

Quality and Regulation Team (London and South East)

Croydon Health Services NHS Trust Foundation Specialty Focused Visit

Quality Visit Report

27 January 2016

Final Report



Visit Details	
Trust	Croydon Health Services NHS Trust
Date of visit	27 January 2016
Background to visit	<p>Croydon Health Services NHS Trust had not been visited since the last Trust-wide Review in October 2012 and many of the requirements and recommendations issued at earlier visits had not been successfully closed. The General Medical Council National Training Survey 2015 had highlighted concerns in foundation training. It was therefore felt that a focused review of foundation training would be useful to assess the quality of training provided at the Trust. Foundation training was reviewed in a parallel session to the Trust-wide Review.</p> <p>The visit team had access to the Foundation Doctors' Annual Questionnaire results (which 71 out of 77 foundation doctors at the Trust had completed). In this questionnaire, the vast majority of the foundation doctors had rated the quality of clinical experience in their post as good or very good and had reported that they would recommend or strongly recommend their post. Trauma and orthopaedic surgery and geriatric medicine had not received particularly good feedback in the survey. In particular, trainees had reported that the orthogeriatrics part of the rota offered little educational benefit. On the other hand, the haematology post was reported to be excellent with plenty of opportunities for teaching and clinical exposure.</p>
Visit summary and outcomes	<p>Generally, the visit team found that foundation training was managed very well and there was good educational supervisor engagement and support. The foundation doctors had the opportunity to feed back on their training and the majority reported that they would recommend their posts.</p> <p>The visit team found that CERNER worked well on the whole, and the visit team was impressed by the rarity with which patients were lost.</p> <p>Foundation doctors felt very well supported by all staff.</p> <p>However, the visit team noted the following areas for improvement:</p> <p>Although foundation doctors appreciated the comprehensive training they received for CERNER, they found that a full day's training was far too intense and commented that they would prefer this to be broken down so that the information was easier to absorb.</p> <p>There were issues with patients being lost when they went to outlying wards; there was also an issue with patients in the observation area in the emergency department: before patients were allocated a bed as an inpatient, they did not appear on the CERNER system.</p> <p>Workload was an issue in many areas and the visit team suggested that a diary card exercise was required for all foundation doctors.</p> <p>There were difficulties with transfer of samples to St George's Hospital with some samples being delayed or lost due to the lack of an effective tracking system. This was felt to be irksome and time-consuming for F1s as well as a potential patient safety issue.</p> <p>The visit team felt that the emergency department night rota needed to be reviewed.</p> <p>The visit team recommended that the Trust reviewed the arrangements for foundation year two (F2) teaching as the mandatory teaching did not mesh well with all the foundation doctors' timetables. As a result, many of the F2s were unable to attend their mandatory teaching due to conflicting timetables.</p> <p>As a result of the Broadening The Foundation Programme, some of the old foundation posts had been converted into psychiatry or community posts: the visit team suggested that further work on the structure of some of these jobs was required.</p> <p>Of the 26 foundation year one (F1) doctors interviewed, all reported that they would recommend their jobs apart from some of the renal and respiratory doctors who felt particularly stretched and overwhelmed. In addition, some of the care of the elderly doctors complained that having to train locums on the CERNER system was time-consuming and particularly irritating when the locum doctors worked on a short-term basis and inevitably left after a few weeks.</p>

	<p>The urology F1s felt somewhat demoralised by the heavy workload and long hours. The neonatal job was also not found to be useful.</p> <p>On the positive side, FDs in endocrinology, in the acute medical unit, in colorectal surgery, in orthopaedic surgery, in paediatrics, in gastroenterology, in intensive care and in the emergency department all felt well supported and praised the varied experience they received at the Trust.</p> <p>Of 15 the F2 doctors interviewed, all reported that they would recommend their jobs, except for two doctors working in the community who felt that their jobs were not meeting their curriculum requirements.</p>
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Visit team

Lead Visitor	Dr Jan Welch, Director, South Thames Foundation School	External Representative	Dr Julian Collinson, Foundation Training Programme Director, Chelsea & Westminster Hospital NHS Foundation Trust
Lay Representative	Ryan Jeffs, Lay Representative	Scribe	Jane MacPherson, Deputy Quality and Visits Manager
Observer	Deepa Somarchand, Quality Support Officer	Observer	Azeem Madari, Quality Support Officer

