

Lewisham and Greenwich NHS Trust

Risk-based Review (Education Lead Conversation)



Quality Review report

14 September 2018

Final Report

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healthcare

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Quality Review details

Training programme	<p>The review team met with the senior management of the following specialties, as well as members of the Trusts senior management team.</p> <ul style="list-style-type: none"> • Medicine (including CMT and GP at University Hospital Lewisham) • GP VTS (Obstetrics and Gynaecology) at Queen Elizabeth Hospital • General Surgery at Queen Elizabeth Hospital • Trauma and Orthopaedics at Queen Elizabeth Hospital • Paediatrics at University Hospital Lewisham
Background to review	<p>The review was organised to discuss, with the relevant leads and senior members of management, the General Medical Council National Training Survey results for the Trust.</p>
HEE quality review team	<p>Geeta Menon, Postgraduate Dean, Health Education England, South London</p> <p>Jo Szram, Deputy Postgraduate Dean, Health Education England, South London</p> <p>Anand Mehta, Deputy Postgraduate Dean, Health Education England, South London</p> <p>Ed Praeger, Learning Environment Quality Co-ordinator, Health Education England, London and the South East</p>
Trust attendees	<p>The review was attended by the Director of Medical Education, Medical Education Manager (from both sites) as well as specialty leads from each of the specialties reviewed.</p>

Conversation details

GMC Theme	Summary of discussions	Action to be taken? Y/N
	<p>Medicine (including CMT, Foundation and GP at University Hospital Lewisham)</p> <p>The Clinical Director (CD) for Medicine explained to the review team that the department had restructured the inpatient service by moving away from a firm-based structure. The CD further explained that changes made during this transition period had been challenging due to the reduced staffing levels within the department. The CD</p>	

explained that the department had seen a fall in Foundation Year 1 trainees from twelve to seven, as well as several staff going on maternity leave.

When asked what actions had been taken to resolve staffing issues, the CD explained to the review team that the Trust had started to try to over-recruit to posts, but application rates were low so appointments had gone straight into backfilling gaps in the rota.

The CD explained that the middle grade rota had been restructured which . and from August 2018 rota the initial newly redesigned rota had been in place. The CD informed the review team that the department would survey the trainees once the new rota was embedded. The CD further explained that the department had two extra higher specialty trainees covering weekend shifts.

The CD explained to the review team that the department had one ward which was shared with the acute medical team. The CD explained that the Hawthorne Ward was used as an overflow ward and was now part of routine ward structure.

When asked about the department's Physicians Assistants (PAs), the CD explained that there were currently ten PAs shared across medicine and Care of the Elderly (COTE) and that their appointment had increased training opportunities for trainees through covering wards. The CD explained that the ambulatory care staff numbers had also increased with informal feedback indicating that the current cohort were slightly happier in post.

When asked about the poor results that General Practice within medicine received through the General Medical Councils (GMC) National Training Survey (NTS), the CD explained that the GP VTS programme was challenging and that the scores received through the GMC NTS were based on a small number of trainees in post within the department. The CD further explained that within this small number of GP trainees, there was one trainee in difficulty (TID) and one trainee on maternity leave. The CD indicated to the review team that the trainees may have had a preconceived idea of the training they would receive in the department, with the CD making it clear that the consultants were responsible for teaching all trainees and not to focus on the GP trainees.

The Director of Medical Education informed the review team that the department had tried to recruit through the Medical Training Initiative (MTI) into the middle grade rota, but had not been successful, with the review team recommending that communications regarding the employment of MTI doctors be made with Epsom and St Helier University Hospitals NHS Trust.

The CD explained the frustration of having no overall workforce planning, indicating that the trainee rotation grid (TROG) system was very inaccurate. The Review team assured the CD that the Health Education Team at Health Education England would visit the Trust to discuss the issues.

