Health Education England HEE Quality Interventions Review Report

Royal Free London NHS Foundation Trust (Barnet Hospital)

Foundation Surgery and GP Surgery Learner Review



North Central London

29 October 2020

Review Overview

Background to the Review:	 HEE scheduled this Learner Review of Foundation Surgery and GP Surgery due to poor feedback in the GMC National Training Survey 2019. Red outliers in GMC NTS 2019 included: Surgery F1: Clinical Supervision Clinical Supervision out of hours Reporting Systems Educational Supervision Surgery F2: Workload Induction Adequate Experience Educational Governance Study Leave Rota Design GP Prog – Surgery: Induction Curriculum Coverage Local Teaching Rota Design This review was originally scheduled for March 2020. It was postponed due to Covid-19 in order to alleviate pressure on the Trust.
Training Programme/Learner Groups Reviewed:	Foundation Surgery and General Practice (GP) Surgery trainees
	The review team met with:
Who we met with:	 Six trainees across Foundation and General Practice in surgery posts at Barnet Hospital, including General Surgery and Trauma and Orthopaedic Surgery Following the meeting, informal feedback was given to Trust representatives.
Evidence utilised:	 The Trust sent the following documentation for this review: 03.06.2020 – Local Faculty Group Minutes 10.03.2020 – General surgery Audit meeting minutes 16.07.2020 – Junior Doctors Executive Forum Minutes

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Elizabeth Carty, Deputy Postgraduate Dean, North Central London
Specialty Expert	Dr Keren Davies, North Thames Foundation School Director
Specialty Expert	Dr Naureen Bhatti, Head of School for GP (NCEL)
Specialty Expert	Anisha Sodha, Barnet Programme Director
Lay Representative	Jane Gregory
HEE Quality Representative	Nicole Lallaway, Learning Environment Quality Coordinator
Supportive roles	Aishah Mojaddy, Quality, Patient Safety and Commissioning Administrator

Executive summary

The review team were pleased to hear that trainees felt well supported in the learning environment by their clinical and educational supervisors. It was also encouraging to hear that trainees would recommend their placement to colleagues.

However, the review team identified the following areas as requiring improvement:

- Trainees reported that the referral bleep goes off repeatedly for minor issues, and that protected teaching time was not bleep free.
- Trainees in Trauma and Orthopaedic Surgery reported that they often had responsibility for the referral bleep, and this was felt to be in need of review and consideration of the supervision and learning opportunities of such arrangements.
- Trainees reported concerns about escalation of rising National Early Warning Score (NEWS) by their nursing colleagues. NEWS is a tool which detects clinical deterioration in patients.

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 Trainees reported that the handover process was clear and well thought through. Foundation trainees in general surgery posts reported that patients are handed over to the night team at 20:00. It was reported that trainees attended handover prepared with patient details, concerns, and requests about any patients they were worried about. Trainees reported that this was well received. The review team also heard that patients were handed over in	

	the morning at 08:00 from the night team. Some general practice (GP) trainees reported that due to the large number of colleagues present, they felt it was difficult to raise concerns regarding patients during handover.	
1.4	Appropriate levels of Clinical Supervision	
	The review team heard that trainees felt well supported in the learning environment by their clinical and educational supervisors. It was reported that Foundation trainees were able to contact the consultants directly if they had any concerns, and that this was the case for all consultants in surgery. GP trainees reported that consultants were open and approachable, however it was heard that sometimes consultants could be difficult to contact and that this made trainees uncomfortable to approach them.	

