

# North Middlesex University Hospital NHS Trust

Trauma and Orthopaedics

Risk-based Review (on-site visit)



## Quality Review report

16 January 2019

Final Report

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for health and  
healthcare

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## Quality Review details

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| <b>Background to review</b>  | <p>This review was based on the Trust's performance in the 2018 General Medical Council National Training Survey (GMC NTS). The 2018 GMC NTS returned red outliers for:</p> <ul style="list-style-type: none"> <li>- Clinical Supervision out of hours;</li> <li>- Teamwork;</li> <li>- Supportive Environment;</li> <li>- Induction;</li> <li>- Educational Governance; and</li> <li>- Local Teaching</li> </ul> <p>There were also pink outliers for:</p> <ul style="list-style-type: none"> <li>- Clinical Supervision;</li> <li>- Reporting Systems;</li> <li>- Curriculum Coverage;</li> <li>- Feedback; and</li> <li>- Local Teaching</li> </ul>                   |
| <b>Training programme / learner group reviewed</b>                   | <p>All trainees working within Trauma and Orthopaedics (T&amp;O)</p>   |
| <b>Number of learners and educators from each training programme</b> | <p>The quality review team met with:</p> <ul style="list-style-type: none"> <li>- six Foundation year 1 (F1) and 2 (F2) trainees;</li> <li>- two Specialty Training level 3+ (ST3+) trainees; and</li> <li>- six educational and clinical supervisors, including the College Tutor and Clinical lead.</li> </ul> <p>The joint feedback session with the Obstetrics and Gynaecology review was attended by the Medical Director and Deputy Director of Medical Education.</p>   |
| <b>Review summary and outcomes</b>                                   | <p>The review team thanked the Trust for hosting and facilitating the review. The review team was pleased to hear that the following areas were working well:</p> <ul style="list-style-type: none"> <li>- The review team highlighted as an item of good practice the work the faculty had contributed towards a regional approach to teaching and coaching, intended to support senior trainees in their preparation for the Fellowship of Royal Colleges of Surgeons T&amp;O examination;</li> <li>- The trainees reported that they had good access to local and regional teaching and that the Trust promoted a good culture around on the job learning;</li> </ul> |

- The review team heard that all trainees felt well supported by their educational and clinical supervisors; and
- All of the trainees the review team met with would recommend their training posts to their peers.

However, the following areas were identified as in need of improvement:

- The review team heard that clinics were not being cancelled or reduced if the consultant was not able to attend, that real time supervision was not always available in clinic, that trainees were sometimes undertaking as many as five clinics in a week and could be pulled away from theatre to cover clinics at short notice. This was identified as an area of risk to the training environment;
- The review team noted the stress that three middle grade vacancies were putting on the rota and urged the Trust to minimise the impact of these on education and the training environment;
- The review team heard that F2 trainees covered both T&O and urology out of hours, along with responsibility for receiving referrals on behalf of both clinical teams from the Emergency Department. Although the resultant workload was felt to be manageable by the trainees, the clinical supervisors within the Department of T&O felt that this was not an appropriate service arrangement. It was reported that colleagues from urology had similar concerns. The review team encouraged the Trust to consider including this area in the scope of the ongoing workforce transformation project; and
- Problems with the departmental induction, the Information Technology (IT) content of the Trust induction and rotas for F2 doctors starting with night duty were described to the review team who were led to believe that solutions were already in hand.

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### Quality Review Team

|                           |   |   |  |
|---------------------------|---|---|--|
| <b>HEE Review Lead</b>    | Mr John Brecknell,<br>Head of School, London<br>Postgraduate School of<br>Surgery   | <b>Deputy<br/>Postgraduate<br/>Dean</b> | Dr Gary Wares,<br>Deputy Postgraduate Dean,<br>Health Education England<br>(North Central and East London) |
| <b>External Clinician</b> | Mr Chinmay M Gupte,<br>Consultant Orthopaedic<br>Surgeon, Imperial College<br>NHS Trust                                   | <b>Lay<br/>Representative</b>           | Kate Rivett<br>Lay Representative  |
| <b>HEE Representative</b> | John Marshall<br>Learning Environment Quality<br>Co-ordinator,<br>Quality, Patient Safety &<br>Commissioning Team, London |   |  |

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

The review team heard from the educational and clinical supervisors that the GMC NTS results for 2018 had come as a shock and that they could not identify what had led to the deterioration in the Trust's performance for T&O compared to previous years.

