

# North Middlesex University Hospital NHS Trust

Foundation Surgery

Risk-based review (focus group)



## Quality Review report

12 February 2020

Final Report

Developing people  
for health and  
healthcare

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## Quality Review details

<b>Background to review</b>	<p>This focus group was the follow-up to the previous focus group in July 2019 which identified the following areas of concern:</p> <ul style="list-style-type: none"> <li>– The review team heard that trainees had serious concerns about the quality and competency of the locum and established trust-grade doctors working in the department. These concerns centred around familiarity with Trust and departmental procedures, as well as their clinical competencies. Trainees raised concerns around appropriate levels of clinical supervision (and the competency of some of the Trust appointments to do so), safe handover of patients, and ultimately patient safety;</li> <li>– The review team was concerned to hear that trainees had few scheduled teaching sessions and that trainee workload was heavily weighted toward service provision rather than education and training. It was also apparent to the review team that trainee interactions with their educational supervisor were not formalised, systematic, or documented;</li> <li>– Trainees reported feeling that their role within the three departments was to provide the medical management of patients on the wards whilst their senior colleagues were in theatre. The review team was concerned that trainees were often left without robust pathways of escalation to obtain appropriate clinical supervision whilst looking after complex and seriously ill patients that were not commensurate for their level of training and experience;</li> <li>– The review team heard that trainees had been actively discouraged from submitting exception reports at Trust induction, they had only received passwords to access the reporting system after many months in post and that there had been a delay in receiving payment for extra hours worked where trainees had submitted exception reports. There was no process to review the exception reports with the trainee and to make adjustments to personalised work schedules where appropriate. The trainees reported that the exception reporting for work hours was simply for the Trust to pay for the additional hours worked; and</li> <li>– It was reported that trainees rarely received feedback when reporting clinical incidents via Datix.</li> </ul> <p>This disappointing trainee feedback was corroborated by the General Medical Council (GMC) National Training Survey (NTS) results for 2019.</p>
<b>Training programme / learner group reviewed</b>	Foundation Surgery
<b>Quality review summary</b>	<p>The review team met with 14 Foundation Year one (F1) trainees who were currently working in, or had previously completed a rotation in, a surgical specialty at the Trust. Trainees worked in either Urology, Orthopaedics and General Surgery.</p> <p>The review team was disappointed to hear that the Trust had not made significant progress toward addressing the issues heard at the previous focus group in July 2019 and had been borne out in the GMC NTS results for 2019. Whilst the review team heard of varying degrees of trainee engagement and support for trainees across the three departments, the overarching impression the review team had was of a lack of a clear programme of education and training for F1 trainees in surgical specialties. The review team heard that:</p>

- trainees had a heavy administration burden that they found to be of no educational value and had a negative impact on trainee morale;
- trainees reported that, whilst senior supervision and support was ultimately available, support was not provided proactively and they were often left alone on the wards and felt responsible for the medical management of surgical patients. Trainees reported that on occasions where a number of patients had been acutely sick that this posed a potential risk to patient safety;
- trainees reported that scheduled F1 teaching was often cancelled at short notice or that it seemed that some sessions lacked planning or structure. Trainees also reported that departmental teaching across the three specialties offered little to F1 trainees in terms of content for their training grade; and
- trainees had no timetabled opportunities to attend clinics or theatre which resulted in service and administration pressures preventing them from attending.

### Quality Review Team

<b>HEE Review Lead</b>	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London	<b>Foundation School</b>	Dr Keren Davies, North Thames Foundation School Director
<b>Lay Representative</b>	Robert Hawker, Lay Representative	<b>HEE Representative</b>	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
<b>Observer</b>	Ogo Okosa, Quality, Patient Safety and Commissioning Administrator		

