QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Kingston Hospital NHS Foundation Trust

Trauma and Orthopaedic Surgery and Urology

Risk-based Specialty Review

Quality Review report

Date: 28 June 2016

Final Report

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Quality Review details

Background to review	The visit team was keen to review surgery at Kingston Hospital NHS Foundation Trust as it had been some time since the London Specialty School of Surgery had visited. Trauma and orthopaedic surgery (T&O) had performed poorly in the 2015 GMC National Training Survey with red outliers in 'supportive environment' and 'workload'. The 2015 Trust-wide Review had found that T&O trainees were overly committed to service in clinic and found difficulties with out-of-hours rostering across T&O, core surgery and general surgery and when the report was published the School of Surgery requested the opportunity to visit. Urology had also not been visited for a number of years and recently a very proactive consultant in the department had moved to a different Trust; this consultant was the lead trainer and the visit team wanted to ascertain whether this change had had an impact on the urology trainees.
Specialties / grades reviewed	Higher surgical training within trauma and orthopaedic surgery and urology.
Number of trainees and trainers from each specialty	The visit team met with the surgical tutor, T&O clinical director, T&O educational lead, divisional director and urology educational supervisor. The visit team met with four T&O trainees at ST4, ST6 and ST7 and prior to the visit had teleconferences with the two urology trainees. The visit team then met with four T&O educational supervisors, one T&O clinical supervisor and one urology educational supervisor.
Review summary and outcomes	The visit team would like to thank the clinical directors, college tutors, trainees and educational supervisors for their attendance. The visit team found no areas of serious concern within T&O or urology. **Trauma and Orthopaedic surgery** The visit team noted the following areas that were working well: • The visit team found that the T&O department provided a cohesive and supportive environment for training and that the training on offer was good. • The South West London Elective Orthopaedic Centre (SWLEOC) was a valuable resource for arthroplasty training although this seemed to work best for training where four rather than five joints were listed. The visit team noted the following areas for improvement: • The visit team heard that the quality of care for patients with traumatic injury within the emergency department (ED) had caused concern to the T&O team. Discussions were taking place within the Trust to improve the situation. • The visit team heard that one particular ED radiographer would often refuse to x-ray patients. The visit team heard that trainees and consultants had had issues with the same ED radiographer. The trainees reported that they raised a serious incident report relating to this. • Despite being reassured that the T&O and urology patient safety issues were in hand, it was of concern that Health Education England (HEE) was

	unaware of the relevant serious untoward incidents involving trainees with the HESL Postgraduate Medial Dean as responsible officer. • The visiting team noticed the unusually high number of trainees within the T&O department and it was recommended that the Trust's long term staffing strategy did not conflate training with staffing. With this in mind the move to appoint Physician Associates was welcomed. • The visit team was delighted to see the T&O department had a local faculty group but wondered if the junior tiers of medical staff were adequately represented. • The visit team learnt that within T&O, two consultants had not met the GMC requirements for recognition and approval of trainers but that there was adequate capacity amongst the other 10 consultant trainers to provide educational and clinical supervision of all of the trainees. • The visit team heard that the T&O trainees had meagre office accommodation but that the department was engaging with the Trust to source better facilities. **Urology** The visit team noted the following areas that were working well: • The urology department provided good training and educational opportunities, including opportunities for training in lithotripsy, urodynamics and TRUSP. The visit team noted the following areas for improvement: • The visit team heard that within urology patients would sometimes be admitted from the emergency department (ED) directly onto the ward without a referral being made or the urology team being notified. The visit team heard that a serious incident report was raised regarding this. As noted above, HEE appeared not to have been notified of the serious incidents (SIs) involving trainees. • The visit team suggested that the Trust should recognise the time spent on training by educational supervisors in their job plans. This was evidently not happening within urology. • The visit team supported the urology department's plan to fully staff the department's consultant workforce with substantive appointments. • Although the single urology educational supervisor in attendance contributed much, the visit team was disappointed by a lack of any other engagement by the urology department with the visit.