The review team heard that the educational and clinical supervisors enjoyed their roles as educators and promoted a positive learning environment throughout the department. It was noted that the experienced consultant body covered a range of orthopaedic subspecialties between them, making the Trust an appealing training destination due to the variation of expertise on offer. The review team was encouraged to hear that in addition to the range of variation on offer in the department, there was a commitment to education that saw protected time for education factored into trainee rotas. It was reported that there was protected time for both local and regional teaching, as well as protected time for weekly teaching for F1 and F2 trainees.

The review team heard that educational supervisors met with trainees at the mid-point and end of their rotations, and that there was a local faculty group (LFG) that met under the guise of a monthly juniors/seniors meeting. The review team was unclear that this was the case as the minutes provided to the review team prior to the review did not show an accurate recording of attendees.

The review team was pleased to hear of the work that the Department had contributed towards a regional approach to teaching and coaching, intended to support senior trainees across the region in their preparation for the Fellowship of the Royal Colleges of Surgeons T&O examination. The review team made clear its appreciation of this work.

There was a recognition among the clinical supervisors that trainee clinic commitments were at times excessive, especially when trainees were pulled from theatre at short notice to provide cover. To negate this the review team heard that the Trust had explored the possibility of implementing virtual clinics but that a complex and diverse local population posed issues to the implementation of introducing innovative new models of care. Despite this, the Trust was looking to learn from the lessons of a similar model in place at Chase Farm Hospital. It was also reported that the Trust was looking at developing and appointing to Physician Associate roles to relieve the burden on trainees and other grades. This was part of a Trust-wide workforce strategy programme and was being supported by HEE.

It was reported that F2 trainees working out of hours were responsible for covering both orthopaedics and urology, as well as receiving referrals from the Emergency Department. It was felt that this was not an appropriate set up as there was potential for trainees to be overwhelmed in terms of workload. It was noted that these concerns were reciprocated by colleagues in urology, although when the review team met with the trainees this issue was not raised.

With regard to induction, there was acknowledgement among the supervisors that the departmental induction could be formalised and be a more proactive approach in communicating with trainees prior to their rotations starting. The review team heard of plans to send the updated trainee handbook to trainees ahead starting in post but that a 'bottleneck' with internal communications with Human Resources meant that the timely receipt of trainee details was hindered.

## 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 |
|------------|---|---|
| T&O<br>1.1 | <p><b>Patient safety</b></p> <p>The review team heard of no incidences where patient safety had been compromised.</p>   |   |
| T&O<br>1.2 | <p><b>Serious incidents and professional duty of candour</b></p> <p>The review team heard of no incidences where a trainee had been involved in the reporting of a serious incident (SI).</p>   |   |
| T&O<br>1.3 | <p><b>Appropriate level of clinical supervision</b></p> <p>The review team was pleased to hear from both groups of trainees that it met with that they enjoyed their training posts and felt that they were well supported by the consultant body and wider multidisciplinary team (MDT) at all times.</p> <p>It was reported that on-site consultant supervision was in place until 20:00 and that for out of hours a robust system of on call consultants was in place. There were not any reports of appropriate clinical supervision lacking or trainees feeling unsupported. It was also reported that escalation pathways were clear.</p> <p>The review team was pleased to hear that the trainees felt comfortable raising clinical issues at the daily morning meeting and that the consultants were receptive to discussing cases and often used such scenarios as a teaching opportunity. It was also noted that ward rounds were consultant led.</p> |   |
| T&O<br>1.4 | <p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The review team heard that F1 and F2 trainees were impressed by the amount of opportunities they had to go to theatre but that for the first month of their rotations they were solely ward-based as they settled into their roles.</p>  |   |
| T&O<br>1.5 | <p><b>Taking consent</b></p> <p>The review team heard that F1 and F2 trainees were not expected or asked to take consent and that there had been a robust teaching session enforcing the importance of this. ST3+ trainees reported that they had not encountered any issues around taking consent and that if they were ever to feel uncomfortable doing so would have no issue with raising their concerns.</p>   |   |
| T&O<br>1.6 | <p><b>Rotas</b></p> <p>The review team heard that F1 and F2 trainees had some out of hours commitments, including weekends. ST3+ trainees reported that they did on calls and on occasion had been required to come in at short notice out of hours. It was noted that the Trust</p>  |   |

