

# Guy's and St Thomas' NHS Foundation Trust

Core Surgical Training, Trauma and Orthopaedic  
Surgery and Paediatric Surgery  
Risk-based Review (on-site visit)



## Quality Review report

23 May 2019

Draft report

Developing people  
for health and  
healthcare

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## Quality Review details

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| <b>Background to review</b>  | <p>Health Education England (HEE) planned this quality review based on the poor results for Trauma and Orthopaedics (T&amp;O) and Paediatric surgery in the General Medical Council National Training Survey (GMC NTS) 2018.</p> <p>The Trust received red flags at Guy's and St Thomas' NHS Foundation Trust for T&amp;O in workload, supportive environment, induction and study leave. The Trust also received pink flags in overall satisfaction, clinical supervision, clinical supervision out of hours, teamwork, adequate experience, curriculum coverage and feedback.</p> <p>The Trust also received red flags for paediatric surgery in reporting systems, workload, local teaching and regional teaching.</p>  |
| <b>Training programme / learner group reviewed</b>                   | <p>Core Surgical Training, Trauma and Orthopaedic Surgery and Paediatric Surgery</p>   |
| <b>Number of learners and educators from each training programme</b> | <p>The quality review team met with five core surgical trainees (CSTs), nine T&amp;O trainees and clinical supervisors (CSs) and educational supervisors (ESs). The review team also met with the Director of Medical Education (DME) and the Deputy Medical Education Manager (DMEM).</p>   |
| <b>Review summary and outcomes</b>                                   | <p>The quality review team would like to thank the Trust for accommodating the onsite visit and for ensuring that sessions were well-attended. 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 there are areas of good training practice within the Trust, particularly the value placed by trainees on the importance of consultant presence and support.</li> <li>- The review team heard of examples of wider workforce roles such as Physician Assistants (PAs), Advanced Nurse Practitioners (ANPs) and Surgical Care Practitioners (SCPs), which had a positive impact on core surgical training in many areas.</li> <li>- The review team was pleased to hear of the positive response from the Trust to the improving surgical training (IST) pilot and Health Education England (HEE) look forward to working further on the programme during implementation.</li> <li>- The review team heard that the higher surgical trainees had good log book progression and operative experience relative to their needs, with appropriate consultant supervision. The trainees described a supportive environment with access to consultant support in theatres and feeling empowered to cancel activity as required, due to intensity or inappropriate complexity.</li> <li>- The review team heard there was a planned change from August 2019, such that the Saturday morning post-op ward rounds at Guy's would no longer be the responsibility of the St Thomas' on-call higher trainee post Friday on-call. HEE supports the Trust in delivering this change for the benefit of training.</li> </ul> |

However, the quality review team also noted a number of areas for improvement:

- The review team was disappointed to hear of the issues trainees encountered when working with the Emergency Department (ED, in particular for the T&O team. The issues reported to the review team included referrals of un-triaged patients, fast tracking of patients without medical review to the wards causing potential patient safety risks, non-urgent phone calls to higher trainees overnight and referral for procedures which would normally be carried out by the ED department. HEE requests a review of these processes and an action plan for improvement.
- The review team felt the training environment in the Trauma & Orthopaedic (T&O) ward would be improved by a greater amount of consultant presence in the team. The review team recommended that the department look again at implementing a 'consultant of the week' model to facilitate training.
- The review team heard that the core trainees in T&O would benefit from the allocation of theatre and out-patient clinic opportunities being formally rostered in to ensure adequate training provision.
- The review team suggested the experience in paediatrics T&O be shortened in duration to benefit trainee experience overall.
- The review team heard that the lack of feedback from online clinical incident and working hours reporting has led to a degree of disengagement with the Trust reporting systems and suggests this is addressed proactively.
- Whilst the review team had met with two clinical fellows in the paediatric surgery department, the review team was disappointed not to have met with any paediatric surgical trainees to hear about their training experience within the Trust.

