

Quality and Regulation Team (London and South East)

Croydon Health Services NHS Trust Trust Wide Review



Quality Visit Report

27 January 2016

Final Report



| Visit Details | | | |
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| Trust | Croydon Health Services NHS Trust | | |
| Date of visit | 27 January 2016 | | |
| Background to visit | A Trust Wide Review had not been conducted by Health Education England since October 2012. A Trust Wide Review was therefore arranged for January 2016 and Foundation and General Practice parallel specialty-focused sessions took place alongside (see separate specialty-focused reports for further details) in line with the red outliers in the 2015 General Medical Council National Training Survey. | | |
| Visit summary and outcomes | <p>The visit team would like to thank the Trust for accommodating the visit and the well-attended sessions the visit team encountered. The visit team met with the senior management team which included director of medical education, medical education manager, chief executive officer, chief nurse, medical director, director of human resources, foundation training programme directors, lead for integrated adult care pathways, deputy director of human resources, head of organisational development and non-executive director. The visit team then met with the postgraduate medical education team which included director of medical education, medical education manager, library services manager, simulation lead and college tutors across the Trust. The visit team met with trainee representatives across the following specialities: acute care common stem, paediatrics, anaesthetics, radiology, core medical training, core surgery, general surgery, trauma and orthopaedics, acute medicine, elderly care, cardiology and obstetrics and gynaecology. The visit team then met with 23 educational supervisors across the Trust.</p> <p>The visit team noted the areas that were working well. All the trainees would recommend the Trust. There were excellent examples of good practice within paediatrics. All trainees commented that the roles were well planned and the trainees were supported. The visit team heard positive comments regarding the outreach team. The addition of the new mandatory trainee involvement box on datix reports was also commended.</p> <p>However, the visit team noted the following areas for improvement.</p> <ul style="list-style-type: none"> • There were no set Trust mechanisms for capturing evidence of trainee involvement in meetings. • Although generally well implemented and liked, the Cerner system still had a couple of areas that could affect the continuity of patient care. • The new trainer census collection was good and would take a few months to implement. The visit team suggested that the executive team needed to inform the visit team of the interim short term plan. • The Trust was required to review computer access across the Trust and within departments, as the computers on wheels were not always working. • The Trust was also required to provide more evidence regarding the work that had been undertaken following earlier visits, as this would then enable the quality and regulation team to close off the outstanding actions, and would also allow the Trust to demonstrate its areas of good practice. | | |
| Visit team | | | |
| Lead Visitor | Dr Orla Lacey, Trust Liaison Dean, Health Education England North West London | Commissioning Team Representative | Emma Jones, Quality and Performance Manager, Health Education England South London |
| Trust Liaison Dean | Dr Helen Massil, Trust Liaison Dean, Health Education England South London | Lay Member | Jayam Dalal, Lay Representative |

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| Observer | Kate Neilson, Quality Support Officer | Observer | Bindiya Varma, Patient Safety Fellow at Royal Marsden NHS Foundation Trust |
| Visit Officer | Victoria Farrimond, Learning Environment Quality Coordinator | | |
| Findings | | | |
| Ref | Findings | Action and Evidence Required. Full details on Action Plan | RAG rating of action |
| GMC Theme 1) Learning environment and culture | | | |
| TWR 1.1 | <p>Patient safety</p> <p>Overall, the Cerner system was considered excellent amongst all staff the visit team met. However, several trainees commented that they could not complete the inpatient drug chart on the inpatient Cerner system until the patient was electronically admitted onto the ward from the emergency department Cerner system. This meant that inpatients did not have prescriptions for extended periods, with the medication chart often written later, by a different doctor.</p> <p>The visit team heard that these concerns had been raised locally with the acute medical unit (AMU) consultant.</p> | The Trust is required to review and address the issue of the inability to prepare a medication chart for incoming inpatients from the emergency department. | Mandatory Requirement |
| TWR 1.2 | <p>Serious incidents and professional duty of candour</p> <p>The visit team heard that the medical director met with the risk management team every week to discuss all incidents across the Trust. The Director of Medical Education (DME) reported that when a trainee was involved in a serious incident they were notified as was the educational supervisor.</p> <p>The visit team heard that the educational supervisors provided feedback on the incident to trainees and completed the exception report. The college tutors reported that in small specialties the department would be aware of trainee involvement and would be able to assist sooner than those in larger specialties when there could be a gap between the incident and reporting back on the incident to the trainee.</p> <p>The DME informed the visit team that the Datix report now included a mandatory tick box regarding trainee involvement which should ensure the DME was notified.</p> <p>The trainees stated that they knew how to report incidents and complete the datix form however; trainees did not universally receive feedback. Paediatrics was exceptionally good, and the visit team suggested that this good practice should be taken forward.</p> <p>The paediatrics trainees reported that they had a monthly governance meeting which all trainees</p> | | |

