QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Royal Free NHS Foundation Trust (Barnet Hospital)

General Surgery

Risk-based review (on-site visit)

Quality Review report

28 March 2019

Final Report

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Quality Review details

Background to review	This risk-based review was requested to explore the reasons behind the GMC NTS 2018 survey that returned nine red outliers at Barnet Hospital for: - Overall satisfaction - Reporting Systems - Teamwork - Supportive Environment - Induction - Adequate Experience - Curriculum Coverage - Regional Teaching - Rota Design There were also pink outliers for: Clinical Supervision; Clinical Supervision out of hours; Handover; Educational Governance; Educational Supervision; Local Teaching; Study Leave.
Training programme / learner group reviewed	General Surgery
Number of learners and educators from each training programme	The review team met with the following training groups: - nine foundation year one (F1) and core surgery training (CST) trainees - five specialty training year three (ST3) to ST8 trainees. From the Trust's management and postgraduate education team the review team met with: - Clinical Director for General Surgery - Divisional Director for General Surgery - Former Clinical Director for General Surgery - Joint Directors of Medical Education, Barnet Hospital - Education Lead, Barnet Hospital - Director of Quality, Postgraduate Medical Education - Medical Education Manager - Guardian of Safe Working Hours The review team also met with six education and clinical supervisors.

Review summary and outcomes	The Review team thanked the Trust for facilitating and hosting the review. The review team was pleased to find that the following areas were working well: - The review team found that higher trainees had good access to clinics and supervised operating lists to complete their required index cases. The review team was pleased to hear that most higher trainees would recommend their training posts to their peers; - Higher trainees had good access to consultant supervision in a consultant-led service; and - Twice weekly ward rounds with the medicine consultant involving Foundation year one (F1) trainees was an example of good practice of support for medical management of patients for F1 trainees in surgery settings. However, the following areas were identified as in need of improvement: - The review team heard that there was not always a named consultant for higher trainees in advance of the new patient clinic on Mondays after the consultant responsible for the clinic had left the Trust. The Trust is required to ensure that appropriate named consultant supervision is always in place and that there are appropriate escalation pathways for the clinic; - Core trainees reported that they had little access to theatre and clinics due to on-call commitments. The Trust will be required to ensure that core trainee timetables have protected time to attend theatre and clinics; and - The review team heard that F1 trainees often found it challenging to obtain senior (core and above) surgical input into the care of surgical patients. The Trust is required to review the supervision arrangements for F1 trainees and develop clear and specific escalation pathways for solving intermediate level clinical concerns. Following the review there was a closed session with the site Chief Executive, Divisional Director (acting on behalf of the medical director) and the joint Directors of Medical Education to inform the Trust of some confidential feedback regarding the behaviour and attitude of one consultant surgeon that the trainees felt, on occasion, gave rise to patient safety concerns.

Quality Review Team			
HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London	**School of Surgery**	Mr Dominic Nielsen, Deputy Head of the London Postgraduate School of Surgery
External Clinician	Mr Robert Hagger Consultant Colorectal Surgeon, St George's University Hospitals NHS Foundation Trust	**Lay Representative**	Robert Hawker, Lay Representative
HEE Representative	John Marshall, Learning Environment Quality Coordinator, Quality, Patient Safety, and Commissioning Team, HEE London	**Observer**	Aishah Mojadady, Administrator, Quality, Patient Safety, and Commissioning Team, HEE London

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

The review team heard that the Trust attributed the sudden downturn in trainee feedback in the 2018 General Medical Council (GMC) National Training Survey (NTS) to the implementation of a new rota midway through the rotation of the cohort that completed the survey. Higher trainees had not expected to have any out of hours commitments but were then required to. It was felt that this impacted negatively on that particular cohort and was seen as a blip in performance to an otherwise well performing programme. The Trust also cited gaps in the higher trainee rota at the time the survey was completed as a reason for the decline in the performance. It was not felt that the organisational redesign of services between Barnet Hospital and Chase Farm Hospital had negatively affected the trainee experience.

The review team heard that there were a number of unfilled posts on the current rota and cited the recruitment and retention of non-training grades as an issue. It was reported that an advert for a clinical fellow in general surgery had been opened on four separate occasions but had failed to attract a single candidate. To appeal to prospective clinical fellow candidates the Trust offered training opportunities as part of the proposed job plan. It was also noted that there had been difficulty filling locum posts. The review team also heard of the impact having unfilled HEE training posts had and that these were not communicated ahead of time sufficiently, leaving the Trust with gaps to fill at short notice. There was a recognition that gaps in the rotas had a negative impact on morale. The review team heard that the Trust had not yet considered employing a physician associate in general surgery as a possible remedy to alleviate pressure on trainees.