Educational overview – Meeting with Surgical Tutor, College Tutors and Clinical Directors
The surgical tutor informed the visit team that the Trust had submitted evidence to Health Education England (HEE) that two trauma and orthopaedic surgery (T&O) consultants had fulfilled the criteria for recognition and approval as trainers in error. The Trust had discussed how to tackle this issue and had laid on additional courses for the consultant body. The surgical tutor informed the visit team that there were 10 suitably trained consultant trainers within the department and they would be able to shift educational responsibility for the trainees between them until such time that their two colleagues were suitably trained. The T&O clinical director reported that the Trust continued to work with South West London Elective Orthopaedic Centre (SWLEOC) for arthroplasty. The trainees were timetabled to be at SWLEOC with their consultant for the full day and were rarely called back to the main hospital. The visit team was informed that the centre provided good training as there was always a high volume of work. The education lead for T&O reported that the trainees did not have any problems in achieving their indicative numbers for the log book.

The visit team heard that the eight higher surgical trainees within T&O, six from the SW London rotation and two from NW, were on a one in eight rota. The clinical director informed the visit team that trainees were not on the rota for the following day after being on-call. During the week the on-call rota included a different higher trainee each night. During the week the trainees worked 9am to 5pm and the trauma higher trainee carried the on-call bleep. The trainees were non-resident when on-call and if the night shift was particularly heavy they did not have to come in the following morning.

The T&O department was due to be one higher trainee down next year from the cohort of trainees from North West Thames and was advertising to recruit into the gap on the rota.

The visit team was informed that the higher trainees within T&O had a weekly timetable which included time for operating, research, clinics, administration, ward round and some sessions with no fixed commitments.

The Trust was a Level 2 trauma centre. The visit team heard that there was enough trauma at the Trust to fill full day trauma theatre lists. The trauma higher trainee did not do anything except trauma and carried the trauma bleep.

The surgery department had discussed appointing Physician Associates (PAs). The appointment of PAs was not considered financially feasible in 2015 and the department was developing a financial plan to support the recruitment. The Trust had PA students from St George's, University of London undertaking placements in the emergency department, medicine, paediatrics, general surgery and urology. The T&O department was planning to train PAs through orthogeriatrics within the hospital. The T&O and general surgery departments had a shortfall in filling the requirement on wards and rotas and were looking to relieve pressure in the department by appointing PAs. These vacancies did not seem to have negatively affected the training environment for the higher surgical trainees in T&O.

The Trust had recently appointed a trauma coordinator nurse who would manage trauma patients, take bloods from patients, hold a list of patients and results ready to go which would hopefully relieve pressure off the core surgical trainees and foundation trainees within the department.

The visit team heard that the urology department had six consultants, four of which were substantive appointments although one was on maternity leave. At the time of the visit, there was only one educational supervisor within the department.

The visit team was informed that the urology departments plan for the future was to ensure that they could provide the suitable skill mix for training and the department in areas such as uro-gynaecology and paediatrics. The Trust did not currently have a consultant working within uro-gynaecology and with less trainees coming through with uro-gynaecology as their sub-specialty interest if was harder for the department to meet this need.

The urology department was planning to recruit two further substantive consultants; this was supported by the Trust.

The clinical director for T&O informed the visit team that the department was having on-going discussions with the emergency department regarding inappropriate referrals especially within fracture clinics.

Quality Review Team			
Lead Visitor	Mr John Brecknell, Deputy Head of London Specialty School of Surgery	**External Representative**	Mr John-Paul Murphy, Orthopaedic Consultant, Northwick Park Hospital
Lead Provider Representative	Mr Dominic Neilson, Training Programme Director, South West London	**Lay Member**	Jane Gregory, Lay Representative
Scribe	Vicky Farrimond, Learning Environment Quality Coordinator	**Observer**	Jennifer Quinn, Learning Environment Quality Coordinator

