

St George's University Hospitals NHS Foundation Trust

Interventional Radiology and Vascular Surgery Risk-based Review (on-site visit)



Quality Review report

12 April 2018

Final Report

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Quality Review details

Background to review	<p>Interventional Radiology (IR) and Vascular Surgery (VS) training were suspended in St George's University Hospitals NHS Foundation Trust (SGH) following a quality review on 23 November 2015 due to issues relating to the professionalism of the working and learning environment, potential patient safety concerns and access to clinical learning opportunities required to meet respective curricula for both sets of trainees. A follow-up Risk-based Review (education lead conversation) (ELC) was conducted in January 2017 which confirmed that SGH had carried out significant work to address the highlighted issues, which resulted in the reintroduction of IR and VS training in SGH in April 2017.</p> <p>Therefore, Health Education England (HEE) felt it was necessary to conduct another follow-up Risk-based Review (on-site visit) in order to assess the progress made by the Trust since the phased return of the trainees and to ensure that there had been no reoccurrence of the issues previously highlighted.</p>
Training programme / learner group reviewed	Interventional Radiology (IR) and Vascular Surgery (VS)
Number of learners and educators from each training programme	<p>The quality review team met with specialty trainees from both IR and VS including clinical research fellows and those with academic components in their training.</p> <p>The quality review team also met with the Director of Medical Education, Postgraduate Medical and Dental Education Training Manager, and the Educational Leads for Interventional Radiology and Vascular Surgery</p>
Review summary and outcomes	<p>The quality review team heard of significant improvements in the department as outlined below:</p> <ul style="list-style-type: none"> • The quality review team was pleased to hear from the trainees a noticeable positive change in culture and behaviour across the IR and VS teams which had been beneficial to training environment and experience. • It was reported that both IR and VS departments had been working collaboratively during multi-disciplinary team (MDT) and morbidity & mortality (M&M) meetings. The quality review team heard of evidence of joint working between consultants, and the trainees described the MDT meetings as effective and productive. • The quality review team ascertained that there was evidence of willingness from both departments to pursue joint training. <p>However, a number of areas that required improvement were also highlighted:</p> <ul style="list-style-type: none"> • The quality review team learnt that staffing levels in VS had interfered with trainees being able to access clinical and academic training opportunities across the specialties. The quality review team stated its intention to work with the Trust to explore and offer support in a workforce transformation project. • The quality review team learnt that both IR and VS trainees had not been able to record workplace-based assessments or supervisor reports from trainers in the other specialty. To strengthen joint training further, it was suggested that trainers consider registration with training portfolios in both specialties. • The quality review team learnt that appropriate and stable support from non-clinical senior management and administrative staff were needed in order to ensure that progress was sustained.

Quality Review Team			
HEE Review Lead	Mr John Brecknell, Head of School, London Postgraduate School of Surgery, Health Education England	HEE Review Lead	Dr Jane Young, Head of School of Radiology, London, Health Education England
Deputy Postgraduate Dean	Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England (South London)	Deputy Head of School	Dr Samantha Chippington, Deputy Head of School of Radiology, London, Health Education England
Training Programme Director	Mr Keith Jones, London Vascular Training Programme Director, Health Education England	HEE Representative	Andrea Dewhurst, Quality, Patient Safety & Commissioning Manager, Health Education England (London and Kent, Surrey and Sussex)
Lay Representative	Jane Gregory, Lay Member	HEE Representative	Adora Depasupil, Learning Environment Quality Coordinator, Quality Patient Safety & Commissioning Team, Health Education England (London and Kent, Surrey and Sussex)
Observer	Susan Ptak, Quality, Patient Safety & Commissioning Administrator, Health Education England (London and Kent, Surrey and Sussex)		

Educational overview and progress since last visit

The educational leads (ELs) reported that both the interventional radiology (IR) and vascular surgery (VS) departments had worked in collaboration since the initial review conducted by Health Education England (HEE) in 2015. The quality review team was informed of a joint planning meeting that took place each Monday where both the IR and VS ELs worked together, creating a structure for the fair allocation of training opportunities to both IR and VS trainees. The ELs reported that the working relationship between IR and VS at both trainee and consultant level had improved significantly. It was reported that IR trainees were always welcomed to the available vascular work in theatres. Similarly, VS trainees were also welcomed to attend to cases in radiology. However, it was noted that due to the high volume of VS workload, it was not always practically possible to release VS trainees to attend training opportunities in IR. It was reported that the IR trainee had accessed training opportunities in VS theatre but not yet in clinic or the ward.

