised. It was noted that regarding general surgery, some trainees received a handover although others did not.</p> <p><u>Royal Free Hospital site</u></p> <p>The core surgical trainees told the quality review team that they all received an induction. The higher trainees did not raise any issues regarding induction.</p>	
S1.7	<p>Handover</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team was advised by the core surgical trainees in T&O that there were three handovers; at 8am, twilight as well as an evening handover at 8pm. Whilst these trainees noted that the evening handover was safe, there was no designated space for this as it was done in the general surgery office, which was also shared by general surgery colleagues. The seminar room that was used for the 8am trauma meeting was used by colleagues from the intensive therapy unit (ITU) in the evening so unavailable at this time. The core surgical trainees in general surgery noted that there was an office next to the general surgery office that may be suitable for the evening handover.</p> <p>The higher trainees in general surgery advised the quality review team that the morning handover worked well and was attended by three or four consultants. Furthermore, it was noted that this was a service handover and although scans were reviewed, formalised teaching was not attached to these.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team heard from the core surgical trainees that there were two Hospital at Night (HaN) meetings at 8.30pm and 2am. These trainees advised that the morning handover was done between specialties which worked well, as there was no surgery-wide 8am handover.</p> <p>The core surgical trainees in plastic surgery advised that the handover was previously prone to interruptions as there was no designated area to hold it, although this had been resolved by the time of the risk-based review.</p>	Yes. See ref S1.7 below.
S1.8	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team heard from the higher trainees in colorectal surgery that they received very good training opportunities at the site due to the patient caseload and exposure to 150-200 (mainly malignant) operations a year. The resultant workload was shared equally between the consultants and as such, the three trainees in colorectal surgery received similar exposure to such opportunities. These trainees also noted that the emergency workload was relatively light compared to that of other Trusts that they had worked at, which meant that they were able to complete elective lists. Moreover, research fellows covered night shifts so the higher trainees in colorectal surgery did not have to cover these. At night, the only lists were CEPOD (Confidential Enquiry into Peri-Operative Deaths) lists.</p> <p>It was reported that all breast surgery, including reconstruction, was completed at the Chase Farm Hospital site. The higher trainees in general surgery reported that when doing breast lists at the Chase Farm Hospital site, the plastic surgeons otherwise based at the Royal Free Hospital site worked with their own higher trainees. As such, this practice limited the experience available to the higher trainees based at the Barnet Hospital site in breast surgery.</p>	Yes. See ref S1.8a below.

	<p>The quality review team was advised by some of the higher trainees in general surgery that due to bed pressures, theatre lists were often cancelled which had a negative impact on their exposure to such lists. These trainees expressed concern that they were not receiving adequate experience in order to achieve their logbook numbers. Furthermore, some lists had been cancelled at the Chase Farm site due to patients being inappropriately booked in for surgery.</p> <p><u>Royal Free Hospital site</u></p> <p>The CT2 trainees advised that it was difficult to obtain experience in appendectomies due to these cases going to ST3-5 trainees. These CT2 trainees also noted that whilst there were many good learning opportunities available to them, exposure to emergencies would strengthen the experience.</p> <p>The quality review team heard from the higher trainees in vascular surgery that there was a lack of endovascular experience due to trainees not receiving hands-on experience in performing aortic work. As a result, some of these trainees reported that they felt that they had deskilled in this area. The trainers advised that there were measures in place to address the issue of trainees not receiving sufficient experience in aortic work. Furthermore, they noted that the limited exposure to endovascular cases was, in their opinion, a national problem. This issue would be addressed by the London vascular surgery/interventional radiology training programme supported and implemented by the London specialty schools of surgery and radiology.</p> <p>Furthermore, the higher trainees in vascular surgery noted that there was limited opportunity to gain experience in performing peripheral angiograms. This was due to the fact that there was no dedicated list as these were completed in the hybrid theatre so exposure to trainees was dependent upon which consultant was in theatre. In addition, as there were four higher trainees and four non-training grade junior doctors who received similar opportunities, there was not enough work for them all to get adequate experience. Moreover, as some of this work was done by radiologists, higher trainees in vascular surgery did not gain experience on these lists as this went to interventional radiology trainees.</p> <p>The higher trainees in plastic surgery advised the quality review team that overall they received a good training experience due to the size of the unit and the fact that there was a large patient catchment area. The amount of work both supervised and unsupervised was reported to be very good. Moreover, as there were three hand trauma lists every day, the learning opportunities available were multifaceted. Furthermore, these trainees reported that exposure to skin cancer was good and that there was an MDT via Skype across all three sites with input from dermatology colleagues. The quality review team heard that on average, the higher trainees in plastic surgery completed 600 cases a year. These trainees noted that the placement was more suitable for trainees at grade ST4 and above, due to the nature of the work available. There was concern raised by some of the higher trainees in plastic surgery that sometimes the allocation of work was unfair and that in some cases, non-training grade junior doctors appeared to receive preferential treatment at the expense of some trainees. The trainers advised that allocations of duties were often challenging due to the fact that there were 16 higher trainees within the service.</p>	<p>Yes. See ref S1.8b below.</p>
<p>S1.9</p>	<p>Protected time for learning and organised educational sessions</p> <p><u>Barnet Hospital site</u></p> <p>Regarding T&O, the core surgical trainees advised the quality review team that the department was friendly and encouraged teaching. The trauma meeting at 8am was used as a learning opportunity and the core surgical trainees presented cases with the support of the higher trainees, if needed. It was noted that the placement was good for examination preparation. Weekly teaching sessions took place on Tuesday lunchtime, at which the higher trainee of the week would give a one hour talk on a specific topic.</p> <p>The quality review team heard from the higher trainees in T&O that the consultants within the department were supportive and willing to teach. These trainees noted that they were not always able to attend the teaching sessions due to clinics and other duties.</p>	

