QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

St George's University Hospitals NHS Foundation Trust

Combined Infection Training

Risk-based Review (on-site visit)

Quality Review report

27 March 2018
Final Report

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Quality Review details

Background to review	St George's University Hospital NHS Foundation Trust received poor results from the 2017 General Medical Council National Training Survey (GMC NTS). The GMC NTS revealed a significant number of red outliers for combined infection training (CIT), in the following areas: 1. Overall satisfaction 2. Clinical supervision 3. Reporting systems 4. Teamwork 5. Supportive environment 6. Adequate experience 7. Curriculum coverage 8. Educational Governance 9. Educational Supervision 10. Feedback 11. Local Teaching The Trust also received one pink outlier in Regional Teaching for CIT, Therefore, Health Education England (HEE) felt that it was necessary to undertake an on-site visit to meet with the departmental leads and trainees to create a bespoke action plan for the Trust to undertake to address these issues.
Training programme / learner group reviewed	Combined infection training (CIT), including medical microbiology and virology (MMV), and infectious diseases (ID).
Number of learners and educators from each training programme	The quality review team met with the following trainees in CIT: • ST3 in medical virology, medical microbiology and infectious diseases • ST4 in medical microbiology and infectious diseases • ST5 in medical microbiology and infectious diseases • ST6 in medical microbiology and infectious diseases The quality review team also met with CIT Educational Leads, Medical Director, Director of Medical Education, Associate Director of Workforce, Director of Human Resources, and Education and Development Manager.
Review summary and outcomes	During the course of the Risk-based Review (on-site visit), the quality review team recognised that St George's University Hospital NHS Foundation Trust (SGH) had been able to provide a good teaching environment and experience to CIT trainees and offered a wide case mix and range of pathology. A number of areas of improvement were highlighted as follows: • All trainees recognised that SGH had been a good place for training with a fully comprehensive CIT experience provided, covering MMV and ID. • All trainees were complimentary of the regular structured local teaching sessions and although the trainees reported that these were not bleep-free, the quality review team was pleased to hear that these sessions had been well attended. • The quality review team was pleased to hear that the Trust had full engagement with the trainees through the local faculty group (LFG) meetings in planning actions and solutions to the identified issues in the department.

	A number of areas that still needed improvement were also reported: • The quality review team heard that heavy workload had an impact on training, with variable cover for release by senior colleagues to allow attendance of all trainees at local and regional teaching. • It was reported that the trainees had not been able to take time-off in lieu after a night on-call. • It was reported that the consultant body establishment was short of 2.2 whole time equivalent (WTE) and the business case was not easy to identify through the Trust management policy. The quality review team advised that this needed to be considered to avoid negative impact in trainee experience.

Quality Review Team			
HEE Review Lead	Dr Martin Young, Head of School of Pathology for London and the South East, Health Education England	**External Clinician**	Professor Peter Wilson, Consultant Microbiologist, Clinical Microbiology & Virology, UCLH NHS Foundation Trust
Deputy Postgraduate Dean	Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England, South London	**HEE Representative**	Andrea Dewhurst, Quality, Patient Safety & Commissioning Manager, Health Education England (London and the South East)
Lay Member	Kate Rivett, Lay Representative	**Scribe**	Adora Depasupil, Learning Environment Quality Coordinator, Health Education England (South West London and the South East)
Observer	John Marshall, Learning Environment Quality Coordinator (North Central London and the South East)		

Educational overview and progress since last visit – summary of Trust presentation

The quality review team wanted to thank the Trust for accommodating the review and for the efforts made in facilitating the process.

The educational leads (ELs) for the combined infection training (CIT) department reported that the Trust had not anticipated the poor GMC NTS results in 2017. The ELs stated that medical microbiology and virology (MMV) used to be a separate department from CIT, but as the clinical operational management of the two departments were overlapping, the Trust had combined the two departments three years prior to the review. The ELs stated that although this was a significant change, the trainees enjoyed working alongside the different subspecialties. However, the ELs reported that two consultants were on maternity leave and so locum cover were put in place in order for the department to cope with the heavy workload. The ELs further reported that the Trust also had to cope with the south west London laboratory merges at the time when the GMC NTS was carried out which potentially had contributed to the poor results in 2017.

