QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

# Barts Health NHS Trust (The Royal London Hospital)

## Trauma and orthopaedic surgery

## Risk-based Review (on-site visit)

## Quality Review report

**11 July 2017**

**Final Report**

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# Quality Review details

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| **Background to review** | The Risk-based Review (on-site visit) was prompted by a complaint that had been made by a GP programme trainee within the trauma and orthopaedic (T&O) department. The complaint outlined a number of issues in relation to: the workload for junior trainees within the T&O department, the lack of induction provided, limited clinical supervision and an inappropriate balance between trainees providing services as opposed to accessing educational and training opportunities.<br><br>Following this, the trainee was removed from the post and Health Education England (HEE) felt it was necessary to undertake a formal review of the T&O department, in order to investigate and establish to what extent other junior trainees within the department were exposed to the issues highlighted and to ensure that the learning and training environment was suitable for trainees at all levels. |
| **Training programme / learner group reviewed** | Trauma and orthopaedic surgery (higher trainees)<br><br>GP Programme trainees<br><br>Core surgical training (T&O) |
| **Review summary and outcomes** | HEE would like to thank the Trust for accommodating the Risk-based Review (on-site visit) and ensuring that all the sessions were well attended.<br><br>During the course of the review, the quality team was informed of a number of areas that were working well in relation to the education and training of T&O surgery trainees, both at core and higher level, as outlined below:<br><br>- The quality review team was informed that all of the higher trainees were receiving excellent training opportunities and received good theatre and clinical exposure within the context of a high volume, good quality, multidisciplinary major trauma service<br><br>- All of the trainees the review team met with reported that the daily trauma meetings provided excellent training and learning opportunities. The review team heard that there was good consultant attendance at the meetings and that they were valuable to all groups within the department.<br><br>- The core surgery trainees reported that generally, they were able to access the requisite number of theatre sessions per week. The review team heard that there was a greater emphasis placed upon protecting the trainees' learning and training opportunities as opposed to the Trust grade doctors working within the department.<br><br>However, areas for improvement were also identified and highlighted as follows:<br><br>- The review team was informed that there was no formal departmental induction in place for any of the junior trainees. The trainees indicated they received no information regarding what the post would involve and what was expected of them, or who their educational or clinical supervisor was.<br><br>- It was reported that the workload for the 'consultant of the week A and B' junior trainees was onerous and that the trainees were covering 65-80 patients on the wards. The trainees indicated that the workload pressures had been somewhat relieved by the introduction of two locum Trust grade posts, who were also based on the wards. However, the review team felt further work needed to be undertaken to develop a multi-professional team to help alleviate some of the ward workload pressures. |

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| | - The review team was informed that none of the educational or clinical supervisors had adequate supporting professional activities (SPA) time allocated within their job plans to undertake educational activities.<br><br>Additionally, the review team was disappointed to hear GP trainees being discussed in an unprofessional and condescending manner. Due to these cultural issues surrounding the way non-orthopaedic trainees were labelled and regarded by senior members of staff within the T&O department, HEE confirmed that the suspension of GP training posts would continue for an indefinite period. Following this, it was decided by the PG Dean that the post would be listed for decommissioning.<br><br>Furthermore, as some aspects of the GP trainees' initial complaint appeared to be relevant to the core trainees within the department, especially in relation to the workload on the wards and the lack of induction, the Trust was informed that the core surgical posts within T&O surgery at the Royal London Hospital were also at high risk of being suspended, unless substantial improvements within the department were demonstrated. |

| **Quality Review Team** | | | |
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| **HEE Review Lead** | Mr John Brecknell<br>Head of the London Postgraudate School of Surgery | **Trust Liaison Dean** | Dr Indranil Chakravorty<br>Trust Liaison Dean, Health Education England North East London |
| **GP School Representative** | Dr Naureen Bhatti<br>Head of School of General Practice for North Central & East London | **GP School Representative** | Dr Phillip Bennett-Richards<br>GP Programme Director, North East London |
| **Scribe** | Elizabeth Dailly<br>Learning Environment Quality Coordinator | **Lay Member** | Ryan Jeffs<br>Lay Representative |

**Educational overview and progress since last visit – summary of Trust presentation**

The clinical director of trauma and orthopaedic surgery reported that the department had faced a huge gap between the demand upon the services provided and their capacity. The review team was informed by the clinical director that although there were many consultants within the department, this was not mirrored by the number of core trainees, who were crucial to ensure the service ran effectively. These issues were then set against a backdrop of the department having an insufficient number of beds to meet a heightened demand.

