

Royal Free London NHS Foundation Trust

General Surgery

Risk-based Review (on-site visit)



Quality Review report

21/11/2019

Draft Report

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Quality Review details

Training programme / learner group reviewed	General Surgery
Number of learners and educators from each training programme	<p>The review team met with 11 trainees who worked within general surgery in the departments of general, vascular and renal surgery. This included two trainees at core surgical training (CST) level, three foundation year one (FY1) trainees and six speciality trainees at training levels four to six (ST4-6). The review team also met with eight educational and clinical supervisors in the general surgery department and Trust representatives including:</p> <ul style="list-style-type: none"> • Director of Medical Education • Guardian of Safe Working Hours • Head of Quality • The Divisional Director of Surgery • Clinical leads for General Surgery.
Background to review	<p>Health Education England (HEE) conducted an on-site visit to general surgery at the Royal Free Hospital following a decline in results for the 2019 General Medical Council (GMC) National Training Survey (NTS). 10 red outliers were returned for: Overall Satisfaction, Clinical Supervision, Clinical Supervision Out of Hours, Reporting Systems, Teamwork, Handover, Supportive Environment, Educational Governance and Regional Teaching.</p> <p>A risk-based review (on-site visit) was held for urology, plastic surgery and vascular surgery in March 2019. Several areas for improvement were identified, including a lack of suitable accommodation for higher trainees who were working on call, and reports of bullying and undermining behaviour within vascular surgery. The review team wished to follow up on the progress made and to hear how these issues were affecting the training and education environment within general surgery.</p>
Supporting evidence provided by the Trust	Minutes of General Surgery Leads Meeting - 06 September 2019
Summary of findings	<p>The current challenges and pressures faced by the service were discussed. The review team identified several areas of good practice, including:</p> <ul style="list-style-type: none"> • The significant headway the department had made to improve the learning environment in vascular surgery. Trainees spoken to were enthusiastic and pleased with the learning opportunities the placement provided • Free accommodation for non-resident trainees on call, who lived further than 30 minutes from the hospital had recently been made available • Local Faculty Groups for the departments within general surgery were being established. <p>The review team also noted the following areas requiring improvement:</p>

- The workload for FY1 trainees was reported to be too high, especially as a first rotation. It was discussed that FY1s regularly looked after 30 – 50 patients and that support was not always readily available
- Trainees spoken too reported a robust handover and induction process across all specialities covered out of hours was not in place
- It was discussed how the general surgery rota had been running at a skeletal level, with limited scope for sickness or annual leave.

Quality Review Team

HEE Review Lead	Dr Gary Wares Deputy Postgraduate Dean Health Education England, north central London	External Clinician	Mr Robert Hagger General Surgery Training Programme Director St George's University Hospitals NHS Foundation Trust
Head of School Representative	Dr Dominic Nielsen Deputy Head of School London Postgraduate School of Surgery	Foundation School	Dr Celia Bielawski Deputy Director, North Thames Foundation School
Lay Member	Jane Chapman Lay Representative	HEE Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England, London
Observer	Kate Brian Lay Representative		

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

The Trust representatives provided an overview of the pressures and challenges faced by the general surgery department, as well as the steps they had planned to address these. Two areas for improvement from the last HEE review to urology, plastic surgery and vascular surgery in March 2019 were discussed; the bullying and undermining behaviour within the vascular surgery department and the lack of accommodation for non-resident higher trainees on-call. Further themes spoken about were rota design, exception reporting and the how the department planned to ensure the sustainability of the changes they had made.

The review team heard how steps had been put in place to resolve the bullying and undermining behaviour within vascular surgery. It was reported how these concerns had been escalated to the medical director, who had met with those in question. Across the Trust 55 Freedom to Speak Up Guardians had been trained and appointed to encourage conversation around culture and the reporting of issues. It was reported that trainees had been made aware of the Freedom to Speak Up Guardian initiative through their induction process and its presence on the Trust Intranet.