It was reported by the ELs that there was a positive environment in regard to the multi-disciplinary team (MDT) and morbidity & mortality (M&M) meetings within the department. It was reported that IR team had their own M&M meetings but the team had also been attending some of the VS M&M meetings. The ELs described these meetings as a collegiate and collaborative process and conducive to the trainees' educational experience, but indicated that the system to record the VS M&M meetings and disseminate outcomes was limited due to lack of administrative support.

The ELs reported that overall, both IR and VS teams were able to communicate better with each other including identifying potential issues, managing referrals and organising clinics effectively. The ELs recalled a period when the departments had issues in terms of covering gaps in the rota due to sick leave. The quality review team heard that when there was no permanent general manager (GM) support in post, staff had to step up into roles which contributed to a stressful environment at the time. However, the ELs stated that since the new GM had started in post one month prior to the quality review, there had been a sense of stability in IR and VS

departments, especially in relation to VS which required senior management support. The DME acknowledged that there was initially a lack of senior management proactivity before potential problems turned into real issues. The quality review team was informed that there was now a new senior management team and the Trust was now more proactive as a whole in identifying and addressing potential issues by utilising data generated by General Medical Council National Training Survey (GMC NTS) and exception reporting.

The quality review team heard that SGH had one HEE funded trainee post at foundation level that was unfilled. The ELs also explained that the VS department previously had three junior trainees, but at the time of the review, the department only had one. The ELs reported that the Trust had filled the vacant posts with long term agency and bank staff cover, but stated that there had been a nationwide shortage of junior doctors. It was reported that the Trust had supported advertising for and recruiting to Trust grade posts but this had also been unsuccessful. The IR ELs reported that the department had one trainee in three posts. However, the IR ELs were hopeful that their numbers would increase in 2018. The quality review team heard that the Trust had funded and appointed to a locum post in the interim.

IR ELs stated that they were willing to provide assessments and reports for VS trainees, but indicated that the VS trainees had not been able to access the IR training available to them due to heavy workload and shortage of staff. The VS ELs reported that there had been plans of expanding research work to attract research fellows from overseas towards the end of 2018. The VS ELs acknowledged that there was a concern with trainees covering service needs and how this had impacted on accessing training opportunities. However, the VS ELs also stated that the busy environment in VS had provided trainees with a lot of clinical experience. The quality review team heard that ELs had discussed with senior VS trainees about developing a lower limb fellow programme.

The quality review team was informed that the Trust was also working on expanding the consultant body and once the Trust had full complement of eight consultants, the ELs were looking forward to more collaborative working between IR and VS.

The ELs commented that the issues surrounding behaviour was previously palpable in the department, but reported that since the previous quality review the department had learnt to identify and address behavioural issues as soon as possible. The ELs assured the quality review team that there were no longer issues associated with behaviour or lack of professionalism across the two specialties between the consultants and trainees. The ELs stated that both departments were determined to ensure that new staff who came to the departments knew what was acceptable and unacceptable behaviour and were dedicated to nurture a collaborative and positive environment. These claims were supported by the observed interaction between trainers and trainees from the two departments during the review.

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 Reference Number
IRVS 1	Patient safety <p>The quality review team heard of an occasion where a VS trainee had appropriately submitted an incident form through the Datix system as whilst being the on-call doctor in the emergency department (ED), a patient became significantly unwell on the ward and the trainee was not able to attend to the patient immediately as the trainee was in the ED. No systematic patient safety issues were found.</p>	
IRVS 2	Appropriate level of clinical supervision <p>The quality review team heard that out of hours (OOH) supervision provided to interventional radiology (IR) trainees was robust and of good quality. It was reported that queries through phone calls were always received by the consultants and never independently by the IR trainees.</p> <p>The VS trainees similarly indicated that they received consistently excellent levels of clinical supervision, including during on-call shifts and when based in outpatients.</p>	
IRVS 3	Organisations must make sure learners are able to meet with their educational supervisor on frequent basis <p>The ELs reported that the trainees and supervisors had access to private rooms for meetings and all trainees reported that they were able to meet with their supervisors on a regular basis.</p>	

2. Educational governance and leadership

HEE Quality Standards

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.

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.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

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.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

IRVS 4	N/A	
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3. Supporting and empowering learners

HEE Quality Standards

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.

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.

