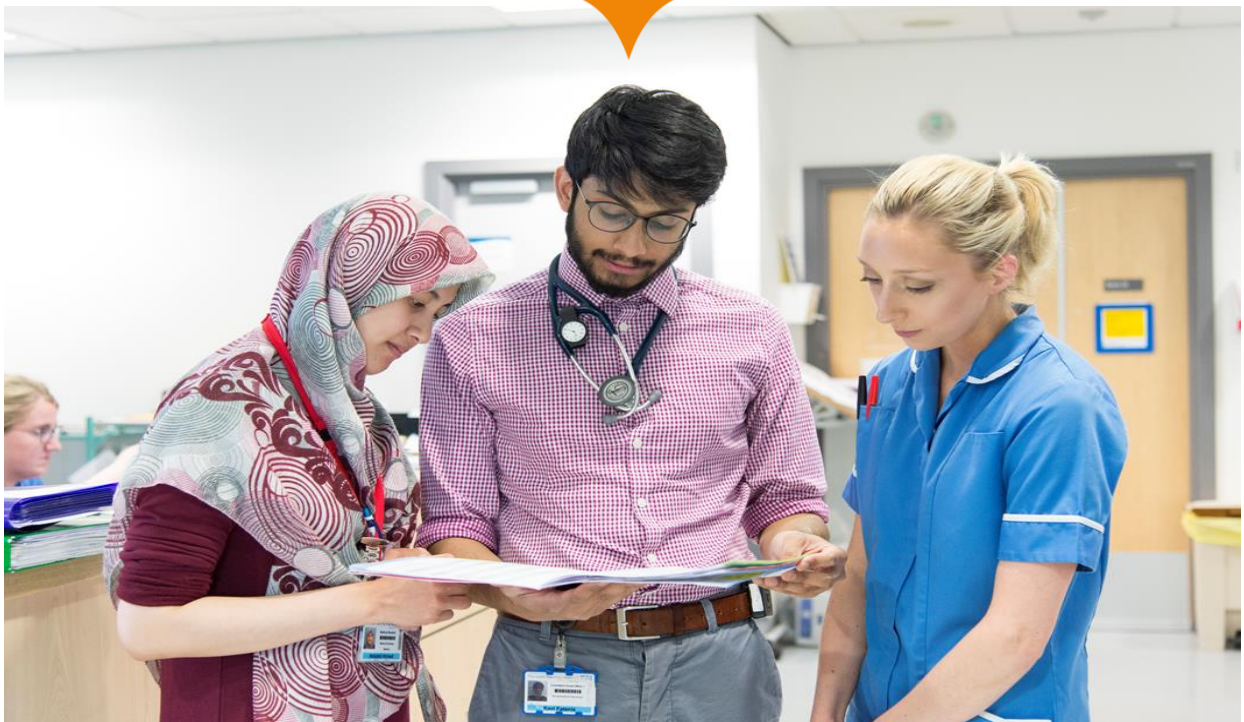# HEE Quality Interventions Review Report

North Middlesex University Hospital NHS Trust (North Middlesex Hospital)
Foundation Surgery
Learner and Educator Review

Review Overview

Background to the Review:	Health Education England (HEE) conducted two previous quality visits to the Trust for Foundation Surgery in July 2019 and in February 2020. This review is a follow up to these visits to assess progress against the open actions. Previous issues involved reports of: - Heavy administrative burden - Clinical supervision and support was available, however it was not provided proactively, and trainees were often left along on the ward - Scheduled F1 teaching was often cancelled at short notice - Trainees had no timetabled opportunities to attend clinics or theatre - Trainees had few scheduled teaching sessions - Some concerns that trainees were often left without robust pathways of escalation - Trainees had been actively discouraged from submitting exception reports at induction - Trainees rarely received feedback when reporting clinical incidents via Datix
Training Programme/Learner Groups Reviewed:	Foundation Surgery
Who we met with:	The review team met with the following Trust leads: - Director of Medical Education - Medical Director - Clinical Director - Medical Education Manager - Guardian of Safe Working - Assistant Director for Medical Education and Development The review team also met with the following: - Seven F1 trainees and two F2 trainees, across General Surgery, Urology and Trauma & Orthopaedic Surgery - 17 surgical Clinical and Educational supervisors

	The Trust submitted the following evidence ahead of the visit:
Evidence utilised:	- 2020.07.31 – Local Faculty Group (LFG) Minutes Surgery - 2020.08.20 - You Said We Did - 2020.08.28 - LFG Minutes Surgery - 2020.09.18 - Emergency Educational Faculty Meeting - 2020.09.18 - LFG Minutes Surgery - 2020.09.22 - Guardian of Safe Working Hours - 2020.10.15 - You Said We Did - List of Locally Employed Doctors (LEDs)

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Elizabeth Carty, Deputy Postgraduate Dean
Specialty Expert	Dr Keren Davies, Head of School for Foundation
Lay Representative	Anne Sinclair
HEE Quality Representative	Nicole Lallaway, Learning Environment Quality Coordinator
Supportive roles	Tarek Hussain, Quality, Patient Safety and Commissioning Officer

Executive summary

The review lead thanked the Trust for their work in co-ordinating this review and was pleased to see that all attendees engaged with the process. It was encouraging that three-quarters of trainees reported they would recommend their placement to colleagues. It was also encouraging to hear that the 'You Said We Did' forum was reported as having a positive impact on trainees.

