QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Guy's and St Thomas' NHS Foundation Trust
Clinical Oncology
Risk-based Review (on-site visit)

Quality Review report

14 February 2017

Final Report

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Quality Review details

Background to review	The General Medical Council National Training Survey (GMC NTS) 2016 results for Clinical Oncology were a significant deterioration on the previous year's results. There were seven red outliers within 'overall satisfaction', 'induction', 'work load', 'educational supervision', 'access to educational resources', 'local teaching' and 'regional teaching'. There was also one pink outlier for 'handover'. Furthermore, concern had been raised over a number of years over the suitable provision of a medical hospital at night (H@N) rota to cover inpatients on the Guy's Hospital site. These concerns had been highlighted in both the GMC NTS and following the recent Care Quality Commission (CQC) inspection to the Trust in September 2015. This raised a significant safety concern and the issue of a suitably staffed H@N rota at Guy's Hospital had understandably become a priority. The Trust had therefore been looking very closely at their pool of middle grade doctors on the Guy's Hospital site, to see who could support a H@N rota. Medical and clinical oncology higher trainees required the Membership of the Royal College of Physicians (MRCP) qualification for a national Training number (N) number in the specialty. The Trust had therefore proposed that the oncology registrars by virtue of this qualification had the requisite skills to staff a H@N rota. However, due to the tertiary, specialised nature of oncology, they tended to de-skill rapidly. This had been recognised by the Royal College of Radiologists (RCR), to whom the specialty of clinical oncology belonged and they had produced clear guidelines on the role of clinical oncology trainees in a H@N rota. However, trainees had expressed considerable concern in being asked to staff a H@N rota. The issues raised had included; being de-skilled and therefore not being safe, lost days for oncology training as the majority of training was completed in the working day and not being provided with a clear governance structure/standard operating procedure for the H@N rota.
Training programme / learner group reviewed	Clinical oncology
Number of learners and educators from each training programme	The review team initially met with members of the Trust senior management team, which included the medical director, head of finance, director of medical education, oncology directorate lead, medical education manager and medical workforce lead. The review team then met with the college tutor and clinical director for clinical oncology. The review team met with eight clinical oncology trainees. The review team lastly met with four educational supervisors.
Review summary and outcomes	The review team would like to thank the Trust for the well-attended session and organisation of the review. The following areas were reported to be working well. • It was very clear that the training opportunities for clinical oncology trainees were some of the best in the country, with trainees having access to a wide variety of specialised radiotherapy techniques. This was valued highly by the trainees. The trainees reported that they had good working relationships with their consultants and they were very supportive. • The trainees reported that they did not ever feel they were working beyond their competence or had felt out of their depth. They also had no specific patient safety concerns. • The review team were pleased to hear about the introduction of the ward registrar week, which supported the core medical training (CMT) doctors

on the ward and also protected radiotherapy planning opportunities in the afternoon for the higher trainee.

The following areas were reported to require improvement.

- Communications regarding the resident on-call and Hospital at Night (H@N) rota at all levels seemed to be sub-optimal at best and at times somewhat inappropriate. There was a disconnect in communication between all parties involved.
- Going forward, the review team advised that the Trust and HEE needed to monitor carefully how the introduction of the new rota arrangements would impact on education and training and take action early if there was evidence of significant detriment.
- There were concerns raised regarding how H@N would work if it were to be extended to cover the daytime weekend hours as the trainees' workload was already excessive during this time. The review team recommendation was that weekend H@N should not be implemented until a full risk assessment had taken place, which had been reviewed by HEE.
- The review team heard that some trainees could not access study leave or annual leave due to workload, impact on clinics and the pressure falling onto the consultants. The majority of trainees therefore had not taken their full annual leave complement and had not accessed either local or regional teaching.
- The review team felt that it was really important going forward with the introduction of the resident on call rota that each trainee job plan was clearly timetabled for radiotherapy planning with their consultant.
- The review team felt it was important that the department had regular local faculty group (LFG) meetings with trainee attendance, so training issues could be raised and addressed at an earlier stage.
- The review team was concerned that there was no clear mechanism for training concerns to be escalated to a more senior level e.g. to Director of Medical Education (DME). The review team suggested that regular meetings between the College Tutor and the DME could help with this.
- Moving forward, the review team advised that the Trust should look at ways to engage more constructively with the trainees to ensure that all parties were able to work towards the safe and efficient delivery of oncology services in the Trust, in light of the current rota changes.
- The review team also agreed that the Trust should continue to move forward in looking at other models of care and staff skill sets to enable trainees to maximise training opportunities at the Trust.

