QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Chelsea and Westminster Hospital NHS Foundation Trust

Core Surgical Training

Risk-based review (focus group)

Quality Review report

23 April 2018

Draft for Factual Accuracy

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Quality Review details

Background to review	The last review relating to surgery at Chelsea and Westminster Hospital was a multi-professional review on 28 November 2016. This visit generated four immediate mandatory requirements, nine mandatory requirements and nine recommended actions, relating to both sites at the Chelsea and Westminster Hospital NHS Foundation Trust. In addition, there was a review by the North West Thames Foundation School on 23 February 2017, which generated six mandatory requirements relating to foundation surgery at Chelsea and Westminster Hospital. All of the actions arising from these reviews had been closed. However, HEE was informed that one of the issues had not been resolved and was ongoing. This related to foundation and core trainees taking referrals to the hand plastic surgery service (action S1.1c from the review on 28 November 2016). This was a concern for two reasons; firstly, the trainees involved were very junior and were managing complex referrals with minimal supervision and secondly, the work represented a significant administrative and time burden on the trainees but lacked educational value. Discussions between the Deputy Postgraduate Dean and the Associate Medical Director for Planned Care at the Trust in December 2017 indicated that this practice had continued after HEE were informed that it had stopped. It was agreed by the Trust that as of January 2018 the trainees would finally no longer be responsible for taking these referrals.
Training programme / learner group reviewed	Core surgical trainees
Quality review summary	The review team thanked the Trust Postgraduate Education team and the core surgical trainees (CSTs) for their cooperation in carrying out this review. Overall, the trainees were very positive about their roles and the training environment at the Trust, particularly the range of clinical experience available and support from senior clinicians. Several areas for improvement were identified: • It is unclear which consultant is responsible for overseeing the vascular clinic on Wednesday afternoon and trainees were unsure of which senior clinician would be providing real time clinical supervision for this activity • CSTs are currently responsible for organising cover for their leave and teaching sessions, by swapping duty periods and finding volunteers to cover bleeps in addition to their own duties. The department requires a more effective system for rota management which removes this administrative burden from the trainees and may involve a medical workforce officer • Trainees on the plastic surgery rotation do not have the opportunity to attend the specialist hand surgery hot clinic, although they are involved in taking referrals to it. The review team felt that this was a missed training opportunity • There continue to be staffing vacancies in the emergency surgery rota and in the additional six supporting Resident Surgical Officer (RSO) posts • No exception reports seem to have been raised by this cohort of trainees, either regarding safe hours or education. CSTs were unsure of the process for raising an exception report.

	The review team heard that CSTs in plastic surgery are still responsible for taking all telephone referrals to the hand plastic surgery service, although the Trust had on more than one occasion assured HEE that this practice had stopped, most recently in January 2018. The Local Office Director for north London will contact the Trust Chief Executive regarding this issue.

Quality Review Team			
HEE Review Lead	John Brecknell Head of the London Specialty School of Surgery Health Education England	**Trust Liaison Dean/County Dean**	Geoff Smith Deputy Postgraduate Dean, north west London Health Education England
External Clinician	Paul Ziprin Training Programme Director	**Lay Representative**	Kate Rivett
HEE Representative	Andrea Dewhurst Quality, Patient Safety & Commissioning Manager Quality, Patient Safety & Commissioning Team (London and Kent, Surrey and Sussex) Health Education England	**Scribe**	Louise Brooker Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London and Kent, Surrey and Sussex) Health Education England