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| | <p>were encouraged to attend which included a review of all incidents and deaths within the department.</p> <p>The educational supervisors all reported that they would receive notification of a trainee's involvement in an incident and would then follow up with the trainee. The visit team heard that within paediatrics they had a monthly departmental datix report produced, which was discussed at the monthly governance meetings. The educational supervisors from other specialty areas thought this was an excellent idea and expressed a wish for departmental monthly Datix reporting.</p> <p>The visit team heard that trainees were unsure who should attend the Trust governance meeting. The trainees reported that on the days of Trust governance meetings, clinics were cancelled however post-take and ward work still needed to be completed.</p> <p>The college tutors explained that there was a three monthly morbidity and mortality (M&M) grand round which featured learning from serious incidents.</p> <p>The visit team heard that the Trust hosted listening into action and a shared learning event in which trainees and consultants could learn from critical incidents.</p> <p>The educational supervisors all commented how supportive the outgoing Trust's lawyer was with the trainees ensuring adequate preparation for coroner's courts and expressed a wish that this support would continue.</p> | <p>The visit team recommend that the Trust is to provide each department with a monthly report of all datix reports to be discussed at the department's governance meetings. To reflect the good practice in paediatrics.</p> <p>The Trust is to clarify who the trainee representatives are within each department so that all trainees are aware of who represents their department.</p> | <p>Recommendation</p> <p>Mandatory Requirement</p> |
| <p>TWR 1.3</p> | <p>Rotas</p> <p>The visit team heard that the acute take was busier at night than during the day; overnight up to 40 patients could be admitted. The Trust had recruited an extra trust grade doctor to help overnight which had made a massive difference.</p> <p>The trainees commented that the 24-hour outreach team were very helpful and excellent, though the trainees were unsure if they would be able to provide 24/7 care in the future as trainees were aware of vacancies. The medical director acknowledged the vacancies and that the Trust was actively trying to recruit into these vacancies.</p> <p>The higher trainees in medicine reported that the on call rota worked well as the trainees undertook a week of acute on call with a consultant, which ensured continuity of education and training. The surgery trainees stated that they followed up patients on take and then undertook the necessary procedure as they were matched on call with a consultant, this resulted in the trainees not missing out on elective operating although, the rota was not as flexible as others.</p> <p>The core medicine trainees stated that the rota was very inflexible, with set annual leave, which was difficult to swap.</p> <p>The visit team heard that the higher medicine trainees had the rota planned a year in advance and the trainees all received the rota six weeks in advance of starting at the Trust. The core trainees reported that they were on a fixed leave rota which could be difficult when trying to take leave. The core trainees undertook the acute take over a month, which was exhausting; the trainees then received six days off.</p> | <p>It is recommended that the Trust review the core medical trainee rota, particularly around the fixed nature of annual leave.</p> | <p>Recommendation</p> |

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| | <p>The paediatric trainees commented that the rota worked well and provided the trainees with a good mix of opportunities.</p> <p>The radiology trainees stated that the rota worked well, the department were open to trainees swapping shifts and adapting the rota to suit their needs.</p> <p>The visit team heard that the anaesthetics higher trainee could be taken away from training to support service due to vacancies.</p> <p>The obstetrics and gynaecology trainees reported that there were huge rota gaps across the department, the department was short two core trainees and two higher trainees and it was reported that there were times when there was no one available to cover the nightshift.</p> <p>The senior management team at Croydon Health Services NHS Trust recognised the work intensity was high and there were trainee vacancies across the Trust. Further to this the Trust was looking into physician associates and medical training incentives.</p> | <p>The Trust is required to review the provision of education and training for the specific rotas where there are vacancies affecting workload. The visit team is interested in the Trust's strategy for managing these vacancies going forward.</p> | <p>Mandatory Requirement</p> |
| <p>TWR 1.4</p> | <p>Induction</p> <p>The visit team acknowledges that the Trust has done a lot of work to improve and adjust the induction.</p> <p>The trainees indicated that the Trust induction required the trainees to undertake lengthy e-learning outside of rostered hours, which all trainees struggled to complete. The trainees also commented that the Cerner training did not need to be so long. The trainees recommended that it would be useful if the Trust did half a day on Cerner training and half a day on the e-learning topics that needed to be completed.</p> <p>The trainees commented that the online learning was not repeated in the face-to-face session, which was good as there was no duplication.</p> <p>The visit team was told that the Trust used Cerner and everything was computerised this resulted in the induction focusing on how to utilise the system.</p> | <p>The visit team recommends the Trust review the induction process in line with trainee discussion and involvement.</p> | <p>Recommendation</p> |
| <p>TWR 1.5</p> | <p>Handover</p> <p>The elderly care trainees reported that in morning handover the department would discuss who was working and which wards required more support and move people if necessary.</p> <p>The paediatric trainees commented that at morning handover they reviewed the rota and reallocated staff if necessary.</p> | | |
| <p>TWR 1.6</p> | <p>Access to simulation-based training opportunities</p> <p>The simulation lead reported that they had been at the Trust for one year. The simulation faculty met every quarter to discuss what simulation activity was taking place and areas which required focused programmes. The visit team heard that every acute specialty was engaged with the simulation department.</p> | | |