	<p><u>Royal Free Hospital site</u></p> <p>The quality review team was told by the core surgical trainees and higher trainees in T&O that they attended the trauma meeting, which was reported to be a good learning opportunity.</p> <p>The higher trainees in plastic surgery advised the quality review team that teaching sessions were held on Tuesdays and Fridays, which were led by the higher trainees. Whilst some teaching had previously been consultant-led, these trainees had been informed that due to changes in PA allocations, they were no longer able to provide such sessions. However, the trainers subsequently advised the quality review team that there were occasions when consultants attended teaching sessions with low trainee attendance.</p> <p>The higher trainees in T&O advised the quality review team that there were no metal work meetings, although it was noted that clinical supervisors were willing to look at such work. These trainees reported that there were no journal clubs but there was a radiology multi-disciplinary team (MDT) meeting every Monday which was very good. There were other joint MDTs with the Barnet Hospital site, which were held approximately once a month.</p>	Yes. See ref S1.9 below.
S1.10	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team was advised by the majority of trainees, that there was a shortage of computers for their use at the site.</p>	Yes. See ref S1.10 below.
S1.11	<p>Access to simulation-based training opportunities</p> <p><u>Royal Free Hospital site</u></p> <p>The higher trainees informed the quality review team that the simulation centre at the site provided good learning opportunities.</p>	
<h2>2. Educational governance and leadership</h2>		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p> <p>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</p> <p>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.</p> <p>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</p>		
S2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p><u>Barnet Hospital site</u></p> <p>The trainees and trainers informed the quality review team that prior to the acquisition of Barnet Hospital by the Royal Free London NHS Foundation Trust, morbidity and mortality (M&M) meetings were held ten times a year. However, since the acquisition formal Trust-wide M&M meetings took place once every three months, which was deemed insufficient. At the time of the review, additional M&M meetings had recently been set up at the Barnet Hospital site in the evenings between 6-8pm, which meant</p>	Yes. See ref S2.1 below.

	<p>that some consultants and trainees were unable to attend. The trainers noted that the Trust’s management team had advised that M&M meetings should be held outside of working hours.</p> <p>Following the review, the Head of School for Surgery confirmed that the legal requirement regarding clinical governance meetings of this nature was that M&M meetings were required to be held once a month (written by the Royal College of Surgeons and taken up by the GMC) and within normal working hours (i.e. Monday-Friday 9am-5pm).</p> <p>The quality review team heard from some of the higher trainees in T&O that there was a morning trauma meeting that was attended by consultants. However, some of these trainees who had worked at Barnet Hospital prior to the acquisition, noted that consultant attendance had decreased (due to consultant job pans) since this time and that the educational value of the meeting had decreased as a result. Although some of the other higher trainees noted that consultant attendance was better at the Barnet Hospital site than in other Trusts that they had previously worked in.</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team was told by the core surgical trainees and higher trainees in T&O that they attended M&M meetings which were held once a month (occasionally there were joint M&M meetings with the Barnet Hospital site).</p>	
S2.2	<p>Impact of service design on learners</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team was informed by both the trainees and trainers that regarding T&O, there were adequate numbers of junior doctors for the workload. However, there was concern that the proposed removal of the three non-training grades junior doctors may detrimentally impact upon the quality of training and there was a risk to training posts.</p>	
S2.3	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p><u>Royal Free Hospital site</u></p> <p>The quality review team heard from the higher trainees in plastic surgery that there were no LFG meetings in the department. The trainers subsequently advised that the first LFG meeting was held in January 2017 but did not include trainee representation, although they planned to do so going forward.</p>	
S2.4	<p>Organisation to ensure access to a named educational supervisor</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team was advised that the majority of the trainees they met with across specialties, had an educational supervisor. However, some of the T&O trainees noted that their educational supervisor role was altered due to changes in consultant job planning.</p>	
<p>3. Supporting and empowering learners</p> <p>HEE Quality Standards</p> <p>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.</p> <p>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.</p>		
S3.1	<p>Access to resources to support learners’ health and wellbeing, and to educational and pastoral support</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team heard that trainees did not have access to lockers so there</p>	