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
1.1	**Appropriate level of clinical supervision** The trainees reported that there was a vascular surgery clinic on Wednesday afternoons, known in the department as the 'vascular clinic'. The trainees were unsure of the clinical supervision arrangements in place for this clinic, as there was no parallel clinic run by a senior colleague and no consultant allocated to the clinic. The review team was informed that the core surgical trainee (CST) on the colorectal team was responsible for this clinic.	Yes, please see CST1.1
1.2	**Rotas** The review team discussed the concerns around the emergency surgery on-call rota, which had been raised at previous reviews. The trainees advised that within the last six months the rota template had been changed twice. Initially the on-call commitment for core surgical trainees (CSTs) had been one night in 12 or 13 with responsibility for trauma and orthopaedics (T&O) as well as general surgery. This was changed to one in seven, and limited to general surgery cover only, due to rota gaps and concerns about patient safety. This change had been sudden and was instituted shortly before the Christmas and New Year period, making it difficult for some trainees to take planned leave. The review team heard that the current on-call commitment for the CST emergency surgery rotation was one in 13 nights and one in seven days. The night time responsibility had again extended beyond general surgery. The Trust planned to recruit six resident surgical officers (RSOs) to ensure this rota was fully staffed, but at the time of the review only two of these posts had been filled, with another two RSOs due to join the Trust in October 2018. An additional four vacancies were reported within the one in 13 rota. The CSTs reported that rota gaps also persisted in the Burns Unit, but that most of the vacant shifts were covered by Trust-grade doctors. The trainees were not aware of any plans to recruit non-medical practitioners to the department. The review team heard that there were also ongoing gaps in the rota for T&O. The CST emergency surgery on-call had previously involved taking calls for both general surgery and T&O. The CSTs reported that this was difficult to manage as the senior clinicians in the T&O team were unwilling to supervise trainees or to come in to review patients. The separation of the T&O and general surgery services for on-calls had improved the trainees' experience and it was reported that the workload during nights on-call was more manageable. The trainees advised that there was a hospital at night (H@N) team, but that the team was small and it was unclear how to contact specific members of the team. It was reported that the H@N team included one foundation level one (F1) trainee who covered the bleeps for general medicine and surgery, but no resident consultant or senior trainee to provide direct supervision or support. When the CSTs were on-call covering surgical wards, they asked the nurses to call or bleep them directly rather than go through the H@N system. It seemed likely that the H@N team was delivering a useful degree of technical support to CSTs overnight. There was some concern around the role of the F1 in the H@N service, but this did not fall within the remit of the review and there was insufficient information available to draw a firm conclusion. Rota management was described as a major issue by the CSTs. The review team heard that the department employed a non-clinical rota coordinator, but that rota management was disorganised and trainees had been forced to take on much of the responsibility for this. The CSTs advised that they used the Medirota software and liaised with one another, between teams and departments, to swap shifts to cover annual leave and study leave. During the emergency surgery rotation, CSTs had to arrange cover for the bleep on zero days and during teaching sessions, which meant finding volunteers to perform this task in addition to their own duties. The review team heard that trainees were mostly able to attend local and regional teaching as they were willing to swap duties with one another, but that the rota coordinator did not help with	Yes, please see CST1.2a Yes, please see other actions Yes, please see CST1.2b

	this. Some trainees had had difficulty in attending mandatory anatomy teaching sessions. None of the CSTs in the focus group had submitted exception reports, despite sometimes working additional hours. The trainees were unsure of how to submit exception reports. The review team heard that trainees had not been actively discouraged from submitting exception reports.	Yes, please see CST1.2c
1.3	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The trainees reported that their roles provided a good range of clinical experience and that consultants in the department were proactive in ensuring trainees attended theatre whenever possible. The review team heard that the CSTs were achieving good case numbers, felt that they were integrated into their respective teams and that for some theatre lists a senior trainee would cover the CST bleep. The presence of the burns unit and specialist plastic surgery service provided learning opportunities not available at other Trusts.	

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.

2.1	**Impact of service design on learners** At previous reviews in 2013 and 2016, HEE had raised concerns about CSTs on the plastic surgery rotation taking the telephone referrals to the Trust's hand surgery service. The Trust was instructed to stop this practice due to patient safety concerns around junior trainees dealing with highly specialised referrals and the excessive administrative work involved, which lacked educational value. The Trust had previously assured HEE that this practice had stopped, most recently in January 2018. The CSTs reported that they were still responsible for taking all telephone referrals to the service. The trainees recalled the issue being discussed at a local faculty group (LFG) meeting but were not aware of any plan to change this practice. The review team heard that that the number of referral calls had significantly reduced following the introduction of an e-referral system within the Trust and the increased number of cases managed at St Mary's Hospital. The trainees estimated that the service took between 10 and 50 telephone referrals per night, which was less than half of the previous number of calls. The department had recruited two hand trauma coordinators to take referral calls during the day and, if necessary, complete the administration relating to referrals taken by the CST on-call overnight. The e-referral system also reduced the length of time needed for each call by making it easier to book patients into the appropriate clinic. During the placement induction, the trainees had received instruction around which referrals should be accepted to the service and the appropriate management pathways	

