

Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital)

Trauma and Orthopaedics and General Surgery Risk-based Review (on-site)



Quality Review report

12 February 2019

Final Report

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healthcare

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Quality Review details

Background to review	<p>Following poor results generated through the 2018 General Medical Councils (GMC) National Training Survey (NTS) and the subsequent NTS Educational Leads Conversation (ELC) that took place in September 2018, Health Education England (HEE) felt that a conversation with the trainees in trauma and orthopaedics and general surgery was required.</p>
Training programme / learner group reviewed	<p>Trauma and orthopaedics and general surgery</p>
Number of learners and educators from each training programme	<p>The review team was disappointed to have not met with core surgical and the trauma and orthopaedic surgery (T&O) trainees. In particular, the review team heard of a number of unsupervised clinics in T&O, which HEE will be following up with trainees by conducting focus groups. The review team met with five higher surgical trainees in general surgery with a range of seniority</p> <p>The review team met with four Educational Supervisor (ESs) from T&O and three ESs from general surgery.</p> <p>As well as meeting with the trainees, the review team also met with a number of the senior management within the department including:</p> <ul style="list-style-type: none"> - Director of Medical Education - Medical Education Manager - Guardian of Safe Working Hours - Clinical Director for General Surgery - Educational Lead for Trauma and Orthopaedics
Review summary and outcomes	<p>The quality review team would like to thank the Trust for accommodating the on-site visit. The quality review team was pleased to note the following areas that was working well:</p> <ul style="list-style-type: none"> - The review team was pleased to hear that trainees felt very supported by consultants who were available and very approachable. - The review team was pleased to hear about the volume of training opportunities and training in particular in emergency surgery, which was being done well. - The review team heard of clear evidence of efforts made by the Trust to improve trainee experience in general surgery since the GMC survey results in 2018. <p>The quality review team also noted a number of areas that still required improvement:</p> <ul style="list-style-type: none"> - The review team heard that a new rota had been implemented for general surgery, but heard differing accounts with regards to the development of the rota from trainees and trainers. There was a perception that there had been a reduction in the access of elective training opportunities for general surgical trainees.

- The review team suggested other ways of organising on-call commitments, that might include a “consultant of the week” model, and also to enable trainees to come off the current full shift pattern (particularly resident on call at night). HEE would be happy to engage with the Trust to support them in these changes.
- The review team heard that site-specific training meetings were taking place but that the trainees only recognised that one trainee meeting had taken place immediately before this review. The review team recommended regular and more structured Local Faculty Group (LFG) meetings should take place in general surgery.
- The review team advised that the Trust take up an offer from the HEE team looking at workforce transformation in order to explore new ways of working and introduction of new roles.
- The review team recognised that the current college tutor was spread thinly at the Queen Elizabeth Hospital (QEH) site. HEE looks forward to supporting the Trust in appointing a new college tutor to support further improvement in education and training for surgical trainees.
- Having been unable to meet with the Core Trainees or the Higher T&O trainees, HEE will be arranging focus groups in the near future to gain their feedback on the training quality and environment. There may be additional requirements following these meetings.

Quality Review Team

Deputy Head London of School of Surgery	Dominic Nielsen London of School of Surgery Health Education England	Head of School, London Postgraduate School of Surgery	John Brecknell Head of School, London Postgraduate School of Surgery Health Education England
Deputy Postgraduate Dean, Health Education England, South London	Jo Szram Deputy Postgraduate Dean, Health Education England, South London Health Education England	Lay Member	Robert Hawker Lay Representative
HEE representative	Bindiya Dhanak Learning Environment Quality Co-ordinator, Health Education England, (London)	Observer	Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England, (London)
Observer	Emilija Bykovaite Quality Patient and Safety Commissioning Officer Health Education England (London)		

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

The Director of Medical Education (DME) gave an update of the progress made since the previous HEE ELC on 14 September 2018. The review team heard that the overall experience for all trainees in general surgery had improved since the release of the 2018 GMC NTS results. It was highlighted to the review team that all general surgery GMC NTS actions had been closed by HEE. It was heard by the review team that a new trainee driven rota had been implemented which enabled access to teaching. The DME informed the review team that a trainee forum had taken place immediately before the review which had generated positive feedback from general surgery trainees, however, noted that there were areas where the department could be improved. The Clinical Director (CD) for general surgery indicated to the review team that general surgery trainees at all levels felt that weekend handover could be improved. The CD informed the review team they had looked into adopting medical models for weekend handover, and that the Guardian of Safe Working Hours (GoSWH) had been involved in all meetings that had taken place with trainees. The GoSWH informed the review team that regular meetings were taking place, which they had attended. The CD informed the review team that trainee meetings were held every two months with good trainee representation. It was noted that there were eight trainees in total in general surgery, six of them deanery trainees.