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
S1.1	**Patient safety**	
	Trauma and orthopaedic surgery	
	The visit team heard that there was a radiographer within the emergency department (ED) who refused the plain x-ray requests of both trainees and consultants. The visit team heard of an occasion when a patient had a fall and the x-ray did not show any issues. Three days later the patient was readmitted in acute pain and the surgical trainee requested an x-ray which was refused. The patient was then admitted and had to wait until the following day for an x-ray. The trainees reported that a serious incident had been raised regarding this and the trauma and orthopaedic surgery (T&O) clinical director was informed.	Yes, see S1.1a below
	The visit team was informed about concerns regarding the quality of trauma management within the Emergency Department (ED). The visit team heard of an incident when a patient who had fallen from a height, had been managed in the ED without the trauma team. This had resulted in the CT scan, which demonstrated a vertebral burst fracture, being delayed by four hours. The trainees reported that an incident form had been submitted regarding this and other cases.	Yes, see S1.1b below
	The visit team heard that on occasion the ED would directly admit (fast track) patients to the ward without making the admitting team aware. The trainees stated that this had been discussed in the trauma meetings and the consultants were discussing these concerns with the ED.	Yes, see S1.1c below
	Urology	
	The visit team heard that on occasion ED would directly admit (fast track) patients to the ward without making the admitting team aware. One patient treated in this way was reported to have died. The educational supervisor reported that a serious incident investigation was underway.	Yes, see S1.1c below
S1.2	**Serious incidents and professional duty of candour**	
	The T&O trainees reported that they were encouraged to report serious incidents.	
	The visit team was informed that incidents would be discussed in the trauma meeting and monthly audit meeting with managers and consultants. The trainees reported that they would be told the actions taken following reporting an incident.	
	The urology trainees reported that they would submit serious incident reports if they were required. The visit team heard there had been discussions at a senior level following serious incident reports.	
	The visit team were surprised to learn of so many serious incident investigations involving trainees of which HEE London, in its role as host organisation of the	Yes, see S1.2

	responsible officer for these trainees, was apparently unaware.	below
S1.3	**Appropriate level of clinical supervision** **Trauma and orthopaedic surgery** The T&O trainees reported that they were well supported within the department. The trainees commented that the operative training was excellent, with a good balance of supervision with independence. The T&O trainees stated that they were never left alone in a difficult situation and that the consultants would turn difficult situations into training opportunities. **Urology** More generally, it was reported that the stability of the training environment had been negatively affected by staff changes, and was less structured as a result of the use of locum consultants and timetable changes for clinics. This had on occasion interfered with the ability of trainees to access off site training in, for example, lithotripsy. The trainees found that the level and availability of supervision was still satisfactory.	Yes, see S1.3 below
S1.4	**Rotas** **Trauma and orthopaedic surgery** The trainees reported that their timetables contained a 10 session week which included theatres, clinics, research, zero session and float session/s. The trainees reported that they attended at least four and as many as six half day theatre lists and two or three clinics a week. The trainees reported that they were rarely pulled from attending these to fulfill other service responsibilities. The trainees commented that the on-call rota worked well and was balanced. The trainees reported that there would be a trauma list on the weekend in which they would complete most cases with consultant supervision. The visit team heard that it was uncommon for the trainees to be called back into the department at night. The trainees reported that the day after being on-call they would have clinical commitments on the ward however they would not be in theatre. The trainees reported that they had not completed an hours monitoring exercise at the Trust. The visit team was informed that the on-call system worked for the trainees and the conditions of work were good. The visit team noted the unusual staffing of the department as the middle grade rota was entirely staffed by trainees. The visit team felt this to be a delicate situation that needed to be carefully monitored and nurtured. They heard that the department were committed to providing Trust appointments to cover rotation gaps at the middle grade. With the recent reduction of F2 and CT training numbers they had appointed two Trust basic grade doctors and a trauma co-ordinator and were pursuing the appointment of multiple Physician Associate graduates from the St George's programme. **Urology** With regards to operative experience, the trainees attended an average of 3.5 to 4 half-day lists per week. With regards to clinics, the trainees attended two to three per week, which were usually supervised, offering the opportunity for case discussion, if required. There had been some rare occasions when the trainees were alone without consultant supervision. However, the trainees reported that in case of any emergency there would always be someone to call to obtain support; it would not be an issue to speak to the on-call consultant. The trainee advised that urology trainees at Kingston Hospital NHS Foundation Trust did not cover the on-call rota or out of hours, as this was managed by a consultant. The trainees' shift pattern covered 8am to 5pm with a one-in-three Saturday morning cover. It was reported that it was common practice for the trainees to stay at work	Yes, see S1.4 below

