

North Middlesex University Hospital NHS Trust

Clinical Oncology

Risk-based Review (on-site visit)



Quality Review report

1 May 2018

Final

Developing people
for health and
healthcare

www.hee.nhs.uk

Quality Review details

Background to review	<p>The previous Quality Review to North Middlesex University Hospital NHS Trust was in 2015 following concerns about the results of the General Medical Council National Training Survey (GMC NTS). The Trust had invested in local teaching and improved systems around rotas and supervision, resulting in improved survey results in 2016. The 2017 NTS results highlighted several areas of concern similar to those identified in 2015. These were:</p> <ul style="list-style-type: none"> • Four red outlier results for clinical supervision out of hours, workload, handover and local teaching • Four pink results for clinical supervision, teamwork, regional teaching and study leave.
Training programme / learner group reviewed	Clinical Oncology
Number of learners and educators from each training programme	<p>Trainers and Trust Staff</p> <p>Girija Anand Clinical Director</p> <p>Lucinda Melcher College Tutor</p> <p>Julian Singer Consultant Clinical Oncologist</p> <p>Dr Anna Thompson Consultant Clinical Oncologist</p> <p>Dr Venkat Gajapathy Consultant Clinical Oncologist</p> <p>Dr Niraj Goyal Consultant Clinical Oncologist</p> <p>Dr Olivia Chan Consultant Clinical Oncologist</p> <p>Atia Khan Consultant Clinical Oncologist</p> <p>Lai Cheng Yew Consultant Clinical Oncologist</p> <p>Mausam Singhera Consultant Clinical Oncologist</p> <p>Jackie Dudley Assitant Director Education</p> <p>Achim Schwenk Acting Medical Director</p>

	<p>Nick Rollitt Deputy Postgraduate Manager for Education</p> <p>Prashanth Belavadi Divisional Director of Surgery and Cancer</p> <p>Trainees</p> <p>The review team met with four trainees at specialty training levels three to five (ST3-5).</p>
<p>Review summary and outcomes</p>	<p>The trainees gave very positive feedback about their training and the department, particularly supervision and support from the consultants. The review team was impressed by the commitment to training within the department and the improvements made since the previous review in 2015. Several areas of good practice were identified and are noted at the end of the report.</p> <p>There were three areas for improvement identified:</p> <ul style="list-style-type: none"> • The trainees were unsure of the purpose of the local faculty group (LFG) and the arrangements for meetings, including how to raise issues with the trainee representative • The trainees were concerned that impending changes to staffing in the department (including the resignation of the non-training grade doctor and reduction in the core trainee numbers) would impact negatively on their rota and workloads • The review team heard that there was only one specialty trainee on the rota for Thursday and Friday, with no cover available if the trainee was off sick or on leave. A clear plan for escalation of concerns and bleep cover is required on these days.

Quality Review Team

<p>HEE Review Lead</p>	<p>Dr Suzannah Mawdsley Head of the London Specialty School of Clinical Oncology</p>	<p>External Clinician</p>	<p>Edward Won-Ho Park Clinical Oncology Consultant Imperial College Healthcare NHS Trust</p>
<p>Deputy Postgraduate Dean</p>	<p>Dr Gary Wares Deputy Postgraduate Dean Health Education England</p>	<p>Trainee/Learner Representative</p>	<p>Romelie Riue Royal Surrey County Hospital NHS Foundation Trust</p>
<p>Lay Member</p>	<p>Jane Gregory Lay Representative</p>	<p>Scribe</p>	<p>Louise Brooker Learning Environment Quality Coordinator Quality, Patient Safety and Commissioning Team (London, Kent, Surrey and Sussex) Health Education England</p>

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

The review team thanked the Trust for accommodating the review and for the efforts made in facilitating the process.

There was a discussion of the 2017 General Medical Council National Training Survey (GMC NTS) results. It was noted that there were only four trainees in the department but there seemed to be five respondents to the GMC NTS. The reason for this discrepancy was not clear.

The College Tutor (CT) acknowledged that there had been challenges with clinical supervision out-of-hours, as the department had lacked funding for consultants to be present at weekends to review patients, meaning there were no consultants on-site at weekends. The CT advised that additional funding had been secured and, pending a consultation process, the department aimed to introduce on-site consultant presence at weekends from August 2018. The department had done significant work in establishing regular teaching programmes and engaging the trainees in regular departmental meetings.

The review team heard that the red flag relating to handover did not reflect recent feedback from the trainees or discussion at the local faculty group (LFG). Changes had been made to the handover process to ensure closer communication between the trainee and consultant on-call and these had been well received. These included full team handovers on Monday and Friday mornings and daily phone calls between the trainee and consultant on-call at night. Consultant rotas were shared with the trainees so that they were always aware of which consultant was responsible for providing clinical supervision on each shift.