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|            | <p>managed these occurrences well and if appropriate, the trainees were offered time off in lieu, could go home and rest or take the following afternoon off if needed. It was also reported that there were weekend lists of elective cases.</p> <p>The review team heard that clinics were not being cancelled or reduced if the consultant was not able to attend and that real time supervision was not always available in clinic. It was also noted that trainees were sometimes undertaking as many as five clinics in a week and could be pulled away from theatre to cover clinics at short notice.</p> <p>The review team also noted the stress that three middle grade vacancies were putting on the rota and urged the Trust to minimise the impact of these on education and the training environment.</p> <p>The review team was pleased to hear that none of the trainees reported any difficulty in booking annual leave.</p>   |   |
| T&O<br>1.7 | <p><b>Induction</b></p> <p>The review team heard from both groups of trainees it met with that they received a two-day Trust-wide induction. Both groups of trainees reported that they felt this induction was too focused on ensuring that new trainees completed the required statutory mandatory training at the expense of orienting trainees in their new work and training environment</p> <p>The review team heard that the departmental induction was not wholly appropriate and lacked a formal format. It was reported that trainees took it upon themselves to speak to the previous cohort of trainees to discuss the curriculum requirements and expectations on them for their rotation. Instead of a formal departmental induction, the review team heard that trainees were introduced to their new team at a team meeting, with one trainee reporting that they began their rotation on nights and were unable to attend. The review team was pleased to hear that this issue had been raised with the rota coordinator with a view to avoiding a recurrence in the future.</p> | <p>Yes, please see T&amp;O1.7a</p> <p>Yes, please see T&amp;O1.7b</p> |
| T&O<br>1.8 | <p><b>Handover</b></p> <p>The review team heard that there was no board or ward round at the end of the day. It was reported that the evening handover that did take place was informal and that not every patient was individually discussed. The trainees the review team met with did not feel that this posed a risk to patient safety.</p>   | <p>Yes, please see T&amp;O1.8</p>                                     |
| T&O<br>1.9 | <p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The review team heard from both groups of trainees that they felt well supported to meet their curriculum requirements. The F1 and F2 trainees welcomed being issued with a checklist of clinical competencies to obtain, as well as a required number of clinic attendances.</p> <p>ST3+ trainees reported that the opportunity to complete elective cases was high. However, the Trust's low volume of trauma cases meant that meeting the required number of cases to satisfy the curriculum criteria was difficult.</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.**

