

HEE Quality Interventions Review Report



**Whittington Health NHS Trust (The Whittington Hospital)
General Surgery and Foundation Surgery
Learner and Educator Review**

**London – North Central London
Date of Review/Intervention: 7 March 2022
Date of Final Report: 20 April 2022**

Review Overview

Background to the review

This Learner and Educator Review of General Surgery and Surgery F1 at The Whittington Health NHS Trust (The Whittington Hospital) was scheduled due to the specialty's performance in the General Medical Council's National Training Survey (GMC NTS) 2021.

General Surgery generated ten pink outliers and the following red outliers:

- Induction
- Rota Design

Surgery F1 generated two pink outliers and the following red outliers:

- Overall Satisfaction
- Clinical Supervision
- Adequate Experience

HEE sought to explore the above outliers raised in the survey to obtain a deeper understanding and to improve the trainee experience within their placements.

Subject of the review:

General Surgery (higher specialty trainees) and Surgery F1 (general surgery and trauma and orthopaedic surgery)

Who we met with

The review panel met with four higher specialty trainees in general surgery and seven foundation year one (FY1) trainees in surgical placements at the Whittington Hospital.

The review panel also met with:

- Director of Medical Education
- Medical Education Manager
- Clinical Director
- Education Lead
- College/Surgical Tutor
- Foundation Training Programme Director (TPD)
- Guardian of Safe Working
- Freedom to Speak up Guardian
- Chief Executive
- Director of Operations for the Surgery and Cancer Integrated Clinical Service Unit (ICSU)
- Eight Clinical Supervisors and Educational Supervisors

Evidence utilised

The review panel utilised the following evidence for this quality review:

- August 2021 Foundation Year 1 Induction Feedback Summary
- August 2021 Induction Feedback Summary
- Breakdown of Learner Groups and Supervisors within the Department
- Datix Reports Summary
- Exception Report General Surgery January 2021-22
- Friends and Family Test (FFT) Reports Summary
- Foundation Teaching Feedback Summary
- Guardian Of Safe Working Hours (GOSWH) Q3 20-21 final version 22.02.21
- GOSWH Q4 20-21
- GREATix Summary - PALS General Surgery Compliments - Jul-Dec 2021
- GREATix Summary - Whittington Stars
- List of Attendees by Session
- Minutes Postgraduate Medical Education Board (PGMEB) ~ 08.11.2021 Final
- Module 4B Block 1 2021-22
- NHS Staff Survey 2020 Directorate Benchmark Reports Whittington
- NHS Staff Survey 2020 Summary Benchmark Reports – Whittington
- Surgery Faculty Meeting Minutes ~ 03.03.21
- Surgical Faculty Meeting Minutes 23.06.21
- Surgical Faculty Meeting Minutes - Final 20.10.2021
- Whittington General Surgery and Surgery F1 Learner Attendee List

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
Specialty Expert	Dr Celia Theodoreli-Riga Head of School for Surgery
Specialty Expert	Dr Nick Rollitt Deputy Head of NCEL Foundation School
Learner Representative	Derek KT Yeung General Surgical Registrar; Learner Representative
Lay Representative	Robert Hawker Lay Representative
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator
Supporting roles	Kiera Cannon Quality, Patient Safety and Commissioning Officer

Executive Summary

This HEE Quality Review was scheduled due to the performance of General Surgery and Surgery F1 in the General Medical Council's National Training Survey (GMC NTS) 2021. This combined review sought to understand issues within the departments with the purpose of improving the quality of education and training within the two specialties.

General Surgery:

The review panel were pleased to hear that higher specialty trainees felt their supervisors were supportive and that they were able to access endoscopy lists as required by the curriculum.

However, the following areas of improvement were identified at the review:

- Higher specialty trainees were not getting adequate operating experience due to a variety of reasons, including cancellations due to lack of theatre staff.

Surgery F1:

The review panel were pleased to hear that trainees were able to access theatre during their placement and felt well supported by their consultants and colleagues.

However, the following areas of improvement were identified at the review:

- Local induction was not adequate for Foundation trainees
- Handover and continuity of care for general surgery emergency patients was limited, which impacted on educational and clinical experience
- Local teaching was not reinstated for trauma and orthopaedic surgery following disruptions due to the Covid-19 pandemic
- Exception reporting was discouraged by some of the consultants
- Some of the consultants and higher specialty trainees did not know how to use the electronic patient record (EPR) which meant trainees had to undertake additional tasks
- There were tensions between the medical and surgical teams regarding inpatients who were recovering from surgery but were not yet well enough to be discharged

Further information around the Mandatory Requirements for both specialties can be found on page 5-6.

Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
FS1.7a	The review panel heard that Foundation trainees were discouraged from exception reporting by some of the consultants in the department.	The Trust is required to ensure that all trainees are encouraged to exception report when they work late or miss educational opportunities. Please submit evidence in support of this action on the Quality Management Portal (QMP) by 1 June 2022.
FS1.7b	The review panel heard that local teaching in Trauma and Orthopaedic Surgery was not yet reinstated following disruptions due to the Covid-19 pandemic.	The Trust is required to reinstate local teaching for Foundation trainees in Trauma and Orthopaedic Surgery. Please submit evidence in support of this action on the QMP by 1 June 2022.
FS1.7c	The review panel heard that clinical commitments for Foundation trainees sometimes clashed with scheduled weekly teaching, which meant that trainees were unable to attend.	The Trust is required to ensure that Foundation trainees can access scheduled weekly teaching. Please submit evidence in support of this action on the QMP by 1 June 2022.
FS1.11	The review panel heard that some higher specialty trainees and consultants were unable to use the electronic patient record (EPR). This meant that Foundation trainees were regularly asked to write prescriptions and request investigations on outpatients on the EPR.	The Trust is required to train all required members of staff to use the EPR. Please submit work undertaken to support this action on the QMP by 1 June 2022.
FS3.8a	The review panel heard that Foundation trainees were often left to liaise between the surgical and medical departments regarding patients on the ward who no longer had surgical issues, and it was felt that these	The Trust is required to clarify who is responsible for mediating between the surgical department and medical departments regarding unwell patients and make this clear to Foundation trainees.

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	conversations were best approached by senior colleagues.	Please submit work undertaken to support this action on the QMP by 1 June 2022.
FS3.8b	The review panel heard from Foundation trainees that due to the current daytime working arrangements, handover of unwell patients and continuity of care for general surgery emergency patients was limited and this had an impact on the educational and clinical experience of Foundation trainees.	The Trust is required to enable better continuity of care by reviewing the rota to enable Foundation trainees to rotate between clinical areas less frequently. The Trust is also required to establish a handover process between Foundation trainees who move between clinical areas. Please submit work undertaken to support this action on the QMP by 1 June 2022.
FS3.9a	The review panel heard that departmental induction was not adequate for Foundation trainees, and that trainees in Trauma and Orthopaedic Surgery did not have a formal departmental induction.	The Trust is required to establish a formalised departmental induction for all surgical departments with Foundation trainees, that prepares trainees for their placements at the Whittington Hospital. Please submit work undertaken to support this action on the QMP by 1 June 2022.
GS5.1	The review panel heard that higher specialty trainees in General Surgery were not getting enough operating experience in terms of case-mix and number of procedures, and that on a weekly-basis operating lists were cancelled due to lack of theatre staff.	The Trust is required to submit evidence that surgical trainees logbooks are regularly reviewed and access to surgical operating lists is adequate to meet the trainees curricular requirements. Please submit work undertaken to support this action on the QMP by 1 June 2022.

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A	N/A	N/A
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
N/A	N/A	N/A

Recommendations

Recommendations are not mandatory but intended to be helpful, 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.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
N/A	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 Quality Review Team, 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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
N/A	N/A	N/A

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The review panel were pleased to hear that Foundation trainees would recommend their placement to colleagues for training.</p> <p>Foundation trainees had a mixed response when asked if they would recommend their department to friends and family for treatment. The general consensus was it depended on which consultant was working at the time.</p> <p>Higher specialty trainees perceived that in their current placement, teaching and supervision was good. However, they currently did lots of clinics but had very limited operating theatre opportunities which impacted negatively on their experience of training at the Whittington Hospital. In addition, trainees were uncertain they would recommend their department to friends and family for treatment due to delays in operating and cancellation of operating lists.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The review panel were pleased to hear that the majority of trainees did not experience any bullying or undermining whilst on their placement at the Whittington Hospital.</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>The review panel heard that higher specialty trainees in General Surgery had not utilised the exception reporting system despite reporting that they had worked late on occasion. Trainees reported that they never felt pressured to stay late to complete jobs and that they had autonomy to decide if they wanted to leave on time or stay late.</p> <p>Foundation trainees reported that exception reporting was actively discouraged by some of the consultants in the department, both when they stayed late due to workload or for missed educational opportunities. The review panel heard that some CS discouraged exception reporting in group messages</p>	Yes, please see FS1.7a

