

Royal Free London NHS Foundation Trust (Royal Free Hospital)

Trauma and Orthopaedic Surgery

Risk-based Review (education lead conversation)



Quality Review report

19 March 2019

Final report

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for health and
healthcare

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Quality Review details

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|--------------------------------|---|
| Training programme | Trauma and Orthopaedic Surgery |
| Background to review | <p>This education leads conversation was held to explore the reasons behind the sharp downturn in the GMC NTS 2018 survey that returned one red and seven pink outliers for T&O at the Royal Free Hospital. In 2017 there were no red, and only one pink outlier.</p> <p>Red outlier:</p> <ul style="list-style-type: none"> - Rota Design <p>Pink outliers:</p> <ul style="list-style-type: none"> - Overall Satisfaction; - Clinical Supervision out of hours; - Reporting Systems; - Induction; - Adequate Experience; - Curriculum Coverage; and - Educational Governance |
| HEE quality review team | <p>Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London</p> <p>Mr John Brecknell, Head of School, London Postgraduate School of Surgery</p> <p>Mr Dominic Nielsen, Deputy Head of School, London Postgraduate School of Surgery</p> <p>John Marshall Quality, Patient Safety & Commissioning Team Health Education England (London)</p> |
| Trust attendees | <p>The review team met with the following representatives from the Trust:</p> <ul style="list-style-type: none"> - Director of Medical Education; - Deputy Director of Medical Education; - Divisional Director; - Clinical Director; - Operations Manager; - Education Lead for Trauma and Orthopaedics; - Two educational supervisors; and - Head of Quality, Postgraduate Medical Education |

Conversation details

| Item | Summary of discussions | Action to be taken? Y/N |
|-------|---|-------------------------|
| T&O 1 | <p>Impact of service design on trainees</p> <p>The review team heard that the Trust felt that the downturn in performance for the 2018 General Medical Council (GMC) National Training Survey (NTS) came as a surprise and felt that it was an anomaly in what otherwise had been a well performing specialty in previous years. One possible reason for the deterioration in the 2018 GMC NTS results was that during the period the survey was conducted there had been a number of gaps in the consultant and registrar rotas. This had coincided with a change in the service model across the Trust to now include Chase Farm Hospital along with the Royal Free and Barnet Hospitals. It was felt that during this period the workforce was stretched and that any unforeseen absences exacerbated the pressures on staff.</p> <p>The review team heard that the Royal Free and Barnet Hospitals were 'hot sites' that both accepted emergency admissions, whilst Chase Farm Hospital primarily undertook elective cases. It was reported that trainees would work at either the Royal Free or Barnet as well as at Chase Farm. Only in rare circumstance would trainees be required to work across two sites in the same day. The review team heard that following the merger of Barnet and Chase Farm Hospitals with the Royal Free in 2014 the trauma and orthopaedics (T&O) services remained separate and that only in the last year had Chase Farm become a unifying factor across the Trust and that prior to this the Royal Free had felt separate from its sister sites with regard to T&O.</p> <p>It was reported that some consultant posts had been moved to the Royal Free to reflect the larger workload and that this had caused a degree of anxiety to consultants that may have then been transmitted to trainees. The review team heard that the Trust operated a firm structure, which it thought to be working well. The review team heard that arthroplasty, along with complex and elective procedures were carried out at Chase Farm but that where necessary these could be carried out the Royal Free due to its broader range of specialist medical services to support post-operative care, particularly where patients had a range of complex comorbidities. The review team heard that that trainees at Barnet had lots of opportunities to get to theatre and experience a broad range of cases in the 'barn' theatre, particularly in the event of needing to catch up on case numbers and upskill their surgical competencies.</p> <p>The review team heard that where trainees were involved in complex cases that were referred from either of the hot sites to Chase Farm, the firm structure meant that higher, core, and GP vocational training scheme trainees accompanied the consultant, whilst foundation trainees did not. It was felt that the firm structure was valued by trainees as it helped to promote a culture of continuous on the job training.</p> | |
| T&O 2 | <p>F1 trainees out of hours at weekends</p> <p>The review team heard that there were concerns about the impact of the service design on foundation year on (F1) trainees at weekends among the consultant body. It was reported that F1 trainees at weekends worked across urology and orthopaedics</p> | Yes, please see T&O 2 |

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|-------|---|--|
| | <p>and that handover and supervision for orthopaedics patients was not always appropriate due to the demands of covering both specialties.</p> <p>The review team heard that consultants in orthopaedics would leave a list of tasks for F1 trainees to pick up once they had completed their board round with the urology consultants. It was recognised that this could cause stress to trainees. Asked if there was any multidisciplinary team (MDT) resource that could alleviate pressures on F1 trainees, the review team heard that there was a band 4 physician assistant in post that had had a positive impact. The Trust was now evaluating the possibility of broadening the scope of this post to be included on the weekend rota.</p> | |
| T&O 3 | <p>Local faculty group</p> <p>The review team heard that a local faculty group (LFG) was in place and met on monthly basis and had representation from all training grades, as well as service managers and nursing staff. It was reported that there were no concerns raised that would have meant that the GMC NTS results for 2018 could have been anticipated.</p> <p>Asked how the Trust monitored trainee index cases in T&O it was reported that there was no central recording of these. The review team suggested that the LFG could include a standing agenda item where these were monitored - as a quality metric for the department, rather than to highlight concerns around individual trainees.</p> | |

Next steps

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| Conclusion |
| HEE will await the outcome of the 2019 GMC NTS before deciding if any further quality interventions into T&O are required. |

Requirements / Recommendations

| Mandatory Requirements | | | |
|------------------------|--|--|--------------|
| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
| T&O 2 | The Trust is required to review the weekend day time working establishment to ensure that F1 trainees across urology and orthopaedics have sufficient support to provide safe and effective care to both patient groups. | Please provide evidence of support and handover of patients at weekends to ensure that F1 trainees are supported. This may be in the form of LFG minutes and timetables. The Trust should consider alternative workforce models, including advanced practice roles where possible. | R1.7 |

| 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 | |
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| By the HEE Review Lead on behalf of the Quality Review Team: | Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London |
| Date: | 3 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.