|            |   |                        |
|------------|---|------------------------|
| T&O<br>2.1 | <p><b>Impact of service design on learners</b></p> <p>The review team heard that F1 and F2 trainees receiving referrals from the Emergency Department did not always feel that the referrals were wholly appropriate. However, they indicated that they felt comfortable in raising the issue where they thought it would be necessary.</p> <p>The review team heard from the ST3+ trainees that the configuration of the middle grades was different compared to previous trusts they had worked at. Of the 12 middle grades at the Trust only two were trainees, compared to a full complement of trainees previously. Whilst this ultimately did not affect the quality of training, there was a noticeable difference between the two in terms of perceived differences in priority. Despite this, the trainees were complementary toward their colleagues and noted that the general ethos in the department was good and that there was a willingness to swap clinics for theatre cases to help trainees meet their curriculum requirements.</p> <p>The allocation of clinics to trainees was described as ‘chaotic’ and seemingly at random, with trainees reporting that they felt the number of clinics they were allocated per week was too high. The review team heard that whilst a consultant was not always available for every clinic, there was usually an Associate Specialist on hand for advice.</p> |                        |
| T&O<br>2.2 | <p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The review team was pleased to hear that all trainees would feel comfortable if they ever felt the need to raise concerns about the quality of their education or the training environment. The review team heard that an LFG meeting was in place as a forum for raising concerns and met on a monthly basis, noting from its conversation with the educational and clinical supervisors that the minutes should reflect evidence of all who have attended.</p>  | Yes, please see T&O2.2 |

### 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.**

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| T&O<br>3.1 | <p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The review team heard that none of the trainees had been subjected to any behaviour that could be construed as bullying and undermining.</p> |  |
| T&O<br>3.2 | <p><b>Access to study leave</b></p>   |  |

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|            | The review team heard that all trainees had good access to study leave, but that ST3+ trainees had found making claims for approval and costs for third-party training courses to be protracted in some cases.                  |  |
| T&O<br>3.3 | <b>Regular, constructive and meaningful feedback</b><br>ST3+ trainees reported that a trauma meeting every morning was a good opportunity to discuss cases with consultants and to receive feedback on their clinical practice. |  |

#### 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.

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| T&O<br>4.1 | <b>Access to appropriately funded professional development, training and an appraisal for educators</b><br>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.

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| T&O<br>5.1 | <b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b><br>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.



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| T&O<br>6.1 | <b>Learner retention</b>  |  |
|            | The review team was pleased to hear that all of the trainees it met with would recommend their training posts to their peers. |  |

## Good Practice and Requirements

### Good Practice

The review team was pleased to hear of the work that the Department had contributed towards a regional approach to teaching and coaching, intended to support senior trainees across the region in their preparation for the Fellowship of the Royal Colleges of Surgeons T&O examination.

### Immediate Mandatory Requirements

| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
|--------------|-------------|-----------------------------|--------------|
|              | N/A         |                             |              |

### Mandatory Requirements

| Req. Ref No. | Requirement  | Required Actions / Evidence  | GMC Req. No. |
|--------------|--|--|--------------|
| T&O1.7 a     | The Trust is required to make a clear distinction between its Trust-wide induction and trainee completion of statutory mandatory training, ensuring that the Trust-wide induction is focused solely on preparing trainees for their roles. | The Trust education team should work with rota coordinators to ensure that all trainees have time protected in the rota to complete their statutory mandatory training outside of the designated Trust-wide induction days. The Trust should develop induction guidance for all rota coordinators and provide HEE with a copy within two months. | R1.13        |
| T&O1.7 b     | The Department should develop a formal induction process, that includes a list of trainee objectives and professional expectations appropriate for each training grade.  | The Trust needs to submit confirmation of its T&O departmental induction arrangements and provide a copy of the induction checklist within a two month period.   | R1.13        |
| T&O1.8       | The Department should develop a robust formal handover process that ensures that all patients are discussed.   | The Trust should share a copy of the standard operating procedure (SOP) for the newly developed handover process within two months.  | R1.14        |
| T&O2.2       | The Department should ensure that attendees to LFG meetings are accurately recorded to provide evidence of trainee attendance.   | The Trust should provide HEE with the next two sets of LFG minutes that accurately record all a meeting attendees. Trust to provide HEE with the dates for the next two LFG meetings.  | R2.1         |

| 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 |
|   |                |

| Signed   |  |
|--|--|
| By the HEE Review Lead on behalf of the Quality Review Team: | Mr John Brecknell, Head of School, London Postgraduate School of Surgery |
| Date:  | 21 February 2019   |

### 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.