QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Guys and St Thomas' NHS Foundation Trust

Risk-based Review (Education Lead Conversation)

Quality Review report

17 February 2017

Final Report

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Quality Review details

Training programme	Clinical radiology
Background to review	The 2016 GMC National Training Survey (NTS) results for Clinical Radiology at GSTT returned four pink outliers for 'clinical supervision', 'induction', 'educational supervision', and 'feedback'. There were no red outliers. However, the GMC NTS generated multiple red outliers between 2013 to 2015. In 2013, clinical radiology training received four red outliers for 'clinical supervision', 'workload', 'feedback' and 'regional teaching'. A pink outlier was also received for 'induction'. Similarly, in 2014, clinical radiology received five red outliers, for 'overall satisfaction', 'clinical supervision', 'workload', 'feedback' and 'regional teaching'. It also received pink outliers in 'induction' and 'adequate experience'. In 2015, clinical radiology training received a red outlier in 'supportive environment' and a pink outlier in 'clinical supervision'. In 2014, Health Education England conducted an on-site visit at GSTT's Clinical Radiology department, which generated an action plan on which remain a number of open actions. The Head of School raised concerns about a number of areas, as set out below: 1. In the current open actions, there was mention of 6 day working for consultants, but not that consultants routinely came in to review scans taken out of hours (OOH) on both days of the weekend. We had asked the Trust to review the consultants' weekend working and formalise protocol. We reviewed the Royal College of Radiologists' website and as of Jan 2015, it stipulated that OOH scans should indeed be reviewed on both weekend days. There was also an expectation that all OOH higher trainees' scans would be reviewed within 24 hours – and this appeared not to be robust. 2. It had been requested that there should be improvement in the OOH paediatric radiology cover, towards which the Trust initially showed some progress. However, the Trust had no timescale for this and no change in the amount of cover (paediatric consultant cover only for intussusceptions) and no written protocol for obtaining a paediatric OOH opinion if the general consultant on-call was unable to help. The limited amount of OOH cover was inadequate for the level of complexity which the Trust's paediatric service offered. 3. There were also concerns about competing demands on multiple sites across the Trust and the Trust had been asked to establish an escalation policy for this - the review team wanted to ascertain if this has been addressed. The Evelina Children's Hospital offered paediatric surgery for multiple conditions as a secondary referral centre, as well as a level 3 neonatal unit to support complex cases. The minimum level of cover expected to be in place (and this was while something more robust was developed) was that there was paediatric consultant support for fluoroscopy and intussception reductions, with a clear escalation policy if cases were more complex than the on-call consultant was able to deal with. Additionally, we considered that this should be considered a risk issue for the Trust, and a plan to offer a more robust consultant paediatric radiology OOH support should be progressed. We had also requested this several times as part of our responses to the outstanding open actions on the action plan.

HEE quality review team	Dr Jane Young – Head of the London Specialty School of Radiology Dr Catherine O'Keeffe – Deputy Postgraduate Dean – Health Education England South London Jennifer Quinn – Learning Environment Quality Coordinator – Health Education England
Trust attendees	Dr Haran Jogeeesvaran – Consultant Paediatric Radiologist and Clinical Radiology Training Programme Director Dr Nyree Griffin – Regional Training Programme Director, South East London Rob Godfrey – Head of Medical Education programmes Dina Allam – Radiology Service Manager Nate Hill – Medical Education Manager

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
Theme 1	The Trust presentation established that the Trust held 32 national training posts in clinical radiology, including one post shared with Lewisham and Greenwich NHS Trust with on-calls undertaken at GSTT sites. One additional post had been agreed for recruitment in 2017. The clinical radiology team stated that it had received support from Trust management to establish a senior general radiology locum consultant post to cover gaps in the rota, and expected to recruit approximately seven new consultant posts by December 2017. It was anticipated that each would cover at least one ultrasound list, which would enhance the level of supervision available for trainees, which was challenging due to the fact that this service was located on both Guy's and St Thomas' sites. Additionally, the Trust expected to recruit to a new paediatric consultant post by the end of the year – the post was included in the department's business plan and was accounted for in the upcoming financial year's budget. The Trust had previously advertised the post, but did not find any appointable candidates. When eventually appointed to, this post would enable the Trust to implement a robust out of hours (OOH) consultant paediatric radiology rota to support the radiology trainees. The review team was encouraged to learn of positive steps that the department had taken to improve the training experience, such as: • raising consultant numbers to close to a 1:1 ratio with trainees • supporting the specialty's research profile, including recruiting an Academic Clinical Fellow at Specialty Training grade 1 (in post in Autumn 2017) • adding training as a standing agenda item at monthly consultant meetings • refurbishing the department, increasing the number of workstations by approximately 50 per cent and renovating the trainees' room and library • maintaining an anatomy course for trainees, with teaching support provided by 12 consultants • it was reported that eight trainees will be sitting the '2Bs' exam in December 2017 The Trust stated that it had a strong record of preparing trainees for the workplace, with all recent trainees achieving substantive consultant appointments well within their respective grace periods. The Trust advised that it had recently appointed as consultants four trainees from the Trust's training programme, demonstrating the high standard of the training it provided.	Yes – see CR1a

