NHS
Health Education England

Bart's Health NHS Trust

Foundation Surgery

Risk-based Review (education leads conversation)

Quality Review report

24 September 2019

Final Report

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Quality Review details

Training programme	Foundation Surgery
Background to review	The education leads conversation was arranged as an interim review of the newly designed Acute & Emergency Surgical placement for Foundation doctors at Newham University Hospital. These changes were implemented as a result of a number of concerns with the quality of surgical training (at foundation level). This department did not have any core or higher surgical trainees. HEE had previously undertaken a number of risk-based reviews to General Surgery at NUH over the previous eight months: ○ General Surgery (05 February 2019) ○ Surgery (26 February 2019) ○ Foundation Surgery (25 March 2019) ○ Foundation Surgery (23 April 2019) ○ Foundation Surgery (11 June 2019) The review team received feedback from the current cohort of Foundation doctors via a Trainee Focus Group arranged on the same day. The ELC was an opportunity to discuss and firm up the interim plan and receive information on the Trust's Surgical strategic aims for the department of Surgery.
HEE quality review team	• Dr Indranil Chakravorty, Deputy Postgraduate Dean, Health Education England (North Central & East London) • Dr Keren Davis Foundation School Director (North Central & East London) • Ryan Jeffs, Lay Representative • Tolu Oni, Learning Environment Quality Coordinator • Emily Patterson, Learning Environment Quality Coordinator
Trust attendees	Education Leads Conversation for Foundation Surgery Meeting with: • Dr Andrew Kelso, Medical Director • Dr Emma Young, Director of Medical Education • Dr Helen Parker, Deputy Director of Medical Education • Dr Lisa Niklaus, Divisional Director of Emergency & Urgent Care • Dr Mohammed Khanji, Foundation Year One Training Programme Director • Dr Sarah Nunn Foundation Year Two Training Programme Director • Ms Arti Garg, Surgery Educational Lead • Martyn Clark, Deputy Director of Education & Quality

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
FS1	The Trust outlined the steps it had taken to improve education and training for foundation doctors within the newly designed Acute & Emergency Surgical placement following the trainee focus group in March 2019, the trainee meeting in April 2019 and the education leads conversation in June 2019.	

	<u>New Ambulatory Acute & Emergency Surgical Pathway</u> The foundation doctors in Surgery (FY1 & FY2) were placed within the Emergency department. They were embedded in the EM rota and preferably participating in the review and clerking of patients presenting with surgical conditions. Their role would involve presenting these patients to middle-grade or consultants in EM and then referring them to Surgical teams. They would also participate in the surgical morning handover, attend the consultant surgical daily ward round and surgical teaching sessions. They were not required to participate in the management of surgical inpatients except in CDU/ Observation wards. They were also allocated regular sessions in operating theatre (1/month) and a weekly surgical clinic. The FY2 doctor(s) would participate in a regular breast surgical clinic, MDT and theatre sessions but not be part of the surgical on call rota. The Deputy Director of Medical Education (DDME) reported that the interim placement arrangement for the current foundation trainees was moving in the right direction. The trainees had regular access to theatres and (breast) clinics. The foundation year one Training Programme Director (TPD) confirmed receiving good feedback for surgical and EM based weekly training sessions. The clinical supervision and escalation pathways were reported to be robust. The review team acknowledged that the foundation trainees had described the level of educational support and clinical supervision received in the emergency department (ED) as excellent. The review team commended the Trust's effort as an exemplar on how to integrate surgical foundation doctors into the ED. The review team encouraged the Trust to continue with the newly designed placement as agreed, until the surgical department had been fully transformed and encouraged the department to firm up the job description in collaboration with Foundation School before the next intake of trainees.	Yes, please see FS1
FS2	**<u>Surgical Wards</u>** Following feedback received from the foundation trainees the review team recommended a number of areas for improvements for the surgical wards; These are detailed in the accompanying Foundation Surgery TFG report. o **Surgical Handover** – the review team expressed concern around the lack of multidisciplinary team cohesion and clinical leadership during the surgical handover. In particular, the review team noted the absence of nursing staff during surgical handover. In particular the review team had heard that the "take" handover arrangement from the overnight surgical registrar to the surgical day team (and vice versa) lacked consultant presence. o **Surgical Ward Supervision**– It was also understood by the review team that foundation trainees found the rapid pace of morning surgical ward rounds to be challenging, difficult to follow and therefore derived little learning from the exercise. The review team expressed concern about the lack of middle grade or senior supervision on the wards during out of hours working. o **Escalation Processes** – the review team expressed concern around the lack of a robust structure of escalation for deteriorating patients on the wards and apparent absence of appropriate nursing training in the early warning systems. o **Culture & professionalism**: the review team expressed concern around the attendance during handover indicating that there had been persistent lateness	