When discussing how they had addressed the workload issues experienced by core trainees, the Trust outlined a number of initiatives that had been undertaken in order to reduce the demand on the core trainees. Firstly, the Trust confirmed that they had implemented a new model of working on the wards. A consultant of the week system had been in place for the year preceding the review, which ensured that each patient was reviewed daily by a consultant and that additional clinical supervision was available for trainees.

The Clinical Director further stated that the department had expanded the number of core level doctors working within the department and had secured the funding to go from eight core level doctors to 11, to provide additional support for core trainees working on the wards. The review team was informed that the expansion in core level Trust doctors within the department had partly been successful due to the MSc initiative that had been introduced. This allowed the Trust grade doctors to complete the MSc in Trauma Sciences, which was funded by the Trust, in exchange for them providing additional clinical services. It was reported that this model had been extremely successful and was now being rolled out across other surgical departments across the Trust.

Furthermore, as many of the tasks that had contributed to the trainees' onerous workload could have been undertaken by other groups of professional bodies, the review team heard that three physician associates had

previously been recruited. However, it was noted that the Physician Associate initiative had been unsuccessful and that those who had been recruited had subsequently left the department, due to excessive workload. The Trust had therefore embarked upon an alternative route, and the review team was informed that the department had secured the funding to recruit three Advanced Nurse Practitioners to help alleviate some of the workload pressures experienced by the core trainees within the department. The Clinical Director additionally outlined plans to ensure a more robust phlebotomy service would be provided within the department.

The quality review team was informed that there were plans to expand the academic element of the department, with plans to introduce an academic chair for trauma. Furthermore, the review team was informed that four consultants with PhDs in orthopaedics had been recruited to enhance the academic environment.

When discussing the issues that had been raised regarding the lack of departmental induction offered, the clinical director reported that local work had been done to address this issue and that one of the consultants in the team was developing a formal induction programme which would be in place for new trainees rotating into the department.

Furthermore, it was reported that although a formal Local Faculty Group had not previously been in place, the clinical director confirmed that this had now been implemented and that work was being done to ensure it was well embedded within the department.

The Clinical Director informed the review team that the department had struggled to ensure that the system of having GP trainees within the department was successful. It was reported that they felt the learning environment was not one which was suitable or provided good learning opportunities for GP trainees, unless they had a specific interest in orthopaedics. The Clinical Director indicated that the training needs of the GP trainees who worked within the department often varied greatly and differed on an individual basis. Therefore, it was reported that the department felt unable to set a definite tone as to what constituted good training opportunities for GP trainees and to pursue a definitive role for GP trainees within orthopaedic surgery at the Royal London Hospital.

The review team acknowledged the professionalism of the GP trainees coming forward to share concerns around patient safety and educational content of the post, which they felt would have been challenging for clinicians at a junior level of career. The review team were reassured that the trainees felt empowered to come forward, which was commended. The implication that there may have been personal reasons for whistle blowing related to upcoming rota issues was felt to be without basis.

