

# Lewisham and Greenwich NHS Foundation Trust (QEH)

Trauma and Orthopaedics

Risk-based Review (focus group)



## Quality Review report

14 May 2019

Final report

Developing people  
for health and  
healthcare

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## Quality Review details

<b>Background to review</b>	<p>With the release of the 2018 General Medical Councils National Training Survey (GMC NTS) results, Health Education England (HEE) planned to meet with the trauma and orthopaedic (T&amp;O) trainees on 12 February 2019 to discuss the negative feedback received about their training at Queen Elizabeth Hospital (QEH) but were unable to do so as the trainees were either attending a regional teaching day or required in theatres and as a result, the review team met with educational supervisors only.</p> <p>The purpose of this focus group was to follow up with the T&amp;O trainees on their training experience at Queen Elizabeth Hospital (QEH) in particular to discuss what the review team heard from the supervisors with regards to unsupervised clinics in T&amp;O.</p>
<b>Training programme / learner group reviewed</b>	The review team met with three higher trainees in T&O.
<b>Quality review summary</b>	<p>The review team heard from the T&amp;O trainees that they were not aware in advance of the HEE visit in February 2019 and were unable to step out of theatres to attend on the day. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> <li>– The review team was pleased to hear that the management of split site working was working well within the department.</li> <li>– The review team was pleased to hear of the robust clinical supervision in theatres and that higher trainees felt supported by consultants who were approachable.</li> </ul> <p>However, the review team was disappointed to hear of the frustrations from the trainees in regards to the management of rota planning within the department.</p>

Quality Review Team			
<b>HEE Review Lead</b>	Jo Szram, Deputy Postgraduate Dean	<b>Head of School</b>	John Brecknell, Head of School for Surgery
<b>Lay Member</b>	Robert Hawker, Lay Representative	<b>HEE Representative</b>	Bindiya Dhanak Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (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
TO1.1	<p><b>Patient safety</b></p> <p>The review team was pleased that no patient safety issues were reported by the trauma and orthopaedic (T&amp;O) trainees at the focus group.</p> <p>The review team heard that all trainees felt they would feel comfortable having friends and family treated by the consultants within the department but felt the hospital lacked appropriately configured clinical space and privacy for patients.</p>	
TO1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p>The group of trainees the review team met with reported that they had not submitted any serious incident (SI) report but knew how to do so if needed.</p>	
TO1.3	<p><b>Appropriate level of clinical supervision</b></p> <p>The T&amp;O trainees informed the review team that they had no concerns about clinical supervision and felt supported by consultants who were approachable if support was needed. The review team heard that all operating that took place, both in and out of hours was always supervised by a consultant. All trainees felt that consultants were very supportive in theatres and made genuine efforts to teach, train and educate.</p> <p>The review team heard from the clinical supervisors (CSs) in the quality visit that took place in February 2019 that since Circle had taken over the management of clinics, seven of the nine consultants have had to travel to cover clinics at Eltham Community Hospital once a month. As a result of this, the CSs felt uncomfortable that follow up clinics at Queen Elizabeth Hospital (QEH) would still take place with senior trainees in T&amp;O without direct supervision. When the trainees were asked about this, the trainees highlighted to the review team that on occasion this did happen but there was always a</p>	

	consultant available nearby in the fracture clinic if trainees needed support. It was heard that trainees would keep notes from the clinics and discuss with the consultant afterwards to ensure that clinical decisions were reviewed by the consultants.	
TO1.4	<p><b>Rotas</b></p> <p>The review team heard that there were ten higher trainees within the department at QEH with nine trainees on the on-call rota. When asked about split site cover, the trainees informed the review team that they always worked full days at QEH or Lewisham Hospital, which worked well. Despite this aspect of rostering working well, all of the trainees expressed frustration with the administrative and distribution side of rota planning. The review team was informed of instances where trainees had received new rotas at short notice. The review team heard that prior to starting in the department in April 2019, a rota had been sent six weeks in advance, however on arrival, a new rota had been presented to the trainees. The trainees expressed frustrations with this as they had planned personal arrangements around the rotas. The review team heard that the Surgical Tutor (ST) didn't have oversight over the rota at QEH but had arranged a meeting with trainees to discuss rota issues. As a result of this meeting, trainees had received a six-month rota, however, last minute changes had still occurred. Despite feedback on the poor management of the rotas, it was noted by the trainees that regional teaching days were reflected appropriately in the rotas to ensure trainees were able to attend.</p> <p>All trainees informed the review team that they were rostered to four or five clinics in a week which trainees noted was a service provision as opposed to being educationally beneficial. It was heard by the review team that morning clinics were particularly service heavy, with follow up lists of up to 25 patients, and indicated new patients were not seen by trainees. The review team felt that this number of clinics per week was too many, with the recommendation being a maximum of three per week. When asked about the virtual fracture clinics, the trainees informed the review team that there had been a pilot carried out at the beginning of the year, but this was not currently running within the department.</p>	<p>Yes, please see TO1.4a</p> <p>Yes, please see TO1.4b</p>
TO1.5	<p><b>Induction</b></p> <p>The T&amp;O trainees all reported to the review team that they had attended a standard corporate induction and received a departmental induction. It was noted that the ST who worked cross-site met with the trainees as part of local induction at Lewisham Hospital and showed the trainees around the department but not at QEH.</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.

N/A

### 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.

TO3. **Behaviour that undermines professional confidence, performance or self-esteem**

1

The review team was pleased to hear that no trainees had reported any bullying or undermining behaviour within the department.

### 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.

TO5. **Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum**

1

When asked by the review team how many theatre lists trainees had during a week, the trainees noted that it varied but they would attend approximately three to four theatre lists per week. It was heard by the review team that there was a high number of trauma lists but there wasn't always a trainee to support the consultant. It was noted by

	trainees that during winter pressures, there was a large reduction in elective operating resulting in trainees having to come in to the Trust at weekends to operate in order to make up their operative numbers.	Yes, please see TO5.1
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## 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 was pleased to hear that the management of split site working was working well within the department.

### 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.
TO1.4a	The Trust is to ensure that rotas are distributed to trainees at least eight weeks in advance for detailed working patterns and to ensure shift allocation is transparent.	Please provide trainee feedback confirming that this is being done within two months. This can take the form of trainee survey data or LFG minutes.	R1.12

TO1.4b	The Trust is to ensure that clinic time is of educational value to trainees and to set fewer clinic requirements for trainees per week.	Please provide trainee feedback within two months outlining the reduction in clinics per week. This can take the form of trainee survey data or LFG minutes.	R1.12
TO5.1	The Trust is to ensure trainees have better access to operating training numbers by attending more trauma lists.	Please provide trainee feedback showing that trainees are able to have better access to elective lists within two months. This can take the form of trainee survey data or LFG minutes.	R2.4

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
	N/A		

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Jo Szram, Deputy Postgraduate Dean, Health Education England
Date:	20 August 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.