Theme 1	**Clinical supervision** The review team acknowledged that the department had experienced a significant increase in demand, and was keen to ascertain the arrangements for the out of hours (OOH) reviewing of scans taken overnight. The Trust advised that during the week, at least one consultant was on site to cover routine evening weekday lists between 5pm and 7pm, and late-running inpatient lists were no longer the responsibility of the OOH higher trainee. All OOH scans were reviewed the following morning, with the expectation that scans would be reviewed within a 24-hour period. Furthermore, on-call consultants were available for phone advice throughout the week. At the weekend, the on-call consultant was present routinely between 11am and 5pm, with flexibility on Sundays as to whether consultants were onsite in the morning or afternoon. The Trust advised that this was now formalised in job plans with time off in lieu provided. The review team learned that two consultants provided cover on most CT lists for Monday to Friday, which now gave adequate time for reviewing the OOH work. The OOH workload varied but they estimated that there were approximately 15 CT scans being performed overnight (not including other work such as ultrasound). **Paediatric radiology out of hours cover** The Trust advised that during Monday to Friday OOH shifts, all paediatric imaging was checked by paediatric radiologists, whereas weekend OOH work was reviewed by the general radiology consultant. The Trust anticipated that once the seventh new consultant was established in post, it expected to have formalised paediatric radiology OOH cover in place. However, the Trust stated that it wanted to ensure that the provision of dedicated paediatric OOH cover would not compromise trainees' exposure to a full range of pathology.	Yes – see CR1b
Theme 1	**Rotas** The Trust acknowledged that it was subject to an increasing out-of-hours (OOH) workload, with heavy on-call responsibilities, particularly for CT and MRI scanning, for which the team was unable to predict the volume requiring OOH cover. Additionally, the burden of having to cover multiple sites was highlighted as posing difficulties when trying to factor in basic arrangements such as tutorials. However, the Trust was working hard to improve conditions for trainees and had established a system for developing and increasing trainee responsibility with good senior support and shadowing for year one onwards up to the point of undertaking full overnight shifts in their third year of training. At the time of the meeting, new trainees spent six to eight months on the junior OOH rota, twinned with a senior trainee. Trainees in their first year only work OOH between 11am and 7pm at weekends (on a 1 in 5 basis), and worked fully supervised and supernumerary to the existing rota. The rota coordinator placed two trainees on-call between 5pm and 9pm, one core trainee and one senior. Each trainee covered a different site, with one usually reporting CT imaging and the other performing ultrasound. The Trust reported that this system received a positive response from trainees following a scheme pilot. It was reported that trainees only began to undertake full overnight shifts during the last two months of their second year of training.	

	The review team was impressed by this structured approach. **Weekend outpatient work** The Trust advised that all routine weekend outpatient CT scans were pre-protocolled; the department clinical lead had established a clear protocol for those occasions where radiography assistants could not cannulate, whereby a decision was made in advance to rebook or scan without contrast so that the on-call registrar was not expected to deal with it. The Trust acknowledged that there would need to be an increase in staffing to bring weekend/seven–day working (starting with Saturday working) in line with Monday to Friday levels. The Trust was clear that it was unsustainable to rely solely on the on-call team.	Yes – see CR1b
Theme 1	**Risk monitoring/escalation policies** The review team remained concerned that there was no formal escalation policy in place for some of the challenges of OOH working, including the issues already raised regarding support for cross–site cover and paediatric radiology OOH work. However, the Trust advised that it had drafted a document detailing the range of work available OOH for a range of clinical indications and included who to contact for discussion (consultant or higher trainee) and the level of support for paediatric radiology consultant cover. This had been shared with all clinical staff. The review team requested that an escalation policy be formalised in case of multiple urgent conflicting demands across sites as a matter of both patient safety and trainee support, to empower and direct the radiology higher trainee to ask for and receive help in terms of requesting a consultant to attend on site. **Paediatric radiology** The Head of School requested that as a matter of both patient safety and trainee support, the escalation policy for paediatric radiology support be formalised and include paediatric fluoroscopy - usually for possible malrotation - when a paediatric radiologist would be contacted directly (as already occurred with intussusception reduction). The Trust advised that on average, there was approximately one fluoroscopy procedure per week. The review team suggested that to strengthen this work, the Trust should develop a process for monitoring and auditing both the escalation policy and how often the paediatrics radiologists had been called to support intussusception cases and fluoroscopy. In addition, the review team requested that, as part of the OOH review of paediatric ultrasound work, the Trust audited the accuracy of higher trainees' diagnoses. In addition, it was felt that the results of such an audit may provide evidence as to whether or not the current level of supervision was adequate. The Trust advised that it was in the process of launching an internal training survey and would include questions about the current level of support and their willingness to escalate. In addition, the Trust held regular formal 'discrepancy' meetings including OOH imaging. However, the Trust acknowledged that as these meetings were used as part	Yes – see CR1c Yes – see CR1d