The ELs reported that the department had been proactive in ensuring that the red outliers were addressed as soon as the GMC NTS results were published. The ELs reported that they immediately met with the clinical and educational supervisors and with the Director of Medical Education (DME) to explore these issues. The ELs also met with the trainees and obtained anonymous feedback which had been documented as part of the local investigation of the reasons for the poor results. The quality review team heard that the CIT department had dedicated local faculty group (LFG) meetings with the trainees which took place every three months in order to ensure that the issues were actively monitored, action points generated and trainee feedback obtained.

It was reported that the Trust had previously experienced challenges with the lack of continuity with education supervision and providing pastoral support to the trainees due to the nature of the CIT programme. The ELs explained that during the first two years of training, some of the CIT trainees were allocated to SGH, and some were allocated to King's College Hospital NHS Foundation Trust. The ELs explained that the trainees rotated around London for the final three years of the training programme. The quality review team heard that the Trust had now harmonised the educational supervisors for MMV and ID to ensure that trainees had consistent support throughout their training placement at SGH.

The quality review team heard that the laboratory based services in South West London for St George's Hospital, Kingston Hospital NHS Foundation Trust and Croydon University Hospital had been merged and provided from the St George's site. The quality review team heard that this had initially resulted in some anxieties with the trainees as the MMV workload had increased without extra resources. However, the ELs stated that the Trust was hopeful in recruiting extra MMV consultants in order to reduce service pressures in MMV and that the recent trainee feedback indicated that the trainees were now embedded, with a sense of normality, within the laboratories.

The ELs reported that some of the trainees had started in the department in August 2017 and therefore were not part of the previous cohort of trainees who completed the 2017 GMC NTS, but the Trust had updated the trainees of the issues and environment training development plans. It was reported that the ELs had taken on the responsibility as signatories for approval and granting of annual leave requests. The ELs indicated that this ensured consistency in the annual leave approval processes which had improved trainees' overall satisfaction and therefore was no longer identified as an issue.

It was reported that the regional training sessions for core medical trainees, and CIT higher trainees at level ST3 and above, were both scheduled on every second Wednesday of each month. The ELs indicated that this had resulted in the wards being inadequately staffed. Therefore, in order to maintain a safe balance between providing service delivery and ensuring that all trainees were able to attend their regional training sessions, the Trust reported that the regional training sessions for CIT trainees had been moved to another Wednesday within the month. Additionally, the ELs reported that the Trust was finalising arrangements for an additional trainee in Infectious Diseases from Kent, Surrey, Sussex (KSS) region to join the department from August 2018 increasing the number of higher trainees from 4 to 5. The ELs reported that the department was hoping to recruit either a physician's associate (PA) or a foundation year three doctor to provide further support to the higher trainees. The ELs explained that the department had no allocated junior doctor at foundation level, and so the higher trainees were taking on everyday tasks which had detracted them from their training.

In regard to hospital-at-night (H@N) policy and procedures, the ELs reported that the department was in the process of auditing the type of calls that the trainees had been receiving during out-of-hours (OOH). The ELs stated that they recognised that trainees had received inappropriate calls during OOH, and were awaiting the result of the audit in order to improve the H@N policy and procedures to enable trainees to sleep for at least five continuous hours at night. For instance, the quality review team heard that if the audit revealed significant number of inappropriate calls and/or constant interrupted sleep, the ELs planned to take the on-call trainee off the rota the next day.

The ELs reported that all subspecialties within CIT worked well together and the consultant body had a good working relationship, which had benefitted the educational governance arrangements and leadership. Furthermore, the quality review team heard that there were regular multi-disciplinary (MDT) meetings that were conducted every Monday (led by MM) and Thursday (hosted by radiology), where trainees were expected to attend. The ELs reported that both departments were keen to work together and have the same approach. The ELs further explained that the different team members were able to reflect on their performance and functions during these MDT meetings, where all staff were able to communicate well with each other and they had been able to build a positive working environment.