However, the review team identified the following areas as requiring improvement:
- Handover process
- Undermining by some consultants when submitting exception reports
- Clinical supervision out of hours for Orthopaedic and Urology trainees was limited
- Escalation pathway for unwell patients out of hours
- Trainees had no knowledge of a local faculty group (LFG)
- Some trainees had no working log in details to access the exception reporting process
- The departmental induction for general surgery trainees did not adequately equip them for their placement

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture
1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive 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 interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	**Handover** The review team were concerned to hear that there was not a formal process in place for Foundation trainees in general surgery to handover patients to their colleagues in the mornings or evenings. Trainees reported that they would either text or use Microsoft Teams to handover patients to their	Yes, please see FS1.1

	colleagues, and trainees felt this was due to social distancing measures. Trainees also reported that when they handed over patients to the on-call team in the evening, they often did not receive an update on the patient's condition the following day.		
1.2	**Bullying and undermining** The review team were concerned to hear reports of instances where some trainees felt undermined by some consultants. These instances revolved around exception reporting, whereby some trainees submitted an exception report and in the follow up meeting with their educational supervisor, were made to feel that they did not exception report appropriately. Some trainees reported that they were challenged for exception reporting for rota and staffing issues and were told that these were not sufficient reasons to submit an exception report. It was felt by trainees that they were being discouraged from using the exception reporting process. The review team were pleased to hear that the Director of Medical Education acknowledged these concerns, and reported that they had actioned the removal of educational supervision from the surgical department, and reallocated non-surgical educational supervisors (ES) to Foundation trainees. The Medical Education team reported that they were still in the process of confirming new ES but reported that informal feedback from trainees found that they were reassured and felt comfortable to exception report. Clinical and Educational Supervisors reported that there were not many exception reports submitted in the past 12 months and recognised that there were concerns around the exception reporting process, whereby trainees are required to exception report to the person responsible for their work. Some trainers also reported that they were disappointed that the trainees were reallocated to new educational supervisors outside of the surgical department. Trainees reported that the majority of consultants within the surgical department were approachable and cared about learning. However, trainees reported an isolated incidence whereby a consultant raised their voice at a trainee for something the consultant had asked them to do. It was reported that this left the trainee in tears. The review team heard that this incident was flagged and discussed, however the trainee did not know the outcome of those discussions.	Yes, please see FS1.2	
1.4	**Appropriate levels of Clinical Supervision** The review team heard that at times clinical supervision was not easily accessible out of hours, which impacted on patient safety. Foundation trainees reported that the consultants were off-site during the night, and that Orthopaedics and Urology trainees had limited support out of hours if there were concerns about the condition of unwell patients. Trainees also reported that during the night shift they were responsible for Orthopaedics and Urology admissions, as well as covering the A&E department. It was heard that trainees covered these departments out of hours with minimal support, as well as having no formal Urology training. It was understood that there was no clear escalation pathway for patients who were acutely unwell outside of the critical care unit.	Yes, please see FS1.4a Yes, please see FS1.4b	

Domain 2 – Educational governance and leadership

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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	**Impact of service design on users** The review team were pleased to hear that improvements had been made in weekly consultant led teaching for general surgery. Trainees reported that they had scheduled teaching with a consultant for one hour per week which would either be led via Microsoft Teams (MS Teams) or in person. It was heard that all trainees felt they were encouraged to attend teaching however trainees did not feel this was fully protected. Trainees also reported that these teaching sessions were not bleep free. The review team heard that foundation teaching was held weekly, and that all trainees were encouraged to attend. Teaching was available for 12 trainees in person, and the remaining trainees would attend via MS Teams to observe social distancing requirements due to Covid-19. Trainees reported that teaching via MS Teams was less protected than teaching in person. This was due to not having a dedicated room to attend teaching together and being interrupted when attending virtual teaching in the Doctor's office. The review team heard that trainees were initially inducted into a firm-based rota and were moved to a zonal ward-based rota the day before the start of their placement. This change in the rota was due to the pressures of Covid-19. The review team heard that this left trainees unprepared for their placement and caused significant confusion around what patients the trainees were responsible for as well how to seek support from consultants. Trainees reported that this move to the zonal ward-based system meant that they needed to have details about all the patients on the ward, however trainees did not have access to the patient list. The review team heard that an F1 took the initiative to set up a system on MS Teams so that all trainees had access to their own updated list. Trainees reported that in the past week it was switched to a system that updates the list automatically, however in the beginning of their placement this caused some stress. The Trust confirmed that they were aware of these issues with the rota as trainees had fed this back to the medical education department, and they actioned the return to a firm-based rota for trainees. It was agreed by those in attendance at the review that the return to a firm-based system meant that trainees were able to attend teaching more frequently and reported an improvement in clinical supervision as there was a clear structure for operating. This return also meant that trainees felt there was a continuity of	Yes, please see FS2.1