# Findings

## 1. Learning environment and culture

**HEE Quality Standards**

**1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.**

**1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.**

**1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.**

**1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.**

**1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.**

**1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**

| Ref | Findings | Action required? Requirement |
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| | | Reference Number |
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| T&O 1.1 | **Serious incidents and professional duty of candour**<br>The trainees stated that they were aware of how to report any serious incidents through the Trust's Datix system. However, they reported that they had not received feedback from any reports submitted. | |
| T&O 1.2 | **Appropriate level of clinical supervision**<br>All of the trainees the review team met with reported that they had adequate clinical supervision when working in the department and stated that they had never felt that they needed to work beyond their personal level of their competency. The core trainees reported that when they were undertaking the 'consultant of the week' (COW) A or B shifts, they always had access to a consultant and that as there was a two-tier higher trainee system in place, they could always contact the higher trainee or senior higher trainee if necessary and knew who to escalate to at all times. | |
| T&O 1.3 | **Rotas**<br>The core trainees reported that there had been significant rota gaps within the department prior to the review, which had limited their ability to access training and educational opportunities, as they were often required to fill the gaps on the wards and had placed an unsustainable burden on providing safe care.<br>However, the trainees indicated that significant improved had been made during the months preceding the visit, as two locum Trust grade doctors had been employed to provide additional support to the core trainees on the wards, which had then enabled them to access more learning and training opportunities. The higher trainees reported that this change had been implemented following the cyber-attack at the Trust, as they had had first-hand experience of the onerous workload on the wards, and felt that additional support was required for the core trainees. However, it should be noted that the review team was informed that one of the Trust grade doctors was due to leave the department.<br>The trainees reported that when undertaking the 'COW' A or B shifts, the workload was such that they typically undertook a ward round or completed jobs for approximately 65-80 patients. Although the trainees did not feel that this raised any specific patient safety concerns, as all patients were reviewed daily by a consultant and an adequate level of clinical supervision was provided, they did indicate that the workload was often extremely demanding for the trainee undertaking the COW B shift, who completed all the relevant jobs for the patients. The review team heard that the issues relating to workload were especially prevalent prior to the additional Trust grade doctors being appointed, when the trainees often had to cross cover both the COW A and COW B shifts. However, it should be noted that the trainees indicated that at the time of the review, typically they only undertook the COW shifts a couple of times per week and did not have to cross-cover.<br>When asked whether some of the jobs that contributed to the onerous workload on the wards could be undertaken by other multi-professional members of staff, the trainees indicated that as many of the tasks related to phlebotomy, documenting in case notes, clerking and straight forward bed-placed procedures, they could often be completed by nursing staff or other members of the team within the department. The review team was informed that the department had plans to introduce three advanced nurse practitioners, who could undertake the majority of such tasks and therefore reduce the workload demands on the core trainees.<br>In addition to the COW ward rounds that took place, the higher trainees reported that they also undertook parallel specialty ward rounds and saw all the patients under the various sub-specialties, such as spine, pelvis and paediatric orthopaedics. The higher trainees noted that as they often undertook these ward rounds after their other duties, such as theatre sessions and clinics, typically they did not complete them with the core | Yes, please see T&O1.3 below |

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| | trainees but would then try to contact them to inform them of any jobs that needed to be undertaken. As a different core trainee undertook the COW B shift each day, the higher trainees commented that at times the system could feel disjointed, as it was sometimes difficult to know which core trainee was undertaking this shift and who they should contact, as it changed on a day to day basis. Furthermore, the review team ascertained that this could raise issues when the higher trainees wanted to follow up that outcome of certain tasks, as it would be a different core trainee undertaking the shift the following day, which could have implications on the continuity of care provided. The trainees noted that it would be better to have one core trainee undertaking the COW shift for a week period, but that this was unfeasible due to the requirements in the junior contract, which stipulated that all core trainees must be able to undertake four theatre sessions per week. | |
| T&O 1.4 | **Induction**<br><br>All of the higher trainees the review team met with confirmed that they had all received a thorough and comprehensive departmental induction when they started their post. However, it did not appear that this experience was universal for all trainees within the department and the review team was informed that none of the core trainees had received a formal departmental induction.<br><br>The core trainees indicated that they had spoken to other colleagues who had previously been in post or worked within the department, in order to ascertain what was expected of them and what the post entailed. Despite this communication, the trainees indicated that it could be difficult when they started the post to be entirely sure of what was expected of them. The trainees further conceded that the lack of induction could be especially detrimental to trainees who had not undertaken any surgical posts before or worked in a major trauma centre.<br><br>It should be noted that the review team was informed that a piece of work was being undertaken at the time of the review, to implement a formal departmental induction for trainees who were due to start in the department in October. | Yes, please see T&O1.4 below |
| T&O 1.5 | **Handover**<br><br>All of the trainees the review team met with noted that the handover system in place within the department was effective and efficient. The trainees stated that all patients were discussed during the daily trauma meetings in the morning and that orthopaedic plans and decisions were made in a multi-disciplinary setting.<br><br>An evening handover then took place with the day and night team. The handover system was further facilitated by an electronic patient list that was updated, and was available for all to access. | |
| T&O 1.6 | **Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience**<br><br>The core trainees reported that the on-call shifts they undertook provided excellent training and learning opportunities, as they received direct, one to one teaching from the higher trainees they were on-call with and saw a high volume, diverse range of cases which gave them valuable experience.<br><br>However, the review team was informed that the amount of practical experience the core trainees accessed when in theatre varied, depending on which consultant they were assisting.<br><br>Furthermore, the trainees commented that they would have preferred to have been allocated to a specific firm, as opposed to being a ‘float’ within the department. The trainees stated that this would have allowed them to build relationships with a particular consultant who operated with regularly and who would be aware of and able to provide feedback regarding the progress they had made. | |