Findings

Ref	Findings	Action and Evidence Required. Full details on Action Plan	Requirement / Recommendation
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GMC Theme 1) Learning environment and culture

F1.1	<p>Patient safety</p> <p>The visit team heard of difficulties with the transfer of samples to St George's Hospital with some samples being delayed or lost due to the lack of an effective tracking system. This was felt to be irksome and time-consuming for the foundation doctors (FDs), as they spent considerable time telephoning St George's Hospital, as well as a potential patient safety issue.</p> <p>In the Foundation Doctors' Annual Questionnaire (FDAQ), the results indicated that the majority of FDs rated laboratory services as either good or very good. During the visit, the visit team heard that accessing results could prove difficult particularly during upgrade periods when the whole laboratory system was out of operation.</p>	Review and strengthen the system for transfer of samples to St George's Hospital.	Mandatory Requirement
F1.2	<p>Serious incidents and professional duty of candour</p> <p>The foundation year two doctors (F2s) reported that they were informed about clinical incident reporting during induction, although they were not given any formal training. They were, however, happy to ask for instruction on completing Datix forms if they needed to report incidents.</p> <p>None of the trainees had received any feedback on incidents that they had reported.</p>	Review and strengthen the serious incident system so that FDs receive feedback on any incidents reported.	Mandatory Requirement

	<p>Some of the educational supervisors agreed that the feedback loop to the reporter was not systematic and that further work was required in this area.</p> <p>The visit team heard that incidents were regularly discussed at a half-day multi-disciplinary teaching session (MDT) but not all trainees were able to attend this meeting.</p>		
F1.3	<p>Appropriate clinical supervision</p> <p>The senior management team reported that workload was a standard agenda item on the foundation faculty group meetings, and that if issues were raised in this area, they were acted upon.</p> <p>Most trainees reported in the FDAQ that workload was high but in general they felt well supervised.</p> <p>Of the foundation year one doctors (F1s) interviewed, all felt well supervised, apart from in urology. The urology F1s blamed staffing issues for this deficiency. They cited the lack of support at core trainee level as the reason for this, and also commented that the higher trainee was usually very busy in clinic or theatre and therefore unavailable to provide support. On the whole, they reported that the quality of their supervision fluctuated on a daily basis and was largely dependent on who was on duty.</p> <p>The F1s working in obstetrics and gynaecology reported issues with continuity particularly as there were often three different higher trainees and three different consultants working each day. The visit team was also told that there were gaps in the rota, with only five out of the eight core trainee posts filled.</p> <p>In general, the F1s reported that there was always support available, if needed, but the lack of trainees at core level across the board impacted heavily on the quality of their supervision.</p> <p>The foundation year two doctors (F2s) all reported that they felt well supervised. The trauma and orthopaedic surgery (T&O) doctors stated that their supervision arrangements had improved and that they were never without a clinical supervisor.</p>	Trust to ensure that FDs are receiving adequate middle grade support, including daily ward rounds and cross-cover arrangements for when team members are absent or for when the department is short-staffed.	Mandatory Requirement
F1.4	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The visit team heard that one obstetrics and gynaecology foundation doctor had been asked to conduct an ultrasound by a higher trainee, which was not appropriate to her stage of training.</p> <p>Similarly, an F2 doctor had been informed by a pharmacist that prescribing or administering cytotoxic drugs was appropriate for the F2 level of training, which was not the case.</p> <p>No issues were raised by the F1s in the FDAQ or during the visit regarding prescribing or administering cytotoxic drugs or site-marking.</p> <p>No major issues were reported by the FDs relating to portering or phlebotomy, although some commented that they were regularly asked by the radiologists to bring down patients to radiology</p>	Trust to email FDs, supervisors and other relevant staff members reminding them of the restrictions.	Mandatory Requirement