It was reported that human immunodeficiency virus (HIV) and genitourinary medicine (GUM) services had been separated, with the GUM service now located off site. The ELs reported that the Trust had been able to manage and maintain an integrated HIV services at SGH to look after inpatients, outpatients and outreach clinics covering 2000 patients. The quality review team was also informed of the satellite clinic at Queen Mary's Hospital. The ELs explained that the MM and ID trainees had been able to see patients on McEntee ward (ID ward in SGH) and follow-up HIV patients in three to four consultant-led outpatients clinics every week.

The quality review team heard that despite pressure in the nursing staff in terms of recruitment, McEntee ward conducted a daily morning multi-disciplinary board rounds. The quality review team heard that potential discharges were discussed with the trainees present during the board rounds and that there was a good team-working environment. The ELs commended the nursing staff on McEntee ward and described them as well-established in the department with very stable senior nursing staff who had made a positive difference to the overall working environment.

In terms of hospital-at-night (H@N) and out-of-hours (OOH) pressures, the ELs reported that core medical trainees were resident on-call; CIT higher trainees were non-resident on-call although they had been involved with patient care at the point of admissions. The ELs reported that it was very unusual for the CIT trainees to be expected to come into the hospital during OOH, as the department had a dedicated ward clerk in the evening who was able to liaise with the relevant staff members.

The quality review team heard that CIT department should have 9.2 whole time equivalent (WTE) consultants, but at the time of the review, the department had 2.2 WTE vacant posts. It was reported that there had been delays in obtaining higher executive and finance management approval and this may have affected the quality of supervision provided to the trainees.

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? Requirement Reference Number
CIT1.1	**Responsibilities for patient care appropriate for stage of education and training** Trainees reported that consultants and higher trainees attended to the service needs on the weekends, where the higher trainees were accessible the whole day and the consultants were available until all signing had been completed. The CIT trainees reported that they were responsible for dealing with phone call queries and blood samples, but the MM and MV consultants were accessible at any time if they needed advice and so the trainees stated that they were happy with the arrangements. The trainees reported that it was extremely stressful during the flu season in the winter months due to bed pressures. The quality review team heard that during the previous winter, the trainees felt intense pressure as 40% of the beds on the McEntee ward were occupied by general medicine patients due to bed pressures. It was reported that during this time one of the trainees felt uncomfortable looking after a patient that was not within their knowledge of specialty, but they had no issues with obtaining senior clinical advice. The trainees commented that this was due to pressures from the site managers and not from their department.	

CIT1.2	**Induction** All trainees reported that they received both Trust and departmental induction at a relevant time during their training and were happy with the quality of the inductions provided to them.	
CIT1.3	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** All trainees reported that they had been able to receive exceptionally relevant experience since they started their training at SGH. All trainees agreed that they had been able to develop their knowledge, ability and confidence and were all highly complimentary of the clinical and educational support and valuable feedback that they had received from their supervisors.	
CIT1.4	**Protected time for learning and organised educational sessions** Trainees reported a number of educational opportunities on a daily basis as well as part of their daily interaction within the department, as well as a number of organised teaching sessions. The quality review team heard of regular MDT meetings that were held weekly on Mondays, Tuesdays, Wednesdays and Thursdays. It was reported that ID consultants were able to seek MM advice on Mondays and the MDT meeting on Thursdays was with radiology and ID teams. Trainees stated that although these were informal clinical meetings, that they often found these conducive to their education. Trainees reported that bench teaching took place on Thursdays where one of the MM consultants would go through infectious diseases topics or laboratory scenarios for at least 30 minutes to an hour. The quality review team also heard that there was a departmental teaching and journal club every Friday. Trainees reported that these scheduled educational sessions were not bleep-free, but indicated that these sessions had generally been well attended. Furthermore, trainees stated that they were aware that the Trust had been looking for a solution to ensure that trainees had protected time to attend the organised local teaching sessions. Trainees stated that the local teaching sessions had improved significantly as there were now dedicated consultants and higher trainees who led each session and the trainees found the quality of these teaching sessions excellent, delivered on time and rarely cancelled. In regard to regional teaching sessions, trainees reported that previously these were scheduled at the same time as the CMT regional training day and so was raised as an issue to the London Training Programme Director (TPD). Consequently, trainees reported that schedules had been changed which had allowed trainees to be released to attend the sessions. Additionally, if there was no higher trainee cover on the ward the trainees reported that not all of them were able to attend the regional teaching session. However, since the 2017 GMC NTS results, trainees reported that they had observed that the consultants had changed the rules significantly and so the ward now only needed one trainee to stay. Trainees also indicated that cover provided by consultants to release trainees to attend regional teaching was variable.	Yes, please see CIT1.4 below

