Health Education England

Bart's Health NHS Trust (Newham University Hospital)

Trauma and Orthopaedic Surgery and Foundation Surgery

Risk-based Review (focus group)

Quality Review report

25 March 2019

Final Report

Developing people for health and healthcare

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Quality Review details

Background to review	This risk-based review was planned following the release of the General Medical Council National Training Survey (GMC NTS) 2018 results. Following the review of surgery on 26 February 2019, the review panel at the time was unable to meet with the higher trauma and orthopaedic (T&O) surgery trainees. The review team therefore requested that a follow up focus group take place as soon as possible. In addition, the review on 26 February 2019 highlighted a number of serious concerns with regards to foundation general surgery training and two Immediate Mandatory Requirements were issued to the Trust. This focus group was to assess progress made by the Trust since the date of the last review to assure Health Education England (HEE) London that there was no risk to trainee or patient safety.
Training programme / learner group reviewed	The review team met with a number of trainees from each of the two training groups, as detailed below: • Foundation Surgery - Seven foundation surgery year one and two trainees • Trauma and orthopaedic surgery – Three higher trainees
Quality review summary	Health Education England (HEE) thanked the Trust for the work done to prepare for this review and for ensuring that the trainees were released from their duties to attend. HEE also thanked the trainees for their attendance and participation in the review. The review team identified the following areas of serious concern: • The trauma list during the day for the urgent but non-emergency trauma is a significant risk for trauma and orthopaedic (T&O) trainees and patients. T&O trainees should not be operating unsupervised without direct access to consultant level supervision and support. • The foundation general surgery trainees reported that they were unaware of a schedule detailing ward round timings for surgical teams and of a diary for signatures. The trainees reported ongoing concerns with accessing senior advice for patients during the weekdays (in-hours) for deteriorating patients and of not having daily management plans for all surgical patients. The system was described by the trainees to be ad-hoc and continued to be variable and unpredictable. • The lack of scheduled, predictable consultant ward rounds for all surgical inpatients therefore remained a significant concern for the review team. In the absence of stable middle-level staffing in the general surgery department, the review team was also concerned about how a new set of foundation year 1 (F1) general surgery trainees would manage to escalate deteriorating patients and access consultant guidance on out-of-hours plans for patients. • The handover on Friday, in advance of the weekend on-call continued to appear ad-hoc, unplanned and unpredictable with foundation general surgery trainees reporting that they were unclear of when handover would occur and the structure for escalating concerns. On Sundays it was heard by the review team that there was no structured ward round to review patients. • The review team heard that the foundation general surgery trainees remained unclear on the structure of the department and on which team,

and consultant, they were supposed to be working with on each day. The review team heard that the foundation trainees were notified by text / WhatsApp either on the day or the night before their shift.

- There was no clear indication that the surgical consultant body was in the process of developing a 'firm or ward based' structure to offer stability in workload, clinical supervision and guidance or mentorship to foundation year one general surgery trainees.
- There were examples of a stable firm structure, team-working, supervision and structured handover in the T&O department.
- It was noted that the foundation trainees were trying to support each other but the review team heard that the foundation general surgery trainees were more unclear about the structure and escalation pathways for day shifts than for out of hours.

The review team was pleased to note the following areas that were working well:

- The review team heard that the elective care and training received by trainees, along with the team structure with both foundation and higher training grades, was working well in T&O.
- The review team noted that there was a good balance between consultants and post CCT fellows providing educational support and supervision to trainees in T&O.
- The T&O trainees advised that there was good access to work-based assessments, which supervisors were willing to sign off promptly, and that clinics were well supervised in T&O.
- The review team heard that the foundation trainees working within T&O worked within a good team structure and felt supported by the department.
- The trainees advised that the teaching programme for foundation surgery trainees had improved and the review team welcomed this as a positive step. The foundation trainees were particularly appreciative of the simulation learning opportunity and reported that they had enjoyed the surgical skills course which had been made available to them.
- The review team heard that the emergency surgery consultants were found to be providing good support to the foundation surgery trainees and were available to discuss concerns related to their patients.
- The handover process at 8am and 8pm on weekdays was felt by the review team to have improved since the last review on 26 February 2019 with trainees reporting that the 8am handover was robust and consultant-led.