Further changes to the on-call rota were planned, with a move from 24 hour to 12 hour overnight on-calls for trainees. It had been agreed that during the day the on-call core medical trainee (CMT) would take calls for clinical oncology and refer or escalate these as appropriate.

The Clinical Director (CD) informed the review team of plans to increase the department staffing resources. As well as funding for two replacement consultant posts (one in clinical oncology and one in medical oncology), the department was considering non-medical staffing solutions such as providing specialist training for oncology ward nurses and employing a physician assistant. The department had also applied for funding for a new full-time consultant post. There was one non-training middle-grade doctor within the department and funding for a second post at this level, although the Trust had been unable to recruit to the second post and intended to use the funding for a core level post.

The CT reported that the consultants in the department were engaged with training and accepted that there were not sufficient trainees in the department to provide support to all consultant-led services. The review team heard that the consultants were proactive in providing cover for the trainees when needed, for example on zero days or training days. Based on the General Medical Council National Trainee Survey (GMC NTS) feedback around clinical supervision, the department had reviewed supervision arrangements and found that all clinical supervisors held meetings with their trainees at the start, mid-point and end of each rotation. There were no concerns about supervision or assessments based on a review of the trainees' e-portfolios.

There was a discussion of the processes in place for supporting trainees in case of difficulties or serious incidents. The CD reported that trainees submitted Datix reports when incidents occurred and that they were always offered the opportunity to debrief and given feedback following an incident investigation. The review team heard that the Clinical Lead was trained in debriefing and that the on-site psychologist team gave training sessions on self-care and resilience, as well as offering support to Trust staff members when needed.

The CT reported that the department had run a Fellowship of the Royal College of Radiologists Part 2 examination course in 2017, which had been attended by trainees from multiple Trusts. The course had received positive feedback from trainees and trainers and there were plans to run this annually.

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
1.1	<p>Patient safety</p> <p>The trainees advised that they did not have any patient safety concerns at the time of the review. In case any safety concerns arose, the trainees were aware of the process for raising and escalating these. All the trainees felt confident that they could discuss concerns with any of their clinical or educational supervisors and that the supervisors would provide good support through the reporting and feedback process.</p>	
1.2	<p>Appropriate level of clinical supervision</p> <p>The review team heard that, in contrast to the results of the 2017 General Medical Council National Training Survey (GMC NTS), all trainees felt that clinical supervisors were accessible and willing to be contacted when on-call. The trainees were always aware of which consultants were responsible for providing direct clinical supervision and how to contact them.</p>	
1.3	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The trainees reported that if they were given tasks which were beyond their current competency level, this was done in a positive and well-supported way in order to develop their skills. Trainees felt confident in requesting advice and assistance from clinical supervisors if required.</p>	
1.4	<p>Rotas</p> <p>The trainees reported that the rota was compliant with the 2016 Junior Doctor Contract. Trainees were on-call for one weekend in five, from 09:00 on Saturday morning to 09:00 on Monday morning and advised that they typically planned their zero days for Fridays or Mondays. The trainees' on-calls were non-resident, with calls being routed through a resident on-call core medical trainee (CMT) and referred on to the trainees if needed. The review team heard that there were plans to introduce consultant ward rounds on weekends from August 2018. At the time of the review, consultants were on-call over the weekend and trainees reported that the consultants were willing to be called and to come in to review patients when needed.</p> <p>The review lead enquired whether the trainees worked over their planned hours and were aware of exception reporting arrangements. The trainees advised that working overtime was not expected and that on occasion they would work extra time by choice to access a particular learning opportunity, but did not feel that it was appropriate to exception report in those instances.</p> <p>On Thursdays and Fridays there was only one ST3+ trainee or equivalent non-training grade doctor on the department rota. The review team expressed concern that this</p>	

	could leave the department vulnerable in case of sickness or other unplanned absence on these days. Due to the size of the department and small number of trainees, the review team heard that the consultants were prepared to work without the support of a trainee and to provide cover if needed.	Yes, please see CO1.4
1.5	<p>Handover</p> <p>The review team heard that there was a full team handover on Monday and Friday mornings which all trainees were encouraged to attend if they were on shift. If no trainees were on shift on a Friday, when zero days and teaching days were often scheduled, the non-training grade doctor would attend and distribute the patient list by e-mail. In addition to the handovers between the day and night teams, the department had introduced a handover call each weekday from the trainee on the late shift to the on-call consultant at 22:00. This had been positively received by both trainees and consultants. Consultants advised that if the trainees did not contact them, they would call in to ensure the handover took place. The department also had an acute oncology service (AOS) team which included a consultant. This ensured that patients could be reviewed quickly when needed and there was always a consultant to refer to if the patient's named consultant was not available.</p>	
1.6	<p>Protected time for learning and organised educational sessions</p> <p>The trainees and supervisors reported that there were a range of regular educational sessions run by the department, including weekly consultant-led teaching sessions, weekly academic meetings and monthly morbidity and mortality meetings. The trainees were also encouraged to engage with activities in the department such as audit and radiotherapy meetings, and to attend weekly radiotherapy planning sessions with the consultants, which they found useful and informative.</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.