At the last review in March 2019 it was reported that there was no accommodation for non-resident higher trainees on-call that was free and fit for purpose. Trust representatives informed the review team that free accommodation had been secured for non-resident doctors when on-call, who lived further than 30 minutes from

the hospital. The review team heard that this was a recent change and had been put into practice over the last couple of weeks.

The Trust representatives identified issues with the design of the rota across all training groups, including rota gaps, last minute changes and the rota being sent out late. The Trust representatives were aware that there was significant discrepancy in allocated theatre time for trainees, particularly between higher trainees. The review team heard how, particularly for general surgery, the rota management had tried to meet both curriculum and service requirements, however at present this had not worked. The recruitment of an additional clinical fellow and the appointment of a locum junior doctor was reported; however, neither had started in post. It was acknowledged that once these new team members were in post the Core Surgical Trainee (CST) rostered on the higher trainee rota would be allocated back to the FY and CST rota, reducing pressure on the FY1s.

The review team enquired about the pattern of exception reporting seen within the department. The Guardian of Safe Working Hours (GOSWH) told the review team that not many reports had been raised formally. Exception reports had been raised informally around rotas, time in theatre and paternity leave. It was reported that trainees were made aware of the process through their induction and had been provided with logins. The governance of exception reporting was explained to the review team, with the Junior Doctor Committee and DME having oversight of the reports and whether they were open or closed.

The Trust representatives informed the review team how the decline in the 2019 General Medical Council (GMC) National Training Survey (NTS) results had been a surprise. It was discussed how departments within general surgery were establishing Local Faculty Group (LFG) meetings, in addition to a yearly Educational Leads meeting. The review team heard that the first Education Leads meeting was planned for January 2020. Trust representatives hoped that these meetings would encourage communication and help to sustain changes made.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
GS1.1	<p>Appropriate level of clinical supervision</p> <p>Most higher trainees reported that consultant supervision out of hours was very good. Trainees spoken to were confident they would be sufficiently supported if they raised a concern with the consultant on call. Trainees described instances where the consultant on call had come in to provide support and had stayed longer when required.</p>	

	<p>The review team heard that FY1 trainees spoken to did not always feel that senior support was readily available if needed; this particularly applied to the patients who had been stepped down from the emergency firm or who had had elective surgery. Consultant input to these patients was reported to be variable and dependent on the individual consultant. FY1s reported that seniors were as supportive as they could be, and that a lack of availability was often due to them being in clinics or surgery. Trainees advised that if they were required to escalate concerns and were unable to reach senior support, they would escalate to the Intensive Therapy Unit (ITU) outreach nurses.</p> <p>Clinical Supervisors (CSs) and Educational Supervisors (ESs) spoken to were surprised at the 2019 GMC NTS results around clinical supervision for higher surgery trainees. It was reported that they felt they were always available to speak in person or on the phone, if a junior required support.</p>	Yes, please see action GS1.1
GS1.2	<p>Rota</p> <p>Trainees reported there had been problems with the design of the rota, rota gaps, last minute changes and the rota being sent out late.</p> <p>It was discussed how the general surgery rota had been running at a skeletal level, with limited scope for sickness or annual leave. The review team heard from Trust representatives and trainees that there were two gaps on the general surgery rota. As a result, a CST trainee had stepped up to be on the higher trainee rota, however it was a concern that the trainee had not had previous experience in general surgery and had not yet passed their MRCS. The recruitment of an additional clinical fellow and the appointment of a locum junior doctor was reported; however, both had not yet started in post. With the recruitment of both positions the general surgery rota would be a 1:7 rota. The review team and CSs and ESs discussed how the minimum safe and compliant rota should be a 1:8 rota. The review team advised the department to review their current rota, recruitment plans and how they could release further resource to improve the balance between service and educational needs.</p> <p>Foundation trainees discussed variability in the number of people rostered on both their day time and out of hours rotas, which varied from one to four trainees. The quality of educational and clinical experience was felt to be compromised when less people were on the rota. The FY1s further described their workload, which the review team felt was too high, especially as a first rotation. It was reported that FY1s regularly looked after 30 – 50 patients. ESs and CSs spoken to reported that the rota had been redesigned recently by a person independent of the department, with consultant oversight. Supervisors spoken to were not aware of a monitoring process for the new rota, however they assumed there would be one.</p> <p>Trust representatives acknowledged that there was a disparity in the amount of allocated theatre time for trainees, particularly between higher trainees. This was reiterated by higher trainees spoken to. ESs and CSs reported that the rota was in the process of being redesigned to be more equitable.</p> <p>The education lead for vascular surgery oversaw the rota for vascular surgery. Vascular surgery trainees advised that there was scope to request changes to the rota, provided they gave enough advance warning. If a trainee requested time off for training or wanted to see a particular case on the list the education lead was reported to be accommodating in making these changes. The Trust were encouraged to replicate this model of rota management across the surgical specialties</p> <p>General surgery trainees discussed how there was scope to request changes to the rota, however sometimes requests had been denied. General surgery ESs and CSs spoken to acknowledged that due to rota gaps, cover would need to be found if trainees changed their shifts. ESs and CSs reported that with six to eight weeks' notice they were able to make reasonable changes.</p>	<p>Yes, please see action GS1.2a</p> <p>Yes, please see action GS1.2b</p> <p>Yes, please see action GS1.2c</p>
GS1.3	<p>Induction</p>	