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| | The higher trainees the review team met with reported that the operative experience they received in the department was good and that they were able to complete the requisite number of cases for their log books. When discussing the number of clinical fellows in the department, overall it appeared to the review team that the presence of clinical fellows within the department added to the educational resources without detracting from training opportunities. The higher trainees reported that many of the fellows took on the role of the 'trainer', and supervised and supported the higher trainees when completing procedures; providing them with additional educational resources.<br><br>The review team heard about the positive learning experiences potentially available to general practice trainees within the department of T&O at the Royal London Hospital as well as the limitations which sometimes prevented GP trainees embedded within the department accessing them. | Yes, please see T&O1.6 below |
| T&O 1.7 | **Protected time for learning and organised educational sessions**<br><br>The core trainees reported that they all had 'training days' and 'theatre days' incorporated into their rota. The review team heard that the trainees could use their allocated 'training days' to undertake a range of educational activities, depending on the trainees' particular interests, such as access the virtual fracture clinic, which the trainees identified as an excellent learning opportunity.<br><br>The trainees noted that since the addition of the two locum Trust grade doctors who provided additional support on the wards, they had been able to utilise their theatre and training days to a greater extent and could typically attend the requisite number of four theatre sessions per week. The trainees further indicated that they were often supported and encouraged by the consultants in the department to attend theatre.<br><br>Furthermore, the review team was informed that within the department there was differential treatment of the trainees and Trust grade doctors and that greater protection was given to the trainees' learning opportunities and educational sessions. The trainees indicated that at the time of the review, they were rarely asked to sacrifice training opportunities in order to fill rota gaps and that if this occurred, it would be as a last resort. The trainees further indicated that they had not felt any direct, undue pressure to fill rota gaps.<br><br>The review team was informed that although the trainees were able to attend theatre sessions; as the site was a major trauma centre often the trauma cases in which they assisted lasted for two sessions. This resulted in the trainees frequently spending one of their weekly sessions completing just one case. The core trainees indicated that this had negatively impacted upon their ability to complete the requisite number of cases for their log books and that they often stayed to undertake another case in their own time.<br><br>In relation to formal departmental teaching, the core trainees reported that such sessions were held bi-weekly, and were attended by a higher trainee and the consultant of the week. The review team was also informed that timetabled and curriculum mapped teaching sessions were held for the higher trainees on a weekly basis, which were consultant led and open for core trainees to attend. However, the core trainees indicated that they often were unable to attend.<br><br>Furthermore, both the core and higher trainees were complimentary of the daily trauma meetings that took place and reported that they provided good learning opportunities and were educationally beneficial. The quality review team was informed that the meetings had a strong consultant presence and that management of patients was discussed in a multi-disciplinary setting. | |

## 2. Educational governance and leadership

**HEE Quality Standards**

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| **2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**<br>**2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.**<br>**2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.**<br>**2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.**<br>**2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.** | | |
| T&O 2.1 | **Effective, transparent and clearly understood educational governance systems and processes**<br>The review team was informed that a Local Faculty Group (LFG) had been initiated the month prior to the review and although many of the trainees were aware of its existence, it was felt that work still needed to be undertaken to ensure that it was firmly embedded within the department.<br>The trainees also reported that a clinical governance meeting took place on a monthly basis, during which any issues and concerns raised by trainees were discussed.<br>It appeared to the visiting team that the roles of training programme director, clinical director and local educational lead were invested in the same individual in the department and that a potential conflict of interests could exist in this arrangement. After the feedback session, this impression was countered. | Yes, please see T&O2.1a below<br>Yes, please see T&O2.1b below |
| T&O 2.2 | **Organisation to ensure access to a named clinical supervisor**<br>The review team was informed that the core trainees were not allocated a named clinical supervisor prior to starting their posts. Instead, the trainees were expected to choose their own clinical supervisor and approach the individual in question, once they had started working within the department. | Yes, please see T&O2.2 below |
| **3. Supporting and empowering learners** | | |
| **HEE Quality Standards**<br>**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.**<br>**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.** | | |
| T&O 3.1 | **Behaviour that undermines professional confidence, performance or self-esteem**<br>The review team was extremely disappointed to hear non-orthopaedic junior members of the department referred to and discussed in an unprofessional and condescending manner. There appeared to be a culture prevalent throughout the department that was not conducive to a positive training and learning environment for such trainees and could lead to negative role-modelling for surgery specific learners in the department. | |
| **4. Supporting and empowering educators** | | |
| **HEE Quality Standards** | | |

| **4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.**<br>**4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.** | | |
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| T&O 4.1 | **Sufficient time in educators' job plans to meet educational responsibilities**<br>The review team heard that none of the educational or clinical supervisors within the department had the appropriate supporting professional activities (SPA) time allocated within their job plans. Many of the trainers commented that any educational duties they undertook was within their own time. | Yes, please see T&O4.1 below |

# Good Practice and Requirements

| Good Practice | Contact | Brief for Sharing | Date |
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| MSc in Trauma Sciences | | | |
| Enabling CSTs to attend 4 theatre sessions | | | |
| Excellence in Trauma Meetings organisation, attendance and learning | | | |

| **Immediate Mandatory Requirements** | | | |
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| **Req. Ref No.** | **Requirement** | **Required Actions / Evidence** | **GMC Req. No.** |
| | N/A | | |

| **Mandatory Requirements** | | | |
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| **Req. Ref No.** | **Requirement** | **Required Actions / Evidence** | **GMC Req. No.** |
| T&O1.3 | The Trust is required to undertake a review of the workload of core surgical trainees within the department and provide a plan of how this will be managed and implemented in three months. It is hoped that the multidisciplinary team, including the ACP appointments described to the visiting team will form a part of this plan.<br>The Trust to conduct audits on the type of inappropriate duties undertaken and how often/for how long.<br>Trust to institute a robust phlebotomy system. | The Trust to provide the outcome of this review and outline how this will be managed and implemented within three months.<br>The Trust to submit the audit results and the standard operating procedure for phlebotomists.<br>Compliance with this action should be monitored through Local Faulty Group (LFG) meetings. Workload should be a standing agenda item at LFG meetings. The Trust to submit copies of LFG meeting minutes where the workload for the core surgical trainees is discussed and a register | R1.12 |

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| | It is recommended that the Trust urgently increase the multi-professional aspect of the team that provide direct care on the wards, such as doctors assistants. | of attendance for these meetings, over a three-month period. | |
| T&O1.4 | The Trust is to ensure a robust and comprehensive departmental induction is available for all new learners entering the department. | The Trust is to submit the copies of the departmental induction.<br>Compliance with this action should be monitored through LFG meetings. Trainees' induction should be an agenda item at the relevant LFG meeting, once the new trainees have started within the department. The Trust to submit copies of LFG meeting minutes where the workload for the core surgical trainees is discussed and a register of attendance for these meetings, over a three-month period. | R1.13 |
| T&O2.1 a | The Trust is to ensure that the LFGs are embedded within the department and attended by trainers, trainees from all groups and a member of the management team. | Although quarterly LFGs are a reasonable objective for most departments, in the aftermath of the visit and during the implementation phase of the requirements made, please conduct monthly LFG meetings and submit minutes to HEE LaSE. | R2.1 |
| T&O2.2 | The Trust to ensure that all trainees have been allocated a clinical supervisor prior to them starting within the department. | The Trust to submit evidence demonstrating that this now takes place, and that clinical supervisors are allocated either prior to trainees starting within the department or as part of their induction. | R2.14 |
| T&O4.1 | Trust should review the job plans of clinical and educational supervisors to ensure that those involved in training and education have the appropriate time for educational activities allocated within their job plans. | The Trust to provide evidence demonstrating that all supervisors have the appropriate supporting professional activities (SPA) time allocated within their job plans. | R4.2 |

| **Recommendations** | | | |
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| **Rec. Ref No.** | **Recommendation** | **Recommended Actions / Evidence** | **GMC Req. No.** |
| T&O 1.6 | The department is encouraged to work with the NCEL School of General Practice to develop a shared learning opportunity for T&O and general practice trainees within the context of the elective orthopaedic outpatient clinic, using the 'learning together' model. It is hoped that this will have a positive impact upon the culture and language adopted by the unit in reference to non-orthopaedic trainees. | We look forward to hearing about the delivery of this project and its impact on learners from both the School of Surgery and the School of General Practice. | R1.15 |

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| T&O2.1 b | The allocation of the Training Programme Director, clinical director and local education lead roles was not clear to the quality review team. Please clarify the names of the individuals holding these roles and consider investing them in different individuals. | We look forward to receiving your response in the form of the names of the current post holders and plans for allocations in the future | R2.1 |

| Other Actions (including actions to be taken by Health Education England) | |
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| **Requirement** | **Responsibility** |
| N/A | |

| Signed | |
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| **By the HEE Review Lead on behalf of the Quality Review Team:** | Mr John Brecknell |
| **Date:** | 25 July 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.