

# Guy's and St Thomas' NHS Foundation Trust

## Risk-based Review (Senior Leader Conversation)



## Quality Review report

7 March 2017

Final Report

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## Quality Review details

<b>Training programme</b>	General Surgery training
<b>Background to review</b>	<p>A Senior Leader Conversation was conducted on 7 March 2017. This was a meeting between the Head of School of Surgery and the clinical and surgical leads at Guy's and St Thomas' NHS Foundation Trust (GSTT), during which training within general surgery was reviewed.</p> <p>Surgery at GSTT especially within plastic surgery, general surgery and paediatric surgery, trauma and orthopaedic surgery and urology had deteriorated in the GMC National Training Survey (GMC NTS) results in the previous years. When looking at the GMC results by post specialty, general surgery at St Thomas' Hospital site received a red outlier for workload over five consecutive years. As a result, the General Medical Council (GMC) had placed general surgery within enhanced monitoring in October 2015.</p> <p>In the GMC NTS, general surgery training received a red outlier for regional teaching and three pink outliers in induction, educational supervision and feedback. At the Guy's Hospital site, there were two red outliers for educational supervision and workload. The St Thomas' Hospital site received one red outlier for regional teaching and a green outlier for access to educational resources. The quality review team was keen to explore these areas in order to ascertain if progress had been made in addressing them.</p> <p>There was confusion as to why there were two results charts for the GMC NTS for General Surgery. The Head of School explained that there were results by 'post specialty' which were very unsatisfactory because workload had received a red outlier each year from 2012 to 2016 (known as a quintuple red outlier). There was concern from the education leads that the results of the survey implied that the whole department was not performing well but the Head of School explained that this was a composite score created by the GMC relating to all trainees in General Surgery (Foundation, Core and Higher). The Head of School confirmed that these results would be scrutinised by the GMC in the GMC NTS 2017. He informed the education leads that it was essential that the area of workload did not come up as a red outlier again or some action would be necessary.</p> <p>The other red outlier by 'programme group' (regional teaching) related to only higher trainees in General Surgery across the Trust.</p>
<b>HEE quality review team</b>	Professor Nigel Standfield, Head of the London School of Surgery Jannatul Shahena, Quality Support Officer, Health Education England

### Conversation details

Report Ref	Summary of discussions	Action to be taken? Y/N
GS1	<p>The quality review team reviewed the training environment across the general surgery department at both the Guy's and St Thomas' Hospital sites.</p> <p>The review panel had the opportunity to meet with the clinical and surgical leads within the general surgery department from both hospital sites.</p>	

	<p>The quality review team heard that the Trust had made some positive changes within the general surgery department in the last year and a half prior to the review. The Head of School for Surgery informed the senior leads that the department still had a number of issues to resolve within general surgery.</p>	
GS2	<p><b>Teaching</b></p> <p>It was reported that the breast surgery department was the only service within general surgery that was offered at Guy's Hospital.</p> <p>Regarding regional teaching, the review panel heard that some general surgery trainees received a half day simulation training session a month which they attended at St Mary's Hospital. This also included the Upper GI higher surgical trainees (HSTs) who were reported to be very happy with the regional teaching sessions that they received at St Mary's Hospital, and provided good feedback that they were being trained by a retired general surgeon. It was reported that they felt very enthusiastic regarding the training that they received. The review panel also heard that the Upper GI department had rota co-ordinators who were employed to ensure trainees were able to go on study leave within a sufficient notice period.</p> <p>The educational leads informed the quality review team that on the whole, the department offered good teaching opportunities and accepted that the breast department seemed to be struggling and were in agreement that changes needed to happen. The leads stated that the breast surgery had a difficult time and felt that they needed to look at that ways of improving the department to enhance teaching and learning opportunities. The review team advised the clinical leads to work closely with the breast surgery trainees in order to improve teaching and learning opportunities.</p> <p>The educational and surgical leads stated that they had meetings with surgical tutors and clinical leads every three months. It was reported that trainees were invited to these meetings. For example, the urology trainees had attended the last meeting. The review panel heard that the general surgery department had introduced simulation courses to enhance teaching and learning opportunities but commented that despite introducing these courses, further improvements could be made.</p>	<p>Yes, please see GS2 below.</p>
GS3	<p><b>Feedback</b></p> <p>The quality review team heard from the educational leads that the feedback forms which trainees completed were not serving their purpose and as a department, they may need some innovation to enable senior trainees to benefit from feedback.</p> <p>The review panel advised the educational leads to encourage trainees to complete workplace-based assessments and suggested that there should be a good practice of completing these forms. The review panel advised that trainees should take these forms to their annual review of competency progression (ARCP).</p> <p>The quality review team heard that the general surgery department had conducted a placement survey in autumn 2016 to find out how trainees were progressing within their training placement. The Medical Education Manager was required to send results of this survey to the surgical educational leads. The review team suggested that conducting a further survey would also be useful.</p>	<p>Yes, please see GS3.1 and GS3.2 below.</p>
GS4	<p><b>Induction</b></p> <p>The educational leads informed the review team that trainees who started their training posts in October often received the best possible training regarding induction, as opposed to those who started later in year, i.e. April and confirmed that this was an area which required improvement.</p> <p>The Upper GI lead informed the quality review team that there were issues around induction as foundation trainees were put on night shifts. However, it was reported that this had been dealt with in a reasonable manner. The quality review team advised the</p>	

	educational supervisors that they were required to meet with trainees on a frequent basis even if it was for ten minutes with the chief of service to identify what their roles would be.	
GS5	<p><b>Workload</b></p> <p>The quality review team heard that the general surgery trainees had a busy workload and were often inundated with a lot of clinics.</p> <p>The quality review team heard from the educational leads that the core surgical trainees (CST) in the breast unit were happy with the teaching and learning opportunities that they received and confirmed that it was a very good unit to be receiving training. However, confirmed that St Thomas' Hospital was more specialised for surgical training opportunities.</p> <p>Regarding training within the plastic surgery team, the Head of School of Surgery informed the surgical leads that that there was a requirement that they needed to be mindful that plastic surgeons were to train the plastic surgery trainees and this was not the responsibility of the general surgeons, as there was an implication that this was the case.</p>	

### Next steps

<b>Conclusion</b>	
The Head of School of Surgery will meet with the surgical leads to follow up on progress made.	

### Requirements / Recommendations

<b>Mandatory Requirements</b>			
<b>Req. Ref No.</b>	<b>Requirement</b>	<b>Required Actions / Evidence</b>	<b>GMC Req. No.</b>
GS2	<p>The Trust is required to review Breast Surgery training at the Guy's Hospital site, ensuring trainees have an adequate exposure to good teaching and learning opportunities.</p> <p>The Trust is required to plan timetables to ensure that training opportunities are not lost due to predictable rota gaps.</p>	<p>The Trust is required to submit results of this review to Health Education England.</p> <p>Compliance of this action should be monitored through the Breast surgery LFGs.</p>	R1.7, R1.8, R1.15
GS3.1	The Trust is required to submit results from previous survey undertaken in 2016 to HEE as soon as possible.	Submission of results.	R1.9
GS3.2	The Trust is required to conduct an internal survey to understand what the issues are and whether they relate to foundation, GP, core or higher and determine factors within teaching and learning that the department can improve on.	The Trust is required to submit survey results to Health Education England.	R2.12

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Nigel Standfield
Date:	06 April 2017

**What happens next?**

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.