The DME reported to the review team that trauma and orthopaedics (T&O) department faced greater challenges. The DME recognised that a more robust and structured forum for trainees to discuss training issues needed to be arranged. The College Tutor for T&O at the University Hospital Lewisham (UHL) site indicated to the review team that the trainees had concerns with the balance of rotas and access to elective surgery opportunities. The CD for general surgery indicated that there were concerns with junior trainee staffing levels reflecting an extremely “tight” rota. The CD reported that the department was looking at ways to improve this through the recruitment of international trainees, work on a business case was also in progress for two additional junior trainees. It was reported that sickness within the department had also affected rotas and senior trainee interviews were taking place next week to increase numbers. The CD for general surgery reported to the review team that 12 Physician Associates (PAs) had been appointed across the Trust, with four at the QEH site. It was reported to the review team that this had a positive impact on trainees however it was noted that there was not a dedicated PA for T&O, rather the post rotated between specialities. It was noted to the review team that the Trust planned to implement twilight shifts by the PAs once a week. The CD for general surgery informed the review team that they were increasing the cohort of prescribing pharmacists as a consequence of recruiting additional PAs. It was noted that there was a dedicated prescribing pharmacist in orthopaedics.

When asked by the review lead how trainees could feed back concerns and issues with training, the CD for T&O informed the review team that each trainee was allocated an Educational Supervisor (ES) who they could report to. It was also highlighted to the review team that trainees could feed back in the morning meetings following trauma lists. The review team noted that there was no structured LFG meetings in T&O. The Trust team explained that going forward they would arrange combined LFG meetings for surgery (general and T&O). The review team heard that there was a College (RCS) tutor based at the QEH site who also had significant undergraduate training commitments, so was felt to be thinly spread. The Guardian of Safe Working Hours (GoSWH) noted there had been a meeting which took place last year with the T&O trainees where concerns were raised as trainees felt they were unable to swap shifts to attend Advanced Life Support (ALS) training. The DME noted that whilst the reactions to exception reports was good, the Trust recognised a more proactive approach needed to be implemented.

The review team heard that the Trust were undergoing a job planning process to rebalance job plan allocations to reflect supervision more accurately. It was noted that the Trust are supportive of educational roles within T&O but this had not translated into job plans for ESSs, although it was intended that this would be achieved by the end of March 2019.

The DME informed the review team that regular monthly meetings with the Medical Director (MD) took place but the DME had yet to be invited to present medical education at the Trust board (since the DME's recent appointment). The DME indicated that they attended the Workforce and Education Committee (WEC) which occurred quarterly, was chaired by the non-executive director (NED) for education and training, and reported into the Trust board.

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
GS1.1	<p>Patient safety</p> <p>The review team was pleased that no patient safety issues were reported by the general surgery trainees within the department.</p> <p>The review team heard that most trainees felt they would feel comfortable having friends and family treated at the Trust.</p>	
GS1.2	<p>Appropriate level of clinical supervision</p> <p>The general surgery trainees informed the review team they felt supported by consultants and were approachable if support was needed.</p> <p>The Educational Supervisors (ESs) in trauma and orthopaedics (T&O) reported that there were nine consultants within the T&O department. The review team heard that every trauma and elective list was always supervised by a consultant or a Trust grade doctor.</p> <p>The review team heard that since Circle Integrated Health had taken over the management of clinics in a peripheral unit, seven of the nine consultants had to travel to cover clinics at Eltham Community Hospital once a month. As a result of this, the ESs felt uncomfortable that follow up clinics at Queen Elizabeth Hospital (QEH) were still taking place without direct supervision of senior trainees in T&O. The ESs for T&O highlighted to the review team that there was always a consultant available nearby in the fracture clinic if trainees needed support.</p> <p>The general surgery ESs reported to the review team that the department had looked into the 'consultant of the week' model. It was noted that there had been concerns raised and felt this model was not appropriate for the emergency case workload.</p>	<p>Yes, please see T&O1.2</p> <p>Yes, please see GS1.2</p>