The review team heard that service demands on trainees could lead to missed opportunities for education and training. It was reported that Barnet was a 'hot site' with a high volume of emergency cases. It was reported that this gave trainees good access to lots of hernia and endoscopy cases. The review team heard that Barnet Hospital had a specialist colorectal service that also offered a number of training opportunities. In addition, higher trainees were timetabled to work at both Barnet and Chase Farm, the latter offering trainee access to elective surgery lists. It was reported that trainees had flexibility in their rotas to allow a half day free for trainees to attend clinics or theatre. The review team heard that the Trust wanted to promote a culture to empower trainees to get to theatre as often as possible. It was recognised that the workload was high but there was the potential for trainees to undertake lots of theatre cases, noting that the onus was on trainees to take it upon themselves to maximise the opportunities on offer.

The review team heard that consultant supervision was always available, either in person or over the phone. There was 24-hour on-call consultant cover, as well as a consultant of the week until 17:00. It was recognised that the lack of team structure may impact upon junior trainees more than higher trainees due to a lack of familiarity and continuity. It was felt that previously the foundation year one trainees faced difficulty in their posts but that this was now better.

The guardian of safe working hours reported that they had not levied any fines against the Trust for general surgery. They stated that the majority of exception reports they had received for general surgery had been due to missed, or lack of access to, training opportunities rather than trainees working beyond their contracted hours.

The department was described as safe, this was attributed to it being a consultant-led service. It was noted however, that there had recently been a series of clinical complications that had occurred that could potentially lead to consultants being reluctant to accommodate trainee involvement in certain procedures. The Trust was keen to stress that none of these issues constituted a never event.

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
GSB 1.1	**Patient safety** Whilst there were no concerns for patient safety among the majority of higher trainees and the educational supervisors (ES) and clinical supervisors (CS), the review team heard that there were concerns for patient safety among some higher, core surgery training (CST) and foundation year one (F1) trainees. These concerns were in relation to a number of incidents involving the same consultant. The review team heard of an incident where the management of a patient deviated from the prescribed treatment by the medical team, trainees reporting that an increased length of stay occurred due to this single consultant's action. The review team heard of another incident where an F1 trainee ran a septic screen on a patient showing signs of sepsis, again the same consultant admonished the trainee. The patient was discharged but was readmitted the next day. Finally, the review team heard that trainees were advised by the same consultant not to add the patient to the night time handover list, this advice was not taken up by the trainee and the patient in question was later referred to the intensive care unit (ITU).	

	In all of the reported instances trainees had reported serious incidents via the appropriate mechanism.	
GSB 1.2	**Appropriate level of clinical supervision** The review team heard that F1 trainees often found it challenging to obtain senior (core and above) surgical input into the care of surgical patients on the ward and largely felt unsupervised. Whilst trainees felt that support was available in the case of sick patients in need of immediate care, the review team heard that it was common to have issues finding supervision or help for routine tasks, such as inserting cannulas. Trainees reported that there were pathways in place for seeking advice from other medical specialties and the wider multidisciplinary team (MDT) but did not always feel comfortable approaching these on the grounds that they were unsure whether it was appropriate to do so. Trainees reported that they particularly had these concerns when approaching the ITU, with some conversations being of a level that were not commensurate with their training grade. Although trainees reported that the intensive care input was valuable and given freely. In contrast to the F1 trainees, the higher trainees told the review team that they did not feel that their roles were so busy that they were visibly absent from the ward that they were not in a position to support F1 trainees. F1 trainees did however note that the twice weekly ward rounds with a nominated medicine consultant was immeasurably beneficial, with the review team identifying this as an example of good practice of support for medical management of patients for F1 trainees in surgery settings. The review team heard that it was not always apparent who the named consultant was for the new patient clinic on Mondays after the consultant responsible for the clinic had left the Trust. It was reported that the clinic was covered by rotating consultant cover and that on occasion the clinic had not been cancelled where cover could not be arranged. Higher trainees reported that they had good supervision for emergency theatre cases, including constructive post-operative feedback that addressed any patient safety issues.	Yes, please see GSB 1.2a Yes, please see GSB 1.2b
GSB 1.3	**Rotas** The review team heard that all trainees had weekend commitments in their rota. F1 trainees reported that if they were on the weekend rota their zero days were on Thursdays and Fridays. They felt that this presented issues with handover of patients and had taken it upon themselves to swap shifts among themselves. With regard to rota design it was agreed among trainees that zero days falling on Mondays and Tuesdays in such instances would be more appropriate. Higher trainees also highlighted the lack of synchronicity between the schedules of Barnet Hospital and Chase Farm Hospital when working across both sites on the same day. F1 and core trainees in particular reported being heavily impacted upon by gaps in the core rota. Whist they accepted that gaps could be expected, they felt that these were now chronic and known well in advance but that not enough had been done to address them and that the Trust had not been responsive to these concerns. Higher trainees recognised these concerns, especially the concerns of core trainees and reported instances of there being no core grades on night shifts. The ES and CSs felt that education and training would benefit if the trainee and consultant rotas were synchronised.	

