Health Education England

St George's University Hospitals NHS Foundation Trust

Cardiothoracic Surgery

Risk-based Review (education lead conversation)

Quality Review report

13 September 2018

Final report

Developing people for health and healthcare

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Quality Review details

Training programme	Cardiothoracic Surgery
Background to review	The Trust 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 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.
HEE quality review team	Professor Geeta Menon Postgraduate Dean Health Education England (South London) Dr Anand Mehta Deputy Postgraduate Dean Health Education England South London Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England (London and Kent, Surrey and Sussex) Louise Brooker Quality, Patient Safety & Commissioning Team Health Education England (London and Kent, Surrey and Sussex)
Trust attendees	The review team met with the following representatives from the Trust: • Medical Director • Director for Medical Education • Associate Directors for Medical Education • Education Business Manager • Clinical Director for Cardiac, Vascular and Thoracic Surgery.

Conversation details

Item	Summary of discussions	Action to be taken? Y/N
1	**Introduction** On 12 September 2018 the Trust was notified that Health Education England (HEE) intended to suspend training posts in cardiac surgery following discussions with NHS England (NHSE), NHS Improvement (NHSI), the Trust and the trainees. The Deputy Postgraduate Dean (DPGD) asked about the response to this and the atmosphere within the department. The review team heard that the suspension of training had been anticipated but there was some surprise at the short timeframe for moving the trainees to other Trusts. The Medical Director (MD) noted that the trainees were to be moved to Trusts outside south London, which the department had not expected. The Postgraduate Dean (PGD) explained that this decision had been made following review of the caseloads and trainee numbers at other London Trusts and the need to ensure the trainees could continue to meet their training requirements. The PGD noted that media scrutiny of the Trust and the department had introduced further pressures.	

2	**Response to training and service suspension** The Deputy Postgraduate Dean (DPGD) asked how the decision to suspend complex cardiac surgery cases had impacted on overall caseload. The MD reported that the current admission list included 46 patients, of which 10 were high risk. Elective cardiac surgery case numbers had reduced from around 18 to 12 per week over the past year. The MD noted that the media coverage had the potential to impact caseloads further as it could reduce patient confidence in the Trust. The Trust had sent out communications to local General Practitioners (GPs) and patients in an attempt to mitigate this impact and offer reassurance. The department had reviewed feedback and survey results from the trainees as well as meeting with the trainees to explore these further. It was reported that the trainees had not found the atmosphere in the department or issues at consultant level to be disruptive to their training. It was suggested that this was because the trainees were very focused on achieving high case numbers and the department offered ample opportunities to participate in cases and develop technical skills. The PGD and DPGD had also met with the trainees and concurred with this. The MD felt that survey data had reflected this attitude and therefore did not give a rounded view of training in the department. The HEE team heard that there had been serious incident reports relating to cases managed by trainees without proper consultant oversight, indicating a lack of supervision which had not been reported by trainees. The department had reviewed trainee rotas and found that some were not compliant with the current junior doctor contract and that trainees were frequently working past their designated hours. The MD expressed concern that the trainees seemed to perceive these issues as normal and were resigned to the idea that working culture was a problem in all hospital Trusts. A consultant buddying system had been introduced and appeared to be working well, although the small number of consultants presented a challenge. In the week of the review, a 'consultant of the week' system had been brought in to improve continuity of care and supervision. The department had also begun holding a daily multidisciplinary team (MDT) meeting which included discussion of all patients on the day's list and those admitted the previous night, so the team had oversight of every patient and could plan interventions and transfers or discharges more efficiently. The HEE team was informed that local mortality data was being closely monitored. As part of the increased scrutiny of the department, any case resulting in the death of a surgical patient would be subject to an inquest. The surgical wards had commenced daily Friends and Family Test checks. It was reported that feedback remained largely positive and that patients did not seem to be aware of tensions within the department.	
3	**Impact on other trainees** The PGD emphasised the need to protect trainees in other subspecialties from the impact of the issues in cardiac surgery. The main subspecialties with the potential to be affected were cardiology, cardiac intensive care and thoracic surgery. The HEE team heard that in cardiac intensive care patients were under the care of cardiac intensivists, so trainees were not supervised by surgical consultants. The cardiac and thoracic surgery rotas were to be split so thoracic surgery trainees would be supervised by thoracic surgeons. The department planned to cover the cardiac surgery ward rota with non-training grade doctors and locums.	
4	**Impact on wider team** The MD advised that although media interest in the Trust had decreased, the continued involvement of the Care Quality Commission (CQC), General Medical	

