

London North West University Healthcare NHS Trust (Northwick Park Hospital)

General and Emergency Surgery including Core
and Foundation Training

Risk-based review (on-site visit)



Quality Review report

21 May 2019

Final report

Developing people
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healthcare

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Quality Review details

Background to review	A review of Emergency Surgery was conducted in May 2018 following allegations by a group of trainees of sexual discrimination, bullying and harassment and substandard clinical care within the department. It was also suggested that opportunities for training and for assessment were inadequate and that clinical supervision was inconsistent. The review identified issues with rotas and accessing leave, induction arrangements and a lack of robust processes for managing and addressing trainee complaints. The Trust action plan responses following this review were considered to be inadequate. In February 2019, the Head of School received intelligence that there were ongoing concerns regarding access to operative training and behaviour which could be perceived as bullying in response to attempts to report the training issue.
Training programme / learner group reviewed	Foundation, core and higher trainees in General and Emergency Surgery
Number of learners and educators from each training programme	<p>The Review team met with five foundation and core level trainees and three higher trainees at specialty training level three to six (ST3-6), as well as Trust-employed doctors at foundation and higher training equivalent levels. The review team also met with educational and clinical supervisors in general and emergency surgery and the following Trust representatives:</p> <ul style="list-style-type: none"> • Director of Medical Education • Associate Medical Director for Medical Education and Research & Development • Medical Education Manager • Postgraduate Centre Manager • Guardian of Safe Working Hours • Clinical Director • Educational Leads • College Tutor.
Review summary and outcomes	<p>The review team identified several areas of good practice including the range of learning opportunities for higher trainees, the increased consultant presence on the inpatient wards and the marked improvement in the department training culture (see Good Practice section).</p> <p>Two areas of serious concern were noted:</p> <ul style="list-style-type: none"> • The review team had access to three triangulating sources of data confirming that core surgical trainees (CSTs) in the department required significantly more operative and outpatient training, which was of particular concern given the planned improving surgical training (IST) pilot due to commence in October 2019 • The annual leave policy precluded junior trainees from taking leave during the majority of their four-month rotation due to the stated minimum staffing levels that did not take into account the numbers of doctors at each grade. <p>The review team also noted further areas for improvement:</p>

- The lack of unified ward environment impacted on both service delivery and training, including handover and the consultants' ability to provide close, constant supervision to foundation trainees
- The junior trainees were unsure of how to formally report concerns about training or service
- The department required a formal process for handover of patients from the 'chronic' team requiring surgical reviews out of hours
- The department had a local faculty group (LFG) but it met infrequently and lacked clerical support.

Quality Review Team

HEE Review Lead	Geoff Smith Deputy Postgraduate Dean, North West London Health Education England	Head of Specialty School	John Brecknell Head of School, London Postgraduate School of Surgery Health Education England
Foundation School Representative	Anthea Parry Director of North West London Foundation School Health Education England	Lay Member	Jane Gregory Lay Representative
HEE Representative	Louise Brooker Learning Environment Quality Co-ordinator Quality, Patient Safety & Commissioning Team Health Education England, London	Observer	Toby Rowlands Head of Defence Healthcare Education and Training Health Education England

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

The review lead enquired about the progress made since the previous quality review in May 2018. The Director of Medical Education (DME) reported that all consultants in the department had undergone training in communication skills, giving feedback and the Trust values. The review team heard that the training had been well-received by the consultants and that there was a rolling training programme for all staff about the Trust values. The DME advised that a recent issue around communication between a trainee and consultant in a meeting had been quickly dealt with to the satisfaction of both parties. The DME noted that there had been no further reports of female trainees being unfavourably treated and that two female consultants had been appointed to act as independent mentors for trainees who wished to raise concerns outside the usual channels. The Trust computer screensavers included reminders of the policy and resources around bullying and undermining as well as how to contact the Freedom to Speak Up Guardian. The DME had held meetings with the trainees and had monitored their feedback but had not received any further allegations of bullying or undermining behaviour. The Trust had planned a series of listening exercises led by the human resources team and had created a programme of training around stress management, resilience and tackling bullying.

Clinical supervision of junior trainees had previously been raised as a concern. In response to this, the department had introduced twice-weekly consultant ward rounds of the 'chronic' surgical inpatients as well as a weekly board round and additional ward rounds by patients' named consultants as required. The review team heard that junior trainees were always accompanied by senior trainees on ward rounds and were informed of how to contact consultants and escalate concerns or queries at induction.