	from some members of staff which was felt to have negative impact upon professional interactions. There was an acknowledgement from the Medical Director (MD) that the Trust was aware of the issues around the staffing, (a) staffing, (b) escalation of patients and (c) leadership on the surgical wards. The MD reported that one of the surgical wards had substantive staffing cover only as a five-day ward and that work was underway to provide better staffing for a seven-day service. The workforce distribution and re-allocation of nurses into non-surgical wards, had also adversely affected the nursing numbers in the surgical department. The lack of surgical and nursing leadership was another underlying factor that had impacted on training and performance (escalation) related processes in the surgical department. The review recommended that the Trust explored alternative avenues to address the issues around escalation. The MD confirmed that recruitment plans were underway to appointment a new Director for Nursing and that the Trust had recently appointed a Divisional Director for Surgery with a projected start date of 21 October 2019. The review team also heard that as part of its long-term surgical strategy, the Trust was committed to establishing formal multi-disciplinary team working during handover sessions on the wards. The Director of Medical Education (DME) reported that there was always a locally employed doctor to provide front line cover on the wards and tainees were not required to undertake activities for management of routine inpatients. The DME also reported that the department encouraged regular engagement/ escalation with the ED consultants and registrars to discuss any inpatients that foundation doctors needed guidance on.	Yes, please see FS2
FS3	**<u>Exposure to inpatients (FY1s)</u>** The requirements for training in the management of inpatients was being provided in the 'Observation/ Clinical Decisions Unit' within ED. The Trust acknowledged that surgical consultant supervision for inpatient wards was still of concern but indicated that the department had initiated a collaborative partnership with the Trust's Critical Care Outreach team (Intensive Support Team IST) to provide support for deteriorating patients.	

Next steps

Conclusion
The review team thanked the Trust for facilitating the HEE visits, and its efforts in preparing all the materials presented to the team. The review team welcomed the setting up of the innovative Ambulatory Emergency Surgical Pathway and commended the Trust on the progress made so far. It was agreed that the Trust would continue the current model for the future cohorts of foundation trainees. The review team advised that there would be a follow up quality review visit to assess progress made by the department within the current interim placements.

Good Practice and Requirements

Good Practice
The review team commended the education and leadership team in developing an innovative Ambulatory Acute & Emergency surgical pathway and for providing excellent supervision, teaching and training to foundation doctors in General Surgery.

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
FS1	The Trust's Foundation TPDs are required to develop a detailed job plan / schedule describing the structure and timetable associated with the new placement in Ambulatory Acute & Emergency Surgery. This schedule should clearly state the scope of practice, identify that trainees must not be allocated to manage surgical inpatients and not be part of the surgical on call rota.	The new job schedule should be submitted to the Quality team by March 2020	R2.10
FS2	The Trust is required to ensure that the escalation process for deteriorating patients and adherence to early warning systems on the surgical wards are improved.	The Trust is required to confirm the training and adherence audit for the early warning system for deteriorating patients on surgical inpatient wards for 3 months by March 2020	R3.1
FS3	The Trust is required to ensure that the surgical wards are safely staffed as per NHS England guidance	The Trust is required to send confirmation of safe staffing report for the next 3 months by March 2020	R1.7
FS3	The Trust is required to ensure that the surgical handover is consultant led, has multi-professional participation and measures are taken to improve the culture and professionalism for attendees.	The Trust is required to confirm improvement in the handover process either with an audit/ QI project assessment by 1 March 2020	R1.14

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	n/a	none	

Recommendations These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.		
Rec. Ref No.	**Recommendation**	**GMC Req. No.**
FS2	The Trust must ensure that the all staff working in the surgical department have clear and consistent communication on the new job roles and limits for foundation trainees as per current placement arrangements. In addition, the Trust must ensure clarity on the surgical services for foundation trainees.	

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:	Dr Indranil Chakravorty, Deputy Postgraduate Dean (North East London)
Date:	19 December 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.