

London North West University Hospitals NHS Trust, St Mark's Hospital

Colorectal Surgery

Risk-based Review (on-site visit)



Quality Review report

22 May 2018

Final

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Quality Review details

Background to review	<p>St Mark's Hospital is a specialist bowel disease unit located on the Northwick Park Hospital site and is a separate General Medical Council (GMC) approved training site. A local Training Programme Director advised that there were four HEE funded general surgical training posts at the hospital: two posts were part of the north west London training rotation, allocated to specialty training level seven and eight (ST7 and ST8) trainees with an expressed interest in colorectal surgery and the remaining two were allocated to trainees elsewhere in London through a nationally advertised competitive application process run by the Trust. Previously there had been foundation doctors with the gastroenterology team at the hospital, however HEE instructed the Trust to remove these trainees in April 2014 due to concerns about clinical supervision and workload. A subsequent visit in 2016 found that the Trust had continued to send foundation level trainees to the site.</p> <p>In January 2018 HEE became aware that Core Surgical Trainees (CSTs) were being rostered to work shifts at St Mark's although it was not an approved site for trainees at this level. The Trust was instructed to cease this practice with immediate effect and this was done.</p> <p>Due to the small number of trainees, it was not possible to collate GMC National Training Survey (NTS) data. HEE had never conducted a review of surgical training at St Mark's, so very little data was available around training provision there.</p>
Training programme / learner group reviewed	General surgery (colorectal surgery)
Number of learners and educators from each training programme	The review team met with four trainees at foundation year two (F2), four resident surgical officers, either in UK training, previously in UK training in the department or in non-training posts, and educational and clinical supervisors.
Review summary and outcomes	<p>The review team was pleased to hear positive reports of trainees' experiences at St Mark's Hospital, particularly relating to the support and teaching from consultants, a collaborative learning culture and access to operating time across both straightforward and complex colorectal surgery. The introduction of the specialist nursing team (the 'red coats') appeared to have impacted positively on both the trainees and on patient care.</p> <p>Some areas for improvement were also identified:</p> <ul style="list-style-type: none"> • The Trust was advised to work with HEE towards Specialty Training Committee (STC) controlled post allocation for all four of the tariff-funded specialty training posts • Surgical trainees reported some difficulty in accessing sufficient numbers of endoscopy lists, partly due to competition with medical gastroenterology trainees for these opportunities. Although trainees were able to request allocation to a team including an active surgical endoscopist, not all received regular access to endoscopic training • The foundation year two (F2) post consisted largely of repetitive, administrative tasks with few clinical learning opportunities and frequent late finish times • Some of the specialist nurses required additional training in areas such as prescribing and requesting imaging. The Trust was advised to arrange

this training and to extend recruitment to fill the requirement for ward-based care.

Quality Review Team

HEE Review Lead	John Brecknell Head of School, London Postgraduate School of Surgery Health Education England	Deputy Postgraduate Dean	Geoff Smith Deputy Postgraduate Dean Health Education England (north west London)
External Clinician	Avril Chang Consultant General Surgeon / Training Programme Director King's College Hospital NHS Foundation Trust	HEE Representative	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager Quality, Patient Safety and Commissioning Team Health Education England - London and Kent, Surrey and Sussex
HEE Representative	Louise Brooker Learning Environment Quality Co-ordinator Quality, Patient Safety and Commissioning Team Health Education England - London and Kent, Surrey and Sussex		

Educational overview and progress – summary of Trust presentation

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

The review team heard that the St Mark's directorate provided general surgery at St Mark's Hospital, Northwick Park Hospital and Ealing Hospital, while St Mark's hospital provided a specialist and complex colorectal surgery service and was considered to be an appropriate training centre for trainees at higher specialty training levels. At St Mark's Hospital there were nine consultant surgeons, covering 12 full days of theatre lists per week. Annually, the team carried out 500 major resections, including 240 primary colorectal cancer surgeries, elective prophylactic procedures for inflammatory bowel disease patients and cases of hereditary cancer, and 70 pelvic exenterations.

The hospital had four HEE funded specialty training posts, two of which were allocated through the North West London training programme director. The other two posts were for pan-London trainees and were allocated by the Trust through a competitive application process via the NHS Jobs platform, despite being HEE tariff-funded places. The Clinical Director (CD) suggested that this arrangement was likely historical and that the process had not been reviewed and updated.