2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The department had a local faculty group (LFG) which met regularly, but the trainees were unsure of the purpose of the LFG or how to raise issues through this forum. The College Tutor (CT) advised that the LFG meetings were run as part of the consultant meeting and the trainee representative was the medical oncology trainee who had been unable to attend the most recent meetings. There were plans to separate the consultant meeting and LFG in the future.</p>	Yes, please see CO2.1
-----	--	-----------------------

	The review team heard that there had been changes at Trust Board level over the past two years which had been challenging, but the department now had good representation at Board level and had received support for recent business cases for increased staff and equipment resources.	
2.2	<p>Impact of service design on learners</p> <p>The trainees expressed concern about upcoming staff changes within the department; in August 2018 the non-training grade junior doctor and two CMTs were due to leave. The trainees anticipated that this would affect their workloads, particularly if recruitment to the non-training grade post was delayed. The review team noted that several of the issues identified at the quality review in 2015 related to insufficient staffing levels.</p> <p>The review team heard that clinical and medical oncology were mainly run as separate services, but that the breast and lung oncology clinics were run jointly. The trainees reported that these clinics worked well.</p>	Yes, please see CO2.2
2.3	<p>Organisation to ensure access to a named educational supervisor</p> <p>All of the trainees had named educational supervisors (ESs) and met with them regularly. All of the trainees were confident of achieving their objectives and completing the necessary workplace-based assessments. The trainees described their supervisors as supportive and reported no difficulty in accessing supervision.</p>	
2.4	<p>Systems and processes to identify, support and manage learners when there are concerns</p> <p>The review team heard that there was a process in place for managing trainees requiring additional support (TRAS) and that this had been successfully used. The supervisors reported that they liaised with the CT throughout this process, as well as holding formal and informal discussions with the rest of the supervision team to ensure that the trainee's needs were met.</p>	

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.

3.1	Access to resources to support learners' health and wellbeing, and to educational and pastoral support	
-----	---	--

The trainees reported that they felt able to go to their ES in the event of a personal issue which might affect their training.

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.

4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The ESs and clinical supervisors (CSs) reported that the department was supportive of them as supervisors and that they received supervisor appraisals.</p>	
4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The review team heard that supervision time was included in the ESs' job plans, although it could sometimes be challenging to fit this time into their work schedules. Some trainees worked on a part-time basis so the ESs had altered their schedules where necessary to ensure that supervision sessions were held regularly.</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.

Not applicable

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

6.1	<p>Learner retention</p> <p>All of the trainees reported that they would recommend the department to a friend or family member seeking treatment and that they would recommend their training posts to colleagues. Several of the ESs and CSs had held training posts in the department</p>	
-----	--	--

	and advised that they had chosen to remain there as consultants due to their positive experiences during training.	
--	--	--

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
Many of the services in the department were consultant-run and did not require a trainee (or equivalent non-training grade doctor), reducing the pressure on trainees to spend excessive time on service-provision activities which were not educational.			
The introduction of the acute oncology service (AOS) improved patient triage and ensured that there was a consultant available daily to review sick or newly admitted patients.			
The trainees were invited to attend the audit meetings, radiotherapy meetings and radiotherapy planning sessions with the consultants and found these useful.			
The department was positively engaged with the Trust Board and had successfully submitted business cases for staffing and equipment resources.			

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None		

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None		

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.

CO1.4	The review team heard that there was only one specialty trainee on the rota for Thursday and Friday, with no cover available if the trainee was off sick or on leave. A clear plan for escalation of concerns and bleep cover is required on these days.	Please provide documentation detailing the plan of escalation in case of unplanned trainee absence on Thursday and Friday, including the cover arrangements for bleeps, calls and other duties.	R1.7
CO2.1	The trainees were unsure of the purpose of the local faculty group (LFG) and the arrangements for meetings, including how to raise issues with the trainee representative.	Please provide evidence that information about the purpose and timing of the LFG meetings has been disseminated to trainees. This should include contact information for the trainee representative and details of how to raise issues with the LFG.	R2.1
CO2.2	The trainees were concerned that impending changes to staffing in the department (including the resignation of the non-training grade doctor and reduction in the core trainee numbers) would impact negatively on their rota and workloads.	The Trust is advised to seek and act on feedback from the trainees at regular intervals in the three months following the staffing changes, so that any negative impact can be identified and addressed. This should be made a regular agenda item at the LFG meeting. Please provide copies of the relevant LFG minutes.	R2.3

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

Requirement	Responsibility

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Suzannah Mawdsley

Date:

29 May 2018

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.