Educational overview

Meeting with the Trust Senior Management Team

The Trust reported that the agreed start date for the oncology trainees covering the hospital at night rota would be 20 February 2017.

The Trust confirmed that clinical oncology trainees at ST5 or above would not work on the hospital at night rota. The review team heard the following timelines regarding hospital at night:

- 20 February 2017 – Oncology start
- 1 May 2017 – Renal start

The Trust informed the review team that only two trainees from clinical oncology were eligible to work the hospital at night rota. There were therefore be 31 gaps between the review date and the end of April 2017 on the hospital at night rota, which would need to be filled using locums.

The Trust commented that due to there being fewer renal trainees they would need to review the rota to ensure there was a fair division of workload. The Trust felt that the model for hospital at night on weekday nights was serviceable and they would continue to take feedback and develop further as necessary.

The review team heard that the Trust was looking at introducing the surgery core trainee as resident on-call at night to provide an extra tier of support for the foundation trainees on the ward. This should also reduce the number of surgical calls to the hospital at night team, this was to commence from April 2017.

The Trust reported that they had informed the trainees if they felt any of the calls were outside of their competency they were to refer directly to Guy's Critical Care Unit (GCCU).

The Trust commented that the biggest impact of hospital at night was on trainees' day time working as they would have to take compensatory rest. Due to this the Trust planned to explore alternative workforce skill mix through clinical fellows and physician associates. It was recognised that it would take time for this workforce to become fully enabled

The review team heard that the Trust was looking at developing a clinical nurse specialist led helpline to ensure that calls were screened appropriately and trainees were not being disturbed by calls that other staff members could deal with. The Trust hoped to have the nurse call triage system in place by April 2017.

Meeting with the College Tutor and Clinical Director

The college tutor reported that they had met with the previous trainees in August 2016 prior to their rotation date to discuss the seven red flags and had also met with the current trainees to check that none of these areas still raised concerns for them.

The review team heard that the trainees were overly dissatisfied with the on-call commitments changes and this was they felt the reason for the red outlier within overall satisfaction.

The college tutor commented that the induction had been overhauled and was no different to other hospitals' induction process.

The trainees' physical workload was felt to have not changed despite the trainees undertaking fewer daytime hours than before, although on-call duties were greater.

For educational supervision the college tutor was unable to understand how this was a red outlier and felt it could be the trainees' workload impacting on them struggling to find time to meet with their educational supervisors.

The clinical oncology team had recently moved to the Guy's Hospital cancer centre, which provided trainees with access to computers through hot-desking; there was ultimately an office space dedicated for them to use and there was on campus the King's College London library. The Trust was currently upgrading their IT system across to Windows 10 and it was felt that this would help improve access to online journals and websites with the updated web browsers.

The college tutor commented that they had the impression that the trainees were happy here and had good access to a wide range of training opportunities, consultant-led service and radiotherapy techniques.

The college tutor ran a local FRCR part two radiotherapy course to support the trainees in preparing for the final exam.

The review team heard that with the move to the cancer centre at Guy's Hospital the clinic templates were being re-profiled for trainees and consultants. The clinical director stated that if someone was away from the department their clinic would be cancelled and there should not be any challenges with overbooking due to the new clinic templates.

The college tutor commented that cross-cover remained an issue and due to this the department were looking at other models and workforce skill mix to support the ward, clinics and staff further.

Trainee Presentation

The trainees gave the review team a presentation regarding their feedback on the hospital at night and resident on-call rota. The trainees main concern was that clinical oncology was an outpatient-based specialty where the majority of training occurred throughout the day. The trainees undertook a rota analysis and audit to provide further detail.

The trainees reported that over a six-month period on a 1 in 18 rota they lost a total of 23 working days to the new on-call commitments through night shifts and zero days, with the trainees' 16 day annual leave allowance added this rose to 39 working days lost. Furthermore, there was then study leave to take which could total up to a further 20 days taking the working days lost in six months to 59 days, i.e. approximately eight weeks.

The trainees undertook an audit of their calls received out of hours looking at the frequency of calls, intensity of work, type of calls and cover arrangements. There was a total of 104 calls within 12 days. 37% of these calls were from patients, which in 85% of cases the trainees felt could have been dealt with by a nurse triage system. The oncology ward junior called the trainees 13 times over 12 days and all of these calls were dealt with remotely. 43% of the calls were from other doctors within the emergency department, general practices and other hospitals.