<p>GS1.3</p>	<p>Rotas</p> <p>The general surgery trainees indicated to the review team that they had received their rotas four weeks in advance before starting. All trainees informed the review team that rotas had been scheduled until the end of April 2019.</p> <p>The ESs in T&O reported to the review team that staffing levels were a concern and that senior trainees had reported to him that they felt they had busy schedules and had more clinics than they would prefer. It was heard by the review team from the T&O ESs that specialty trainees in T&O did not always have themed placements so could work on several different subspecialty theatre lists over the course of a week. It was reported that in previous years, consultants had rostered T&O trainees to four theatre lists and three clinics in the week which gave them three sessions free for research or study. The review lead indicated that there were guidelines available on the Joint Committee on Surgical Training (JCST) website outlining the quality indicators that each training post should have.</p> <p>It was heard by the review team that during on-call shifts, the T&O trainees would be rostered with their ES on weekdays and weekends. It was noted that the on-call rota had been arranged up until September 2019. When asked about the gaps in the rota, the ESs for T&O indicated to the review team that there was not a full complement of staff due to sickness within the team, but the department had been permitted to appoint two locum doctors and were holding interviews the following week.</p> <p>The review team heard that T&O trainees were rostered to four or five trauma and elective lists a week with their ESs. It was heard that trainees were able to attend additional theatre lists with different supervisors if they requested this.</p>	<p>Yes, please see T&O1.3</p>
<p>GS1.4</p>	<p>Induction</p> <p>The general surgery trainees all reported to the review team they had attend corporate induction and received a departmental induction.</p> <p>It was noted that the Specialty Trainees Level 7 (ST7s) were asked to inform the foundation trainees about the department on the day and felt they were not adequately prepared for this task.</p>	
<p>GS1.5</p>	<p>Handover</p> <p>The review team heard that handover meetings took place at 08:00 and 20:00 each day. The general surgery trainees indicated to the review team that they worked well however weekend handover was not always run on time. It was noted that consultants would work until 17:00 and patient plans were not always communicated to the on-call consultant. The review team heard that the weekend handover did not consist of a “live” list of patients or a centrally held printed list, rather plans for patients were verbally communicated only.</p>	<p>Yes, please see GS1.5</p>

<p>GS1.6</p>	<p>Protected time for learning and organised educational sessions</p> <p>The general surgery trainees reported that they were usually able to attend the weekly departmental teaching session, unless they were on-call that day or were off following on call on the previous night. It was reported that a journal club was held very Friday, which had been implemented three months ago and gave the junior trainees an opportunity to present to senior trainees. It was noted that the journal club did not always run on time to clinics held on Friday mornings.</p> <p>All trainees reported that they were able to attend regional teaching and cover had been arranged accordingly.</p>	<p>Yes, please see GS1.6</p>
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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.

GS2.1	<p>Impact of service design on learners</p> <p>The Clinical Director (CD) for general surgery informed the review team that a new trainee driven rota had been implemented which enabled access to teaching. It was noted by the ESs for general surgery that the new rota limited the trainees' exposure to elective theatre lists. This was echoed by the general surgery trainees as they felt that the emergency block on the rota was disruptive to them attending elective theatre lists. The higher trainees in general surgery reported that there was a high volume of emergency work, which they felt was a good training opportunity. The ST7s indicated that there was a three week block of elective theatre lists upon starting the post and after this elective lists were less frequent. The higher trainees reported that if they missed a learning opportunity such as an elective theatre list in order to cover a rota gap or taking time off in lieu, they were not always able to access the same learning opportunity again. The trainees indicated to the review team that they would often come in on a lieu day so that the training opportunity was not missed and take the time off accordingly. The general surgery trainees felt that day shifts had better training opportunities and the night shift cover was balanced more to service provision than training. It was reported that the lack of night practitioner to clerk patients was the main priority. The Specialty Trainees Level 5 (ST5s) noted that after completing seven days of night shift, trainees would get seven days off in lieu and felt they missed educational opportunities as a result.</p> <p>It was highlighted to the review team by the endoscopy lead that the surgical trainees attended endoscopy lists less frequently than other trainees. It was reported by the higher trainees that it was difficult to balance between emergency work, elective theatres and annual leave. The higher trainees indicated that when they themselves were available to attend, the endoscopy lists were easily accessible to them.</p> <p>The review team heard that the decision to implement virtual fracture clinics (following a pilot) had been made at the last clinical governance meeting. The piloted results were presented to the review team; out of the 110 patients seen in the virtual clinic, only 30 patients then needed to be seen in the fracture clinics. The ESs recognised this would be beneficial for the department and were keen to take this forward.</p>	Yes, please see GS2.1
GS2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The CD informed the review team that trainee meetings were held every two months with good trainee representation. It was noted that there were eight trainees in total in general surgery, with six deanery trainees and two non-training grade (locally employed or LED) doctors. The general surgery trainees reported to the review team that they were unaware of trainee meetings but confirmed a site specific trainee meeting took place immediately before the review. The higher trainees informed the review team that they were encouraged to give suggestions on how to improve training on an informal basis.</p> <p>The College Tutor (CT) for surgery at the University Hospital Lewisham (UHL) site reported to the review team that the CT at the QEH site was spread thinly due to undergraduate commitments. It was recommended by the review team that the Trust should work with Health Education England (HEE) in the appointment of a college tutor to support further improvement in education and training for surgical trainees.</p>	<p>Yes, please see GS2.2a</p> <p>Yes, please see GS2.2b</p>