## 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
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		Reference Number
FS1.1	<p><b>Patient safety</b></p> <p>The review team did not hear of any direct, specific incidences relating to patient safety. However, trainees did report that they felt there was a risk posed to patient safety if they were alone on the wards if a number of patients became acutely unwell at the same time. Trainees reported feeling at risk of being overwhelmed by the deterioration of patients' post-operative health requiring care beyond F1 trainees' clinical competencies. Whilst trainees would be happy for their friends and family to undergo surgery at the Trust, they would not recommend that they do so due to these concerns around the level of post-operative care available.</p>	
FS1.2	<p><b>Appropriate level of clinical supervision</b></p> <p>The review team was pleased to hear that trainees generally felt well supported in the clinical environment. Whilst it was noted that trainees were often alone on the wards whilst the consultant and senior doctors – be they higher trainees or trust-grade doctors – were in theatre, the review team heard that clinical supervision was available when requested and that there was a reported improvement in the teamworking across the surgery departments. Trainees reported that they found the majority of their senior colleagues to be approachable and willing to offer advice and support. However, all trainees did report that there were some non-training grade doctors whom they did not have full confidence in: this was attributed either to concerns around their clinical competencies or a lack of familiarity with NHS settings having arrived from overseas and would often work around to canvass the clinical supervision that they required.</p>	Yes, please see FS1.2
FS1.3	<p><b>Rotas</b></p> <p>The review team was disappointed to hear that on occasions where trainees had been required to work beyond their contracted hours and had submitted exception reports that they had been contacted by senior clinical staff and service managers to ask why they had done so. The review team deemed this to be an inappropriate practice and that any such conversations should be between trainees and their educational supervisor (ES). The review team heard that trainees had been told that staffing levels within surgery departments were sufficient enough to not warrant trainees submitting exception reports. At the previous review into foundation surgery at the Trust in July 2019, the review team had heard of similar issues with it being reported that trainees had been discouraged from submitting exception reports as it was seen by senior clinicians as 'unprofessional' and showing a lack of commitment to patient care.</p>	
FS1.4	<p><b>Induction</b></p> <p>The review team heard that trainees found the Trust induction to be good and prepared them well for their roles. However, the review team was concerned to hear that there were still some trainees who had yet to be issued with login credentials for the exception reporting system.</p> <p>Trainees reported that the departmental inductions and resources provided to trainees were of varying quality. Trainees welcomed the opportunity to undertake clinical shadowing to familiarise themselves with the clinical environment and the expectations of them as trainees. The review team was disappointed that the pan-surgery foundation induction process, set as a mandatory requirement at the previous focus group in July 2019, had yet to be devised.</p>	
FS1.5	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p>	

	<p>The review team was disappointed to hear that trainees had a heavy administrative burden that they found to be of no educational value and that this had had a negative impact on their morale. Trainees reported being tasked with ordering scans and booking outpatient appointments, something they felt was more appropriate for medical secretaries to undertake. This administrative burden was reported to be having a significant negative impact on the quality of the learning experience in the placement.</p> <p>The review team heard that trainees did not have scheduled theatre sessions or clinics in their job plans. Trainees did note that they were often invited by their seniors to attend theatre but that other work pressures made it challenging to take these up. There was a feeling among trainees that their senior colleagues did not fully recognise the heavy administrative strain on trainees to ensure that service needs were met.</p> <p>The review team heard that one protected clinic and one protected theatre session in the rota per week would drastically improve the education and training experience across the three departments.</p>	<p>Yes, please see FS1.5a</p> <p>Yes, please see FS1.5b</p>
FS1.6	<p><b>Protected time for learning and organised educational sessions</b></p> <p>Trainees reported that scheduled F1 teaching was often cancelled at short notice or that it seemed that some sessions lacked planning or structure. Trainees also reported that departmental teaching across the three specialties offered little to F1 trainees in terms of content for their training grade. The review team heard that these scheduled teaching sessions were not protected in the rota.</p> <p>Trainees reported that they would welcome the opportunity to attend the scheduled teaching regardless of the department they were in as this would increase the number of teaching sessions they could potentially attend, as well as broaden their clinical exposure.</p> <p>The review team also heard that there were limited opportunities for on the job teaching or to complete workplace assessments.</p>	
FS1.7	<p><b>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</b></p> <p>The review team heard that across the specialties that trainees had inconsistent access to formal meetings with their ES.</p>	

## 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.**

FS2.1	<p><b>Impact of service design</b></p> <p>The review team heard that trainees still had an overwhelming sense that their prime role within the departments was to provide a base level of medical management of patients on the wards. Trainees welcomed the introduction of the medial liaison consultant role and found this to be a source of valuable support, but it was noted that the liaison consultant was only available on-site Monday to Thursday.</p>	
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	The review team heard that for General Surgery in particular, there was a high number of junior trainees in comparison to the workload. Trainees reported that there was little opportunity to follow a patient through pre-operative care, theatre, and post-operative care and that work for trainees was assigned on a seemingly ad hoc basis. This meant that trainees were only seeing fragmented parts of the whole patient journey and depriving trainees of seeing how the work they had done fit the bigger picture.	Yes, please see FS2.1
FS2.2	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The review team heard that a trainee representative attended the local faculty groups but that there was a sense that the LFG was not a forum that was receptive to trainee concerns for their respective departments. Trainees did, however, note that the 'you said, we did' initiative was a good mechanism for implementing change. It was reported that following the raising of issues through this, trainees had got better exposure to clerking patients and that changes had been made to handover through it. The trainees acknowledged some of the initial work that had been undertaken.</p>	

### 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.

	N/A	
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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.