However, the review team also noted several other areas for improvement:

- Depending on the likely timeframe for removal of trauma service from the site, the Trust should look at a formal timetabled trauma list to ensure that T&O trainees and patients have access to appropriate facilities for trauma care and training.
- The HEE review team would welcome further information, including timeline, for the proposed service reconfiguration of surgical services across Bart's Health NHS Trust.

Quality Review Team			
HEE Review Lead	Dr Indranil Chakravorty Deputy Postgraduate Dean Health Education England	**School of Surgery Representative**	Mr Dominic Nielsen Deputy Head of School of Surgery Health Education England (London)
Foundation School Representative	Dr Keren Davies NCEL Foundation School Director Health Education England (London)	**Lay Member**	Robert Hawker, Lay Representative
HEE Representative	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager Health Education England (London)	**Observer**	Susan Ptak Quality, Patient Safety and Commissioning Administrator Health Education England (London)

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
S1.1	**Patient safety** The review team heard that the foundation general surgery trainees felt patient safety had improved since January 2019 following the improvements made by the department on cross-cover arrangements and handover. The increased presence of higher trainees and consultants was felt by the foundation general surgery trainees to have improved patient safety as concerns are able to be raised safely with the appropriate action taken.	

	With regards to handover and patient safety, the foundation general surgery trainees confirmed that the structure for the handover meetings had improved with all members of the team present in a formal location. The review team noted that the 8am handover meetings were taking place; however, they heard of variability with regards to the evening and weekend handovers. The foundation general surgery trainees reported that the consultant led weekend handover on Fridays was supposed to take place at 2.30pm but the review team noted that that this time was not fixed and often varied. The trauma and orthopaedic surgery (T&O) trainees advised the review team that they had submitted Datix reports. The review team heard of one example in relation to a patient having an unnecessary delay whilst waiting for the Confidential Enquiry into Patient Outcome and Death (CEPOD) trauma list. The trainee reported submitting the Datix report six weeks previously and advised the review team that whilst an acknowledgement had been received, that there had been no feedback on the submission. The review team also heard of another Datix raised around a delayed transfer for a patient. However, it was noted that this case had been discussed across the Barts Health sites as part of the three monthly Trust-wide mortality and morbidity (M&M) meeting. The review team heard that there was also a monthly M&M meeting held at Newham University Hospital (NUH). With regards to the CEPOD theatre, the T&O trainees advised the review team that access to the CEPOD theatre list for trauma patients could be difficult as the list was shared with obstetrics and gynaecology and general surgery. As a result, the T&O trainees felt that the theatre staff were potentially de-skilling in terms of dealing with orthopaedic trauma cases. It was also felt by the T&O trainees that the equipment needed for an operation was not always present in theatre needing to be either sent across from the Gateway Centre or sourced from the store room. In terms of patient safety, the review team heard that as a result of the equipment not being immediately available, that operative cases were taking longer and that to avoid further impact on the patient, that the T&O trainees would require increased support from theatre staff. The review team heard that whilst the T&O trainees did not feel that the best quality of care on the trauma site was being provided to patients, they were not aware of any immediate risk to patient safety and felt that patient care was safe. The T&O trainees advised that there was support in place to manage patient care; the primary issue was related to delayed access to the CEPOD theatre list.	
S1.2	**Appropriate level of clinical supervision** The review team heard that whilst morning ward rounds had improved at weekends, that at times they were unclear as to which consultant would be attending ward rounds during the week. The foundation general surgery trainees commented that the emergency consultants were consistent with their morning and afternoon ward rounds ensuring that all patients were seen. The review team also heard that the elective firms hold a morning ward round but noted that there appeared to be no evening ward round. The foundation general surgery trainees reported that during the weekdays (in-hours) it remained ad-hoc as to whether a morning and afternoon ward round would take place and reported that they were often unsure whether they would have an opportunity to access senior advice for patients, particularly those who were deteriorating. The foundation general surgery trainees also commented that they were not aware of each surgical patient having a daily management plan. The system during in-hours was described by the foundation general surgery trainees to be ad-hoc, variable and unpredictable and the review team heard that current foundation general surgery trainees (after spending nearly four months in the department) had developed a coping strategy for visiting the theatre suite to find out which consultant was available for advice, hence avoiding harm to deteriorating patients. The cross-cover arrangements for patients when a consultant was away, was also described by the foundation general surgery trainees to be ad-hoc and the review team heard one example of a time when a consultant was called when on annual leave which resulted in the consultant having to provide advice while being at an airport.	