	<p>and in instances where trainees exception reported, they perceived lots of push back and increased difficulty to put them off submitting anything. The review panel heard that the Guardian of Safe Working (GOSW) was aware of this issue.</p> <p>The review panel heard that Foundation trainees stayed late for a variety of reasons, including a long ward round, long list of patients to care for and administrative tasks such as printing blood forms. In addition, some of the Foundation trainees felt like they were not clear on what their jobs were and perceived that their role was to pick up any 'leftover jobs' that were not a specialty trainees' job on the ward. Other examples included clerking patients in the Emergency Department (ED), taking covid swabs of patients when some nurses refused to do them and chasing elective patients at University College Hospital (UCH).</p> <p>The review panel heard that the Trust had a good exception reporting ethos, and that exception reports were actioned in a more appropriate time frame than a couple of years ago. The Guardian of Safe Working (GOSW) reported that the majority of exception reports were due to workload when trainees were on-call, and that this was often unpredictable and difficult to take into account.</p> <p>The review panel heard that local teaching within the majority of departments was reinstated following disruptions during the Covid-19 pandemic, however Foundation trainees reported that this was not the case for Trauma and Orthopaedic Surgery.</p> <p>The review panel heard that Foundation trainees sometimes struggled to get to scheduled teaching if ward rounds were still taking place at the same time or if they were on a post-take ward round, and that they were not sure if consultants were aware trainees had teaching at the same time or if they chose to ignore it. However, it was reported that with regards to other jobs, teaching was known to be between 1-2pm and as they weren't on the ward, they could get to teaching.</p> <p>The majority of foundation trainees reported that they had access to self-directed time (SDT) and that they received some guidance from senior colleagues on what to do during their SDT.</p>	<p>Yes, please see FS1.7b</p> <p>Yes, please see FS1.7c</p>
<p>1.11</p>	<p>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</p>	

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	<p>The review panel heard that Foundation trainees were regularly asked to write prescriptions and request investigations on outpatients that they were not responsible for. It was reported that this was because some higher specialty trainees and some consultants did not know how to use the electronic patient record (EPR) to undertake these jobs themselves.</p>	<p>Yes, please see FS1.11</p>
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HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
	Domain not discussed.	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>The review panel heard that the Trust created a support group for trainees which worked well. The first group was for higher specialty trainees, and the second support group was for foundation trainees. this enabled the department to make themselves more visible and accessible to trainees if there were any concerns.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>Foundation trainees reported that on the whole, they felt well supported by their consultants and colleagues.</p> <p>The review panel heard that higher specialty trainees felt supported by their consultants. Trainees reported that they all had named Clinical Supervisors (CS) and that they were able to set up learning objectives and sign off Procedure Based Assessments (PBA) with their CS as required.</p>	
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>The review panel heard from Trust representatives that they were aware of some issues that were highlighted in the General Medical Council's National Training Survey (GMC NTS) 2021. One issue was around educational supervision and support for Foundation Year One (FY1) trainees. the review panel heard that</p>	

	<p>via WhatsApp or emails and that on occasion, on days off they would often message each other about patients seen in the week.</p> <p>When asked about who they would call if a patient became unwell, the review panel heard that some Foundation trainees would escalate an acutely unwell patient to the medical registrar or the consultants, and that they had support from the critical care outreach nurses if required.</p>	
<p style="text-align: center;">3.9</p>	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The Trust representatives reported that there was some poor feedback around induction in the GMC NTS 2021 which the Trust indicated referred to induction in August 2020. The review panel heard that at that time the postgraduate medical education (PGME) team were short staffed which impacted on the planned induction. The Trust reported that induction in August 2021 was described as the best induction attended by trainees. It was highlighted that this was due to more stability and an extra member of the PGME team who provided additional support.</p> <p>The review panel heard from Foundation trainees that Trust induction was thorough and took place at the beginning of their placement.</p> <p>The review panel heard that departmental induction was not adequate for Foundation trainees. Some Foundation trainees in General Surgery reported that they had a very brief, thirty-minute induction and introduction on their first day. Other General Surgery trainees reported that they had an induction one week after they started their placement and relied on the handover from colleagues which was deemed more helpful than the departmental induction. The review panel heard that induction did not include practical tasks, including how to write a discharge summary and how to organise and list people in theatre, and that senior colleagues did not know how to do these tasks either. In addition, trainees in trauma and orthopaedic surgery did not have a scheduled formal departmental induction and so were left unprepared for their placement.</p> <p>Foundation trainees reported that they cross-covered for each other despite working in different specialties. For example, a trainee working in general surgery would not know anything about trauma and orthopaedic surgery and would therefore find covering the shift difficult. The review panel heard that there was no handover induction when trainees were covering shifts for other specialties, and that foundation trainees had located the previous trainee who did the job to mitigate this issue.</p>	<p style="text-align: center;">Yes, please see FS3.9a</p>

