

HEE Quality Interventions Review Report



**North Middlesex University Hospital NHS Trust
(North Middlesex University Hospital)
Foundation Surgery
Senior Leader Engagement Visit**

**London – North Central London
Date of Review/Intervention: 7 November 2022
Date of Final Report: 13 December 2022**

Review Overview

Background to the review

This HEE quality review to Foundation Surgery at North Middlesex University Hospital NHS Trust (North Middlesex University Hospital) due to concerns raised via the GMC NTS 2022 results for Surgery F1 and Surgery F2.

Surgery F1:

Pink outliers: Clinical Supervision out of hours

Surgery F2:

Red outliers: Clinical Supervision out of hours, Work Load, Rota Design

Pink outliers: Overall Satisfaction, Clinical Supervision, Teamwork, Handover, Educational Governance

This HEE intervention seeks to explore the outliers flagged in the survey.

Subject of the review:

Foundation Surgery

Who we met with

The review panel met with the following Trust representatives:

Director of Medical Education
Medical Director
Interim Divisional Director
Two Education Leads
Two Foundation Training Programme Directors
College Tutor
Assistant Director for Medical Education
Medical Education Manager

Evidence utilised

The following Trust documentation was utilised for this quality review:

Exception Report Surgery Foundation Year 2 report September 2022
Postgraduate Faculty Minutes - 22nd March 2022
Surgical Local Faculty Group (LFG) June 22 (Agenda and Actions)
Foundation LFG - 25 March 22
Foundation LFG minutes - 24.6.22
Foundation LFG minutes - 27.5.22
Foundation LFG minutes - 6.5.22

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
Specialty Expert	Dr Keren Davies Foundation Director, North London School
External Specialty Expert	Dr Dominic Nielsen Deputy Head of School, London Postgraduate School of Surgery
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator

Executive Summary

Health Education England (HEE) scheduled this quality review of Foundation Surgery at North Middlesex University Hospital NHS Trust (North Middlesex University Hospital) due to concerns raised in the General Medical Council's National Training Survey (GMC NTS) 2022.

The review team were pleased to hear of some of the work that the Trust had undertaken to improve the experience of Foundation Doctors in Postgraduate Training (DPTs) within the surgical departments, including improvement of the rota design to introduce training days, access to self-development time and improved access to training opportunities.

The review panel heard that the majority of issues raised within the GMC NTS 2022 within Foundation Year 2 (FY2) Surgery was due to logistical issues around the rotas whereby Urology and Trauma and Orthopaedic Surgery rotas were interlinked. As a result, FY2 Doctors in Postgraduate Training (DPTs) were required to cover both Urology and Trauma and Orthopaedic Surgery on-call out of hours which caused a high workload for DPTs. The Trust assured HEE that a review of the rotas would be undertaken and that the rotas would be uncoupled by February 2023. In addition, the Trust reported that it would be recruiting two additional Doctors to support the Trauma and Orthopaedic Surgery rota by February 2023 which would aim to improve concerns around clinical supervision and clinical supervision out of hours.

The HEE review panel identified the following areas to be addressed via the Mandatory Requirements:

- uncoupling of the two rotas and recruitment of two additional doctors on the Trauma and Orthopaedic surgery rota by February 2023
- DPT feedback on the handover process within Urology

Further details on the Mandatory Requirements 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
FS2.4	The Trust reported that the majority of issues raised within the General Medical Council's National Training Survey (GMC NTS) 2022 within Foundation Year 2 (FY2) Surgery was due to logistical issues around the rotas whereby Urology and Trauma and Orthopaedic Surgery rotas were interlinked. As a result, FY2 Doctors in Postgraduate Training (DPTs) were required to cover both Urology and Trauma and Orthopaedic Surgery on-call out of hours. The Trust assured Health Education England (HEE) that a review of the rotas would be undertaken and that the rotas would be uncoupled by February 2023. In addition, the Trust reported that it would be recruiting two additional Doctors to support the Trauma and Orthopaedic Surgery rota by February 2023.	The Trust is required to conduct a review of the Urology and Trauma and Orthopaedic surgery rotas and separate the two rotas by February 2023. Please demonstrate that this work has been undertaken by the next Quality Management Portal (QMP) deadline on 1 March 2023.
FS2.8	The review panel heard that handover within Urology was attended by a Foundation Year 1 DPT and a Foundation Year 2 DPT virtually, and that if a sick patient was being handed over, then the DPTs would meet in-person within the Urology department.	The Trust is required to seek assurance from Foundation Surgery DPTs that the handover process is appropriate and satisfactory for caring for patients within Urology. Please submit DPT feedback on handover by the next QMP reporting cycle.