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 heard that Foundation trainees and GP trainees felt that bleeps seemed to constantly go off repeatedly for minor issues. It was reported some trainees found it difficult to attend teaching due to holding the bleep, and that this impacted on learning. It was suggested by trainees that a triage system would be beneficial to ensure that trainees are only bleeped for an urgent concern.	Yes, please see FS/GPS2.1a
	Foundation trainees in Trauma and Orthopaedic surgery posts reported that they often carry the referral bleep which is supposed to be carried by the registrar. The review team heard that the policy for bleeps stated that the registrar on-call should hold the bleep, and trainees reported that this can vary depending on what registrar the trainees have when on-call. It was reported that some registrars would hold the bleep and manage concerns, however trainees reported instances where the bleep would be given to them, which they felt to be inappropriate. The review team heard that trainees struggled managing the number of bleeps and reported that recently, there could be multiple bleeps per minute. Trainees reported that the bleep distracted them when with patients, and felt it was not appropriate for them to be responsible for the referral bleep.	Yes, please see FS2.1b
	The review team heard that there were concerns raised about late escalation of raised National Early Warning Score (NEWS) by their nursing colleagues. Trainees reported that raised NEWS were not escalated early enough, and patients were sometimes escalated when they had become significantly unwell. Trainees reported that they felt the new online system	Yes, please see FS/GPS2.1c

2.2	 opportunities to get to theatre because the wards were too busy, and the workload was too high. Trainees reiterated that they were welcome to attend theatre by the department, however the workload was too high to enable this. Appropriate systems for raising concerns about education and training The review team heard that Foundation trainees were aware of systems in place to raise concerns about education and training. It was heard that the local faculty group (LFG) meeting took place every four weeks. Trainees reported that they were able to feedback any concerns through the LFG. Trainees also reported that consultants regularly encouraged them to 	see FS/GPS2.1d
	 was difficult to navigate, noting that the previous system was colour coded and clearer. The review team heard that surgical teaching took place every Wednesday, and trainees reported that it was often an interactive and interesting session. Foundation trainee and GP trainees also reported that they were released and encouraged to prioritise teaching for their respective programmes. Although trainees reported they were encouraged to attend teaching, it was heard that Foundation trainees sometimes found it difficult to attend teaching due to their workload. Foundation trainees in general surgery posts reported that they had limited 	Yes, please

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
3.4	Induction (organisational and placement) Foundation Trainees reported that they had a short surgical induction lasting 45 minutes which detailed how the department worked. It was noted that the induction covered everything the Foundation trainees felt they needed to know. GP trainees reported that they had a departmental induction with their consultants, and they had an organisational induction that was conducted virtually. GP trainees felt that the Trust induction did not adequately prepare them for their placement. It was reported that the induction did not show them	Number
	how to properly use electronic patient record (EPR) and felt the induction was rushed. There was also a report of an instance of a trainee who started their rotation on a set of night shifts, which meant that they had no induction to prepare them for their post.	

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	Domain not discussed at the review.	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
5.1	Placements must enable learners to meet their required learning outcomes	
	Trainees reported good coverage of the curriculum, and that they received good exposure to a range of clinical activity whilst in post.	

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 heard that Foundation trainees and GP trainees would recommend their placement to their peers. It was noted that trainees felt encouraged to speak up about concerns relating to their education and training.	

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
FS/GPS2.1a	It was heard that the referral bleep goes off repeatedly for minor issues, and that protected teaching time was not bleep free	The Trust is required to review the bleep system and consider introducing a triage system. Following this review, please forward evidence of feedback from trainees that the bleep process is no longer impacting negatively on patient care and the learning experience.
FS2.1b	Foundation trainees in Trauma and Orthopaedic surgery reported that they often have responsibility for the referral bleep rather than the registrar on-call.	The Trust is required to ensure that junior trainees in Trauma and Orthopaedics surgery were not responsible for the referral bleep when on-call. Please obtain LFG feedback that this is no longer a concern among trainees.
FS/GPS2.1c	It was heard that there was delayed escalation of raised NEWS by nursing colleagues, and that patients were often escalated when they had significantly deteriorated.	The Trust is required to review its process around how the nursing team interacts with the medical team when NEWS have risen.

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		
FS/GPS2.1d	The review team would like to encourage the Trust to foster opportunities for trainees to attend theatre once or twice during their placement.		

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)

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:	16/12/2020

HEE authorised signature:	Dr Gary Wares, Postgraduate Dean, North London
Date signed:	16/12/2020

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