### Quality Review Team

|                              |   |                           |  |
|------------------------------|---|---------------------------|--|
| <b>HEE Review Lead</b>       | Jo Szram<br>Deputy Postgraduate Dean,<br>South London<br>Health Education England<br>(London) | <b>Head of School</b>     | John Brecknell<br>Head of School, London<br>Postgraduate School of Surgery                             |
| <b>Deputy Head of School</b> | Dominic Nielsen<br>Deputy Head of School of<br>Surgery  | <b>HEE Representative</b> | Bindiya Dhanak<br>Learning Environment Quality<br>Co-ordinator<br>Health Education England<br>(London) |

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| <b>Observer</b> | Anita Cheah<br>Education Fellow for South London<br>Health Education England (London) |  |  |
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### Educational overview and progress since last visit – summary of Trust presentation

The review team met with the DME and DMEM. The DME indicated that there was a high level of consultant presence within surgery; consultants were visible on the wards during the working day and out of hours. It was mentioned by the Trust that there were good learning opportunities for the trainees, led by consultants. The DME indicated to the review team that there was a good workload and teaching balance and trainees were able to attend regional teaching. It was heard that Urology were a high performing team and a highly skilled specialist area at Guy's Hospital.

When asked about the department structure, it was noted that the Trust had not always had the most efficient service managers, so consultants had taken upon themselves to arrange leave, reducing clinics and theatres when there were external meetings, and to allow for trainees to go to local and regional teaching.

It was noted that the Trust were piloting the Improving Surgical Training (IST) programme within urology in October 2019. The DME informed the review team that the Chief of Surgery would have oversight to ensure the Trust delivered the programme, and had been in contact with colleagues in vascular, orthopaedics and thoracic surgery to achieve this.

When asked what the Trust thought the trainees were going to say, for CST the Trust felt that trainees felt supported by ESSs, were able to fill logbook requirements and met with College Tutors (CTs) regularly. The Trust felt that T&O trainees would report that there was not a sufficient number of staff members within the emergency department (ED) which affected trainee workload. It was noted that the appointments of additional physician associates (PAs) helped in supporting training for the trainees as they were able to attend clinics and theatre sessions. The Trust felt that trainees in paediatric surgery may comment on the service requirements which included cover at Lewisham Hospital. It was noted there were clinical fellows within the department and on occasions there was not enough desk space and PCs available.

## 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?<br>Requirement Reference Number |
|-----------|--|--|
| TOC ST1.1 | <p><b>Patient safety</b></p> <p>The review team was pleased that no specific patient safety issues were reported by the core surgical trainees (CSTs) and trauma and orthopaedic (T&amp;O) trainees within the department, however, the review team was disappointed to hear of the issues of working with the Emergency Department (ED) in particular for the T&amp;O team. The issues reported to the review team by T&amp;O trainees included: referral of un-triaged patients; fast tracking of patients without medical review to the wards, which seemed to be a potential patient safety risk; non-urgent phone calls to the higher trainee mobile phone overnight; and the referral of procedures which would normally be carried out by the ED department. The T&amp;O ESs also recognised that the relationship between the T&amp;O department and ED was poor but indicated that there was support from Trust executive, who had invested in training interventions to improve the working behaviours.</p>  | Yes, please see TO1.1                            |
| TOC ST1.2 | <p><b>Serious incidents and professional duty of candour</b></p> <p>All groups of trainees informed the review team that they knew how to report serious incidents (SIs). The review team heard that those trainees who had reported SIs had not received formal written feedback but had on few occasions received verbal feedback. The lack of feedback from SIs had led to a degree of disengagement with the Trust reporting systems and the review team suggested that this be addressed.</p>   | Yes, please see TO1.2                            |
| TOC ST1.3 | <p><b>Appropriate level of clinical supervision</b></p> <p>Both groups of trainees indicated the value placed by trainees on the importance of consultant presence and support.</p> <p>The T&amp;O trainees reported to the review team that supervision could be improved. It was heard that when there was a consultant on annual leave, the trainees were unsure of the consultant covering. It was reported to the review team that there were 22 consultants working in T&amp;O. The trainees indicated although they were often unsure of who the named responsible consultant was, there was always a consultant to approach and where there wasn't, the operating list would be cancelled. The review team felt the training environment in the T&amp;O ward would be improved by a greater consultant presence by implementing a 'consultant of the week' model to improve the training environment.</p>  | Yes, please see TO1.3                            |
| TOC ST1.4 | <p><b>Rotas</b></p> <p>The review team heard that all elective operative lists took place at Guy's hospital and all trauma lists were at St Thomas' hospital. It was noted by trainees that there was a one in 12 on-call rota for trauma, which also included trust grade doctors. When asked about the number of theatre lists that trainees were able to attend weekly, the T&amp;O trainees reported that the rota was designed so trainees were able to attend six to seven operating sessions. It was heard that the trainees also attended three or four clinics a week with a mixture of new and follow up lists. The review team heard from CSTs in T&amp;O that due to a lack of foundation trainees on the rota, the CSTs struggled to attend trauma lists due to rota gaps. When asked if trainees submitted exception reports, the trainees indicated they hadn't done so. Whilst the trainees were occasionally able to attend operative theatre lists at Guy's hospital, the CSTs felt they would benefit from theatre and out-patient clinic opportunities being formally allocated and rostered in to ensure adequate training provision.</p> | Yes, please see CST1.4                           |