The trainees reported that they were regularly cross-covering each other due to their more frequent absences from work during the day. The trainees commented that this resulted in them finding it difficult to take educational leave, unable to take research opportunities and impacted on clinics which could result in overbookings.

The trainees were concerned that their lack of presence during the day impacted on the juniors looking after the inpatients on the ward

The review team heard that the trainees increased out-of-hours workload impacted on their access to radiotherapy training, clinics and multi-disciplinary meetings. The trainees expressed a worry that they may not be able to meet their curricula requirements and may have to extend their training to ensure they had sufficient exposure.

The trainees presented some potential solutions they had discussed, which included nurse filtering of patient calls overnight, a further diary card exercise, a system where a nurse filtered the calls between 1am and 6am to ensure the trainees had five hours' rest and increased recruitment numbers.

Quality Review Team			
HEE Review Lead	Dr Suzannah Mawdsley, Head of London Specialty School of Clinical Oncology	**Postgraduate Dean**	Dr Andrew Frankel, Postgraduate Dean, Health Education England South London
Training Programme Director	Dr Won-Ho Edward Park, Consultant Clinical Oncologist, Imperial College Healthcare NHS Trust	**External Clinician**	Dr Nicola Anyamene, Consultant Clinical Oncologist, East and North Hertfordshire NHS Trust
Trainee Representative	Michael Kosmin, Clinical Research Fellow, Mount Vernon Breast Cancer Research Unit	**Lay Member**	Kate Rivett, Lay Representative
Scribe	Vicky Farrimond, 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**
CO 1.1	**Patient safety** The trainees did not have any incidents to report that directly impacted on patient safety although there were concerns regarding quality of care and patient experience. This was due to the lack of higher trainee presence on the ward.	
CO 1.2	**Responsibilities for patient care appropriate for stage of education and training** The trainees reported that they were adequately supported by the consultants, whom were easy to approach and contact. The trainees reported that they did not feel they worked beyond their competency. The trainees stated that they felt the jobs that they undertook were appropriate to their role. The trainees commented that within the head and neck tumor team there were good clinical nurse specialists who supported the trainees. The trainees reported that the roles they undertook were mainly the same as the consultants. The review team heard that the satellite clinics computer system could not be accessed except when the trainees were there, which provided them with a heavy administrative workload on those days.	
CO 1.3	**Rotas** The trainees commented that the high workload came from the trainees missing around a quarter of clinics due to on-call commitments and then the remainder of their clinics were overbooked. The trainees reported that due to overbooking of clinics they often left late as they were there until all the patients were seen. The trainees commented that some clinics were known to always run late and a Thursday clinic that was scheduled to finish at 5.30pm did not usually finish until two hours later. The educational supervisors commented that they were currently reviewing the clinics and had asked the service leads to provide a list of the clinics which required higher trainee cover. These were being reviewed to ensure they were appropriate for education and training. Through this the department was able to ensure the ward registrar trainee afternoon radiotherapy sessions would be protected as they would be released from clinic activity. The review team heard that the college tutor met regularly with the trainees to discuss the impact of the rota and to talk through any upcoming changes. From March 2017 the department had been asked to provide further support on the wards to support the foundation and core level trainees as currently there was a lack of presence from senior support. The college tutor had suggested a higher trainee ward-based week where they would be released from clinics during this week and cover the ward from 9am to 1pm and carry the cord compression bleep. In the afternoons the rota would have fixed radiotherapy and palliative planning sessions; these sessions could be set according to the trainees' training level and educational targets. The trainees commented that they were concerned that the afternoon radiotherapy planning sessions in the new higher trainee ward week would not be protected as they would be carrying the bleep or having to support the wards.	Yes, please see CO1.3a below Yes, please see CO1.3b below