GSB 1.4	**Induction** All trainees reported that they had a Trust-wide induction and that this was appropriate. The review team heard that departmental inductions were consultant-led. Higher trainees reported that the departmental induction was well structured and prepared them for their roles. In contrast, F1 and core trainees felt that due to it being consultant-led the departmental induction was not tailored to their roles and expectations.	
GSB 1.5	**Handover** The review team heard that there were formal handovers at 08:00 and 20:00, with emphasis on the post-take. It was reported that there was not always a consultant present at the evening handover and that the emergency on-call surgeon was not involved in any board rounds. F1 trainees reported that they found it difficult at times to speak up or be heard at handover. The review team heard that there was a handover between F1s that they felt could possibly be in need of supervision. Higher trainees reported that they would see all patients on the ward that they had taken to theatre and enjoyed the opportunity to follow up these cases. Higher trainees felt that the consultant of the week (CoW) model was good for providing continuity of the management of patients on the ward.	
GSB 1.6	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The majority of higher trainees reported that they were getting good numbers for meeting the required number of index cases for both elective and emergency surgery, with the opportunity to follow up elective cases on the ward. Higher trainees also reported good access to subspecialty procedures and clinics. However, this was not the shared experience among all higher trainees. F1 and core trainees reported that they had limited and, in some cases, no access to theatre or clinics. The ES and CSs felt that the Trust offered trainees good access to emergency theatre and a varied case mix. It was thought that this offer was particularly good to higher trainees. The review team heard that trainees had access to an advanced endoscopy unit, run in conjunction with the gastroenterology department and its three Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accredited consultants. This allowed trainees access to complex colorectal and cancer lists. The ES and CSs acknowledged that the balance between service demands and education and training did have an impact on trainee experience, with service demands limiting the time and opportunities for trainees to get to theatre and complete procedures. It was thought that the introduction of reduced elective theatre lists for the purposes of education and training would be highly beneficial to trainees.	Yes, please see GSB 1.6a Yes, please see GSB 1.6b
GSB 1.7	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** Some trainees reported that when they met with their ESs to discuss their training needs and to devise a plan for their placements they were told that they should not expect access to certain procedures, despite needing these to meet their index case requirements.	

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.

GSB 2.1	**Impact of service design on learners** The review team heard that the department provided a consultant-led service. Whilst higher trainees generally felt that this was advantageous for their education and training, this was not shared by some of their peers and F1 and core trainees. Core trainees in particular felt that their roles were predominantly service based with a heavy on-call commitment. It was reported that when they were expecting to get to theatre or clinic they would often be asked at short notice to cover on-call. The review team heard that these on-call commitments severely limited trainee access to out of hours theatre opportunities. In six months in their post one trainee reported that they had not attended any clinics and had attended four elective theatre lists. It was felt that the situation for core trainees in particular was down to the gaps on the core rota. F1 trainees reported that they often had limited access to direct supervision and support on the ward, unless in the case of acutely sick patients in need of treatment. This meant trainees having to often seek support and advice from elsewhere as previously described under 'appropriate level of clinical supervision'. F1 trainees noted that the patient at risk team (PART) were particularly helpful in this instance, as was the wider MDT and ITU and anaesthetics, however, asking for support from external sources always felt like asking for a 'favour'. The lack of immediate support was compounded by the lack of any non-training grades or physician associates on the ward. F1 trainees often found that the hospital at night (H@N) team was not responsive to requests for support, this was in contrast to their experiences when rotating through medicine specialties. The review team heard that F1 trainees also had not attended clinic and that some of them had yet to attend theatre. The CSs reported that on-call theatre lists could be busy but not so much so that they were overwhelming. The review team heard that there was a confidential enquiry into perioperative deaths (CEPOD) registrar on-call alleviated the pressures on higher trainees. They did however note that education commitments could slip due to service demands. It was recognised that the service demands on core trainees at the expense of education and training was a cause for concern and that this could be remedied by protected time in the rota for clinics and theatre opportunities, noting that the previous cohort of core trainees had been happy in their posts.	