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.**		
CIT2.1	**Impact of service design on learners** When asked about the red outliers, the trainees stated that perhaps this was due to the pressures on the ward as a result of the constant heavy workload and poor junior doctor support. Trainees reported that SGH had an 18-bedded unit and in addition they had outlier patients. Therefore, trainees indicated that due to the complexity and heavy workload, and high turnover of patients, there was always some challenge in balancing service demands and accessing educational and training opportunities. Trainees reported that the department often had two to three junior doctors who often were on night shift, post-take or on-call. The quality review team heard that the trainees were spending significant amount of time doing menial tasks as the department did not have a dedicated foundation doctor or other non-medical staff to take on these tasks. Trainees indicated that often clinical needs of the patients took priority over education and training. Trainees reported that they were officially non-resident on call for MM and ID from 17:00 until 08:30, but indicated that it was often unclear as to when they were expected to be on site and often it was the trainees' own judgement as to when to leave, and return to the hospital. The quality review team heard that the phone call queries could be from anyone, from the laboratory technician overnight or any staff on the wards. Trainees reported that the department also received direct referrals overnight from accident & emergency (A&E). Trainees reported that there was one on-call junior doctor for A&E who also covered the other wings in the hospital who would call the trainee on-call if there were any issues and the trainees would then make a judgment to escalate to a senior clinician. The quality review team heard that although the trainees were rarely required to come into the hospital whilst on-call, they were receiving frequent calls especially related to infection control.	Yes, please see CIT2.1 below
CIT2.2	**Appropriate system for raising concerns about education and training within the organisation** It was reported that concerns regarding the day to day heavy workload had been discussed during the LFGs. The trainees indicated that the Trust had plans of recruiting a junior doctor to assist with the administrative tasks in order to release the trainees for education and training sessions.	
CIT2.3	**Systems and processes to identify, support and manage learners when there are concerns** All trainees confirmed that the department held regular LFG meetings every three months since they started in August 2017. The trainees reported that the LFGs they had been attending had allowed discussions on education, training and service issues. The quality review team was pleased to hear that the LFG meetings had been well documented including the action points generated and that the minutes had been shared with all trainees in order to obtain feedback and suggestions. The quality review team wanted to ascertain if the MV trainees had concerns in relation to the volume of samples that came from other hospitals due to the south west London laboratories amalgamation. Trainees reported that 90% of their role was to approve results of these samples and that they felt that there had been a significant improvement in the laboratories compared to when they first started in their posts. One of the trainees attributed this positive change due to the GUM service that had been moved off site.	

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.

