

## Programme Review Findings Form

| Section 1: Details of the Visit |   |
|---------------------------------|---|
| Programme Name:                 | Cardiothoracic Surgery  |
| LEP (Trust/Site) reviewed:      | <ul style="list-style-type: none"> <li>Hull and East Yorkshire - Castle Hill (Cardiothoracic Surgery)</li> <li>Sheffield Teaching Hospitals – Northern General Hospital (Cardiothoracic Surgery)</li> <li>Leeds Teaching Hospitals – Leeds General Infirmary (Cardiac Surgery)</li> <li>St James’ University Hospital (Thoracic Surgery)</li> </ul> |
| Date of Visit:                  | 15 July 2014  |

| No | Issue   | LEP (Trust & Site) | Recommendation   | Action by   |
|----|---|--------------------|--|---|
| 1. | Trainees report a lack of Departmental Teaching in Cardiac Surgery.   | LTHT, LGI          | Review the records relating to departmental teaching in terms of educational programmes and attendance registers.  | Trust to supply to Head of School                 |
| 2. | Formal handover of patients is variable across the patch. As there is increasing importance that handover is auditable and robust, consistent handover protocols need to be instigated across the four units. | Regional           | Review the arrangements for handover to formalise a consistent process.<br><br>Dr Jon Cooper, DME at LGI, to demonstrate to Michael Cowan, TPD, an online handover app that has been introduced in some clinical areas at LTHT to assess if this can be rolled out to other units. | TPD and STC leads for each Trust<br><br>JC and MC |
| 3. | The Trainees reported very variable Consultant led teaching ward rounds across the three units.   | Regional           | Review the number of Consultant-led ward rounds that take place and consider the implementation of ‘grand rounds’ to maximise teaching opportunities.  | STC leads for each Trust                          |
| 4. | Access to Nuffield patient cases is reliant on Trainees acting on their own initiative, for example, using annual leave allocation  | LGI                | Professor Gough to have further discussions regarding Trainees having access to Nuffield cases with Yvette Oade.   | MG  |

|    |   |          |  |                                |
|----|---|----------|--|--------------------------------|
|    | to see patients at the unit. It was recognised that the Clinical Fellows are regularly accessing these opportunities.   |          |  |                                |
| 5. | Access to operative training provided by Consultants is very variable. Trainees also reported that some trainers are more appropriate for trainees at specific levels . Examples were provided of trainees feeling they had had a 'wasted year' due to a mismatch of trainee with a supervisor. | Regional | <p>The Trainee representative to liaise with trainee colleagues to compile a matrix of trainers across the four units outlining the teaching strengths for each consultant and link this, where appropriate to the level of trainee. Trainers agreed it would be a positive move for trainees to have direct involvement in their training. The matrix will be discussed at the next STC meeting to supplement existing intelligence. These findings can then be factored into the rotation timetable. <b>The panel and trainers agreed that the STC's decision about the consultant(s) to whom a trainee was allocated should be final and not changed at a local level.</b></p> <p>It is recommended that an annual MSF takes place to continue the process of taking trainee feedback into account.</p> | Trainee Rep/<br>STC/TPD        |
| 7. | Trainees felt there was too much time spent on ICU, especially for more senior trainees   | Regional | Audit the amount of time Cardiothoracic trainees spend covering ICU and reduce this to a level commensurate with curricular requirements and training  | TPD & STC leads for each Trust |

### Section 3: Outcome (please detail what action is requested following the review)

|   |     |
|---|-----|
| No further action required – no issues identified                 |     |
| Monitoring by School  | YES |
| Speciality to be included in next round of annual reviews         |     |
| Level 2: Triggered Visit by LETB with externality                 |     |
| Level 3: Triggered Visit by LETB including regulator involvements |     |

### Section 4: Decision (To be completed by the Quality Team)

The issues identified to be followed up by the School of Surgery in February 2015

**Final Comments**

On examination of the 2014 GMC NTS data, Hull has five green flags with pink for handover, Leeds a red flag for not delivering adequate experience and pink for overall satisfaction. Sheffield has a red flag for regional teaching and five pink flags.

There was good engagement from trainees and trainers across the four sites and all trainees would be comfortable for family and friends to be treated in their unit. The panel recognised the value of the half day monthly teaching for all trainees in Yorkshire and Humber that includes interactive teaching for two hours and two hours of either wet lab or simulation in dedicated skills labs. Mr Lubani's hard work in this area is recognised. The Part 3 exam has a good record with a greater than 90 per cent passing first time. The trainees reported that they generally receive excellent clinical supervision in theatre and out of hours. In out-patient clinics trainees review new patients with regular case based discussions taking place to maximise teaching opportunities.