When asked about the differences seen in the GMC NTS results between the two sites within the Trust, the DME informed the review team that the Queen Elizabeth Woolwich (QE) site had seen an improvement in GMC NTS scores over the last five years, with the University Hospital Lewisham (UHL) site historically performing well. The CD explained that the department at UHL site had always operated with a very lean establishment and efficient but had hit a tipping point with the reduction in trainee numbers. The CD explained that the employment of PAs was increasing departmental staffing back towards previous levels.

When asked about the Core Medical Training (CMT) trainees, the CMT lead explained to the review team that the department was changing the way that feedback was

	<p>received from trainees and indicated that relationships with trainees appeared to be good and the department was responsive to their feedback. The CMT lead indicated that all trainees were informed who their Educational Supervisor (ES) and Clinical Supervisor (CS) would be before starting in post. The CMT lead indicated to the review team that there were a total of seven inductions throughout the year, with information handbooks provided as well as a regional mandatory induction.</p> <p>The DME explained to the review team that expectations of the trainees needed to be realigned to the opportunities provided within the posts, although the review team felt that having a conversation with the trainees to better describe what the job entailed was of most benefit. The review team explained that the consultants in the department were expected to manage these expectations and prepare the trainees. The CD explained to the review team that consultants within the department needed to introduce a more positive view of the job so that this would trickle down to the trainees, and highlighted to the review team that the current cohort of trainees was already more engaged.</p> <p>The Medical Director (MD) highlighted to the review team that the department had lost the ability for middle grade trainees to access outpatient clinics a number of years ago and that this was a shame. The MD felt that these outpatient clinics allowed trainees to gain more experience and build their confidence. The hope was for this to be reintroduced at some point in the future.</p> <p>The review team informed the Trust that an Educational and Leadership Fellow had been agreed for the Trust (with part funding by HEE south London) to pro-actively address problems in real time as a point of liaison between trainees and consultants, as well as between the Trust and HEE.</p>	
	<p>GP VTS (Obstetrics and Gynaecology) at Queen Elizabeth Hospital</p> <p>When asked about the clinical supervision of the GP trainees within obstetrics and gynaecology, the Divisional Director for obstetrics and gynaecology (DDOG) indicated that GP trainees were having difficulties with clinical supervision due to the patchy rota and the over-reliance on the higher grade trainees to provide supervision. The DDME indicated that six new posts were being introduced at the QE site that all gaps had been filled at the UHL site.</p> <p>When asked about the teaching, the DDOG explained that the GP VTS trainees at the QE site had a bespoke Friday morning teaching session, with the core trainees receiving a twilight teaching programme at the QE site, with the time returned as Time off in Lieu (TOIL) upon presentation of their attendance sheet. The DDME indicated to the review team that the more general teaching material was covered over the course of the post.</p> <p>When asked about the induction that the GP trainees received, the DDOG indicated that this was the same process as other trainees in the department. The DDOG explained that the low scores received through the GMC NTS were felt to be related to the Trust induction (probably because it was considered too generic) and not the local departmental induction. The DDOG indicated that a handbook had been sent out by email to all new trainees in post.</p> <p>The DDOG explained to the review team that the rota designs varied between the two sites and that the trainees may not have had enough time to attend teaching within this rota. The DDOG explained that the GP trainees were all able to attend antenatal clinics. The need to facilitate VTS teaching was understood by the DDOG.</p>	