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
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>The Trust reported that it had regular feedback mechanisms in place for Doctors in Postgraduate Training (DPTs) to raise concerns as required. The Trust held regular 'You Said We Did' (YSWD) meetings which were confidential meetings for Foundation Surgery DPTs to meet with an impartial consultant and share feedback. For Foundation Surgery DPTs, the YSWD meetings were facilitated by a consultant within Gynaecology, and it was felt that this enabled to DPTs to share feedback more openly as the facilitator did not work within Surgery. In addition to this, the department held regular Local Faculty Group (LFG) meetings where DPTs could feedback to the Trust.</p> <p>The Trust reported that within LFG meetings, there was a Foundation Year 1 (FY1) learner representative and a Foundation Year 2 (FY2) learner representative who collate feedback from the rest of the Foundation DPTs. It was acknowledged by the Trust that it sometimes struggled to obtain feedback towards the end of the academic year due to disengagement from DPTs. It was felt this may be due to survey fatigue and annual leave. Due to this, the Trust asked learner representatives to provide an annual report on feedback and suggestions for improvements from DPTs within Foundation Surgery.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <p>The review panel were pleased to hear about some of the work undertaken to improve the experience of DPTs in Foundation Surgery following the GMC NTS 2022 results. The Trust reported that the department had worked on improving the rota design for DPTs, which included the introduction of training days, improved access to training opportunities, the introduction of two days within the rotation for self-development time and the</p>	

	<p>arrangement of the rota so that DPTs had a rest day after working on-call. In addition, the review panel heard that the rota was improved from a 1 in 8 rota, to a 1 in 10. It was reported that there was a consultant ward round every day within Trauma and Orthopaedics, and that the Trust actively encouraged DPTs to submit exception reports where required, which included encouragement from their Educational Supervisor.</p>	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>The review panel heard that North Middlesex University Hospital had eleven FY1 DPTs placed within General Surgery, and four FY2 DPTs placed within Trauma and Orthopaedic Surgery. The Trust reported that it had undertaken work to support FY1 DPTs by providing a safe space to feedback on concerns and improving the teaching programme, and that this had helped to improve the DPTs experience within their placement. The Trust reported that concerns raised by FY2 DPTs was due to logistical problems with the out of hours rota, and that this had a negative impact on their experience within their placement. The review panel heard that when working on the rota out of hours, FY2 DPTs were required to both wards for Urology and Trauma and Orthopaedic Surgery, and that this resulted in a large workload for those DPTs. It was reported that there was a challenge in trying to separate the two rotas for Urology and Trauma and Orthopaedic Surgery, and that this was something the Trust was continuing to work on. In the interim as a way to support FY2 DPTs, the Trust had developed an extra week of induction in Urology for DPTs in Trauma and Orthopaedics as a way to be better equipped with the specialty. In addition, the Trust reported that it now received an increased volume of Urology referrals from across the North Central London following the Covid-19 pandemic. It was reported that the workload within the specialty had increased by 200%.</p> <p>The review panel heard that the Trust had put in a business case to work on improving the Urology and Trauma and Orthopaedic rota. As a result, £1.3 million of funding was allocated to review the rota, however it was acknowledged that this would not be sufficient to uncouple the two rotas, and as a result more work would need to be undertaken.</p> <p>It was highlighted that at previous quality reviews to Foundation Surgery at North Middlesex University Hospital, plans to separate the two rotas were made evident then, in 2020. The Trust reported that it had hoped to have made more progress by now, however unpicking the coupled rotas had proved more challenging than expected. The review panel heard that the Trust had checked that its establishment matched the budget for the rota, however large discrepancies were discovered which</p>	