	care for patients, as trainees would see a patient throughout the whole journey in the hospital.	
2.2	**Appropriate systems for raising concerns about education and training** The review team heard that trainees reported no knowledge of the existence of a foundation local faculty group (LFG). When asked about how they would escalate concerns, trainees reported that they would raise issues in the 'You Said We Did' forum. Trainees reported that the 'You Said We Did' was a valuable forum for raising concerns related to education and training. This forum was led by a consultant external to the surgical department and was a space for trainees to talk openly about any issues or concerns. This forum was held every two weeks, and discussions were fed back to the Director of Medical Education. It was agreed by those in attendance that this forum had a positive impact on trainees and was a useful space for trainees to escalate concerns further if they felt it necessary. The review team heard that there were issues with the exception reporting process. This issue referred to technical issues, whereby trainees were sent log-in details but the system was not working properly. The Trust reported that they were working with colleagues in human resources to resolve this issue.	Yes, please see FS2.2a Yes, please see FS2.2b

Domain 3 – Supporting and empowering learners

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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	**Regular constructive and meaningful feedback** The review team heard that there was an issue with feedback within the surgical department. Trainees felt that it was rare to receive positive feedback from their supervisors.	
3.1	**Access to resources to support learners' health and wellbeing and to educational and pastoral support** The review team queried the appointment of a wellbeing champion within the Trust as a place to go if trainees felt they could not confide in their clinical supervisor (CS) or ES. It was reported by the CS and ES that they did not know who the well-being champion was within the Trust, and referred to the consultant who leads the 'You Said We Did' forum as providing wellbeing support to the foundation surgical trainees. It was reported by the ES and CS that there was a wellbeing room in the education centre where trainees could drop in to receive support and pastoral advice.	

Domain 4 – Supporting and empowering educators

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.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
n/a	**There were no reported issues around the support and empowerment of educators.**	n/a

Domain 5 – Delivering curricula and assessments

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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
n/a	**Domain not discussed at review**	n/a

Domain 6 – Developing a sustainable workforce

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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	**Retention and attrition of learners** The review team were pleased to hear that the culture of the hospital was welcoming, with three quarters of trainees reporting that they would recommend this placement to students or colleagues. Trainees acknowledged that there were initial issues at the beginning of the placement, however they reported that there have been some improvements made and reported that the hospital presented a welcoming environment.	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	n/a	n/a
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)
	n/a	n/a

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
FS1.1	The review team heard that there was no formal handover process, as trainees were handing over patients by text or MS Teams.	The Trust is required to develop a formal handover process. Please submit LFG minutes with trainee feedback to demonstrate that formal handover is working well.
FS1.2	Some trainees reported incidents where they felt undermined by consultants when submitting exception reports.	Please provide LFG feedback that the trainee experience of exception reporting, and that undermining is no longer a concern. Please submit LFG minutes in the next QMP reporting cycle.
FS1.4a	The review team heard that clinical supervision out of hours for Orthopaedic and Urology trainees was limited, as the consultants were offsite overnight.	The Trust is required to secure adequate clinical supervision for Foundation trainees working out of hours. Please submit trainee feedback in the form of LFG minutes that detail clinical supervision out of hours is no longer a concern.

FS1.4b	The review team heard that there was no clear escalation pathway for unwell patients out of hours.	Please submit documents detailing the escalation pathway for unwell patients out of hours. Please also submit LFG feedback from trainees to evidence that this is no longer an issue.
FS2.1	General Surgery trainees reported that their departmental induction did not adequately equip them for their post.	The Trust is required to work with trainees to develop a General Surgery departmental induction that is commensurate and adaptable for all training grades. Please provide an update in the next reporting cycle.
FS2.2a	The review team heard that trainees had no knowledge of the existence of a Foundation local faculty group (LFG).	Please establish a Foundation LFG and submit LFG minutes that detail adequate trainee representation in the next QMP reporting cycle.
FS2.2b	The review team heard that there were technical issues with the exception reporting process, whereby trainees did not have working log-in details.	The Trust is required to resolve the technical issues around logins for trainees to access the exception reporting system. Please submit LFG minutes detailing this is no longer an issue in the next QMP reporting cycle.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
n/a	n/a

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
Foundation Surgery	'You said we did' feedback group has improved the communication between trainees and the surgical department, education, and Trust management teams.	2

Report sign off

Outcome report completed by *(name)*:	Nicole Lallaway, Learning Environment Quality Coordinator
Review Lead signature:	Dr Elizabeth Carty, Deputy Postgraduate Dean
Date signed:	10/12/2020

HEE authorised signature:	Dr Gary Wares, Postgraduate Dean, North London
Date signed:	14/12/2020

Date final report submitted to organisation:	14/12/2020

What happens next: **Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.** **As part of our intention to development a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on (web link)Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups**