

St George's University Hospitals NHS Foundation Trust

Cardiac Surgery

Risk-based Review (education lead conversation)



Quality Review report

28 February 2019

Final report

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Quality Review details

Training programme	Cardiac Surgery
Background to review	<p>The department has been subject to ongoing monitoring by NHS Improvement, the Care Quality Commission, the General Medical Council, Clinical Commissioning Groups and Health Education England. This was triggered by consecutive mortality alerts from National Institute for Cardiovascular Outcomes Research (NICOR) and concerns around the culture in the cardiac surgery department relating to a group of consultant surgeons, the consequent suspension of two consultants and the transfer of the high-risk cardiac surgery service to other Trust facilities. This impacted on postgraduate medical training and resulted in the decision to temporarily suspend cardiac surgery training posts.</p> <p>The purpose of this Risk-based Review (education leads conversation) was to assess the steps the Trust had taken to address the issues around the culture within the Department and at what stage of preparedness the Trust felt that it was at to have training posts reinstated for cardiac surgery.</p>
HEE quality review team	<p>Professor Geeta Menon Postgraduate Dean Health Education England (South London)</p> <p>Dr Anand Mehta Deputy Postgraduate Dean Health Education England (South London)</p> <p>Mr Prakash Punjabi, Training Programme Director</p> <p>Samara Morgan Principal Education QA Programme Manager General Medical Council</p> <p>Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England (London)</p> <p>John Marshall</p>

Trust attendees	<p>Quality, Patient Safety & Commissioning Team Health Education England (London)</p> <p>Ed Praeger Quality, Patient Safety & Commissioning Team Health Education England (London)</p>
Trust attendees	<p>The review team met with the following representatives from the Trust:</p> <ul style="list-style-type: none"> • Training Programme Director • Associate Medical Director for Cardiac Surgery (on secondment from University Hospital Southampton NHS Foundation Trust) • Associate Director for Medical Education • Consultant Cardiac Surgeon

Conversation details

Item	Summary of discussions	Action to be taken? Y/N
1	<p>Trust presentation</p> <p>The Trust gave a presentation to the Review Team that set out the cardiothoracic department's performance in regional and national metrics up to August 2018, prior to the suspension of cardiac surgery training posts from the Trust in September 2018. This included a breakdown of the number of specialty year training posts the Trust provided.</p> <p>The review team heard that because of the suspension of training posts and other measures put in place by the Trust, which included no longer receiving referrals from the emergency department, the volume of cases annually had dropped from approximately 1100 before September 2018 to a projected 900 cases for 2019.</p> <p>The Trust recognised that the high-profile nature of media reporting of the situation within the department had caused reputational damage to the Trust, particularly as a training provider for Cardiac Surgery. However, the Trust was keen to reaffirm its past performance in the Joint College of Surgical Training (JCST) and General Medical Council (GMC) surveys as an indicator of good performance and added that the Trust had awarded a number of former trainees six Doctor of Philosophy degrees (PhDs) and five Doctor of Medicine degrees (MDs) between 2013 and 2018.</p>	
2	<p>Department update</p> <p>When asked about the mood in the department following the suspension of training in September 2018, the review team heard that the primary concern of the department was its 'survival' by addressing and correcting the factors that had led to the suspension of training. This was not necessarily with education and training solely in</p>	

	<p>mind. It was felt that the gravity of the situation could lead to further measures being sanctioned against the Trust, including closure of the department.</p> <p>It was felt that the reduction in case numbers – around 60 per month, down from around 100 prior to the suspension of training – had allowed for a valuable training experience for the training grades that remained within thoracic surgery, as well as trainees from anaesthetics, cardiology and intensive care, as this had allowed more time and exposure to cases – all of which were consultant led.</p> <p>It was reported that there was a valued group of trust grade doctors who had been brought in to cover the posts vacated due to the suspension of training and that they were performing well. The impression of the Associate Medical Director for Cardiac Surgery (AMDCS) was that the wider multidisciplinary team (MDT), whilst robust and challenging, was well functioning and said that they had not seen any examples of the unacceptable behaviour or conflict that had been reported in the press during the time they had been in post. The overall culture within the department was described to the review team as good. The review team heard that no fatalities had occurred in the past three months.</p>	
<p>3</p>	<p>Departmental culture and bullying</p> <p>The review team was pleased to hear that the departmental culture had seemingly improved significantly in a short space of time. However, to be sure that this was the case the Trust was asked what supporting evidence it could provide to support this claim.</p> <p>It was reported that the key factor in this improvement was the change of leadership, bolstered by the incoming of the AMDCS on secondment. The review team heard that a 'dry run' Care Quality Commission inspection commissioned by NHS Improvement (NHSI) had returned positive feedback on the wider clinical environment.</p> <p>It was also reported that a recently conducted Trust-wide survey had returned good results for staff wellbeing in cardiac surgery – higher than the Trust-wide average. It was agreed that the Trust would provide Health Education England (HEE) with a copy of the survey results.</p> <p>To ensure that the progress made in addressing the issues around bullying and the departmental culture was sustained, the review team heard that a behavioural psychologist was being brought in to observe and work with the whole MDT, and that all staff had signed a charter setting out a set of standards.</p> <p>The review team heard that the cardiac surgery MDT was now more productively engaged with the MDTs for cardiology and anaesthetics and that there was no sign of the 'contagion' of the issues that had greatly affected the department spreading into the other specialties the MDT worked closely with.</p>	<p>Yes, please see CS3</p>
<p>4</p>	<p>Investigation into excess deaths</p> <p>The review team heard that the Trust was assisting the NHSI with its investigation into excess patient deaths within the department. It was reported that NHSI was looking into all deaths within the past five years to assess how many of these could potentially have been avoidable. It was reported that each death was ranked on a scale of one to</p>	

	<p>six and that any case that scored three or below was being reviewed by the Trust to whether or not an appropriate investigation had been carried out at the time and whether any learning from the incident had been disseminated. The review team heard that the team investigating the excess deaths had encountered issues navigating the Trust's records systems and that to address this the Trust had nominated a member of staff to assist them which had significantly helped progress. The Mortality Review Team hope to produce a report in the autumn.</p>	
<p>5</p>	<p>Preparedness for the resumption of training</p> <p>The review team heard that the reduced number of cases would benefit more junior trainees, citing the reasons detailed previously for the trainees that were still interacting with the department. It was felt that returning trainees ST1-3 would have exposure to a varied case mix and a large amount of theatre experience. However, there were concerns that foundation year 2 trainees were getting limited access to working alongside consultants. The review team heard that the current workload and the nature of it would not make the department a conducive environment for education and training for more senior trainees.</p> <p>It was reported that the department had had a full complement of consultants with the appointment of two locums but that one of these had left the Trust after accepting a research position elsewhere. There was an expectation that this post was due to be offered on a substantive basis and that the advert for this was due to be published soon.</p> <p>The review team also heard that the Trust hoped that the one day per week that the AMDCS would commit to the Trust following the completion of the six-month full-time secondment would be increased to two days per week.</p> <p>Asked about the rotas for returning trainees, the review team heard that the cardiac surgery rota had been split from the thoracic surgery rota on the recommendation of HEE. It was reported that the cardiac surgery rota was always compliant, and that staff were not scheduled to do any clinical work the day after being on-call.</p> <p>The Trust felt that it was in a position to have trainees return from October 2019 onwards and that the keenness of some trainees to return as soon as April 2019 was an indication of the appeal that the Trust retained as a training centre for cardiac surgery.</p>	

Next steps

Conclusion

At the end of the meeting it was agreed that HEE would return for a follow-up education leads conversation in June 2019 before the full-time secondment of the AMDCS had come to an end. The purpose of this follow-up would be to assess the impact made by the work of the behavioural psychologist with the MDT and to discuss the findings of the NHSI report into excess deaths between 2013-2018.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CS3	The Trust is required to share the Trust-wide staff survey results with HEE	Please submit a copy of the staff survey reports to HEE within one month from the date of issue of this report.	R3.2

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
	N/A		

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Professor Geeta Menon, Postgraduate Dean, Health Education England (South London)
Date:	

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.