	of the learning environment, they may not necessarily monitor the number of cases presenting discrepancies.	
Theme 2	**Implementation of the new junior doctors' contract** The Trust advised that it had in place a Guardian (with 5 PAs) who was working with junior doctor coordinators and holding workshops with the Trust's HR department and service managers to review the anticipated impact of the new contract. It was reported that there was already in place a formalised support network for the transition. The review team heard that the Trust viewed radiology as a critical area with regard to ensuring that adequate cover be in place for the new contract working systems. It was reported that the radiology department's service managers were to draft a timeline establishing all Trust discussions that had taken place and a plan outlining how the Trust subsequently intends to manage the contract implementation. The Trust stated that it had recruited two junior representatives to assist with the rising workload associated with the new contract.	Yes – see CR2
Theme 4	**Educational supervision** The review team learned that the education supervision arrangements had been revised to have a maximum or three trainees allocated to each supervisor to increase the amount of dedicated supervision available to each trainee. In addition, it was reported that the Trust ran numerous in-house courses for clinical and educational supervisors to develop their supervisory skills and personal development. The review team heard that all educational supervisors and the two college tutors had time allocated in their job plans for educational responsibilities. However, it was reported that it was often challenging for the Training Programme Director to balance his supervisory responsibilities with his own clinical role, due to having only one PA programmed in his job plan.	

Next steps

Conclusion
The review team was encouraged by the effort, time and thought that the Trust had invested into making positive changes to the department. In order to support this work, we expect that the Trust will revise its current paediatric radiology escalation policy to include paediatric fluoroscopy, sending to HEE the details of that policy, once available. We expect the Trust to implement and monitor the use of this policy within eight weeks of this meeting. We would also like to see the outcome of the risk review of the effect of the new junior doctors' contract on the higher trainees' OOH rota with proposed solution. The review team would like to commend the changes made to dealing with weekend pre-planned work – including the pre-protocolling and pre-decision for lack of venous access both saving time for patients, staff and obviating the involvement of the OOH registrar. This will be disseminated as good practice.

The team was encouraged by changes to routine late working by consultants in CT, ensuring that OOH higher trainees were no longer required to cover late-running IP scans. The team would like to receive a copy of the document outlining the investigations available OOH and methods for requesting them as a model for good practice.

Finally, the review team would like to receive a description of how the higher trainees receive increasing responsibility for OOH work to use as a model for good practice.

Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
CR1a	The Trust is required to confirm details of its plan to recruit an additional paediatric radiologist, with clear timelines provided by 28 April 2017. The Trust is also required to confirm its proposals for recruitment to consultant appointments across the wider department.	The Trust must provide details of its recruitment strategy with clear timelines submitted as evidence.	R1.7
CR1b	The Trust is required to draft a formal implementation agreement for consultant out-of-hours working by 28 April 2017.	The Trust must provide a copy of the draft implementation agreement and submit as evidence a plan of how it intends to disseminate, monitor and review its use in the future.	R1.7
CR1c	The Trust is required to implement and monitor an escalation policy for conflicting urgent demands on multiple sites – and to review its use periodically.	The Trust must provide details of the escalation policy as evidence and a plan of how it intends to disseminate, monitor and review its use in the future. This action will be monitored through LFG minutes, with the submission of minutes, as evidence.	R1.8
CR1d	The Trust is required to revise its current paediatric radiology escalation policy to include paediatric fluoroscopy. The Trust is required to implement and monitor the use of this policy by 28 April 2017.	The Trust must provide details of the escalation policy as evidence and a plan of how it intends to disseminate, monitor and review its use in the future. This action will be monitored through LFG minutes, with the submission of minutes as evidence.	R1.8
CR2	The Trust is required to undertake a risk review of the effect of the new junior doctors' contract on the provision of the higher trainees' OOH rota, supplying with.	The Trust must submit the outcome of the review and subsequent proposed solution(s). The Trust must provide a plan as evidence of how it intends to disseminate, monitor and review its use in the future.	R2.3

		This action will be monitored through LFG minutes, with the submission of minutes as evidence.	

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Jane Young
Date:	23 March 2017

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.