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|           | <p>The clinical supervisors (CSs) and educational supervisors (ESs) in paediatric surgery informed the review team that there were four higher trainees and four clinical fellows within the department. It was noted by the CSs and ESs that the trainees felt they missed out on training opportunities due to service provision. The T&amp;O trainees informed the review team that paediatric placements at the Evelina were six months. The review team heard from the trainees that they were supernumerary within paediatric surgery, which limited opportunities for logbooks. They also felt that the placement could be shortened to three months. The review team recommended to the Trust that experience in paediatrics T&amp;O be shortened to three months' duration to benefit trainee experience and logbook sign offs.</p> <p>The review team heard of good examples of wider workforce roles such as Physician Assistants (PAs), Advanced Nurse Practitioners (ANPs) and Surgical Care Practitioners (SCPs), which had a positive impact on core surgical training in many areas.</p> | Yes, please see TO1.4  |
| TOC ST1.5 | <p><b>Induction</b></p> <p>All CSTs and T&amp;O trainees indicated that they had received formal inductions when they started in post with relevant information and rotas provided in advance. The T&amp;O trainees mentioned to the review team that the paediatric surgery induction could be improved but did not expand on what changes should be made at the review.</p> <p>Both groups of trainees informed the review team they had been allocated a named consultant as CS and ES within induction.</p>  |                        |
| TOC ST1.6 | <p><b>Handover</b></p> <p>The CSTs informed the review team that there was no concern with regards to handover arrangements, with a formal handover within cardiothoracic and plastic surgery, and handover conducted verbally within the renal transplant department. The team recommended that a formal written record of handover for all patients in all departments be maintained to support verbal communication.</p>  | Yes, please see CST1.6 |
| TOC ST1.7 | <p><b>Protected time for learning and organised educational sessions</b></p> <p>The review team heard that all groups of trainees were able to attend regional teaching days as departments had dates in advance. It was noted that formal educational teaching was dependent on the department. The CSTs in the renal and transplant department said that local teaching was outstanding. The trainees indicated that the plastics department had a dedicated session for teaching once a week, which included junior trainee presentations with constructive feedback. The paediatric surgery ESs indicated to the review team that there was also a registrar led teaching session and that trainees were released for regional teaching.</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.**