	The review team heard that the consultant ward rounds on a weekend also varied and it was the same structure as on an evening for weekends. The foundation general surgery trainees advised that there were also outreach nurses who could be contacted for advice should the consultants be in the operating theatre. The foundation general surgery trainees confirmed that maintaining a list of patients with a named consultant responsible has improved the system and, out of hours, there was no doubt amongst the foundation general surgery trainee group on knowing who to call by name and contact number. The foundation general surgery trainees also reported that they were unaware of a schedule detailing ward round timings for surgical teams and of a diary for signatures. The review team heard that the standard of each patient being seen or discussed by a consultant as part of a formal ward round could not be assured. The foundation general surgery trainees advised the review team that the emergency consultants would review their patients on a morning. When asked how the standard could be improved, the foundation general surgery trainees commented that support for the new foundation general surgery trainees from August 2019 would depend upon staffing levels and the Trust and department induction processes. The review team heard that workload had been distributed differently amongst the general surgery consultants and that this could have affected the answer as to why patients do not all receive the same standard of care. The T&O trainees confirmed that they had been able to discuss complex cases and agree a treatment plan with the consultant. They also reported that the consultants were present in clinic and overall, on the elective side, spoke highly of the level of support and clinical supervision received from the consultant body. The review team heard that the T&O Fellows were also willing to supervise trainees through operative cases as the trainer scrubbed. It was also heard by the review team that having T&O Fellows within the department had not impacted upon the T&O trainees' ability to learn and develop their operative skills. It was noted by the review team that there were cross-cover arrangements between T&O and general surgery out of hours and the review team were concerned about how a robust handover of patients was ensured, particularly if a junior general surgical trainee was on-call with limited knowledge of T&O. The T&O trainees confirmed that there would always be a handover meeting to the night middle-grade and that there would be a follow-up telephone call or meeting to address any patient concerns or queries. All of the T&O trainees confirmed that they were happy to receive telephone calls overnight and did not raise any concerns to the review team around the handover or escalation processes. With regards to the trauma service and CEPOD theatre list, it was noted that there was a daily consultant post-take with that consultant assuming responsibility between 8.30am and 5.00pm. Post 5pm, this responsibility transferred to a post-certificate of completion of training (CCT) fellow. The T&O trainees advised that although there would be additional consultants and senior associate specialists available during the day to assist, that they would have their own clinical priorities.	
S1.3	**Rotas** It was noted by the review team that the rota coordinator managed a central allocation and was responsible for notifying the trainees of their assigned team, however when the allocation had not been updated (for example to reflect zero days and annual leave), this meant that at times the foundation general surgery trainees received the incorrect information. The foundation general surgery trainees were not aware of a formal process for team allocation and the review team heard that the foundation trainees were often notified by text message or WhatsApp either on the day or the night before their shift.	

	The foundation T&O trainees reported that this was not the case within their department and that they were clear on which consultant they had been assigned to. The review team heard that the T&O department was structured into smaller firms and the T&O trainees advised that this had been working well and that all trainees, regardless of level, felt part of the team. The T&O trainees advised that they had some responsibility for patients and had established good relationships with the SHOs and foundation trainees. The T&O trainees confirmed that the middle grade doctors were pre-dominantly trust grade doctors. In terms of the rota, there would be one on-call middle grade over the weekend who would provide cross-cover with general surgery for out of hours. The T&O trainees confirmed that they had never been asked to act down as a middle grade to provide out of hours cover.	
S1.4	**Induction** N/A	
S1.5	**Protected time for learning and organised educational sessions** The foundation trainees advised the review team that they felt that teaching had improved since the last review on 26 February 2019 with teaching sessions now formalised. It was also noted by the review team that the foundation trainees had been able to attend a suturing workshop. In addition, it was noted that the foundation trainees had weekly simulation sessions on Friday afternoons which had been protected and which the foundation trainees had been encouraged to attend.	