	<p>were no facilities for them to securely store their belongings.</p> <p><u>Royal Free Hospital site</u></p> <p>Some of the higher trainees in plastic surgery informed the quality review team that they had difficulty in accessing annual leave,</p> <p>as the current system was not transparent and that they often waited months to find out whether it had been approved. These trainees felt that the issue centred around the consultant who was responsible for coordinating annual leave requests.</p>	<p>Yes. See ref S3.1 below.</p>
S3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p><u>Royal Free Hospital site</u></p> <p>The core surgical trainees advised the quality review team that they had not experienced any undermining behaviour whilst at the Trust. These trainees found consultants to be supportive and approachable.</p> <p>The quality review team heard from the higher trainees in vascular surgery that they experienced undermining behaviour on a daily basis, from a minority of the consultant body. Although such behaviour had been reported to the clinical director by trainees, appropriate action had not been taken by the Trust to address it. The names of the two vascular consultants were passed on to the medical director, for investigation, by the head of the London specialty school of surgery. These trainees noted that with the exception of these consultants, the department was a good department to work within and that the other consultants were supportive and approachable.</p> <p>Some of the higher trainees in general surgery also noted that there had been instances of undermining behaviour from a consultant within hepatology, biliary and pancreatic (HBP) surgery. Whilst an internal investigation had been undertaken by the Trust, it did not result in any obvious action against the consultant and the inappropriate behaviour had been allowed to continue.</p>	<p>Yes. See ref S3.2 below.</p>
S3.3	<p>Access to study leave</p> <p><u>Barnet Hospital site</u></p> <p>The quality review team heard from all of the trainees across specialties that they had no issues with access to study leave.</p> <p><u>Royal Free Hospital site</u></p> <p>Similarly to annual leave, some of the higher trainees in plastic surgery informed the quality review team that the process for achieving sign off of study leave was not transparent and that it was difficult to access. This was partly due to the fact that three higher trainees were not allowed to be on leave at the same time. In some cases, it was noted that study leave that had previously been agreed was sometimes subsequently cancelled at short notice. These trainees said that although they had raised concerns around the allocation of study leave, the situation had not improved and they did not feel listened to.</p>	<p>Yes. See S3.3 below.</p>

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

S5.1	Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum See S1.8 above.	
S5.2	Opportunities for interprofessional multidisciplinary working See S1.8 above.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The teaching provided by the T&O consultants at the Barnet Hospital site was commended by the trainees.	College Tutor	Please complete the attached proforma and return to the quality and regulation team.	30 April 2017

Immediate Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
S1.5a	<p>The Trust is required to review the trauma experience available to higher trainees in T&O who are not on the trauma rota, at the Barnet Hospital site.</p> <p>The Trust is also required to review the trauma experience available to both core surgical trainees and higher trainees in T&O, at the Royal Free Hospital site.</p> <p>The Trust should undertake an audit of the opportunities for the higher trainees in T&O to gain experience on trauma lists at the Barnet Hospital site, as well as that of the core surgical trainees and higher trainees at the Royal Free Hospital site.</p>	<p>The Trust should submit the results of the audit as well as a report which details how it plans to deal with the issues raised.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where access to trauma lists for core surgical trainees and higher trainees in T&O is discussed over a three-month period.</p>	R1.12
S1.5b	The Trust must ensure that higher trainees in T&O at the Barnet Hospital site have access to four half-day operating lists per week.	<p>The Trust should submit updated timetables which clearly show trainees' access to four half-day operating lists per week.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where the access to operating lists is discussed over a three-</p>	R1.12