	for X-rays to be carried out.		
F1.5	<p>Taking consent</p> <p>No issues were raised by the F1s in the FDAQ or during the visit regarding taking consent.</p>		
F1.6	<p>Rotas</p> <p>The foundation training programme director (FTPD) reported that although work intensity was high, there were also many good courses and leadership opportunities available to the FDs. She highlighted that many doctors who had previously worked at the Trust as FDs were now applying to work there as consultants. She felt that this was testament to the Trust's enthusiasm to teach and train.</p> <p>The FDs informed the visit team that the intensity of workload varied from specialty to specialty. However, the renal and respiratory jobs were reported to be the most intense. In both these specialties, there were gaps in the rota. The acute care of the elderly post was also reported to be busy with the F2 doctor regularly having to take bloods.</p> <p>Workload for the FDs occupying the general practice (GP) posts was reported to be satisfactory. Similarly, workload in the community geriatric jobs was also regarded as less intense.</p> <p>The majority of the FDs stated that they worked beyond their rostered hours, with many intimating that they worked at least two hours extra on a daily basis. The visit team heard that although diary card exercises had been planned and at times attempted, a successful exercise had not yet taken place.</p> <p>The visit team felt that the emergency department night rota needed to be reviewed since many F2s reported that they had to cover ten nights on call over two weeks with three days off in the middle. There was universal feedback from the FDs that the organisation of the on call rota was unsatisfactory.</p> <p>The visit team heard that F1s were not part of the on call night rota.</p> <p>The majority of the FDs (apart from in O&G) reported that they received their on call rota for the whole year at the start of their post, which they appreciated.</p>	<p>Trust to diary card FDs. FD Reps to encourage and remind colleagues to participate in diary carding.</p> <p>The emergency medicine night rota needs to be reviewed and changed, where appropriate.</p>	<p>Mandatory Requirement</p> <p>Mandatory Requirement</p>
F1.7	<p>Induction</p> <p>Most FDs reported in the FDAQ that departmental induction was satisfactory. This was corroborated by most of the FDs interviewed during the visit. However, some FDs in upper gastro-intestinal and colorectal surgery had been unable to attend their induction due to planned industrial action. FDs in medicine who were allocated to the on call block from day one did not receive any departmental induction.</p> <p>In general, the F1s felt that two days of shadowing as part of Trust induction was insufficient for their needs, particularly as they had to spend one full day learning about CERNER via online</p>	<p>See Trust-wide Review Report.</p>	

	<p>modules. They all felt that they would prefer this to be broken down into two days so that the information was easier to absorb. They also suggested that it would be useful to have the opportunity to practise using CERNER and then to have follow-up training afterwards on the wards.</p> <p>Some of the FDs reported that they were reviewing the current structure of training and were hoping to introduce a virtual ward round so that doctors could learn about CERNER in a more practical, useful way.</p> <p>The F2s agreed that CERNER training could be improved and commented that they too felt overwhelmed by the one day training session.</p>		
F1.8	<p>Handover</p> <p>The FDs all reported that the CERNER system was effective and that patients were seldom lost. However, some issues were highlighted with patients having multiple accounts, which was a potential patient safety issue.</p> <p>The visit team heard of issues with patients being lost when they went to outlying wards and of patients in the observation area in the emergency department not being allocated a bed, and therefore not appearing on the in-patient CERNER system.</p> <p>The FDs reported that in the acute medical unit there was a daily handover in the morning and in the evening which was regarded as robust. The visit team was also informed that the hospital at night handover took place at 8pm and was attended by all specialties.</p>	See Trust-wide Review report.	
F1.9	<p>Protected time for learning and organised educational sessions</p> <p>The visit team heard that there was bleep-free teaching every week on a Tuesday and Friday for the F1s during which the consultants held the bleep.</p> <p>The F1s confirmed that they were able to attend these teaching sessions and were asked for their feedback on the quality of the sessions. The majority of the F1s were on track to meet their attendance target of 70% with two or three in danger of missing this target. The colorectal surgery doctors in particular struggled to attend particularly if they were busy with the surgical take.</p> <p>There was no formal departmental teaching programme in place for the F2s. There were however five mandatory study days throughout the year (which were repeated twice).</p> <p>The visit team heard that those F2s who started in the emergency department were unable to attend the early mandatory study days and then struggled to attend the required five out of the remaining six or seven sessions, in order to meet their target. The medicine rota was not compatible with the schedule for the mandatory study days either.</p> <p>The F2s felt somewhat aggrieved that that the mandatory study days were not timetabled, so that they could all attend.</p>	There must be protected time for departmental teaching for all F2s. The Trust must communicate to FDs which training sessions are mandatory and communicate to senior doctors that FDs may be absent from or late to the ward during teaching periods. Appropriate cover on the ward must be arranged so that the F2s can attend teaching sessions.	Mandatory Requirement