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| <p>TOC<br/>ST2.<br/>1</p> | <p><b>Impact of service design on learners</b></p> <p>It was heard by the thoracic CSTs that at the beginning of the placement there had been no foundation trainees on the rota. The trainees indicated that the responsibility of prescribing fell on the core training level 1 (CT1) trainees which limited their training opportunities due to service provision. It was noted that there had been improvements made within the department with the appointments of ANPs and prescribing pharmacists and that the service had adopted the 'registrar of the week' model. The CSTs mentioned to the review team that they valued the skills they had developed with support from consultants, higher trainees and ANPs.</p> <p>The review team heard from T&amp;O trainees that whilst covering the evening on-call rota at St Thomas hospital, they were also required to attend the morning post-operative ward rounds at Guy's hospital the following morning. The review team heard that there was a planned change from August 2019, such that the Saturday morning post-op ward rounds at Guy's would no longer be the responsibility of the St Thomas' on-call higher trainee post Friday on-call. The visit team recommended that this be monitored by the Trust education team to ensure that this had occurred.</p> | <p>Yes, please see TO2.1</p> |
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### 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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| <p>TOC<br/>ST3.<br/>1</p> | <p><b>Access to study leave</b></p> <p>The T&amp;O trainees informed the review team they had no issues in getting study leave approved, however, it was mentioned that the process of applying for study leave was time consuming. The visit team recommended that the process be reviewed and simplified if possible, either within the department or at Trust level.</p> | <p>Yes, please see TO3.1</p> |
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### 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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| <p>TOC<br/>ST4.<br/>1</p> | <p><b>Access to appropriately funded professional development, training and an appraisal for educators</b></p> <p>The review team were informed that all CSs and ESs had been fully trained as supervisors. It was noted that a new consultant was due to start in August 2019 who had already been scheduled to attend supervisor training once they started in post.</p> |  |
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## 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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| <p>TOC<br/>ST5.<br/>1</p> | <p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p>When asked by the review team how many theatre lists trainees were scheduled to attend each week, the trainees noted that it varied but would on average attend 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 free from service provision to support the consultant.</p> <p>The review team heard the higher surgical trainees had good log book progression and operative experience relative to needs with appropriate consultant supervision. The trainees described a supportive environment with access to consultant support in theatres and felt empowered to cancel theatre activity, either due to intensity of work or inappropriate complexity.</p> |  |
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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.**



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| N/A |  |
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## Good Practice and Requirements

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| <b>Good Practice</b> |
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| 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. |
| TO1.1                  | The Trust are required to review the process of referral of non-triaged ED patients to the Orthopaedic team including fast tracking of patients without medical review to the wards.  | The Trust is to provide documented escalation pathways to the HEE visit team for ED patients to the surgical specialties. Please provide a response in December 2019.   | R1.6         |
| TO1.2                  | The Trust is required to address the lack of feedback from SIs, which has led to a degree of disengagement from trainees with the Trust reporting systems.  | The Trust is to provide evidence of feedback from SIs, which can be documented through trainee feedback and/or local faculty group (LFG) meetings which include trainee reps. Please provide a response in December 2019. | R1.3         |
| CST1.4                 | Whilst the core trainees were occasionally able to attend operative theatre lists at Guy's hospital, the Trust are required to formally allocate theatre and out-patient clinic opportunities which should be formally rostered in to ensure adequate training provision. | The Trust is required to submit evidence of rostered theatre and out-patient clinics sessions to ensure that trainees do not miss out on this training opportunity. Please provide a response in December 2019.           | R1.12        |

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| <b>Recommendations</b> |
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| Rec. Ref No. | Recommendation   | Recommended Actions  | GMC Req. No. |
|--------------|--|--|--------------|
| TO1.3        | HEE recommends that the Trust consider the implementation a 'consultant of the week' model within the T&O department.  | HEE recommends that the Trust explores ways in which implementing 'consultant of the week' model could be successful within the T&O department.  | R1.12        |
| TO1.4        | The review team suggests that the experience in paediatrics T&O be shortened in duration to benefit trainee experience and logbook sign offs.  | HEE recommends the Trust explores ways in which the placement in paediatrics T&O be shortened to three months (currently six months).  | R2.4         |
| CST1.6       | The team recommended that a formal written record of handover for all patients be maintained to support verbal communication.  | HEE recommends that the Trust review handover processes across the surgical team to ensure that a written record of handover between shifts is produced and stored appropriately on Trust systems.   | R1.14        |
| TO2.1        | The visit team recommended that post-op ward rounds at Guy's would no longer be the responsibility of the St Thomas' on-call higher trainee post Friday on-call. This be monitored by the Trust education team to ensure that this had occurred. | HEE recommends that the Trust education team ensure that the planned change - to stop the requirement for attendance at the post-operative ward round at Guy's by the on call T&O trainee covering evening on call at St Thomas' hospital - had occurred from August 2019. | R1.12        |
| TO3.1        | The visit team recommended that study leave process be reviewed and simplified if possible, either within the department or at Trust level.  | The Trust should review study leave process and simplify if possible, either within the department or at Trust level.  | R3.12        |

#### 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:

Dr 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.