	<p>General Surgery at Queen Elizabeth Hospital</p> <p>The Clinical Director (CD) for surgery highlighted to the review team that the site had been one of the highlights in previous trainee's rotations and that it was disappointing to see the change in the experience and expectations of the trainees. The CD highlighted that it was the division's main drive to observe what the issues were and address them appropriately.</p> <p>The CD highlighted to the review team that a consultant in the department had sadly died suddenly recently, and along with a further two consultants leaving this had left the department short staffed. The CD further explained that the department had also been four trainees short from March 2018 to May 2018, and that because of this, the workload had been constantly heavy. The CD felt that relying on trainees provided through HEE wasn't ideal due to the last minute changes, and further explained that the department had employed two MTI doctors to ensure that the rota gaps were filled.</p> <p>The CD explained to the review team that changes made to the emergency surgery team had been important and the department was trying to implement a degree of a more traditional firm structure back into the department. The CD explained that the rota was now trainee-led and that this would go in to practice in October 2018. The CD felt that the trainees had greatly benefited from working on the rota as this had brought the team closer together.</p> <p>The CD highlighted that one of the key issues in the department was that the higher trainees had far too many commitments. The CD explained that the department had ensured that everyone in the department knew where others were and that the CD was meeting with middle grade and higher grade trainees on a weekly basis to determine what each trainee wanted from the post and try to adjust schedules accordingly.</p> <p>The Educational Lead (EL) for Surgery explained to the review team that staff shortages and rota gaps had been the main agenda items in the most recent local faculty group (LFG) meetings. The CD explained that the department was very keen on recruiting PAs into the Trauma and Orthopaedics department and felt that this would help the foundation trainees' workload and help support their experience. The CD also felt that prescribing pharmacists (PP) would work well in the department too.</p> <p>When asked about local teaching opportunities, the CD highlighted that with the reduction in the consultant staffing body, this was challenging. The CD explained that the department had had trainees call in the day before and inform them that they were to be attending regional teaching days. There was a need for a system to ensure more notice was given.</p> <p>The CD confirmed that with six new trainee posts and three middle grade posts, the department would be over-established by one doctor from October, which would hopefully provide some leeway.</p>	
	<p>Paediatrics at University Hospital Lewisham</p> <p>The Divisional Director expressed their disappointment in the low scores seen in the GMC NTS. The DD explained that they were small unit with a relatively small number of paediatric consultants. The DD explained that the department had difficulty with fill rates and had found it difficult to find locum doctors to fill the gaps.</p> <p>The DD informed the review team that the department had a lot of interaction with trainees in terms of junior-consultant meetings as well as senior/junior meetings. The DD highlighted that the trainees were also asked to give anonymous feedback about the consultants, which was passed on to the consultant to help improve the training</p>	

	<p>and educational environment. The DD explained to the review team that the department had converted a middle grade training post to a consultant post to increase the number of consultants in the department.</p> <p>When asked about regional teaching opportunities for trainees based in the department, the College Tutor (CT) explained the department had held a junior/senior meeting to discuss this and that the higher grade trainees had expressed surprise as to why it was red. The CT explained that regional teaching days were clearly marked in the rota and the trainees were not expected in clinics on these days. The CT also highlighted that they would encourage the middle grades to attend, although this was not mandatory.</p> <p>When discussing the poor scores received in feedback through the GMC NTS, the CT acknowledged that there was scope for improving this. The CT felt that consultants may not be giving trainees enough regular, constructive feedback. The CT highlighted that the department had introduced a feedback session into the higher grade teaching sessions so that the higher trainees felt empowered to give appropriate, constructive feedback to the more junior trainees.</p> <p>When asked about the educational supervision in the department, the CT explained to the review team that with changes to the number of consultant in the department, a number may not be used to supervising in the department. The CT highlighted that these consultants would now be targeted for more development regarding support for trainees. The CT also highlighted that the department was looking into having three way meetings with the trainees, so that their clinical supervisor and educational supervisor would be aware of their responsibilities and nothing was missed in terms of the trainees' educational and clinical needs.</p> <p>The CT explained to the review team that the major issue raised through the red flag in teamwork in the GMC NTS related to nursing staff in the paediatric emergency department. The trainees had feedback that they felt that they were being asked to perform jobs that did not offer any educational value and that there was a perception that some nurses were impolite. The CT explained that social events had been organised to try and help foster good teamwork, and commented that a degree of this issue was more based on differing personalities in the department..</p> <p>When asked about the red flag in the GMC NTS for workload, the CT highlighted that the department had recently increased their staffing numbers in the department and that this should help offer better support and reduce the workload. The DD indicated to the review team that the department was looking at the cohort of Advanced Nurse Practitioners (ANPs) to help reduce the workload on the trainees. The CT also highlighted the improvements made to the post-natal ward had already improved workload issues.</p> <p>The CT highlighted that the incident reporting system was considered to be cumbersome and time consuming. It was felt that if this system was expanded on both in the induction and in regular teaching sessions it would be used more often. The CT highlighted that the consultants had encouraged the trainees to exception report.</p>	
	<p>Trauma and Orthopaedics at Queen Elizabeth Hospital</p> <p>The Educational Lead (EL) for surgery expressed their surprise at the GMC NTS results. The EL highlighted that the Annual Review of Competence Progression (ARCP) outcome of their trainees were good, indicating that they were progressing well in training.</p> <p>When asked about the red flags for induction, the EL indicated to the review team that this was mainly due to trainees not receiving their full rota for the following six months</p>	

