

3 September 2018

William Henderson
Education Quality Analyst
Education and Standards Directorate
General Medical Council
Regents Place, 350 Euston Road,
London NW1 3JN
(Via email: WHenderson1@gmc-uk.org)

Dear William

Re: GMC response

Further to your email of 30th July 2018, I would like to acknowledge receipt of the report in relation to the GMC visit to University Hospital Southampton in February 2018.

We are very pleased with the findings of your detailed report and the many areas of good practice, in particular the positive organisational culture, our multi-professional approach and that our junior doctors, students and trainers all feel well supported. Our Chief Registrars and trainee engagement has been excellent as we constantly work to improve the working lives of our junior doctors.

We also welcome and appreciate the detailed feedback in the areas the visiting team felt required further attention and improvement. We are always looking at how we can improve the experience of all of our staff at University Hospital Southampton and it is always helpful to have an objective external view of our training. I have written a response to the areas in which there were requirements and recommendations (Appendix A).

Yours sincerely



Dr Liz Donovan
Director of Medical Education

Appendix A

Requirements

1. *Theme 1 (R1.6)*

The Trust must ensure there is a clear escalation process for trainees to seek support during out of hours work.

University Hospital Southampton is a large tertiary referral centre as well as a secondary care hospital for the local population. The Trust recognises that clear escalation processes are crucial to the safe provision of care for our patients and support for out junior medical staff. Our out of hours staffing model has, until the last year, worked well, with a combination of well staffed rotas, out of hours leadership, multiprofessional solutions and IT system support to manage out of hours tasks. This year, however, the junior medical rosters have been extremely hard to manage. A combination of home office restrictions on overseas doctors joining us and increased inflexibility due to the 2016 Junior doctor contract and agency use has led to a situation where vacancies have become the norm, usually with no immediate solution available. This situation has highlighted, as found in the GMC visit, that the pathways for ensuring senior help is called upon, especially when workload rather than complexity is the issue, are highly variable, usually dependent on the seniority of the trainee and the individual consultants and their expectations whilst on call.

Whilst the Trust has pathways and processes in place intended to ensure adequate staffing and the availability of senior support, it must be acknowledged that once a shift has started, often with junior staff covering vacancies by acting up or cross covering, the responsibility cannot rest entirely on their shoulders to call for help.

The Trust was already aware, thanks to engagement from our junior staff with the DME team, of the issues and as we approach the winter of 2018/19 we intend to have checks in place with the site team taking more responsibility to make calls on senior staff to act down when vacancies and workload make the junior staff working conditions seem unsafe. Our medic roster software will allow better oversight on an contemporaneous basis of the staffing around the Trust to allow the leadership to respond in advance to mitigate against the impact of vacancies. In addition, the Trust expectations regarding the responsibility of consultants on call to support their junior staff will be addressed and reviews of job plans accordingly will be undertaken.

2. *Theme 1 (R1.14)*

The Trust must ensure that handover provides continuity of care and maximise learning opportunities for doctors in training.

The Trust has done a considerable amount of work to ensure that handovers are of good quality and ensure patient safety. Alongside our Doctors Worklist software, which enable doctors to document tasks and situations to handover there is increasing uniformity of the

handovers across the Trust. The visiting team highlighted a great deal of this good practice but focussed on variability around the morning handovers in Medicine. The Trust acknowledges that this is the most variable in quality as a result of the complexities around specialist working patterns and the restrictions of the junior doctors working contract. As with the need for more robust arrangements for consultant input out of hours, this aspect will need a combined approach looking at consultant job plans and the juniors rosters to keep them within their contract. The Trust is determined to improve this morning handover and recognises that it is essential to the smooth running of the service.

3. Theme 2 (R2.10, R4.2)

The Trust should develop clear and transparent systems to monitor how educational resources are allocated and used. This should include how time committed to education is included in consultant job plans.

University Hospital Southampton has played a key role in the Educational reference Cost work the Department of Health and Health Education England have been undertaking since 2012. As a result we have accurate data on the costs of delivering education and training across all professional groups learning in our Trust. It has been a significant challenge to match the costing to the actual curricula we are paid to deliver and we have worked closely with the University of Southampton to clarify expectations and costs. The visit occurred before the new financial year when our educational income streams became visible at Care Group level. This allows Management to see the income they receive and we are now undertaking a new costing exercise for undergraduate placements to highlight the local costs so that care groups can plan accordingly. As a teaching hospital it is expected that consultants use some of their SPA time for educational activity (supervision, lecturing, bedside teaching); there is agreement that formal roles taken on will involve specific job planning, however, for the majority of consultants their flexible contribution will not be specifically job planned.

Response to Recommendations

1. Theme 1, 5 (R1.13, R5.4, R5.9)

The Trust should review the structure for local induction for both postgraduate and undergraduate learners.

The Trust recognises the variability in quality of local induction. For postgraduate doctors, in particular, it is difficult to ensure that those starting outside the main rotation dates receive the same level of organised input. At undergraduate level students on placement are expected and, as such, we can deliver a more consistent welcome. We are clear (via our Virtual Learning Environment) what the content should cover, however, ensuring this happens is problematic. Where possible we do try and ensure that new starters are scheduled to start on the same date each month (first Wednesday) however, this is not always possible – and this can lead to doctors missing the induction. Rapid rotations, as occur in Foundation and Core training also make the whole process open to drift.

2. *Theme 1 (R1.19)*

The Trust should ensure that all trainees should have access to trust computers and Wi-Fi.

Wifi is available for both students (via EduRoam) and trainees via various UHS networks. The aging estate and complexity of the geography in the Trust does, however, mean that wifi is highly variable which can be frustrating. As a digital exemplar site, UHS is working hard to improve access.

3. *Theme 3 & 4 (R3.7, R4.4)*

The Trust should review the administrative support allocated to education within the trust.

The Trust has been undertaking a major review of educational funding. This review includes estimating costs of delivering placement and being clear what is expected from the funding we receive. Historically the administrative staff involved with placements decided to move their contracts to the university when the Agenda for Change contracts came in. Once the expectations from Tariff, from the current national review, are clear the UHS can review how admin support is funded bearing in mind the contractual arrangement of the individuals concerned.