IRVS 5	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>All trainees reported that the atmosphere in the department and interaction between consultants and trainees had significantly improved in comparison to their previous experience. The trainees described both departments as a collegiate environment to work in and reported that all members of IR and VS teams were genuinely happy to work together.</p> <p>The trainees reported that they had been given opportunities to work in the high-technology Hybrid Operating Theatre at SGH with both the IR and VS teams, and described their interaction as professional, friendly and supportive.</p>	
IRVS 6	<p>Regular, constructive and meaningful feedback</p> <p>All trainees reported that they were able to regularly meet with their supervisors and they were able to receive valuable feedback on a weekly basis.</p>	

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.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

IRVS 7	<p>Access to appropriately funded resources to meet the requirements of the training programme or curriculum</p> <p>The ELs reported that overall, both IR and VS teams were able to communicate better with each other including identifying potential issues, managing referrals and organising clinics effectively. The ELs recalled a period when the departments had issues in terms of covering gaps in the rota due to sick leave. The quality review team heard that when there was no permanent general manager (GM) support in post, staff had to step up into roles which contributed to a stressful environment at the time. However, the ELs stated that since the new GM had started in post one month prior to the quality review, there had been a sense of stability in IR and VS departments, especially in relation to VS which required senior management support. The DME acknowledged that there was initially a lack of senior management proactivity before potential problems turned into real issues. The quality review team was informed that there was now a new senior management team and the Trust was now more proactive as a whole in identifying and addressing potential issues by utilising data generated by General Medical Council National Training Survey (GMC NTS) and exception reporting. In summary, investment in senior management within the VS & IR departments was felt to have been a major factor in the progress seen and all agreed that it should be sustained in order to preserve the improvements achieved.</p>	Yes, please see IRVS7 below
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5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

IRVS 8	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>All of the trainees the review team met with reported that the operative training and clinical experience provided by the Trust were of excellent quality. The quality review team also heard that the responsibilities that had been allocated to the trainees were in line with their level of training. The trainees also described the quality of training as superior in comparison to other placements that they had undertaken.</p> <p>The quality review team was encouraged to learn that both departments were already aware of the next generation of curricular changes prompted by the new GMC curriculum framework described in Excellence by Design.</p>	
IRVS 9	<p>Opportunities for inter-professional multidisciplinary working</p> <p>All trainees reported that they felt welcomed and were able to attend the regular multi-disciplinary team (MDT) and morbidity & mortality (M&M) meetings. The quality review team was informed that although MDT meetings had been predominantly led by the consultants, the trainees stated that they felt that they were part of the MDT and felt confident when discussing cases with the consultants.</p> <p>The trainees stated that they found the MDT and M&M meetings effective and efficient. The quality review team heard that there was a good atmosphere in the MDT meetings and the trainees reported that there had been an equal sharing of work between the two sets of trainees. It was also reported that prior to the quality review, the IR and VS trainees had opportunities to lead MDT meetings which had contributed to developing their confidence and working relationships with each other.</p> <p>All trainees reported that they found the interaction with other specialty and diagnostic radiology trainees polite and professional. It was reported that stress and pressure naturally arose during busy on-call shifts, but that the communication between the different teams remained professional. For instance, the quality review team was informed that the VS trainees regularly discussed various complex cases and interpretations of scans with the diagnostic team.</p> <p>However, the quality review team heard that in regard to MDT and M&M meeting preparations, the Trust still needed to improve how case files were recorded, stored and accessed. The ELs reported that the IR team was not able to have sight of the case files before the meetings and that they had to proactively ask for these. The ELs stated that they had engaged with the new general manager (GM) in order to devise a better system to ensure the information was available prior to the meetings.</p>	Yes, please see IRVS9 below
IRVS 10	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>It was reported that the IR team had always encouraged the IR trainees to spend time with the vascular surgeons in order to gain experience in VS. The quality review team heard that this had ensured that there was an appropriate balance between providing IR service and IR trainees accessing educational opportunities across the two specialties. It was reported that there was adequate training capacity for the two further trainees expected to join the department in the summer and that with the additional</p>	

	<p>staffing level, the IR trainees would be able to attend more clinics and maintain their diagnostics training more efficiently.</p> <p>On the other hand, although the VS trainees were highly complimentary of the quality of training and opportunities available, it was reported that they were not always able to access training in IR. For instance, VS trainees stated that they felt that they had not spent enough time in IR in order to complete their work-based assessments with the IR supervisors. However, the VS trainees commented that if they were able to spend more time in IR, they felt confident that they would be able to undertake assessments and have these signed off as they were able to receive regular feedback from colleagues and consultants across the specialties. The quality review team noted that neither group of trainers had to date contributed to the portfolios of trainees from the other discipline.</p>	Yes, please see IRVS10 below
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6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