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| | <p>The senior management team reported that simulation was embedded within each specialty and courses were planned to respond to trainee and Trust needs.</p> <p>The visit team heard that the simulation courses were expensive and the core medical trainees struggled with the associated costs for the training they needed to undertake.</p> | | |
| TWR 1.7 | <p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>The visits team heard that all the consultants were supportive and approachable.</p> | | |

GMC Theme 2) Educational governance and leadership

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| TWR 2.1 | <p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The DME commented that at induction the trainees were told who their educational supervisor was and how to contact them. The visit team heard that the Trust had an open door policy and the DME was available to meet with trainees on Fridays.</p> <p>The Senior Management Team (SMT) commented that there was a junior doctor forum every four to six weeks in which the trainees could meet with the Chief Executive Officer (CEO) and Medical Director. The visit team heard that some trainees had been to the trainee forum with the CEO and Medical Director.</p> <p>The trainees commented there were ways of feeding back within the departments through governance meetings or local faculty groups (LFGs). The medicine trainees commented it could be difficult to feedback as trainees were within differing specialties throughout the day and then undertook one day a week of acute medicine. The cardiology trainees were unaware of a LFG within the department.</p> <p>The educational supervisors in elderly care and genito-urinary medicine (GUM) commented that they found trainees did not always want to raise concerns with them and had changed the format of LFGs so that trainee representatives led a meeting every Monday and then attended the consultant meeting to feedback.</p> <p>The educational supervisors in obstetrics and gynaecology reported that there was a trainee meeting which was led by the trainee and the college tutor attended and then the consultants had a focused meeting which the trainee representative attended.</p> <p>The educational supervisors in Acute Care Common Stem (ACCS) stated that there was not much learning shared between the three specialties. The Emergency Medicine consultants were starting an ACCS LFG to bring the trainees together to raise concerns.</p> | <p>The visit team recommends that the Trust continue to implement LFGs consistently across all the specialty areas with opportunities for trainee feedback. These should be minuted, with clear trainee representation.</p> | <p>Recommendation</p> |
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GMC Theme 3) Supporting learners

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| <p>TWR 3.1</p> | <p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The library manager stated that the library was refurbished in 2015 to include a creative space for trainees to meet in.</p> <p>The visit team heard that most trainees used the library. The library manager attended the trainees' induction and encouraged trainees to visit the library and find out about the services regarding electronic resources.</p> <p>The library manager commented that that they used an access on demand service, trainees carry out literature searches and pulled up articles they would like to access. The library manager attended all education meetings which enabled trainees to raise library accessibility issues or have questions answered.</p> <p>The visit team heard that the computers in the T&O department did not work. The trainees who worked within the emergency department reported that the computers on wheels did not work and this wasted time when trying to complete patient information and access Cerner.</p> <p>The educational supervisors commented that most of the computers needed renewing as there were regular difficulties accessing working computers. The visit team heard that there was currently very limited external access to Cerner across the Trust, only one intensive care medicine (ICM) consultant had access and found it very useful, supporting decisions about patient care.</p> <p>The trainees reported that it would be useful if Cerner could provide them with a list of the trainees' patients.</p> | <p>The visit team recommends that the Trust audits its IT facilities and ensures appropriate access to Cerner in all acute areas.</p> | <p>Recommendation</p> |
| <p>GMC Theme 4) Supporting educators</p> | | | |
| <p>TWR 4.1</p> | <p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The senior management team informed the visit team that the Trust had recently implemented a new appraisal system, which would incorporate the educational appraisal requirements.</p> <p>The visit team heard that the postgraduate medical education (PGME) team were being proactive in ensuring all trainers would be compliant by May 2016 and that the Trust had 85% compliance at the time of the visit.</p> <p>The PGME team commented that they had been chasing educational supervisors and provided those with a deadline to ensure they were compliant; if they were not compliant by this date the medical director would then meet with them.</p> <p>The educational supervisors commented that the MEM had been chasing them regarding completing mandatory training and appraisals.</p> <p>The PGME team reported that the educational supervisors had been involved in a faculty development programme which was facilitated by the Trust for all educational supervisors to</p> | <p>The Trust is to inform the visit team of the interim short-term plan to collect data for the May 2016 deadline for the 'Training the Trainer Census'.</p> | <p>Mandatory Requirement</p> |