	for various types of cases. The trainees advised that senior clinicians were supportive and willing to advise and assist the CST on-call, either overnight or at handover the next morning. In contrast to the findings of the 2016 review, the involvement of the CSTs in plastic surgery in the hand service was no longer overwhelming and appeared to be much better supervised. A proportion of patients referred to the hand surgery service were booked into a daily 'hot' clinic run by a consultant. Despite being responsible for managing many of the referrals to this clinic, the CSTs reported that they did not have the opportunity to attend. Both the trainees and the review team felt that, as long as they were involved in the administrative aspects of the service, participation in the clinic would improve the trainees' skills in managing the referrals and lend greater educational value to this work. When asked about the environment within the unit, the CSTs reported that they felt that the atmosphere was supportive and positive, with good multidisciplinary team working. The trainees reiterated that the consultants were committed to training, although they questioned whether non-clinical managers shared this commitment.	Yes, please see CST2.1

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.

	N/A	

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.

	N/A	

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.

	N/A	

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.

	N/A	

Good Practice and Requirements

Good Practice
The learning environment was described as positive with a good range of learning opportunities available. In particular, access to operative training was reported to be very good in the specialties represented, and there were no examples of bullying or undermining by medical staff or other healthcare professionals.
In contrast to the impression from the 2017 GMC National Training Survey, the provision of educational supervision was reported to be good.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None		

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CST1.2c	The Trust should ensure that trainees are aware of the process for exception reporting and are actively encouraged to exception report when appropriate.	Please provide evidence of communications to trainees about how and when to submit both working hours and education exception reports. Please send this evidence by 29 June 2018.	R1.12

CST1.1	The Trust should review the supervision arrangements for the vascular clinic and ensure that a named supervising consultant provides oversight of this service and direct supervision to the CST working in the clinic.	Please provide a clear statement on who the responsible consultant is for this clinic and how supervision is provided. This issue should be discussed at the next LFG; please provide the relevant minutes. Should there not be appropriate consultant supervision in the clinic, trainees must be removed from the clinic with immediate effect	R1.12
CST1.2b	Please develop a more effective system for the management of the emergency surgery junior doctor rota, which removes the administrative burden from the trainees and may involve a medical workforce officer with appropriate training and key performance indicators (for example, around responsiveness to requests, turn-around times for actioning leave requests).	Please add this to the agenda for the next two LFG meetings and provide minutes as evidence that this has been addressed and that CSTs are no longer responsible for arranging cover for leave or teaching sessions.	R1.16

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
CST1.2a	The Trust is invited to work with the workforce transformation team at HEE to review the recruitment and staffing strategies in emergency medicine and T&O, and to consider incorporating non-medical practitioners into the team.	Please provide evidence of communications with the workforce transformation team at HEE, as well as information about the recruitment strategies used.	R1.8
CST2.1	The Trust should review the work schedules of CSTs in plastic surgery to ensure that, as long as they are involved in the administrative aspects of the hand surgery service, they are able to attend the 'hot' hand clinic.	Please provide copies of the CST plastic surgery work schedules and minutes of LFGs at which this is discussed.	R2.1

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The Local Office Director for north London will contact the Trust Chief Executive regarding the issue of CSTs continuing to be responsible for receiving telephone referrals to the supraregional hand surgery service, after repeated reassurances that the practice had stopped.	Lizzie Smith, Local Office Director
The Deputy Postgraduate Dean will liaise with the NW London Foundation Director regarding the role of the F1 trainee in the H@N team.	Geoff Smith, Deputy PGD

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	John Brecknell

Date:	23 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.