

## Visit to Croydon University Hospital

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

### Review at a glance

#### About the visit

<b>Visit dates</b>	16 October 2012
<b>Sites visited</b>	Croydon University Hospital
<b>Programmes reviewed</b>	4,5 & 6 year St George's MBBS, Foundation, Obstetrics and Gynaecology
<b>Areas of exploration</b>	Transfer of information, Fitness to Practise, Clinical placements/ Assistantship, Supervision, Assessment, Doctors in difficulty, Equality & Diversity, Involvement with LETB, Quality Management
<b>Were any patient safety concerns identified during the visit?</b>	No
<b>Were any significant educational concerns identified?</b>	No
<b>Has further regulatory action been requested via the <u>responses to concerns element of the QIF</u>?</b>	No

1. London has been chosen as the region for review in 2012-13. The south west London regional visit team visited Croydon University Hospital (CUH), formerly Mayday Hospital, because of Trainee survey results, NHS Litigation Authority levels, Care Quality Commission risk profile and because it is one of the main placement providers for St George's, University of London (SGUL). In the last academic year over 500 SGUL students participated in placements run by CUH and it maintains close links with SGUL. CUH also provides placements for King's College London and University College London. The following table summarises findings on the key areas of exploration for the visit.

<b>Areas of exploration: summary of findings</b>	
<b>Transfer of information</b>	<p>Transfer of information on graduates from SGUL and the South Thames Foundation School was reported as being good. Clinical and educational supervisors informed us that the quality of information on graduates from other schools was variable.</p> <p>SGUL graduates amongst the foundation trainees we met advised that the School was robust in ensuring that students completed the Transfer of Information form accurately.</p> <p>Foundation trainees we met advised that they had discussed their e-portfolio with their supervisors when they first arrived but did not sense that any other information had been shared with their supervisors.</p> <p>Standards are being met in the aspects of transfer of information that we explored on this visit.</p>
<b>Fitness to Practise</b>	<p>Many of the students we met were not aware of St George's Fitness to Practise policy. Students reported that they had been given copies of Good Medical Practice in their first year and were aware of professionalism. Students informed us they were given advice about professionalism at induction and that they knew who to contact if they had any concerns about colleagues or clinicians.</p> <p>Standards are being met in the aspects of fitness to practise that we explored on this visit.</p>

## Clinical placements / Assistantship

SGUL students spoke highly of the placements at Croydon University Hospital. This was attributed to enthusiastic, engaged supervisors and manageable student numbers on placements.

Final year students reported that the assistantship is working well and is good preparation for foundation year 1 (F1). Students were happy that the hospital allowed them to participate in F1 teaching sessions and use the simulation facilities to improve their clinical skills.

Students were very appreciative of the student support at Croydon and reported that staff are friendly and efficient.

Standards are being met in the aspects of clinical placements and assistantship that we explored on this visit.

## Supervision

Students stated that consultants were approachable and ready to provide supervision. This view was echoed by foundation and obstetric and gynaecology trainees who stated that there was an open door to senior staff. There was always a senior registrar or consultant on hand to help.

Clinical supervisors reported that they did not have protected time for supervision in their job plans. Please see recommendation 4 paragraph 29 for further details.

## Assessment

Students advised that getting work place based assessments signed off at Croydon was relatively easy. This is because supervisors appear to understand the forms and they are keen for clinical skills to be assessed.

This was echoed by foundation and obstetric and gynaecology trainees who advised of a commitment from the registrars and consultants to get supervised learning events done in a meaningful way that is responsive to service.

Standards are being met in the aspects of assessment that we explored on this visit.

## Doctors in difficulty

Foundation and obstetrics and gynaecology trainees were impressed by the support provided to them by the Postgraduate Medical Centre and the Foundation Training Programme Director at Croydon. If they had any educational or pastoral concerns, they would happily ask them for advice.

If there are any trainees in difficulty, meetings are held with the educational supervisor and foundation programme director to see if issues can be resolved locally. If this fails, they seek advice from the South Thames Foundation School.

Trainees that we met were very complimentary of the support available to them at Croydon.

Standards are being met in the aspects of doctors in difficulty that we explored on this visit.

## Equality and Diversity

Students and trainees we met had not required reasonable adjustments but knew where to seek help when required.