	<p>so that they could organise their leave. The EL indicated to the review team that this issues needed to be looked into.</p> <p>When asked about the red flag in supportive environment, the EL explained to the review team that every trauma list was consultant -delivered. The department did not give a whole day to trainees for research due to the shortage of staff in the department. The trainees did receive a half day after on call, although this was not dedicated to research.</p> <p>When asked about the red flag in teamwork received through the GMC NTS, the EL indicated that ST4 and above trainees were covering clinics and lists unsupervised in Eltham, although there was a consultant close by and able to give an opinion if necessary.</p> <p>The EL indicated their surprise at the poor scores received for the curriculum coverage indicator through the GMC NTS. The EL indicated that the main issues were with the research and audit sessions and whether the trainees fully understood what the questions that made up the GMC NTS meant. The EL highlighted that in terms of training, the site was one of the leading sites to gain knowledge in trauma work in the South East.</p> <p>The EL highlighted the recent changes that had been made to improve the reporting systems in the department. The department had increased information provided to trainees related to whistle blowing and how to raise concerns, with the help of quarterly e-bulletins. The EL highlighted that the department used the incident reporting service.</p> <p>The EL highlighted to the review team that sudden changes to the rotas and staff shortages were the main reason for the red flags seen in the rota design indicator in the GMC NTS. The EL highlighted that the trainees were not involved in rota design at the QE site, but were involved at the UHL site. The EL indicated that the trainees would often not get all of the required training experience when posted at the UHL site and would move to the QE site to gain this.</p> <p>The DME highlighted that consultants were not job planned for supervision out of hours over the weekend, and that no trauma lists on Saturdays, but highlighted that all trainees were supervised.</p> <p>The Medical Education Manager (MEM) indicated that the Trust was concentrating on ensuring the job plans of consultants were appropriately structured to recognised their educational responsibilities. The MEM also highlighted that the department was looking at recruiting more PAs, with twelve joining the department in October 2018. These PAs would cover the surgical wards as well as being involved in the emergency pathway. The MEM indicated that a single individual would have oversight of the workforce agenda to manage this.</p> <p>The CD highlighted that the department was favouring the trainees over the non-training grades and that this was clear from the scores trainees received through their ARCPs.</p>	
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Next steps

Conclusion

The quality review team would like to thank the Trust for accommodating the educational lead conversation and for ensuring that the session was very well attended.

The review team felt that the Trust had made considerable effort to address concerns highlighted by the 2018 GMC NTS and would respond to the action plan submitted by the Trust by the end of September.

A number of quality reviews would then be organised to ensure that the interventions outlined by the Trust teams had been implemented, and that the impact of these changes had been positive.

The Trust-based Education and Leadership fellow would assist the DME and the deputy postgraduate Dean linked to the Trust to work together more closely resulting in a more rapid cycle of change implementation and evaluation, aiming to improve the NTS outcomes significantly. The review team felt that job planning was pivotal to this improvement and would be discussing this issue in the context of educational tariff in due course.

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Dr Jo Szram, Deputy Postgraduate Dean on behalf of Prof Geeta Menon, Postgraduate Dean for HEE south London

Date:

11.11.18

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.