	beyond the end of shift in order to complete admin tasks and help out, more generally.	
S1.5	**Protected time for learning and organised educational sessions** The T&O trainees reported that they were all released for their regional teaching, this was aided as the North West Thames and South West Thames trainees had different regional training days.	
S1.6	**Adequate time and resources to complete assessments required by the curriculum** **Trauma and orthopaedic surgery** The trainees reported that they were able to complete workplace-based assessments (WBAs) with ease and the consultants would sign them straight away. **Urology** The trainees reported varied experiences of obtaining timely validation of WBAs; in some cases, it had taken more than a month to achieve this but in others, the process was facilitated by prompt consultant engagement. The visit team recognised that the number of consultant staff who were educational supervisors was unstable which may explain this variability.	Yes, see S1.3 below
S1.7	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** **Trauma and orthopaedic surgery** The trainees commented that they were able to meet their educational supervisor as required and that the meetings were constructive. **Urology** The trainees reported being satisfied with the quality of supervision and commented that the educational supervisor (ES) was 'very accessible'. The learning agreement was well-managed.	
GMC Theme 2) Educational governance and leadership		
Standards **S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.** **S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.** **S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**		
S2.1	**Impact of service design on learners** The trainees reported that the doctor's office in which they worked was small, with no windows. The trainees commented that they were crammed into a small space with the foundation and core surgical trainees. It was reported that with the Trust systems being fully online the trainees had to regularly use the office to update patient files. The educational supervisors reported that the office space was not adequate for the trainees and they were working with the Trust to source a different office for the trainees but this was not close to resolution.	Yes, see S2.1 below

S2.2	**Appropriate system for raising concerns about education and training within the organisation** **Trauma and orthopaedic surgery** The visit team was informed that the local faculty group (LFG) was appended to the end of the monthly audit meeting. The trainee representatives would be invited into the meeting each month to raise concerns with the consultants and managers. The trainee representatives would prior to the meeting collate feedback from the other trainees. The visit team heard that the LFG was an honest forum and trainees were able to raise issues and see action. Although it was intended that the F2 and CT trainees were represented at the LFG in T&O, the difficulty in identifying representatives from these labile trainee groups had resulted in limited attendance. **Urology** The trainees described being listened to when expressing any concerns, and changes were made as a result; the trainees observed at one point experiencing a lack of medical support during the day. However, this had been escalated and subsequently resolved by the introduction of a liaison geriatrician. The educational supervisor commented that there was an LFG. The department worked hard to maintain good training and communication with the trainees. The visit team heard that an issue regarding clinics was raised in the LFG regarding managers pressuring trainees to review more patients and the consultants had ensured this would not continue and reviewed the clinic templates to ensure they were suitable for training and to ensure consultant supervision. The department reviewed the trainees' theatre lists every two weeks to ensure they were in suitable lists to meet their curriculum requirements.	Yes, see S2.2 below

GMC Theme 4) Supporting educators

Standards

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

S4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The educational supervisors reported that they were able to represent training outside the Trust for teaching days, assessments, national recruitment and ARCPs.	
S4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The visit team heard that the educational supervisor in urology did not have any time within her job plan to meet her educational responsibilities. The educational supervisors with T&O reported that they had time included within their job plan. However, this time was not clearly signposted as educational time and was included within an unitemised block of supporting professional activities (SPA) time. The visit team heard that the educational supervisors had to complete job planning within 15 minute intervals which resulted in it being hard for them to be flexible with their educational time. As a result, they were, on occasion, allocated SPA time formally at a time when trainees were not free to meet.	Yes, see S4.2 below