The Education Management Team advised us that they were happy to accommodate less than full time training when required and they had never turned anyone down.

Clinical and Educational Supervisors we met had received appropriate training in equality and diversity.

Standards are being met in the aspects of equality and diversity that we explored on this visit.

## Involvement with LETB

Croydon University Hospital is represented on the board of the South London LETB

The LETB does not recognise the South West London federation as an entity but considers the principle of South London collaboration as positive and enduring.

The Senior Management Team at Croydon is positive about the creation of the LETB because of the emphasis on training being coordinated with integrated care pathways.

The Senior Management team reported that the decisions made by St George's as the lead provider are consistent with the views of others on the Board.

However, difficult decisions on trainee numbers have not been made yet and this will be the real test of the model.

Other risks highlighted were the loss of a strong deanery that will fight for training in London and potential for the independent management of education to be eroded.

Standards are being met in the hospital's involvement with LETB that we explored on this visit.

## Quality Management

Students advised us that their opinions are taken seriously at Croydon and the Trust is quick to respond to their placement evaluations.

The GMC trainee survey report is sent to every Educational & Clinical Supervisor identifying the red & green outliers. This is presented at the Consultants' meeting and is an agenda item on every department's Clinical Governance day. Educational leads are asked to discuss the issues at their local faculty meetings and agree an action plan with colleagues. Formal discussions and action plans are formulated with cooperation of the Chief Executive, Medical Director and Operations Director.

The Trust Liaison Dean meets regularly with the Associate Medical Director at St George's, this is considered a useful interaction and helpful to keep informed of changes at the deanery. The team considered that Croydon could liaise more with other medical schools to raise its profile and build relationships.

Please see recommendation 2 paragraph 23 - 25 for further details.

## Summary

2. Overall, we found that this Local Education Provider (LEP) was committed to education and training and we observed a collegiate atmosphere between staff, students and trainees. Supervision and support for students and trainees on placements is working well and the educational experience at CUH makes many want to return later in their careers. We advised the education management team at CUH that they need to improve systems around handover and induction, particularly in surgery as this could affect patient safety if not addressed. We consider that there is greater scope for the trust's education leaders to engage with the medical schools to raise the profile of the trust and improve educational opportunities.
3. Patient volumes and case mix at CUH are challenging. With a patient population base of 363,000, Croydon has more patients with complex and chronic conditions than the London average. This is due to a combination of a higher proportion of lower social economic groups, a

high proportion of Black and Minority Ethnic (BME) patients, particularly refugee communities and an increasing proportion of elderly patients. The Trust is opening a brand new Acute Medical Unit in November, investing £1.2million, which will take the pressure off the Emergency Department which is also very busy with 130,000 attendances per year. The intention is to focus on acute care of the elderly based on the Leicester model.

4. A key challenge across the Trust is to improve staffing levels. Vacancy rates for nursing positions have been at 35% at times. The Trust is now addressing this through the recruitment of 150 clinical staff (nurses, midwives, health care assistants) beyond the routine recruitment rounds. They have already begun this recruitment and aim to finish in early 2013.
5. The trust is currently being monitored by the Care Quality Commission (CQC) regarding surgical procedures and levels of equipment. We did not explore this matter on our visit as the CQC is monitoring progress and keeping us informed of developments.

## Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Requirements for the LEP
1	1.6 TTD	Handover must be formalised and organised to ensure continuity of care at the start and end of periods of day or night duties every day of the week.
2	6.1 TTD	Trust and departmental induction must be improved to ensure that trainees understand all their duties (both during the day and as part of the hospital at night arrangements), their role in the inter-professional team and departmental policies wherever they work and train.

### Requirement 1: Make sure handover is formalised

6. Foundation Year 1 (F1) trainees we met working in a variety of specialties,

advised us that there was some variability in the standard of handover in their specialty rotations.