	N/A	
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### 5. Developing and implementing 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.



	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.

FS6.1	<p><b>Learner retention</b></p> <p>The review team heard that the majority of trainees would not recommend their training posts to their peers, irrespective of the specialty. However, the review team was encouraged to hear that despite the generally negative experience, those trainees that had held prior ambitions to pursue surgery had not had these diminished.</p>	
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## Good Practice and Requirements

### Good Practice

N/A

### 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.
FS1.2	The Trust is required to ensure that trainees have access to the appropriate level of clinical supervision at all times and that there is regular proactive communication and support provided by more senior colleagues.	Please provide HEE with an update on how the Trust plans to address the issues around clinical supervision by 1 December 2019.	R1.7

### 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.
FS1.5a	The Trust must make immediate arrangements to remove the administration burden from Foundation Trainees.	This will be reviewed at the next focus group on 14 May 2020.	R1.15
FS1.5b	The Trust must review the work schedules and timetables for the Foundation Trainees to ensure that clearly identified weekly teaching sessions are marked and those trainees are given access to supervised theatre and out-patient sessions to promote learning around the care of the surgical patient.	This will be reviewed at the next focus group on 14 May 2020.	R1.16

### 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.
FS2.1	The Trust is encouraged to review the daily timetables to allow trainees to follow the longitudinal pathway of the surgical patient to maximise their exposure and understanding of the progress of surgical presentation and diseases.	R1.15

## Requirements from July 2019

The following visit actions from the previous focus group on 10 July 2019 remain open.

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
FS1.1	The Trust is required to review the clinical competencies of the locum and established trust-grade doctors working across General Surgery, Urology, and Trauma and Orthopaedics (T&O) ensuring appropriate clinical competencies to provide supervision to foundation trainees.	Please provide HEE with an update on the outcome of this review exercise, along with a proposed set of actions and next steps that sets out how the Trust plans to address the findings of the review by 1 December 2019.	R1.7
FS1.4a	The Trust is required to refresh all induction materials to positively encourage all trainees of the need to exception report any additional hours worked, as set out in the junior doctor contract.	Please provide HEE with assurance that trainees have access to exception reporting software within one week of starting in the Trust and undertake a trainee survey, providing HEE with a copy of the results by 1 December 2019.	RS3.2
FS1.4b	The Trust is required to develop a foundation surgery-specific departmental induction that covers General Surgery,	Please provide HEE with the structure and content of this induction by 1 December 2019.	R1.14



	Urology, and T&O to reflect trainees' cross-covering all three specialties.		
FS1.5	The Trust is required to review its handover procedures across the three specialties and synchronise the handover of all bleeps and to transfer the responsibility for patient care to the night team at the formal handover at 20:00.	Please review the evening handover guidance to clearly demonstrate where clinical responsibility is handed over, as well as for the handover of clinical information, and provide trainee feedback via a trainee survey by 1 December 2019.	R1.14
FS1.6	The Trust is required to deliver protected time for scheduled foundation surgery-specific teaching sessions.	Please review the foundation trainee rotas across the three specialties and ensure that weekly consultant-led teaching sessions are available to all foundation trainees and provide HEE with a copy of the timetable for these sessions by 1 December 2019.	R1.16
FS2.3	The Trust is required to ensure that all trainee/trainer meetings are formalised and documented via the Trust's educational supervision proforma.	Please submit a report showing the schedule of trainee/trainer educational governance meetings between August and November by 1 December 2019.	R1.19
FS2.4	The Trust is required to ensure that where trainees submit Datix reports that these are treated as an educational opportunity and are responded to in a constructive way in a timely manner.	Please raise this issue at the next available LFG meeting and document in the minutes, submitting a copy to HEE by 1 December 2019.	R1.3
FS3.1a	The Trust is required to ensure the safety of all staff whilst on the Trust Estate.	The Trust should consider how it will ensure the safety of trainees when leaving the site at night and how the impact of working beyond their rostered time may impact on their personal safety. Please provide an update to HEE by 1 December 2019.	R3.2
FS3.1b	The Trust is required to ensure that all trainees have access to secure common areas and, if not already in place, have access to personal lockers for the safe storage of personal belongings.	Please review the security of staff common areas and confirm whether trainees have access to personal lockers. If trainees do not have access to personal lockers, please include in the update of what the Trust is doing to address this by 1 December 2019.	R3.2

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

Requirement	Responsibility
N/A	

#### 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:**

9 April 2020

### **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.