	It was discussed that out of hours foundation trainees were expected to cover trauma and orthopaedic surgery, vascular surgery, colorectal surgery and ophthalmology patients. Trainees reported that they had not received an induction or an understanding of the operational arrangements for all the specialities they covered.	Yes, please see action GS1.3
GS1.4	Handover FY1 trainees indicated that there was not a robust handover process in place for all the specialities they covered out of hours. A FY1 to FY1 handover of patients often took place. It was echoed by higher trainees that continuity of care was often the FY1s responsibility and that there was scope to increase the robustness of the process.	Yes, please see action GS1.4
GS1.5	Protected time for learning and organised educational sessions Higher trainees spoken to reported that they had been able to request time off to attend teaching and deanery days. Trainees reported that an emphasis on attending teaching sessions was aimed at higher trainees rather than foundation trainees and CSTs. Junior trainees reported that on occasion they had not been able to take requested educational leave, with little notice due to service pressures. The review team heard that FY1 trainees had missed formal teaching sessions due to their high workload. It was discussed that trainees were expected to prioritise their day to day jobs over attending formal teaching. Trainees advised that they were often able to attend their FY1 training on a Tuesdays, however trainees expected to work later on these days to compensate for the time they had missed. FY1 trainees reported that they felt they would not meet their teaching competencies this rotation and would expect to make these up on their next rotation.	Yes, please see action GS1.5

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

GS2.2	Impact of service design on learners The review team heard that for general surgery, consultants led the ward rounds for emergency patients and admissions. Higher trainees, including the CST who had stepped up to join the higher trainee rota provided a ward round for all elective patients. Trainees reported that for vascular surgery the ward round was consultant led. At the last review in March 2019 it was reported that there was no accommodation for non-resident higher trainees on-call that was free and fit for purpose. Trust representatives reported that free accommodation had been secured for non-resident registrars when on-call, who lived further than 30 minutes from the hospital. The review team heard that this was a recent change and had been put into practice shortly before the current review. Higher trainees spoken to confirmed that they felt the issue around accommodation had been resolved.	
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GS2. 3	<p>Organisation to ensure time in trainers' job plans</p> <p>ESs and CSs spoken to reported that not enough detail was allocated in their job plan to meet their educational and training responsibilities. The review team heard that the job plan did not reflect the number of hours that supervisors spent on training activities.</p>	Yes, please see action GS2.3
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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 to achieve the learning outcomes required.**
- 3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.**
- 3.3 Learners feel they are valued members of the healthcare team within which they are placed.**
- 3.4 Learners receive an appropriate and timely induction into the learning environment.**
- 3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.**