Northwick Park Hospital was due to be a pilot site for the improving surgical training (IST) programme starting in October 2019. The Head of School noted the requirement for 60% of IST trainees' time to be spent working with

their named clinical supervisors and for a maximum one in 10 on-call shift rota. There was some concern among the supervisors that this would lead to resentment or perceptions of inequity between trainee groups.

The department had a local faculty group (LFG) which had met in May 2018, October 2018 and immediately prior to the review. The Educational Leads advised that it had been difficult to get trainees to attend. There were other forums for trainees to give feedback, including a weekly informal meeting for foundation trainees, informal meetings following the surgical inpatient board round and a junior doctor forum. Following trainee feedback, the timing and format of the junior doctor forum had been altered to improve attendance. There were also meetings being held at each Trust site where all staff had the opportunity to meet with members of the executive team. The DME reported that the trainee attendance at the morbidity and mortality meetings was poor, particularly at higher trainee level, despite the department cancelling clinics and non-emergency theatre lists to ensure staff availability for these meetings. It was agreed that the School of Surgery would support the Trust in highlighting the importance of these meetings to the trainees.

The review team heard that communications to trainees about improvements or changes in the department were often communicated through the trainee representatives or via the Telegram messaging app which the trainees and consultants all had access to. Important messages were also given at handover meetings.

The Guardian of Safe Working Hours noted that exception reporting rates in the department remained fairly low, which was typical for the specialty. In the six months prior to the review there had been 21 exception reports from surgical trainees, 18 of which were submitted by foundation trainees.

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
GES 1.1	Patient safety The junior trainees were aware of the Datix system but did not know how to use it and none had submitted Datix reports. In case of a patient safety concern, the junior trainees advised that they would escalate via a senior trainee or consultant.	Yes, please see action GES1.1
GES 1.2	Appropriate level of clinical supervision The junior trainees reported that they were always aware of which consultant was responsible for their direct supervision and that they all had named educational and clinical supervisors (ESs and CSs). When asked who they would escalate immediate	

	clinical concerns to, the junior trainees stated that they would discuss the cases with the senior trainee in the team and then contact their clinical supervisor if needed.	
GES 1.3	<p>Rotas</p> <p>The review team heard that foundation year one (F1) trainees spent the majority of their surgical rotation working with the chronic surgical team, with one to two-week periods spent in other areas such as the high dependency unit (HDU). F1 trainees did not work night shifts at Northwick Park Hospital, although it was reported that F1 trainees at other Trust sites did so. F2 trainees participated in the on-call rota and spent time in the acute team, chronic team and the HDU. When working out of hours, the junior trainees described working closely with senior trainees and feeling well-supported. The supervisors informed the review team that a new F1 rota was being trialled which included placements in the acute team, the on-call team, clinics and surgical intensive recovery unit (SIRU). The trainees estimated that the chronic team typically had between 15 and 40 inpatients.</p> <p>The higher trainees participated in the emergency surgery on-call rota which included 12-hour day and night shifts and a twilight shift from 15:00 to 22:00, although the trainees advised that the twilight shift was not always filled.</p> <p>The review team was informed that the junior trainees found it difficult to take their annual leave and that they were required to arrange their own shift swaps with colleagues when booking leave. There was a requirement for two F1 trainees to cover the chronic team rota, meaning that the three F1 trainees needed to take their leave within the four-week period when they were all rostered to work with the chronic team. However, the review team heard that there had been instances where a F2 or core surgical trainee (CST) level doctor had been rostered to a slot on the chronic team F1 rota, so the trainees suggested there might be some flexibility to this rule. The higher trainees reported that they had all been able to take their annual leave and attend study days.</p>	Yes, please see action GES1.3
GES 1.4	<p>Induction</p> <p>All trainees had undergone a departmental induction upon starting in post and the junior trainees had been given an additional, informal induction by the previous cohort of trainees. The induction had included information about the team structures, how to book leave and arrange shift swaps and pathways of escalation in case of concerns. The junior trainees found the induction useful but thought that some of the content was aimed at the higher trainees so was not relevant to them. The higher trainees suggested that this content related to the complex on-call arrangements between Northwick Park Hospital and St Mark's Hospital. The trainees advised that they had received their rotas six to eight weeks in advance.</p>	
GES 1.5	<p>Handover</p> <p>Trainees at all levels noted that there was no formal process for handover of patients from the chronic team at the end of the day. If the chronic team had a patient who required a surgical review out of hours, the trainees reported that they would attend the formal acute team handover meeting and handover to the junior doctor or advanced nurse practitioner on the evening shift. The details of the acute team rota and handover meeting location were not shared with the chronic team, so trainees in the chronic team sometimes found it difficult to find out where to go. At the start of the day shift, handover to the chronic team was done via a patient list.</p>	Yes, please see action GES1.5
GES 1.6	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The review team had received intelligence prior to the review that CSTs in the department did not have sufficient access to procedural experience and this was confirmed during the review. The F2 trainees and CSTs were on a shared rota and reported that they had good opportunities to clerk patients and join ward rounds. When</p>	Yes, please see Other Actions section