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
	Domain not discussed.	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>Trust representatives reported that over the past year, during waves two and three of the Covid-19 pandemic, the Whittington Health NHS Trust had the largest proportion of covid patients to bed-base in the country. It was highlighted that this had been a challenge for the Trust.</p> <p>Trust representatives reported that the surgical department had been impacted by staffing levels and that some members of staff had to supplement other rotas. The review panel heard that cancer surgery was undertaken offsite, but this had since been moved back to the Whittington Hospital. However, it was understood that this caused a disjointed experience across the department for higher specialty trainees. It was also reported that higher specialty colorectal trainees continued surgery as that was the only surgery that still remained, however, many of the other trainees were not getting the same experience and were doing emergency theatre cases. Due to the supplementation of other rotas by the higher specialty trainees, the review panel heard that this left the foundation trainee lacking the level of supervision they required. Since then, the Trust reported that they had ensured that higher specialty trainees can access all opportunities available, rather than just cancer surgery, and that the department's consultants ensured they were more visible and available to foundation trainees.</p> <p>The review panel were pleased to hear that Foundation trainees were able to access theatre during their placement and were also pleased to hear that higher specialty trainees were able to access endoscopy lists as required by the curriculum.</p> <p>The review panel heard that higher specialty trainees in General Surgery were not getting enough operating experience in terms of case-mix and number of procedures. Trainees reported that there was a disconnect between willingness to get patients onto the operating waiting lists and the ability to undertake the procedure due to operational and administrative support. The review panel heard that frequently operating lists were cancelled due to lack of theatre staff, with common examples including a lack of locum</p>	Yes, please see GS5.1

Operating Department Practitioner (ODP) or anaesthetics colleagues unavailable. The review panel also heard that there were often occasions where agency staff did not turn up to their required shift which meant that some operating lists had to be cancelled. It was reported that this had a significant impact on the logbooks of higher specialty trainees who felt that their logbook cases were significantly lower than what they would expect at this point in their placement. These difficulties, with lack of management and admin support, were for emergency cases, elective and waiting list initiative theatre lists and frequently restricted trainees' access to operating experience.

The review panel heard that every second Friday a consultant from Royal Free Hospital held an elective colorectal operating list at the Whittington Hospital site. It was reported by higher specialty trainees that they brought their own team with them from the Royal Free which therefore meant that there were missed opportunities for higher specialty trainees to obtain educational experience.

The review panel heard that CS were responsible for ensuring that trainees follow the CS offsite where there were surgical lists and training opportunities. CS reported that trainees were allocated to a CS and the trainee should follow that particular consultant. It was reported that this was made clear in the rota each month.

The review panel heard from CS that the Trust was in a recovery phase post-pandemic and that they were still working on improving the number of cases trainees can access to populate their logbooks. It was also highlighted that winter pressures often meant that elective surgery lists were cancelled. Some of the CS reported that if they worked on an offsite service provision list, the trainees were taken with them to gain experience. The review panel heard that CS expect surgical lists to return back to normal numbers in April or May 2022.

When queried on surgical lists being cancelled frequently on a weekly basis, the CS reported that this had been raised and escalated as an issue and that the backlog of patients was large and they were trying to open additional waiting lists and theatres. The review panel also heard that emergency surgery has continued as normal. Also, the CS reported they were aware of staffing issues with nursing colleagues and anaesthetics vacancies and reported that work was being done to mitigate these issues.

The majority higher specialty trainees reported that their consultants were engaged with the Multiple Consultant Report (MCR) process, and that they had an initial meeting with their Educational Supervisor (ES) to draft a plan to get CS together.

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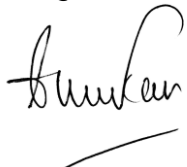
	<p>The review panel heard that when operative lists do take place, an effort was made to get training in place for trainees. The review panel also heard that trainees had three clinics per week, and on average, they had six or seven bariatric surgery cases and ten to twelve non-bariatric surgery cases per week.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>Higher specialty trainees in General Surgery reported that they had good access to regional and local teaching during their placement at the Whittington Hospital. Trainees perceived that their CS recognised the importance of getting to their teaching to their educational development.</p>	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed.	

Report Approval

Quality Review Report completed by	
Name	Nicole Lallaway
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Dr Elizabeth Carty
Role	Deputy Postgraduate Dean for North London
Signature	Dr Elizabeth Carty
Date signed	04 April 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean for North London
Signature	
Date signed	20 April 2022

Final Report submitted to organisation	20 April 2022
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