	The review team heard that when the trainees cross-covered each other they answered all the calls from patients, undertook the inpatient ward rounds daily, provided advice regarding chemotherapy, radiotherapy and additional prescriptions. The trainees reported that they did not cross-cover clinics. The review team was informed that the director of medical education and the clinical director informed the trainees the hospital at night rota started the week prior to the review. The first four nights were covered by locums. On the fifth night the clinical oncology trainee on call was at the right training level to provide hospital at night cover and was told they were to provide this. This information was different to that provided at the meeting with the Trust Senior Management Team. The trainees commented that the standard operating procedure was not communicated to all trainees prior to starting the hospital at night on-call cover. The review team heard that the trainee that undertook the hospital at night cover on the Friday prior to the review was not informed what to do if they had a sick patient. they only knew from previous meetings that they were to refer the patient to the GCCU if they felt it was beyond their competence. The trainees raised concerns regarding having to undertake hospital at night on the weekends as the weekend day on-call workload was already very heavy and they were concerned regarding the potential for patient safety issues to arise due to an unmanageable workload. The review team heard from the college tutor that the trainees' workload on the weekends was already onerous as they worked the weekend days 9am till 9pm and if the trainees were to have to work hospital at night rotas on a weekend this would have a significant impact on their training experience. The review team was informed that the department had three clinical fellows and had appointed a further fellow who would start later in the year.	Yes, see CO1.3c below Yes, please see CO1.3d below
CO 1.4	**Induction** The trainees reported that they had access to the consultants' contact numbers although suggested it would be useful to have the consultant contact numbers formalised into a Word document which was available at induction.	Yes, please see CO1.4 below
CO 1.5	**Protected time for learning and organised educational sessions** The local teaching programme had been revamped. Local teaching took place for one hour every Tuesday afternoon and the department was starting to implement monthly afternoon consultant-led teaching programme. The trainees reported that the local teaching was not bleep-free and they were interrupted by their bleeps. This resulted in the trainees struggling to attend the local teaching. The GI clinic clashed with local teaching and the trainees reported that they struggled to be released to attend teaching.	Yes, please see CO1.5 below
CO 1.6	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The trainees all reported they knew who their educational supervisor was and were able to meet with them regularly.	

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.**		
CO 2.1	**Impact of service design on learners** The trainees stated that they received excellent training within the department with access to a broad range of radiotherapy techniques and chemotherapy treatments. Consultant-led training was standard.	
CO 2.2	**Appropriate system for raising concerns about education and training within the organisation** The review team heard that the trainee representatives from clinical oncology and medical oncology were invited to attend the monthly consultant meeting where they could feedback on any issues. There did not appear to be a way in which concerns regarding education and training could be escalated from the department to higher up within the Trust. There was also the regional local faculty group which they could attend. The college tutor had recently started a tri-annual educational supervisor meeting.	Yes, see CO2.2 below
3. Supporting and empowering learners		
HEE Quality Standards **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.**		
CO 3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The review team heard that communication between the Trust and the trainees was sub-optimal and in some circumstances inappropriate behavior had resulted in a disconnect between the trainees and their educational supervisors with the Trust senior management team. The apparent disconnect in communication between trainees and the Trust further fractured working relationships as it was reported that information told verbally in meetings was never corresponded formally to trainees in writing. The trainees described feeling indirectly threatened by the Trust's management team when they raised their concerns and that despite not being subjected to direct undermining or bullying behaviour by management, messages had been passed down through the directorate which had given the trainees this impression. The review team was made aware of instances where trainees had been placed in situations by the Trust where they felt they had to make last minute decisions and they felt they could not say no regarding the hospital at night cover. The review team noted the discrepancy in relation to the reported commencement date of the new Hospital at night system and appreciated that this demonstrated issues around effective communication.	Yes, see CO3.1 below

CO 3.1	**Access to study leave** The college tutor commented that all trainees were released to attend regional teaching as long as they gave sufficient notice and that some consultants even let trainees attend without prior notice from clinics. The clinical director stated that the Trust was not made aware of the regional training dates unless the trainees informed them, and this left the onus on the trainee to make relevant arrangements for leave. The review team suggested that the Trust clinical management should receive the emails with the regional training dates so they were aware of the dates to support releasing trainees to attend. The review team heard that the trainees had to attend 80% of their Institute of Cancer Research (ICR) mandatory training or they would not be able to be signed off and they could not miss one of the four main modules or they would not be able to pass the Royal College of Radiologists exam. The trainees reported that due to the cross-cover arrangements taking study leave and annual leave was hard. The trainees felt they could not take further time off as they were not in the department regularly enough and they did not want to leave the consultants to manage the workload. The review team heard the trainees also felt they could not attend regional teaching due to service commitments. The review team heard that the trainees had not all taken their full annual leave complement.	Yes, see CO3.1 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.**		
CO 4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The review team heard that all the educational supervisors had received appropriate training. The college tutor had not met with the DME since being appointed and this had been further side-tracked by the current rota issues.	Yes, see CO4.1 below
CO 4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The educational supervisors reported that they received 0.25 programmed activity (PA) per trainee. The college tutor did not receive any additional PAs for undertaking their role. The review team heard that it was harder for the educational supervisors to meet with the trainees as they were not often in the department due to on-call commitments. This resulted in there being no continuity as it was hard to regularly meet with them and ensure they were able to access all the required education and training.	