There was one foundation year two (F2) training post, as well as Trust-grade posts at F2 and ST1 level. Due to the specialist nature of the directorate, much of the workload at this level was administrative or repetitive and it was difficult to recruit to these posts. A team of specialist nurses had been appointed to address this shortfall. The CD acknowledged that there was a need to review the support available to the junior doctor posts if they were to continue, or to reduce the number of posts and instead focus investment on the specialist nurse team.

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>Rotas</p> <p>The four senior UK specialty trainees (STs) and four Trust-employed doctors, often post-certificate of completion of training (CCT), were collectively known as resident surgical officers (RSOs) and were on the same rota. The RSOs did non-resident on-calls overnight. Out of hours, the on-call junior trainees in general surgery at Northwick Park Hospital took the calls for St Mark's, escalating to the RSO when needed, although the RSOs were not usually required to come in to see patients unless they urgently required further surgery. Occasionally the RSOs were called in to review a patient at Northwick Park, but this was always agreed between the on-call consultants at the two hospitals.</p> <p>The RSOs typically rotated every three months, which they reported gave them good exposure to the different sub-specialties at St Mark's, including complex inflammatory bowel disease, complex gastrointestinal and pelvic floor cancers and intestinal failure.</p>	
1.2	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The review team was informed that consultants in the department were supportive while allowing the RSOs autonomy and encouraging them to lead operatively. The size of the department allowed for a 'firm' type structure, which assisted with continuity of both clinical supervision and patient care and facilitated case discussions and information sharing among the team. The trainees reported that the head of the academic department was dedicated to ensuring that training plans met their individual needs and felt that the consultants were committed to teaching.</p> <p>ST8 rotations usually lasted just three months, but trainees were able to gain the experience and operative numbers needed in this time. Trainees reported attending an average of three theatre lists, three clinics and a multidisciplinary team meeting (MDT) each week, with additional endoscopy lists in some rotations. The review team heard that it could be difficult for trainees to access sufficient numbers of endoscopy lists as the medical gastroenterology trainees were also allocated to these. The Clinical</p>	

	<p>Director (CD) acknowledged that this was an issue and noted that as standards around endoscopy had changed, it had become more difficult for consultants to meet the requirements.</p> <p>There was one foundation (F2) post within the department, which was based on a 16 week rotation including participation in the Northwick Park Hospital emergency surgery rota and one week in the emergency (CEPOD) theatre. The review team heard that the F2 post involved very little theatre time and mainly consisted of administrative tasks which lacked educational value. All trainees agreed that this post was focused on meeting service demand and that the rota at this level was understaffed. Trainees rotating through this post faced difficulties completing tasks such as audits and achieving curriculum requirements. The educational supervisors (ESs) advised that it was also difficult to recruit Trust-grade doctors to the junior rota, partly due to the requirement for doctors to work at both St Mark's and Northwick Park Hospitals.</p> <p>The department had a team of specialist colorectal nurses known as the 'red coats', who carried out tasks such as clerking, cannulation and producing the theatre list which would otherwise have fallen to the F2 trainee or Trust-grade equivalent doctor. Some of these nurses were also independent prescribers and could request scans, but skill level varied within the team. All staff groups and trainees who met with the review team reported that the specialist nurses were an asset to the department and that expanding and upskilling this team would largely resolve the problems caused by gaps in the junior rota and could relieve the administrative burden placed on the F2 trainee.</p> <p>It was suggested that the department could provide good training opportunities for core surgical trainees (CSTs) with an interest in general or colorectal surgery. At the time of the review the ESs advised that the department needed to clarify the responsibilities of the F2 trainee, Trust-grade doctors and specialist nurses prior to considering how additional training roles might fit into the team. However, it was acknowledged that CSTs could benefit from the specialist experience at St Mark's, including the MDTs and clinics as well as complex operative procedures. Of note, since the visit the Trust has proposed the decommissioning of the St Mark's F2 post as part of its overall F2 post reductions.</p>	<p>Yes, please see CS1.2a</p> <p>Yes, please see CS1.2b</p> <p>Yes, please see CS1.2c</p>
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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>Systems and processes to make sure learners have appropriate supervision</p> <p>HEE had received feedback from trainees at Northwick Park Hospital relating to bullying, undermining and discriminatory behaviour and the review team enquired whether trainees at St Mark's Hospital had had similar experiences. The trainees reported that they had heard of concerns raised by their colleagues at Northwick Park but had not experienced any bullying or undermining behaviour themselves. In contrast, the trainees reported that the consultants treated the RSOs like colleagues and communicated in an open and respectful way. The morbidity and mortality meetings were described as positive learning experiences, where trainees could present cases without fear of criticism or intimidation and consultants gave constructive advice. The F2 trainee had less interaction with the consultant team but felt supported and able to approach the RSOs or consultants with questions or concerns.</p> <p>The review team reflected on whether the term 'resident surgical officer', which was a historical title, might be perceived by surgical trainees as demeaning or indicative of an expectation of basic level tasks to be performed. On the contrary, the review team found that the use of the term was associated with pride and a positive collective identity amongst the eight doctors involved.</p>	
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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.