	Council (GMC), NHSI and HEE put pressure on the consultants and other staff in the department. To mitigate this and help improve the department culture, the Trust had commissioned a Practitioner Health Programme (PHP) project which included both medical and non-medical staff. The Assistant Head of Nursing planned to investigate the impact on nursing staff. Nine theatre nurses had recently resigned their posts and more resignations were anticipated. The department faced ongoing problems with nurse staffing and a large proportion of the nursing workforce were at a junior level, which made it difficult for the senior nurses to ensure good mentoring and supervision. Nursing cover on the cardiology and surgical wards was at a satisfactory level, although there was concern that negative media coverage would make it more difficult to recruit staff in future. The DPGD advised that when similar issues had occurred at other Trusts, the most successful approaches to changing culture had been those which involved the whole team.	
5	**Department culture** The medical education team felt that the daily MDT meetings represented a positive step in cultural change and that the staff were receptive to this. The MDT meetings had also improved the management of urgent cases. The HEE team heard that previous attempts to improve culture and introduce similar initiatives in the department had been unsuccessful but that there was now greater recognition of the need for change. The PGD reported that the trainees had expressed a perception that cardiology consultants made decisions about surgical patient care and that this had contributed to tensions between the consultants. The MD informed the HEE team that the service was managed by a consultant cardiologist but that no decisions about surgical cases were made without the input of a surgical consultant. The MD believed that the daily MDT meetings would help to alter perceptions that decisions fell to a single consultant rather than a team of clinicians. The DPGD agreed that this would be an important way to model team working and shared decision-making for the trainees. The Trust planned to seek out examples of good practice from other hospitals and incorporate these. There was concern that the surgical trainees saw surgery as a technical discipline and were not focused on becoming well-rounded doctors or developing 'soft' skills. The department was keen to address this and provide a more positive training environment.	
6	**Future plans** The MD hoped that the Trust would reintroduce high-risk cardiac surgery cases within the six-month training suspension period to avoid the surgeons becoming de-skilled. During this period the department planned to address the overall culture and training environment. This involved working through human resources processes with the consultant cardiac surgeons and the following the improvement plan developed with NHSI, as well as making the overall training structure more resilient. The Trust was working with colleagues from King's College Hospital to develop more effective strategies for mentoring new consultants. Two new locum consultant surgeons were due to start working in the department in October 2018 and after a period of training and mentoring they would start to supervise trainees. The rota gaps created by moving trainees were to be filled with non-training doctors. The department was confident that this was a sustainable solution which could continue until the trainees were reinstated and which would allow the reintroduction of high-risk cardiac surgery services. The HEE team noted that the successful reintroduction of these services would be a good indicator of improvement. The MD	

	also planned to seek feedback from the non-training doctors around the department culture in order to monitor the change process. The HEE team suggested that the Trust explore processes in well-functioning departments with good training programmes. This could include looking internally, for example at the neurology department at St George's Hospital and externally at other hospitals such as Guy's Hospital, St Thomas' Hospital and King's College Hospital.	

Next steps

Conclusion
The Trust was due to submit a Patient Impact Assessment on 14 September 2018, following the decision to suspend two training posts. The Trust continued to work with NHSI and the GMC. The review team advised that training would not be reinstated until the Trust could demonstrate significant and sustained change to the culture of the cardiac surgery department.

Requirements / Recommendations

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

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:	
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.