IRVS 11	<p>Appropriate recruitment processes</p> <p>The VS educational leads reported that the department had two physician's associates (PAs) in three posts and stated that these appointments had had a positive impact. However, when there was only one PA present on the floor, the ELs stated that this had a negative impact on the quality of training and trainees' ability to access training opportunities, due to their subsequent increased workload.</p> <p>The quality review team was also informed that the department had previously had three nurse specialist posts, but the third post had been vacant for a long period. The ELs reported that the VS service required five whole time equivalent (WTE) nurse specialist posts in the establishment in order to meet the heavy workload and had submitted a business case to the Trust to actively explore site nurse practitioner roles.</p> <p>It was noted that after 2015, the VS department had a ward based prescribing pharmacist that had been a great addition to the team providing care for vascular surgical inpatients but on days off and when absent on leave was sorely missed. The team on the ward also included one core trainee – the department reported that they had three core training posts and three foundation posts, a claim that the review team were unable to validate on the day and, despite multiple attempts, had been largely unsuccessful in filling these vacancies with Trust appointments and locums. Doctors' assistants and Advance Clinical Practitioners had not been explored as solutions. The perioperative physician (POP) model pioneered at Guy's and St Thomas' NHS Foundation Trust was raised as another possible approach.</p> <p>The trainees reported that at least once a week there was insufficient number of staff on the ward. They were required to perform junior tier tasks in order to deliver safe care and felt that the current staffing levels had stopped the single junior tier doctor accessing theatre and the higher surgical trainees accessing their 50% academic time and training opportunities within IR.</p>	Yes, please see IRVS11 below
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	Both advanced level specialty training posts in the department were currently filled. The departments reported plans for the extension of research and overseas fellowship programmes and were working towards offering a post Certificate of Completion of Training (CCT) fellowship in lower limb vascular intervention. If these were all in place it may even be possible for trainees to be supernumerary to service requirements within VS. It was noted that six of eight consultant posts were filled although there had previously had a complement of nine, and work was underway to fill these through a hub and spoke network.	
IRVS 12	Learner retention All trainees the quality review team met with highly recommended the training scheme at SGH. The trainees commented that if there were even numbers of trainees across the specialties that the learning environment at SGH would be able to accommodate the educational needs and develop further joint learning, including spending more time in the other specialty.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The Trust should be congratulated for successfully transforming the culture and training environment within the VS & IR departments, which have improved enormously since the suspension of training in 2015. There is now clear evidence of collegiate and collaborative co-working and joint training		The Trust is recommended to document the standard protocol (including expected behaviours) for the joint M&M and MDT meetings which could be used as part of new staff induction to support the continuation of the improved culture and behaviours.	

Immediate Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
N/A	None	None	N/A

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
IRVS11	The staffing of inpatient care within VS appears to be in crisis. The Trust should work on transforming that workforce in order to ensure that trainees are able to access the various clinical and academic training opportunities available.	We hope that the Trust choose to undertake this work with HEE, but in any case, please provide staffing updates through the local faculty group minutes over the next 12 months.	R1.19

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
IRVS7	The Trust should strongly consider investing in a strong and stable management structure within the departments of IR and VS in order to preserve the cultural and educational improvements made since 2015.	Please provide an update on the existing management structure and plans for its reinforcement.	R1.19
IRVS9	The Trust is recommended to review and consider improving the current IT and administrative infrastructure supporting the M&M and MDT meetings which lie at the heart of cross departmental working in IR & VS.	Please provide a report on this work.	R1.19
IRVS10	It would strengthen the joint training between IR and VS if trainers from each discipline registered on, and performed assessment for trainees within, the web based training portfolios of the other.	Please provide evidence of cross disciplinary workplace-based assessment.	R5.9

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

Requirement	Responsibility
The quality review team stated its intentions to work with the Trust to explore and offer support in resolving some of the issues related to staffing levels. This will include verification of foundation and core training posts in the VS department at St George's Hospital funded by HEE. Any potential investment from HEE would need to be matched by firm commitments to, and delivery of, training over service.	HEE and the Trust

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Mr John Brecknell, Head of the School of Surgery Dr Jane Young, Head of the School of Radiology
Date:	2 May 2018

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.