	Not applicable	
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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>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The ESs advised that they were well supported and had time within their job plans for supervision responsibilities. Due to the seniority of most of the trainees and the specialist nature of the posts, the main challenges for supervisors were ensuring that training plans met the trainees' individual needs, but the College Tutor supported this process well. The department followed the General Medical Council process for supervisor accreditation.</p>	
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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>Appropriate recruitment processes</p> <p>The allocation of two pan-London ST8 posts through NHS Jobs was discussed with both trainees and supervisors. It was confirmed that the Training Programme Director (TPD) was not involved in the allocation of these posts, despite the posts being funded by HEE. The Review Lead advised that the allocation of tariff-funded posts should be carried out with the input of the TPD and oversight by the London Specialty Training Committee (STC).</p>	Yes, please see CS6.1
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The trainees described an exemplary collaborative learning culture, with excellent teaching and support from consultants, and very high levels of access to operating time across both straightforward and complex gastrointestinal surgery.			
The department has a team of specialist nurses (the 'red coats') who carry out many of the tasks traditionally performed by foundation and core level trainees. The introduction of this team has			

impacted positively on both the trainees and on patient care.			
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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.
CS1.2a	Surgical trainees reported some difficulty in accessing sufficient numbers of endoscopy lists, partly due to competition with medical gastroenterology trainees for these opportunities. Although trainees were able to request allocation to a team including an active surgical endoscopist, not all received regular access to endoscopic training. The department should consider improving access for all, as appropriate to their curriculum requirements and to allow maintenance of skills.	Please provide details of the number of endoscopy lists available to surgical trainees per week and trainee allocations to these lists, with evidence of training provision by accredited endoscopy trainers.	R1.19
CS1.2b	The department should review the foundation year two (F2) post to improve the educational value of this role. Currently the role consists largely of repetitive, administrative tasks with few clinical learning opportunities and consistently leads to late finish times, currently managed through exception reporting and extra payment.	Following the review, HEE was informed that the Trust plans to request decommissioning of this post. Please work with the Quality, Patient Safety and Commissioning team at HEE to carry this out and provide an update to the review team once this has been agreed.	R1.15
CS1.2c	The department is encouraged to continue training the specialist nurses in areas such as prescribing and requesting imaging, and to extend recruitment to fill the requirement for ward based care.	Please provide details of the current training need within the team and a training plan to meet this need. HEE may be able to provide guidance and support on this training if required. Once a full establishment of staff to provide ward care is achieved, the positive training environment experienced by the senior surgical trainees may be effectively extended to core level training.	R1.7
CS6.1	There are four HEE funded general surgery training posts in the unit. Two are allocated by the north west London training programme directors. The other two are appointed to by a competitive Trust-run process including adverts on the NHS Jobs website. HEE would like to work with the Trust towards allocation controlled by the London general surgery specialty training committee (STC) in the same way as all other subspecialty training posts.	The Trust should cease to advertise these posts through the NHS Jobs website and work through the north west London general surgery TPD with the STC to allocate all four of the HEE funded specialty training posts.	R2.20

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

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:	John Brecknell
Date:	18 June 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.