CIT3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** Trainees reported that they had started an informal audit for two weeks in August 2017 when they first started in the department to identify the number of inappropriate calls that they had received during their on-call shifts. Trainees indicated that between 22:00 and 07:00 they almost always had been woken up by phone call queries and therefore half of the time they were not able to sleep for five continuous hours. The quality review team heard that if the department had received a referral from A&E, often times the trainee on-call would receive at least three phone call queries from the junior doctor. Furthermore, due to the pressures of workload on the wards, trainees indicated that the consultants preferred that trainees attended the next morning to present during the handover. This therefore meant that trainees were not always able to take time-off-in-lieu the next day after a night shift on-call unless they proactively requested it. The quality review team heard that trainees chose not to complete exception reporting but wanted to complete and formalise the audit first for the department to come to a general agreement. Trainees reported that they planned to suggest a half-day rota to follow an on-call shift to ensure trainees had time to rest especially if they were not able to sleep for five continuous hours overnight due to the frequency of phone calls during their on-call shift.	Yes, please see CIT3.1 below
CIT3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The quality review team heard that trainees had been made aware of the issues previously in regard to workload pressures in the department. It was reported that there were two ID consultants who had very high standards and in the past, due to stress to deliver those standards, some pressure had been placed on the trainees. The trainees reported that these consultants still worked in the department at the time of the review. However, the trainees indicated that although high standards remained, they no longer felt pressure from these consultants. Overall, all trainees were highly complimentary of the consultants, nurses, and non-clinical staff in CIT and described them all as highly supportive and approachable. The quality review team was pleased to hear that all trainees felt that they had been treated with respect at all times even when there was pressure on the wards and when they were junior trainees. The quality review team further heard that majority of the consultants had been encouraging and had regularly given the trainees positive feedback.	
CIT3.3	**Regular, constructive and meaningful feedback** All trainees reported that they were able to receive regular constructive and meaningful feedback as part of their day-to-day interactions with their supervisors. They were also complimentary of the quality and standard of the LFG meetings which the trainees described as highly productive.	

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.**		
	N/A	
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.**		
CIT5.1	**Opportunities for inter-professional multidisciplinary working** All trainees reported that CIT department at SGH provided a very supportive environment. The quality review team was pleased to hear that all trainees felt that they had established an excellent working relationship in terms of day-to-day working with the consultants, nursing staff, healthcare assistants and ward clerks.	
CIT5.2	**Regular, useful meetings with clinical and educational supervisors** Trainees reported that the LFG meetings had been productive and they felt that their educational and clinical supervisors had listened to their feedback. The trainees indicated the Trust had been proactively making changes based on recommendations that had been put in place as a response to the 2017 GMC NTS results and that trainees had had been involved in implementing these changes.	
CIT5.3	**Appropriate balance between providing services and accessing educational and training opportunities** Trainees acknowledged that the Trust had significantly improved access to local and regional teaching sessions, even though the department continually had high turnover of patients with complex pathologies and lacked adequate junior doctor support. Trainees reported that although they had a PA whom they described as good and reliable, this staff member was not able to cover tasks that needed clinical input. Trainees indicated that the department and training experience would benefit from recruiting more junior doctors.	Yes, please see CIT5.3 below
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.**

CIT6.1	**Learner retention** The quality review team heard that SGH overall had provided an excellent learning and training environment to CIT trainees, and all trainees were happy to recommend SGH as a place of training to their colleagues and friends.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
N/A	None	None	N/A

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
CIT1.4	The Trust is required to ensure that all trainees are able to attend their scheduled regional training sessions.	The Trust to provide cover plans and attendance records to ensure that trainees are released and able to attend the regional teaching days. Trainee feedback should be collected through the LFG meetings.	R1.16
CIT2.1	The Trust is required to implement a robust Hospital-at-night (H@N) policy and procedure to include bleep screening system, on-site senior support information, and clear expectations of roles.	The Trust to submit standard operating procedure (SOP) of H@N system, showing a diagram of members of night teams and clear designated roles. Trainee feedback should be collected through the LFG meetings.	R2.3
CIT3.1	The Trust is required to formalise the audit to monitor the frequency of inappropriate calls received during night on-call shifts, and to ensure that trainees are able to take TOIL accordingly or rota re-organised to	The Trust to share a copy of the audit results with HEE, and its plans in tackling the issue with interrupted sleep, or a copy of a re-organised rota to ensure trainees are able to take time-off-in-lieu.	R2.3

	ensure trainees are able to rest well after working overnight.		

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
CIT5.3	The Trust is recommended to pursue its intentions in recruiting Trust grade doctors or other non-medical staff e.g. PA to further assist the trainees with the heavy workload and improve the educational experience.	The Trust to update HEE of recruitment progress and successful appointment.	R1.7

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The quality review team suggests that the Trust looks at recruiting to the vacant 2.2 whole time equivalent (WTE) consultant posts, to ensure that the training experience is not negatively impacted.	The Trust

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Martin Young
Date:	19 April 2018

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.