7. F1s in surgical placements reported that there was no formal handover at the weekend and that they were instructed to leave patient notes for the attention of colleagues on the weekend shift and write the names of the most poorly patients on the whiteboard for special attention. We heard that patients sometimes showed little sign of improvement over the weekend, which could suggest that the weekend cover was not completely aware of all patients' circumstances.
8. Foundation trainees in Medicine and accident and emergency (A&E) placements advised us that the morning handover is thorough as the specialty trainees run through all patients before leaving the ward.
9. Medicine and obstetrics and gynaecology (O&G) departments rely on an electronic handover model with built in alerts, which according to trainees and their supervisors, is working well.
10. Some foundation trainees are involved in an initiative called Doctors Advancing Patient Service or DAPS, which is in the process of developing an online resource for handover and to enable new F1s to understand ward cover systems. All the trainees we met agreed that a computerised handover system was preferable.
11. All F1s are expected to attend the twilight handover, however this rarely happens in practice.
12. A number of F1s advised us that they found it difficult to finish the twilight shift and handover to the next shift by 11 PM and that this sometimes left them in a vulnerable position if they did not have their own transport home. They conceded that this was usually caused by their reluctance to leave the ward without finishing their list of jobs, however they believe that the handover system should be modified to ensure that they do not leave the ward later than 11PM. The education management team advised us that handover should be finished by 10:30PM and confirmed that F1s find it difficult to handover, but that once they become more experienced they learn to leave on time.
13. None of the F1s we met were aware that the LEP had received a low score for handover in the 2011 National Trainee Survey and were not aware how to access the survey.

## **Requirement 2: Review trust and departmental induction**

14. Foundation trainees that we met had attended a one day trust induction which covered hospital protocols around fire safety, IT, hospital at night and

resuscitation. Trainees recognised that these areas needed to be covered, but reported that more practical information would provide them with the information required to help them settle in. Trainees did not find the IT induction helpful as it was delivered by PowerPoint instead of using individual computers for hands-on training and they did not receive passwords.

15. Following the trust induction, trainees receive a departmental induction in the afternoon which was generally reported as good and allowed trainees to meet colleagues and familiarise themselves with the equipment and surroundings in their main base unit.
16. Some trainees complained that they had not had a full induction as they were working in the evening or at night and that alternative dates for induction had not been offered.
17. The education management team acknowledged that a small number of trainees had missed induction and that IT induction was not as effective as it should have been. They plan to introduce consultant led induction, provide computers and passwords for all trainees in IT induction and ensure that all trainees register so that attendance can be tightly monitored.

## Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>Tomorrow's Doctors/ The Trainee Doctor</i>	Recommendations for the LEP
1	6.22 TTD	Shadowing period for F1 doctors should allow for sufficient time with the outgoing F1 in order to learn more about the job.
2	156 TD	The trust's education leaders should take every opportunity to engage with the medical schools to maintain a collaborative relationship.
3	84 TD	CUH should review the potential to expand placements into the Trust's existing community clinics.

4	6.34 TTD	CUH should ensure that job planning is responsive to the needs of its educational partners to ensure that deanery requirements and minimal standards of clinical placements of SGUL are met.
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**Recommendation 1: New F1 doctors should have a long enough period working with the F1 they will replace**

18. The shadowing week for new F1 doctors at CUH involves induction classes, Advanced Life Support (ALS) training and time shadowing the F1 who they will be replacing.
19. CUH was the first trust in London to deliver ALS training to all F1 doctors in their shadowing period. This was commended by the Foundation School and used as a model for other Trusts to copy. Foundation doctors we met were pleased to complete ALS before they started F1 as this gave them more confidence in dealing with emergency situations very early on in their careers as doctors.
20. Foundation doctors reported that having the ALS and induction classes during the shadowing period meant that they only spent about two days shadowing the F1 they were replacing. All the Foundation doctors we met would have liked to have spent more time doing actual shadowing. This would have helped trainees to orientate themselves on the wards and understand their roles as F1 more clearly.
21. Foundation trainees acknowledged that they could never have been truly prepared to be an F1 as there is a significant change of responsibility from medical student to F1.
22. The education management team commented that foundation doctors now have the option to do some on call shadowing to complement their induction.

**Recommendation 2: Trust education leaders should engage more with the Medical Schools**

23. In our meetings with the education management team we were pleased to learn that CUH had been able to feedback and influence the development of the SGUL surgical curriculum. This demonstrates that there is two-way communication between the school and the LEP and positive changes can be made as a result.
24. Regular medical school meetings take place which are largely attended by the administrative staff. Details of each new cohort of students are reported to the trust via email and detailed discussion takes place with the School about concerns raised. Feedback is collected and returned to the School for evaluation purposes.