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.

GS4.1 Sufficient time in educators' job plans to meet educational responsibilities

The ESs indicated that the Trust were undergoing a job planning process to rebalance job plan allocations to reflect supervision accurately. The ESs reported they should be job planned to 0.25 PA allocation per trainee and on average had between three to four trainees per supervisor, however this was not reflected in job plans for some ESs.

The ESs noted to the review team they were allocated 2.5 Supporting Professional Activities (SPAs) per consultant.

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.

GS5.1 Regular, useful meetings with clinical and educational supervisors

All general surgery trainees confirmed they had been allocated an ES and a Clinical Supervisor (CS) and knew how to contact them if needed. All trainees confirmed that they had an initial meeting with their ES to discuss objectives.

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	
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Good Practice and Requirements

Good Practice

The review team heard of clear evidence of efforts made by the Trust to improve trainee experience in general surgery since the GMC survey results in 2018.

The review team was pleased to hear that general surgery trainees felt very supported by consultants who were available and very approachable.

The review team was pleased to hear about the volume of training opportunities and training in particular in emergency surgery, which was being done well.

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.
GS1.2a	The Trust is to ensure follow up clinics are arranged at a time when there is a consultant available to directly supervise.	Please provide HEE with evidence to show appropriate supervision for follow up clinics at QEH site. Please provide an update within one month.	R1.8
GS1.3	The Trust is to ensure that T&O trainee placements are themed so that trainees are able to practice procedures consistently and work through all areas of the curriculum in a structured way.	Please provide evidence that trainees placements are themed practice producers. This can be evidenced through LFG minutes. Please provide an update in three months.	R2.4
GS1.5	The Trust is to ensure a more robust arrangement for weekend handover is implemented including a "live" list or formally documented handover stored centrally in Trust systems.	The Trust is to look at the arrangements in other teams and consider how this could be replicated in surgery. Please provide an update within three months.	R1.14

GS2.1	The Trust is to ensure that general surgery trainees get an appropriate balance of emergency work and elective theatre exposure. The Trust should ensure that elective list days are balanced within the rota so that annual leave is not always taken on elective list days.	Please provide evidence that trainees have an appropriate balance and are permitted to take annual leave within their rota pattern so that they are still able to attend sufficient number of elective lists. This can be evidenced through LFG minutes. Please provide an update in three months.	R5.9
GS2.2a	The Trust should implement a robust and structured way through the form of LFG meetings for general surgery for trainees to raise concerns appropriately.	Trust is to provide evidence of LFG meetings taking place with attendance lists. Please send HEE LFG minutes within three months.	R2.7

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
GS1.2b	The review team suggested other ways of organising on-call commitments, that might include a “consultant of the week” model, and also to enable trainees to come off the current full shift pattern.	The Trust is advised to consider the implementation and discuss the ‘consultant of the week’ model within the surgical teams.	R2.3
GS1.6	HEE recommends that the Trust consider moving the journal club from a Friday afternoon to ensure trainees are able to attend.	The Trust is advised to consider an alternative day for the journal club to ensure maximum attendance.	R2.6
GS2.2b	The review team recognised that the current College Tutor is spread thinly at the QEH site and recommended the appointment of a new College Tutor.	HEE looks forward to support the trust in appointing a new CT to support further improvement in education and training for surgical trainees.	R2.6

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

Requirement	Responsibility
The review team informed the Trust that a follow up Risk-based Review (Focus Groups) would be organised to meet with the Core Surgical Trainees (CSTs) and T&O trainees as they were unable to attend this review. The trust is aware that there may be further Immediate Mandatory Requirements, Mandatory Requirements or Recommendations following these Focus Groups.	HEE

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Jo Szram
Date:	02 May 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.