	<p>trainees had discussed the need for more clinic or operative time with supervisors, they reported that they had been told to swap shifts with other trainees to facilitate this. When asked whether they would recommend their posts to colleagues, some junior trainees said that they would not, as their roles involved mainly service provision, did not allow them sufficient autonomy and did not prepare them well to progress to CST or internal medicine training (IMT).</p> <p>The higher trainees reported that they had good access to theatre lists and were able to meet their curricular requirements for procedure numbers. The higher trainees were largely focused on gaining experience in CEPOD (emergency operating theatres) rather than elective lists, but the supervisors indicated that increasing the number of training elective lists was a priority for the Trust. There were two vacant lists at Ealing Hospital each week as there was insufficient consultant cover to fill them. The higher trainees advised that there were sufficient CEPOD cases to meet the needs of trainees across the vascular, breast and general surgery teams.</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.

<p>GES 2.1</p>	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The supervisors were aware that the trainees did not submit exception reports despite sometimes working additional hours, particularly at the start of their rotations. The supervisors advised that trainees were encouraged to exception report and that they did not work unsafe numbers of extra hours. The junior trainees felt that they had become more confident in handing over patients as the training year and rotation had progressed and that they had become better at planning their time to allow them to leave at the end of the shift. The review team heard that some junior doctors felt that working additional hours was not appreciated by the department and so was not worthwhile.</p> <p>The review team heard that the department had a local faculty group but that this had only met twice in the past year due to logistical difficulties with arranging the meetings. The review team suggested that administrative support to plan and minute the meetings would be beneficial and the supervisors agreed. The supervisors reported that there was a weekly foundation training meeting but this was not formally minuted.</p>	<p>Yes, please see action GES2.1a</p> <p>Yes, please see action GES2.1b</p>
<p>GES 2.2</p>	<p>Impact of service design on learners</p> <p>The junior trainees indicated that in recent weeks the consultants had started to conduct weekly or twice-weekly ward rounds of all chronic team patients, following concerns raised by trainees at the LFG. The junior trainees reported that they had good support from senior trainees and consultants but that the non-training grade doctors were variable in their skill and competency level, particularly those at foundation level who had only recently finished medical school. The higher trainees</p>	

	<p>echoed this concern but noted that these doctors underwent a shadowing period when they first started and initially worked on the inpatient wards before going on-call. The junior trainees spent more time on the wards so interacted more with the non-training doctors and sometimes felt responsible for checking their work. Some trainees had raised these concerns with their supervisors but had not formally reported the issue. The supervisors agreed that some non-training doctors had taken time to learn their roles, especially if they were new to the UK medical system, but noted that several had applied for training roles after working for the Trust.</p> <p>The supervisors advised that the ward rounds were often long and that trainees often ended up staying on a ward to complete patient investigations while the consultant moved on to the next ward to continue the round. There was no dedicated chronic surgical ward so patients could be spread throughout the hospital campus. The supervisors felt that having a fixed bed base would allow for shorter ward rounds and more bedside teaching.</p> <p>Following the previous HEE quality review, the responsibility for holding the on-call mobile phone had moved from the junior trainees to the senior trainees. However, due to the volume of calls this had reverted back to the junior trainees in agreement with the Trust management.</p>	<p>Yes, please see action GES2.2</p>
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<p>GES 2.3</p>	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The junior trainees were aware of various pathways and forums available to them to raise concerns but were unsure of which route was appropriate to raise which issues. Most of the junior trainees advised that they would initially discuss a concern with their supervisors and some felt that this was preferable to discussing issues in a forum such as the LFG. Others noted that changes had been made following discussions at LFG meetings, such as the new F1 trainee rota and the increased number of consultant ward rounds in the chronic team. The trainees were aware that there were separate LFGs for the surgery department and for foundation training, as well as a junior doctor forum.</p> <p>The review team heard that trainees were advised to escalate concerns via their supervisors in most cases but that there were multiple pathways of escalation available to them. Since the previous HEE review in 2018, the department had nominated two female surgical consultants to act as mentors for the female trainees in case of further concerns around gender-based discrimination. The supervisors who met with the review team were not aware of any such concerns and advised that the trainees were signposted to the different consultants and managers they could approach if they did not want to report concerns to their supervisors. The supervisors reported that there were team meetings each Monday following the board round and that trainees were encouraged to attend and raise any concerns to the consultants and manager present.</p> <p>The review lead asked the supervisors whether trainees were taught to submit Datix reports when appropriate and was informed that trainees were told about the Datix system at induction and advised to submit reports for cases such as head injuries, inappropriate admissions and delayed transfers from the emergency department.</p>	<p>Yes, please see action GES2.3</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.