25. While it is important to have an administrative presence, sending a senior member of the education team to each of the medical school meetings would provide CUH with an opportunity to develop its relationship with all of the partner medical schools and raise the profile of the trust.

### **Recommendation 3: CUH should consider using the Trust's existing community clinics for placements**

26. In the contextual document CUH submitted to us, they pointed out that they are an integrated care organisation and that there are excellent opportunities to provide community based programmes.
27. Students and trainees we met had not had much exposure to community care other than a student reporting that he had once attended a paediatric psychiatry day centre.
28. The senior management team recognise that this is an area for development and that there is great potential to expand placements into child health and care of the elderly in the community, mental health and general practice. They advised us that there is much more scope for offering training mapped to integrated patient pathways and they are well placed to do this.

### **Recommendation 4: CUH should ensure that trainers have adequate time in job plans for teaching**

29. Although the Trust demonstrated commitment to education and training, there was variability in the recognition of time for training in job plans. Many of the educational supervisors and clinical teachers we met advised that they do not get as much support for their educational roles as they need. They report that they find it difficult to find time for educational activities and education supervision time is not recorded formally.
30. The educational supervisors and clinical teachers in O&G we met reported that they felt well supported and that they had sufficient SPA time for their educational roles.
31. The senior management team recognise that there is work to be done to ensure that those with a role in education have sufficient time in their job plans for education. They are actively addressing the issue with members of staff.

## **Areas of good practice**

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Paragraph in <i>Tomorrow's Doctors / The Trainee Doctor</i>	Areas of good practice for the LEP
1	1.6 TTD	Handover in obstetrics and gynaecology is well organised and facilitated by an innovative online template
2	166 TD	High quality simulation facilities offer excellent training opportunities to students and trainees.
3	6.14 TTD	The F1 quality improvement projects, which have resulted in the trust implementing changes to procedures.

### **Good practice 1: Good handover system in obstetrics and gynaecology**

32. The trainees we met in obstetrics and gynaecology showed us the online template that they use for handover. This includes comprehensive details on every patient admitted and is updated throughout the day and night by trainees and consultants. This is further complimented by departmental discussions of all maternity and gynaecology patients every Friday as part of the weekly education day.

### **Good practice 2: Provision of good simulation facilities**

33. The trust has invested heavily in its clinical skills simulation centre which is a multi disciplinary centre for all healthcare teams across the NHS.
34. The simulation centre lets staff, students and trainees experience a range of high risk and low probability scenarios. It allows staff to prepare themselves for a variety of situations, such as 'never events' that have occurred over recent years at CUH linking critical incidents back to education.
35. O&G trainees and consultants also commented that simulation had enhanced their training and they were involved in a simulation exercise in major obstetric haemorrhage which recreated a 'never event' that took place at CUH.
36. In their contextual information document, CUH identified a lack of workforce capacity within the Skills Lab as a weakness. The Director of Medical Education has requested funding to recruit a simulation fellow. This resource is required to manage teaching & training programmes for all multi-professional staff, students and trainees to ensure a systematic approach to simulation training.

37. The trainee led leadership group initiated a five day simulation training session on medical emergencies for medical students and simulation training skills training for foundation trainees. This proved popular with foundation doctors as they were happy to be involved in training students and students evaluated the sessions highly.
38. Similarly students we met were impressed by simulation classes and told us about classes they had in paediatrics which allowed them to practice their clinical skills and get one to one feedback at the end.

### **Good practice 3: Quality Improvement Projects (QIP)**

39. The Senior Management Team advised us that Croydon University Hospital values feedback from students and trainees regarding the quality of provision of service and the wider impact on patients and staff. The Trust has begun to align the audit and quality improvement programmes undertaken by junior medical staff alongside Trust corporate priorities.
40. Foundation trainees at Croydon are encouraged to be involved in the development of QIP projects. Many of these projects have been implemented by the Trust and have resulted in changes and improvements to service. Examples of such projects are. Referral Pathway from MAU; Stop Before You Block and Hot Clinic for people with respiratory conditions.
41. In 2011, an F1 undertook an audit of clinical rooms. This involved checking the equipment in each room and timing how long it took to assemble important kit such as cannulas. This has resulted in significant improvements in the stocking of equipment and organisation of rooms which allows staff to spend more time treating patients.

## **Acknowledgement**

We would like to thank Croydon University Hospital and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.