F1.10	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>The FTPD reported that the Trust now only employed clinical and educational supervisors who were enthusiastic about training. Where this was not the case, those consultants no longer looked after the FDs.</p> <p>Some FDs were concerned that their supervisors did not know how to use the e-portfolio system. They also felt that their induction should cover the e-portfolio system more thoroughly.</p> <p>The FDs confirmed that they were all able to meet with their educational supervisor regularly, apart from the general practice (GP) and psychiatry doctors who sometimes struggled to meet with their supervisor (although this was mainly due to geographical reasons).</p>	Trust to ensure that all trainees are up-to-date with their educational supervision meetings (induction and end of placement).	Mandatory Requirement
GMC Theme 2) Educational governance and leadership			
F2.1	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The visit team was informed by the senior management team about the junior doctors' fora to which trainees were invited and during which any issues with education and training were discussed. These sessions were all reported to be bleep-free and well attended.</p> <p>The FTPD reported that the FDs regularly used Whatsapp to send out messages, e.g. to ask for help if their firm was busy. The FDs agreed that this was the case, although at times some of the FDs in the regularly busy, under-staffed departments felt guilty about frequently having to ask their colleagues for help.</p> <p>The deputy FTPD stated that the FDs were very adept at resolving issues themselves by being proactive and offering solutions.</p> <p>The visit team heard that a regular foundation faculty meeting took place which was chaired by the director of medical education. All specialties were represented, as well as the outreach team, night practitioner team, pharmacy and nursing.</p> <p>The visit team heard that the current FTPD and deputy FTPD were due to step down but that new replacements had been appointed. A period of shadowing would take place for six months.</p> <p>The deputy FTPD had received less than satisfactory feedback on some of the newer roles, particularly the community geriatric medicine role and the psychiatry role. She commented that work was being undertaken to try and develop and define these roles. She also said that arrangements had been made for the FDs working in the community to cover the on call for one day a week so that they felt part of the firm. This had been arranged following feedback from the FDs.</p> <p>The visit team also heard that the neonatal job was due to be converted into a psychiatry job, as a result of the national target to create psychiatry jobs.</p>		

	Although the FDs interviewed were aware of the junior doctors' fora, very few had attended.		
GMC Theme 3) Supporting learners			
F3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The visit team heard about careers workshops which had been organised for both F1s and F2s. The FTPD also highlighted a leadership foundation certificate course which had been running for three years, which had emphasis on quality improvement projects and audits.</p>		
F3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The visit team heard that one of the Trust's radiologists refused to engage with the F1 doctors, preferring only to deal with higher trainees. The FDs commented, however, that this particular radiologist was the exception to the general rule within the radiology department.</p> <p>No major issues were raised with regards to undermining. When FDs had occasionally faced problems in this regard in the past, these had been quickly resolved by the Trust.</p> <p>Several departments were particularly commended by the FDs, namely microbiology, haematology, critical care outreach and palliative care.</p>	Trust to hold meeting with senior members of radiology to address this issue, and submit the minutes of this meeting.	Mandatory Requirement
GMC Theme 4) Supporting educators			
F4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>All the trainers interviewed reported that they had had a general appraisal which also included a review of their educational role.</p>		
F4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The FTPD reported that all consultants had 2.5 SPA (supporting programmed activity) time in their job plan.</p> <p>All the trainers interviewed felt that they had sufficient time in their job plan to carry out their educational role.</p>		
GMC Theme 5) Developing and implementing curricula and assessments			
F5.1	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>In general, most of the FDs interviewed reported that their jobs provided sufficient practical experience. The F2 occupying the acute care of the elderly post reported that the post was more</p>		

	<p>suited to a F1 doctor.</p> <p>The visit team heard that there were two community care of the elderly posts in the borough, one in the south and one in the north. The job in the south was regarded as not particularly useful in its current structure.</p>	<p>Review the community posts to ensure that they are fit for purpose.</p>		<p>Mandatory Requirement</p>
Good Practice		Contact	Brief for Sharing	Date
Other Actions (including actions to be taken by Health Education England)				
Requirement			Responsibility	
Signed				
By the Lead Visitor on behalf of the Visiting Team:		Dr Jan Welch, Director, South Thames Foundation School		
Date:		25 February 2016		