<p>GES 3.1</p>	<p>Behaviour that undermines professional confidence, performance or self-esteem</p>	
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	None of the trainees reported experiencing or witnessing bullying or undermining behaviour within the department and the junior trainees indicated that they were informed about the Trust bullying and undermining policy at induction.	
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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.

	N/A	
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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.

	N/A	
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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.

	N/A	
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Good Practice and Requirements

Good Practice

The trainees at specialty training level three and above (ST3+) described excellent emergency surgical experience and procedural numbers.

Clinical supervision for junior trainees working with the chronic team has improved.

No trainees reported having experienced or witnessed bullying or undermining behaviour. The review team was aware of one previous instance case of perceived undermining behaviour by a consultant to a trainee and noted that the Trust had dealt with this constructively.

The department provided dedicated mentorship for female trainees following allegations of gender-related undermining behaviour from a previous trainee cohort.

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.
GES1.1	The department should provide refresher training in use of the Datix system and ensure that all trainees have logins.	Please provide trainee confirmation that all trainees are able to access the Datix system, have been taught how to use it, and reminded of their responsibility to report concerns and incidents within one month of the issue date of this report.	R1.1
GES1.3	The annual leave policy requires review to ensure that trainees at all levels are able to take leave during their surgical rotations.	Please outline the changes to be made to the policy, specifically around minimum staffing and the systems to acquire sign off of leave and send the final policy when available. Please provide an update on this action within one month of the issue date of this report.	R2.3
GES1.5	The department requires a formal process for handover of patients from the 'chronic' team who need surgical reviews out of hours. Once this process is established, the trainees should be informed.	Please outline the revised handover process. We would encourage the department to involve the trainees in the redesign of the system. Please provide evidence of this within one month of the issue date of this report.	R1.14
GES2.3	The Trust should provide more communication around the processes for trainees to escalate concerns. Supervisors should reinforce this information following the trainees' initial induction, and clarify the professional responsibilities of all doctors to raise concerns using an appropriate system within their organisation.	Please provide evidence of communication to trainees around these processes and outline the system to be used to reinforce the messaging to trainees. Please provide this information within one month of the issue date of this report.	R1.6

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
GES2.1 a	The LFG would benefit from additional administrative support to plan the meetings and write the minutes.	The Trust is advised to identify a member of the administrative staff who could take on this role.	R2.1
GES2.1 b	The foundation trainees require a formally recorded meeting. The Trust could establish a separate LFG or formalise the existing foundation training meetings.	The Trust is advised to formally record the foundation trainees' meeting.	R2.1
GES2.2	The presence of a dedicated inpatient ward for the surgery team would impact positively on both service delivery and training.	The Trust is encouraged to pursue plans to create a unified bed base for surgical inpatients.	R2.3

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
The department is required to work with the local IST lead and the School of Surgery to ensure that the necessary plans around supervision and access to learning opportunities are in place before the IST pilot commences in October 2019.	Education leads and Postgraduate Medical Education Team
HEE will work with the Trust to facilitate the full engagement of trainees in emergency surgery at NPH with the processes of clinical governance including the peer review of mortality, morbidity and reported incidents and with the department's quality improvement programme.	HEE/School of Surgery
The School of Surgery will request a report from the nominated consultant mentors for female trainees in the department.	School of Surgery

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	
Date:	26 June 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.