GMC Theme 5) Developing and implementing curricula and assessments

Standards

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

S5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The urology and T&O trainees noted that their posts at Kingston Hospital NHS Foundation Trust presented opportunities to complete projects and audits.	
S5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** **Trauma and orthopaedic surgery** The visiting team heard that there was a well-established practice for arthroplasties offered to the NHS patient population served by Kingston Hospital NHS Foundation Trust to be performed at South West London Elective Orthopaedic Centre (SWLEOC). The department's leadership team indicated their commitment to continue this arrangement. The training requirements of the department had been built into this arrangement with trainees accompanying their consultant trainer to attend a full day list at SWLEOC. The trainees commented that the patients had staggered admissions which made it easier for operating. Whilst the trainee finished the operation the consultant left to consent the next patient and the trainees found that SWLEOC worked well. The minimum number of arthroplasty patients on one all day theatre list permitted by this practice was four. Both trainees and trainers recognised the difference between the number of cases available to trainees on a list with four booked cases (one or two) and a list with five (often none). Most of the trainees stated that they were making good progress against their indicative numbers. One of the trainees assigned to the Trust for training in lower limb arthroplasty was not reaching the expected number, although apparently receiving high quality instruction. The educational and clinical supervisors reported that the trainees had clinic templates which allowed them to train whilst in clinic.	Yes, see S5.2 below
	Urology The trainees felt that the fluidity of consultant level staffing in recent months had led to an instability in the departmental timetable which had, in turn, led to difficulties in attending training opportunities such as lithotripsy (off site), urodynamics and transrectal ultrasound-guided biopsy (TRUSB).	Yes, see S1.3 below

Good Practice and Requirements

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
S1.1a	Please review the process for requesting plain x-ray images in the emergency department and in particular the criteria for rejection of such requests by radiographers	Please submit the results of the completed review.	R1.2
S1.1b	Please review the Trust's trauma call policy against NICE NG39 (2016)	Please submit the results of the completed review. The Trust's TARN data should give a useful benchmark for the quality of the service going forward.	R1.1
S1.1c	The Trust is to review the policy for the direct admission of patients from the ED to surgical wards (fast track) to ensure that a comprehensive handover is provided to the receiving team	Please submit the results of the completed review which should include the outcome for the current SUI investigation in Urology.	R1.14
S1.2	It is vital that HEE working across London are aware of all serious incidents involving trainees. Please review the reporting process with HEE Trainee Development & Resolution team.	Please submit correspondence between the Kingston MEM and the HEE Trainee Development & Resolution team demonstrating a mutual understanding of the reporting system.	R1.3
S2.1	The Trust is to work with the surgery department to source suitable and adequate office space for the T&O trainees.	Completion could be evidenced from minutes of the LFG and/or the space allocation committee (or equivalent).	R2.6
S4.2	The Trust must ensure that all educational supervisors (ES) have suitable time allocated within their job plan to meet educational responsibilities with the flexibility to meet the needs of their trainees and their training programmes. The standard tariff of 0.25 PAs per trainees to a maximum of 1 PA should be applied	Please provide consultant job plans of the ESs in Urology and T&O to demonstrate compliance and LFG minutes to demonstrate availability of supervision at point of need. We will collect attendance records prospectively from the SW London T&O and South London Urology ARCPs and TPMG meetings to review ES availability for the central events of the training programme.	R4.2
S5.2	Please review the process for compiling SWLEOC operating lists to ensure that on all days when trainees are in attendance, sufficient time is allowed for supervised trainee operating. In most cases this will involve booking 4 arthroplasty cases rather than 5	LFG minutes should provide evidence of trainee satisfaction with SWLEOC-based operative training. A TPD report following the summer 2017 ARCPs will be requested to ensure universal acquisition of appropriate arthroplasty numbers for trainees at Kingston.	R1.7

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
S1.3	The Trust should continue to support the appointment of two substantive consultants to the Urology service. The subsequent departmental stability will facilitate an improvement in training quality	We look forward to learning the names of your new colleagues when appointed.	R1.2
S1.4	The T&O department should develop a long term staffing strategy which is independent of its training practice	Please submit a strategy document	R5.9
S2.2	The T&O department should extend the LFG invitation to all its F2 and CT doctors to ensure representation of the training issues of these groups	Enhancing the LFG minutes to include names of attendees and apologies would provide evidence of compliance here	R2.7

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

Requirement	Responsibility

Signed

By the Lead Visitor on behalf of the Visiting Team:	Mr John Brecknell, Deputy Head of London Specialty School of Surgery
Date:	*11 August 2016*