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| | attend to ensure they were complaint. The college tutors within surgery and anaesthetics commented that education was now included as part of the annual appraisal. This made the process as a whole more streamlined. | | |
| TWR 4.2 | Sufficient time in educators' job plans to meet educational responsibilities The visit team heard that college tutors received one programmed activities (PA) for their role and educational supervisors received 0.25 PA per trainee. The visit team was told that many of the educational supervisors clinically supervised the general practice (GP) trainees which added up to a similar amount of time for the trainees they educationally supervised however this time was not recognised within the job plan. | | |
| GMC Theme 5) Developing and implementing curricula and assessments | | | |
| TWR 5.1 | Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum The surgery trainees commented that the Trust did not carry out many acute operations however the trainees were well trained. The paediatric trainees reported that the paediatric department was fantastic, there were good learning opportunities, teaching every morning, full handover systems, simulation training once a month and consultant-led ward rounds once a day. The medicine trainees commented that the AMU consultants were very supportive and would support trainees all day long if required. The availability of senior support on the wards was excellent. The surgery, obstetrics and gynaecology and cardiology trainees all stated that the departments were very supportive; consultant led and involved great team working. The trainees all commented that the PGME team were great and very helpful for facilitation of lectures, seminars and courses. The visit team heard that the Medical Education Manager came in on a day off to support trainees on a course. | | |
| TWR 5.2 | Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum The core trauma and orthopaedics trainees commented that the role was challenging as there were no foundation doctors within the department; this restricted opportunities of the trainees as the role was more service focused. The trainees indicated that it could be hard to access clinics. The trainees reported that there had been long term vacancies and the department was looking for long term Trust grade doctors. The trainees indicated that the job had real potential and they enjoyed working at the Trust. The core medical trainees reported that with the increased curricular requirements to attend clinic | Please see action in TWR1.3 above. The Trust is to ensure that all core medical | Mandatory Requirement |

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| | <p>as part of training was not achievable due to service demands. The visit team was told that gastroenterology core medical trainees did meet these training requirements and had their own clinic list with five patients that were allocated.</p> <p>The core anaesthetic trainees reported that the obstetrics anaesthetics model felt rather ad hoc however there was a new lead within the department who was going to address these concerns.</p> <p>The obstetrics and gynaecology trainees reported that the gaps within the rota were affecting the higher trainees completing their advanced training skills module (ATSM) sessions.</p> <p>The paediatric trainees commented they had regular weeks of outpatient clinics.</p> <p>The educational supervisors in paediatrics reported that the e-portfolio system was currently out of operation and they had to use another system they were unfamiliar with.</p> <p>The visit team heard that the trainees had protected education forums which included grand rounds, training opportunities, Wednesday afternoon teaching and protected time for learning opportunities.</p> | <p>trainees have access to practical experience to meet the competencies required in their curriculum, including the required clinic attendances.</p> <p>The Trust is to ensure that higher obstetrics and gynaecology trainees are able to complete their ATSM sessions.</p> | <p>Mandatory Requirement</p> <p>Mandatory Requirement</p> | |
| TWR 5.3 | <p>Opportunities for interprofessional multidisciplinary working</p> <p>The SMT informed the visit team that they were currently undertaking a pilot for the advanced nurse practitioner role in medicine and surgery. Within the acute medical unit the department was looking into how to utilise the physician associate role.</p> <p>The visit team heard that in the previous year the Trust was the only Trust to have all four projects shortlisted in the nursing times awards.</p> | | | |
| TWR 5.4 | <p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The SMT reported that they kept an eye on the service and training balance by making this topic a standing agenda item at the Learning Environment Committee.</p> | | | |
| Good Practice | | Contact | Brief for Sharing | Date |
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| Other Actions (including actions to be taken by Health Education England) | | | | |
| Requirement | | | Responsibility | |
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| Signed | | | | |

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| By the Lead Visitor on behalf of the Visiting Team: | Dr Orla Lacey, Trust Liaison Dean, Health Education England North West London |
| Date: | 25 February 2016 |