		month period.	
S1.5c	<p>The Trust is required to review the pattern of night shifts undertaken by core surgical trainees at the Royal Free Hospital site. There must be eight trainees on this rota.</p> <p>The Trust should undertake a survey of the core surgical trainees in order to clarify how the night rota should be amended.</p> <p>One solution may be introducing four nights in one block and three nights in another block but the Trust should consult with the trainees around this.</p>	<p>The Trust should submit the results of the survey as well as updated copies of the rota.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where the night rota is discussed over a three-month period.</p>	R1.12
S1.5d	<p>The Trust is required to ensure that higher trainees in renal transplant at the Royal Free Hospital site, do not have responsibilities for covering urology patients on the out-of-hours rota.</p>	<p>The Trust should submit copies of the updated out-of-hours rota as well as communications sent to trainees advising them that they no longer have responsibilities for urological cover.</p>	R1.9, R1.12
S1.5e	<p>The Trust is required to ensure that when covering on-call emergencies overnight at the Royal Free Hospital site, the higher trainees in T&O are only contacted by higher trainees or consultants within the ED.</p>	<p>The Trust should develop an escalation policy for T&O emergencies, which should be communicated to all staff working within the ED and submit copies of such communications to the quality and regulation team.</p>	R1.12
S1.7	<p>The Trust is required to review the feasibility of acquiring the office space next to the general surgery office, to be used for the T&O 8pm handover at the Barnet Hospital site.</p> <p>This review should include details about whether additional computers are required to be implemented in the identified room.</p>	<p>The Trust should submit results of the review.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where suitable space for evening handover is discussed over a three-month period.</p>	R1.19
S1.8a	<p>The Trust is required to review the breast surgery experience for the higher trainees in general surgery at the Barnet Hospital site.</p> <p>The Trust should cease the practice of surgeons based at the Royal Free Hospital site working with their own higher trainees when competing lists at the Chase Farm Hospital site. This should then allow the trainees working between the Barnet Hospital and Chase Farm Hospital sites to gain experience on the breast lists.</p>	<p>The Trust should submit communications sent to the breast surgeons based at the Royal Free Hospital site advising them that when completing lists at the Chase Farm Hospital site, they should work with the higher trainees based there and not take their own higher trainees.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where access to breast lists available to higher trainees in general surgery is discussed over a three-month period.</p>	R1.12
S1.8b	<p>The Trust is required to review the endovascular experience available to higher trainees in vascular surgery at the Royal Free Hospital site.</p> <p>The Trust should undertake an audit of the opportunities for the higher trainees in vascular surgery to gain experience of endovascular work at the Royal Free Hospital site.</p>	<p>The Trust should submit the results of the audit as well as a report which details how it plans to deal with the issues raised.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where access to endovascular experience for higher trainees</p>	R1.22

		in vascular surgery is discussed over a three-month period.	
S1.9	The Trust is required to ensure that there are weekly consultant-led teaching sessions at the Royal Free Hospital site.	<p>The Trust should submit the following:</p> <ul style="list-style-type: none"> teaching timetables which indicate consultant-led teaching sessions, register of trainee attendance at these sessions. <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where consultant-led teaching sessions at the Royal Free Hospital site is discussed over a three-month period.</p>	R1.16
S1.10	The Trust is required to complete an audit in order to review whether there are adequate computer numbers for trainees within the department at the Barnet Hospital site.	<p>The Trust should submit the results of the audit and confirm how it plans to resolve any issues raised around a shortage of computers.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where computer access is discussed over a three-month period.</p>	R1.19
S2.1	The Trust is required to ensure that M&M meetings take place at least once a month within working hours (Monday-Friday, 9am-5pm).	<p>The Trust should submit an updated schedule of M&M meetings over the next six months.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where M&M meetings are discussed over a three-month period.</p>	R2.1
S3.1	The Trust is required to ensure that all surgical trainees have access to lockers at the Barnet Hospital site.	<p>The Trust should submit a report which details how they plan to ensure that all trainees have access to lockers.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where access to lockers is discussed over a three-month period.</p>	R1.19
S3.2	The Trust must ensure that the inappropriate behaviour identified within vascular surgery and HBP at the Royal Free Hospital site ceases, as it is not conducive to a supportive learning environment and is not in keeping with the GMC's standards of good medical care and professional behaviours.	<p>The Trust is to review any reported incidents of bullying and undermining behaviour identified within this report and provide evidence of the steps taken following this review.</p> <p>The Trust is required to encourage professional behaviours within the workplace and communication that this has occurred. The Trust, with HEE, is required to ensure that trainees are not bullied and undermined.</p>	R3.3
S3.3	The Trust is required to ensure that the	The Trust to submit communications sent to	R3.12

	higher trainees in plastic surgery at the Royal Free Hospital site receive timely notification of the outcome of their annual and study leave requests. Trainees should be informed within five working days of the outcome of their requests.	trainees as well as consultants (who have responsibility for signing of annual and study leave) confirming the process for requesting annual and study leave. This communication should state that trainees will be informed within five working days of the outcome of their requests. Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where access to annual and study leave is discussed over a three-month period.	
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Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
S1.4	The Trust is recommended to ensure that staffing levels across surgery at the Royal Free Hospital site are adequate so that trainees are well supported and completing duties that are commensurate with their level of training.	The Trust is to review the staffing levels within surgery at the Royal Free Hospital site, especially regarding numbers of core surgical trainees. The Trust must share this review with the Quality and Regulation Team, as well as proposed actions to ensure that staffing levels are increased.	R1.12

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 the London Specialty School of Surgery
Date:	23 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.