Good Practice and Requirements

Good Practice
The curriculum coverage and opportunities available within the department.

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
CO1.3a	The Trust is to review the clinic templates and ensure that clinics which trainees are attending are not regularly overbooked.	The Trust departmental managers to produce a mechanism to ensure that the clinic templates are adapted to ensure that trainees are not regularly staying behind to complete their clinics. Please ensure this is in place by end of May 2017.	R1.6, R1.12
CO1.3b	The Trust is to ensure that during the higher trainee ward week the afternoon radiotherapy planning time is protected to ensure trainees meet curricula requirements.	Please provide evidence that radiotherapy planning time is protected and feedback from trainees once this has commenced. Please audit the experience of trainees on this new arrangement – we suggest that this is taken once this has bedded in but within three months and should assess whether trainees' radiotherapy planning time is protected for at least three of the five afternoons of the working week. Please ensure this is in place by end of May 2017.	R1.12, R1.16
CO1.3c	The Trust alongside HEE is to audit the resident on call rota and its impact on education and training.	We suggest that you produce a draft generic work schedule that details the training opportunities available to the trainees and highlighting the expected access. This should include access to ICR training. This draft generic work schedule can then be audited in advance to the introduction of exception reporting. The results of this audit should be available to HEE by mid-April followed by a meeting to discuss the findings before the end of April.	R1.12, R1.16
CO1.3d	The Trust is to ensure that they look at models of care and skill sets across their workforce to protect training opportunities.	The Trust is to provide HEE with a clear plan for the introduction of an augmented workforce detailing the planned roles and numbers as well as a recruitment timetable. This should also delineate a clear plan for the introduction of the nurse triage system. Please ensure this is in place by end of May 2017.	R1.12, R1.16
CO1.3d	The Trust is to ensure that a thorough risk assessment has taken place regarding the hospital at night during weekends.	Please provide HEE with the outcome of this risk assessment prior to implementing the hospital at night weekend cover. This should include an assessment of the activities of the daytime weekend oncology cover with an analysis of the appropriateness of the tasks being carried out and a proposal for how inappropriate duties might be covered. Please ensure this is in place by end of April 2017.	R1.7

CO1.5	The Trust is to ensure that the trainee who attends the Tuesday GI clinic is released for teaching.	Please provide evidence that this action has been met. Effective immediately.	R1.16
CO2.2	The Trust is to support the department in implementing an oncology local faculty group in which concerns regarding training and education can be discussed.	Please provide evidence of meeting dates, terms of reference, standing agenda items and initial meeting minutes. Please ensure this is in place by end of April 2017.	R2.7
CO3.1	The Trust is to ensure that HEE is included in all communications regarding the hospital at night rota.	Please provide evidence that this action has been met. HEE proposes that the Trust and HEE have a joint meeting every month between the Trust management, trainees, education leads and HEE representatives with an agenda and minutes. Effective immediately.	R3.7, R2.8
CO3.2	The Trust is to ensure that all trainees are supported to take the relevant study leave and full annual leave complement.	Please provide evidence that this action has been met. Effective immediately.	R3.12
CO4.1	The Trust is to ensure that there is an education lead (could be the College Tutor) and that this role is supported with clear lines of escalation for any concerns regarding education and training. The education lead should also have appropriate allocated time in their job plan to perform this role.	Please provide evidence that this action has been met. Please ensure this is in place by end of May 2017.	R4.1

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
CO1.4	The department is to ensure that at induction all consultants' contact information is shared with trainees.	Please provide evidence that this action has been met. Please ensure this is in place by end of April 2017.	R1.13

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
Clinical Oncology TPD will ensure that clinical oncology clinical management are made aware of the regional training days once dates have been agreed (ideally eight months in advance) to ensure that clinical activities can be adjusted.	Dr Won-Ho Edward Park, Training Programme Director

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Suzannah Mawdsley, Head of London Specialty School of Clinical Oncology
Date:	10 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.