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.

S2.1	**Effective, transparent and clearly understood educational governance systems and processes** All of the foundation surgery trainees confirmed that they had received a written document which outlined the escalation protocol but advised that they were not aware of this being displayed visually around the department. The review team also heard that the foundation general surgery trainees felt that the escalation process was clearer for out of hours (including weekends) than in-hours. It was heard by the review team that the foundation general surgery trainees were often unclear which consultant they had been assigned to and that this had affected their understanding of the escalation process. The review team noted that for T&O the	

	department had a well-defined team structure and that the foundation T&O trainees were clear on their role within the team and escalation processes to their senior colleagues. With regards to the trauma component of the role, the T&O trainees raised concerns around the management of the CEPOD operating list and the occasional delays that patients have faced in receiving their emergency operative procedure(s). It was explained to the review team that the CEPOD list was shared with obstetrics and gynaecology and general surgery and this had been one of the reasons for patients receiving delayed treatment. When asked how a specialty trainee level 3 (ST3) would find the trauma component, the T&O trainees all agreed that there would need to be consultant presence in the CEPOD theatre and at present it would not be a suitable post for a ST3. The review team heard that the CEPOD theatre list did not have a named consultant to provide on-hand supervision and that a T&O trainee requiring support would be required to remove a consultant from their clinic or their day list to provide support. The T&O trainees advised the review team that this was not the norm when compared to other district general hospital (DGH) units that have a dedicated trauma list with a named consultant available, and free, to supervise and assist. It was also recognised by the review team that the average number of patients seen for trauma at NUH was less than in other DGHs where the current T&O trainees have worked.	S2.1a S2.1b
S2.2	**Impact of service design on learners** The review team heard from the T&O trainees that there was no dedicated trauma list and that there was one CEPOD theatre which was also shared with obstetrics and gynaecology and general surgery. The T&O trainees also advised the review team that the services for trauma within NUH were currently being reviewed, however the T&O trainees were not aware of the timeframe for the trauma service change across Barts Health. It was noted by the review team that all open fracture cases taken to the Royal London Hospital (RLH). In terms of volume of cases, the T&O trainees reported that there were usually around one to three orthopaedic trauma cases on a busy day. However, the trainees also felt that three cases per day was the exception and that the average number of cases was typically in the range of zero to two per day. The review team noted that the orthopaedic trauma cases did increase slightly on a weekend. It was noted that when a patient has presented with a hip fracture and allocated to the CEPOD list that the T&O trainee would usually be the lead surgeon. The T&O trainees reported that the consultant would not be present within the main theatres; the consultant would be either operating in the Gateway Surgical Centre (approximately 150 metres from the main theatre suite) or in clinic. The review team heard that the T&O trainees were clear on which consultant was around to provide support and that the name of the consultant was written on the surgical board along with their contact number. The review team heard that there had not been a need for a consultant to be called into the theatre suite to assist. The T&O trainees advised the review team that the 24 hour time frame for CEPOD was not always adhered to and that orthopaedic trauma patients have faced delayed operative care. It was noted that on occasion the T&O trainees had referred patients to WXH for surgery when they had not been able to access the CEPOD list in a timely manner. It was heard by the review team that ambulatory trauma cases were undertaken in the Gateway Surgical Centre. The T&O trainees advised that there has been the opportunity to operate on more complex cases when there has been space on an under-filled operating list. When there has been no space on an operating list, the review team heard that patients were primarily transferred to the RLH.	S2.2a

	It was noted that on upper limb, the T&O trainees had dedicated time for trauma but that given the low number of cases, this time had often been used for other projects.	
S2.3	**Systems and processes to make sure learners have appropriate supervision** The review team heard that the emergency surgery consultants were found to be providing good support to the foundation general surgery trainees and were available to discuss any concerns or queries related to their patients. The review team noted that there was a good balance between consultants and post-CCT trainees providing educational support and supervision to all levels of trainees working within the T&O department. The review team heard from the T&O trainees that clinics were well supervised in T&O.	

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.