	<p>delayed the next step in the process. It was stated that the business case to review and uncouple the rotas would be presented at the next Medical Workforce Assurance meeting, where it was expected to be approved, and that following this it was hoped that the Finance Committee would sign off on the plans too. The Trust also reported that it aimed to recruit two additional doctors within Trauma and Orthopaedic Surgery, which it felt would resolve many of the issues raised in the GMC NTS by Foundation Surgery DPTs. The review panel highlighted the option to look at the multiprofessional workforce, including Physician Associates and Doctor's Assistants, who would be able to provide additional care and support within the specialties, however the Trust reported that in its initial business case, it was looking for Doctors and that after this initial step, it may incorporate more multiprofessional roles in the future. The Trust assured HEE that the additional two doctors would be recruited and in-post by February 2023.</p> <p>HEE acknowledged that recruiting additional Doctors may resolve the workforce aspect of DPTs concerns, however this may not resolve concerns around clinical supervision. The Trust reported that their plan to address clinical supervision concerns was to have higher specialty DPTs in Urology working on-site until 20:00 for seven days per week, rather than until 17:00 at present. The Trust felt that this would give Foundation DPTs more access to support from senior colleagues out of hours.</p> <p>The review panel queried concerns raised at previous quality reviews around support for FY2 DPTs within Urology and Trauma and Orthopaedic Surgery when a patient was sick overnight. The Trust reported that it had support services provided by the medical team within Critical Care Outreach, and that DPTs also had support from the higher specialty DPT who may be either working within the hospital or off-site at the time. The Trust reported that it had regular YSWD meetings with the DPTs and that based off the feedback, there were no issues raised by DPTs around clinical supervision and clinical supervision out of hours since the GMC NTS 2022 had taken place. The Trust assured HEE that the majority of the concerns raised in the GMC NTS for workload and clinical supervision out of hours was related to issues with cross covering Urology and Trauma and Orthopaedic Surgery, and the workload this created.</p> <p>It was noted by the review team that FY1 DPTs also raised clinical supervision out of hours as a pink outlier, so there were also some issues in that area. The Trust reported that it felt this related to similar issues to the FY2 DPTs, and that it put in place similar processes around escalating concerns and hadn't had any negative feedback in meetings with the current cohort. The Trust also reported that FY2 DPTs did not work on-call at night, but they did long days where they finished their shift at 20:00. It</p>	<p>Yes, please see FS2.4</p>
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	was reported that FY1 DPTs always work as part of a wider team and have support available.	
2.8	<p>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</p> <p>It was noted that in some of the LFG meeting minutes, it was reported that the handover room had been removed within surgery for an alternative purpose. The Trust reported that this was the handover room for General Surgery and was due to issues around the Covid-19 rota. During the Covid-19 pandemic, the department needed to separate the elective surgery pathways and the emergency surgery pathways, and therefore the emergency surgery handover room was moved into a coffee room. Once the department reverted back to the pre-covid theatre setting, that room became a storage room. It was reported that this had been restored now and that a handover room was available for use. It was reported that Trauma and Orthopaedic Surgery handover took place within the fracture clinic or the designated handover room.</p> <p>The review panel heard that handover took place in the morning at 08:00 and at night at 20:00. It was reported that the morning handover within General Surgery was led by a consultant and attended by the night on-call team and the day on-call team, and that the evening handover was led by a higher-specialty DPT in General Surgery and the day on-call and night on-call team. The review panel heard that handover within Trauma and Orthopaedic surgery was held separately at the same time. The morning handover was consultant-led at 08:00 and had multiprofessional attendance by the on-call team at night, the on-call team for the coming day and other multiprofessional colleagues. The evening handover within Trauma and Orthopaedic surgery took place at 20:00 and was attended by the day on-call team and the coming on-call team for the night. The review panel also heard that there was a separate handover within Urology, and that this was typically undertaken by a FY1 and an FY2 DPT virtually. It was reported that if a sick patient was being discussed at handover, then the Foundation DPTs would visit the Urology department to undertake handover in-person.</p>	Yes, please see FS2.8

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HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The Trust reported that it quality assured the inductions provided to DPTs by taking anonymous feedback routinely as part of the process. The Trust induction was run from the education centre, where Slido was used as a forum for confidential feedback in real-time. It was reported that feedback for departmental inductions was collected by the individual departments themselves, and within Foundation Surgery, verbal feedback was obtained at YSWD meetings.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
	Domain not discussed at this review	


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>The Trust reported that it held regular teaching for Foundation Surgery DPTs. This occurred weekly on Thursdays at 13:00-14:00 and was available either in-person within the Surgical department or was available virtually. In addition, the review panel heard that there was another non-compulsory teaching session weekly on Fridays at 13:00-14:00. It was reported that in these teaching sessions they covered the Foundation Curriculum in particular, and that DPTs also had access to 1:1 simulation training for General Surgery Foundation DPTs and dedicated time for experience of minor procedures in theatres. In addition to this, the Trust reported that Trust-wide Foundation curriculum teaching was delivered on Wednesday afternoons and was organised by the Postgraduate Medical Education team.</p>	

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed at this review	

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	17 November 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean
Signature	
Date signed	9 December 2022

Final Report submitted to organisation	13 December 2022
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