GS3. 1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The review team asked the trainees their view on the culture of the department. Some trainees reported occasions where they had not felt listened to by a member of the consultant body and times where they felt they had been spoken to in an inappropriate and undermining manner. Trainees within vascular surgery felt that there were political tensions between senior colleagues in the department, however they felt shielded from any underlying problems. Trainees spoken to reported that the majority of the consultant body were extremely supportive. Higher vascular trainees discussed how they had asked to stay on within the department due to the support they had been provided and opportunities to learn.</p> <p>The review team heard from the ESs and CSs that, despite the Trust's interventions, there were still problems around bullying and undermining behaviour within the vascular surgery department. Supervisors felt that trainees were shielded from these issues, that trainees were empowered to speak up if they experienced such behaviours and that the education and training environment was not affected. Supervisors advised that they would appreciate communication from the Medical Director about the situation.</p>	Yes, please see action GS3.1
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4. Supporting and empowering educators

HEE Quality Standards

- 4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.**
- 4.2 Educators are familiar with the curricula of the learners they are educating.**
- 4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.**
- 4.4 Formally recognised educators are appropriately supported to undertake their roles.**

	Not discussed at the review.	
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5. Delivering curricula and assessments

HEE Quality Standards

- 5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.**

5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Not discussed at the review

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.

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

Not discussed at the review.

Good Practice and Requirements

Good Practice

The review team acknowledged the significant headway the department had made to improve the learning environment in vascular surgery. Trainees spoken to were enthusiastic and pleased with the learning opportunities the placement provided.

The review team heard that free accommodation had been made available for non-resistant higher trainees on call, who lived further than 30 minutes from the hospital.

Trust representatives reported that Local Faculty Groups for the departments within general surgery were being established.

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

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

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.
GS1.1	The department is required to review and ensure there is a robust escalation process in place for Foundation Year One trainees.	Please submit a copy of the department's escalation protocol to HEE. This should include information on the escalation process if a senior colleague cannot be reached due to being in theatre or clinic.	R1.6
GS1.2a	The general surgery department is required to review the current rota, recruitment plans and how further resource could be allocated to ensure the rota allows for a balance between service and educational need.	Please provide evidence of how the department plans to amend the current rota to ensure a balance between service and educational need. This may include discussions around multi professional workforce transformation. Evidence may include recent LFG minutes.	R1.12
GS1.2b	The department is required to review how the FY1 rota works to support these trainees, including preventing their workloads from becoming excessive and ensuring that they have adequate supervision.	Please provide evidence that the workload for FY1 trainees has been reviewed and plans have been put into practice. Evidence provided may be in the form of LFG minutes.	R1.12
GS1.2c	The Trust is required to ensure that trainees are allocated sufficient theatre time to meet their curricular requirements and that lists are equitably distributed between trainees of the same grade.	Please provide assurance that the redesigned rota is equitable in the allocation of theatre time for trainees and ensures adequate clinical experience.	R1.19
GS1.3	The department is required to review this induction process for FY1 trainees to ensure it includes all relevant specialties.	Please review the current induction process and provide evidence that foundation trainees are appropriately inducted into all specialities they are expected to cover out of hours.	R4.1
GS1.4	The department is required to review the current handover processes in place between the daytime and on call teams to ensure that these are robust and include the on-call trainees.	Once reviewed please provide an updated handover protocol, ensuring that all specialties covered by trainees out of hours are included.	R1.14
GS1.5	The Trust must ensure that all trainees are released to attend the sessions required to fulfil their curriculum.	Please review current processes to ensure all trainees are released to attend the sessions required to fulfil their curriculum. Evidence provided may be in the form of LFG minutes.	R1.16

GS2.3	The department is required to review the current job plans for ESs and CSs to ensure sufficient time is allocated for educational and training responsibilities.	Please provide evidence that the job plans of both educational and clinical supervisors working within the department have been revised and are actively reflective of the work undertaken.	R4.2
GS3.1	The Trust is required to continue to work on the issue of bullying and undermining within the department.	The department, in collaboration with the Medical Director is to provide an overview of interventions planned to ensure bullying and undermining behaviour is effectively eradicated from the department long-term.	R1.1

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.
	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.
	None.	

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

Requirement	Responsibility
None.	

Signed

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

Date:

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.