S3.1	**Behaviour that undermines professional confidence, performance or self-esteem** With regards to the culture within the general surgical department, the review team heard from the foundation general surgery trainees that this has improved since January 2019 as a result of having the higher trainee and consultant available and involved in a patient's treatment plan. The review team heard that morale had improved within the department however heard from the foundation general surgery trainees that being resilient was beneficial. The review team heard that the foundation trainees would not be happy for their friends and family to be treated in the department. However, the foundation trainees informed the review team that this was based on their inside knowledge of how the department was organised and was not based on any patient safety concerns. The review team heard that as a result of the changes made by the department since the date of the last review on 26 February 2019, that all of the foundation surgery trainees would recommend their post to their peers. The review team heard that given the low number of orthopaedic trauma cases, that the T&O trainees would only recommend their post to a peer for elective training. Further to this, the review team heard that the T&O trainees would recommend T&O at NUH for trainees at specialty training level six (ST6) and above and only to those trainees who would be confident operating independently on the basic T&O procedures.	

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.

S5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The T&O trainees advised that there has been good access to work-based assessments (WBAs) with supervisors who were willing to sign off completed assessments promptly. The T&O trainees reported that the teaching and training was delivered by consultants and post CCT Fellows. It was noted that for elective cases, a consultant would be in theatre to provide teaching and feedback when a T&O trainee was operating; however, the T&O trainees advised that the consultant would not always be scrubbed. The review team heard that the T&O trainees were satisfied with the elective training which they received at NUH. The concern around their training was related to the level of operative trauma exposure received; the T&O trainees reported that it would be difficult to obtain the logbook numbers required for orthopaedic trauma at NUH.	

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 review team heard that the elective care and training received by trainees, along with the team structure with both foundation and higher training grades, was working well in T&O.
- The review team noted that there was a good balance between consultants and post CCT fellows providing educational support and supervision to trainees in T&O.
- The T&O trainees advised that there was good access to work-based assessments, which supervisors were willing to sign off promptly, and that clinics were well supervised in T&O.
- The review team heard that the foundation trainees working within T&O worked within a good team structure and felt supported by the department.
- The trainees advised that the teaching programme for foundation surgery trainees had improved and the review team welcomed this as a positive step. The foundation trainees were particularly appreciative of the simulation learning opportunity and reported that they had enjoyed the surgical skills course which had been made available to them.
- The review team heard that the emergency surgery consultants were found to be providing good support to the foundation surgery trainees and were available to discuss concerns related to their patients.
- The handover process at 8am and 8pm on weekdays was felt by the review team to have improved since the last review on 26 February 2019 with trainees reporting that the 8am handover was robust and consultant-led.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
S2.1a	The trauma list during the day for the urgent but non-emergency trauma is a significant risk for trainees and patients. Trauma and orthopaedic surgery (T&O) trainees should not be operating unsupervised without direct access to consultant level supervision and support.	The Trust is to provide a timetable demonstrating consultant supervision and availability free of other commitments for CEPOD to ensure all levels of trainees, and patients, are not at risk.	R1.8

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
S2.1b	The Trust should look at a formal timetabled trauma list to ensure trainees have regular access and supervision whilst in theatres.	Please provide evidence of a formal timetabled trauma list, which also evidences that theatre sessions involving trainees have consultant supervision, within one month of the date of this report being issued as final	R1.8

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
S2.2a	The HEE review team would welcome further information, including timeline, for the proposed service reconfiguration of surgical services across Bart's Health NHS Trust.	Please provide further details on the planned trauma service reconfiguration across Bart's Health NHS Trust within one month of the date of this report being issued as final.	R1.8

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The review team informed the Trust Executive that they would be recommending to the Postgraduate Dean that the foundation general surgery trainees be relocated to other departments within Newham University Hospital with effect from April 2019 for a period of four months. It was felt by the review team that this time would enable the department to make the necessary changes to ensure trainee, and ultimately, patient safety. The review team advised that the Postgraduate Dean would be undertaking further discussions with the Trust around the above recommendation pending a final decision being made. Further mandatory requirements and recommendations not detailed within the report may be issued to the Trust pending the above outcome.	HEE review lead / Postgraduate Dean

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Indranil Chakravorty
Date:	25 April 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.