GSB 2.2	**Appropriate system for raising concerns about education and training within the organisation** The review team heard that there was a local faculty group (LFG) in place but that it had only met twice in the past 12 months. It was recognised that this needed to be more robust and source input from all training grades to promote a culture of speaking up and the role of the LFG as a forum for trainees to raise any issues or concerns that they had with their education and training. The review team also heard that there were no opportunities for trainees to become involved in quality improvement projects.	Yes, please see GSB 2.2
GSB 2.3	**Organisation to ensure time in trainers' job plans** The review team heard that both ES and CSs had time and resources in their job plans to meet their training obligations.	
GSB 2.4	**Systems and processes to identify, support and manage learners when there are concerns** The review team heard the ES and CSs knew how to manage trainees requiring additional support (TRAS) through the appropriate channels but noted that this had on occasion been managed informally.	

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.

GSB 3.1	**Behaviour that undermines professional confidence, performance or self-esteem** A number of trainees reported that they had had issues with one of the consultants that could be construed as bullying and undermining behaviour. This was the same consultant of whom trainees had reported patient safety concerns.	
GSB 3.2	**Access to study leave** All of the trainee groups that the review team met with reported having good access to study and annual leave. However, core trainees cited the gaps on the core rota as problematic if they wanted anything beyond two to three consecutive days leave. Whilst this would be impossible it would require trainees taking the onus upon themselves to arrange cover, something that would require a great deal of reorganisation.	

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.		
GSB 4.1	**Access to appropriately funded professional development, training and an appraisal for educators** N/A	

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.**		
GSB 5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** N/A	

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.**		
GSB 6.1	**Learner retention** The was a notable difference between the experiences of the majority of higher trainees compared to their peers, F1 and core trainees. The majority of higher trainees would recommend their training posts to their peers, citing the extensive theatre experience and follow-up patient care, as well as opportunities to attend clinic. In contrast, F1 and core trainees would not recommend their posts and in some cases had been told prior to starting their posts that they had been warned by some of the	

	outgoing cohorts 'not to expect much'. They also cited workload, particularly at core level, and the limited access to theatre and clinics.	

Good Practice and Requirements

Good Practice
Twice weekly ward rounds with the medicine consultant involving Foundation year one (F1) trainees was an example of good practice of support for medical management of patients for F1 trainees in surgery settings

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.**
GSB 1.2a	The Trust is required to review the supervision arrangements for F1 trainees and develop clear and specific escalation pathways for solving intermediate level clinical concerns.	Please provide HEE with a standard operating procedure (SOP) for F1 trainees that clearly sets out their supervision arrangements and the escalation pathways for solving intermediate level clinical concerns.	R1.7
GSB 1.2b	The Trust is required to ensure that appropriate named consultant supervision is always in place for higher trainees at the new patient clinic on Mondays and that there are appropriate escalation pathways for the clinic.	Please provide HEE with a SOP for the new patient clinic on Mondays that shows the assigned consultant lead rota and the escalation pathways within two months from the date of issue of this report.	R1.7
GSB 1.6a	The Trust will be required to ensure that core trainee timetables have protected time to attend theatre and clinics.	Please provide HEE with a copy of the updated personalised work schedules for core trainees that show protected time for theatre and clinics within two months from the date of issue of this report.	R1.16
GSB 2.2	The Trust is required to refresh its LFG for general surgery to ensure that it is more robust and meets with greater frequency.	Please provide an updated terms of reference of the LFG for general surgery at Barnet, along with the scheduled dates for the next 12 months within two months of the date of issue of this report.	R2.7

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
GSB 1.6b	The Trust is recommended to explore the possibility of offering reduced elective theatre lists at Chase Farm Hospital to help ensure that all training grades get good access to pressure-free and educationally beneficial theatre opportunities.	Please share the Trusts findings with HEE of the outcome of the discussion between education leads and service managers at Chase Farm.	R1.15

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The Deputy Post Graduate Dean will work with the Trust, including the site Medical Director and the site Chief Executive to ensure that the trainee comments around bullying and undermining behaviour are resolved.	Deputy Postgraduate Dean

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London
Date:	3 May 2019

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.