School of Postgraduate Medicine Visit to
Basildon & Thurrock University Hospitals NHS Foundation Trust
Visit Report
Friday 25th November 2016

| HEEoE representatives: | Dr Ian Fellows, Quality Lead for School of Medicine/Chair of Core Medical Training Committee and Visit Lead
Dr Chantal Kong, Deputy Core Medical Training Programme Director
Ms Susan Agger, Senior Quality Improvement Manager |
|------------------------|-------------------------------------------------------------------------------------------------|
| Trust representatives : | Mr Tom Abel, Deputy Chief Executive
Mr Tom Abel, Deputy Chief Executive
Dr Celia Skinner, Medical Director
Dr Johnson Samuel, Director of Medical Education
Dr Sudha Iyer, RCP Tutor
Mrs Deborah Mullaly, Medical Education Manager
Dr Luke Hounsom, Unit Training director, Medicine for older people |
| Number of trainees & grades who were met: | 5 CMTs (representing Cardiology, Gastroenterology, Respiratory and Stroke Medicine)
5 StRs (ST3-6, representing Acute Medicine, Gastroenterology, Dermatology) |

Purpose of visit:
Planned re-visit after report of 23rd March, 2016

Strengths:
1) Many improvements had occurred since the visit of 23rd March, 2016.
2) There were five Clinical Fellows in post at “FY3” level and one MTI in Cardiology had started work this week. Four more MTIs were planned in early 2017, to work in Cardiology and Respiratory Medicine.
3) The Friday afternoon Handover session was now robust and consultant-led.
4) Arrangements for transferring patients to ITU had improved.
5) Consultants were very supportive and Educational Supervision was effective, with reliable provision of Supervised Learning Events.
6) There was good support from laboratories, Xray department, portering and the library. UptoDate was available on trust computers.
7) Departmental Teaching was good.
8) There was good availability of simulation and procedure teaching, with an effective local teaching programme.
9) There was no reported bullying or undermining.
10) There was good awareness of QIP among CMTs, who had planned their projects for this academic year.
**Areas for Development:**

1) A programme of bedside teaching for PACES should be reinstituted.
2) Attendance at Regional Teaching should be improved by providing clinical cover for absence. The MFE TPD should be approached to discuss provision of Regional Teaching at a venue closer than Norwich.
3) Feedback to trainees on investigation into SUIs should be improved.
4) More nurses should be trained, in a rolling programme, to perform phlebotomy and cannula insertion. An advanced prescribing course for nurses should be instituted.
5) Hospital Induction for Intermediate starters should be improved.
6) The established Faculty Group should liaise closely with the RCP Tutor.
7) Clinic attendance should be improved, particularly for gastroenterology and renal medicine, to meet the JRCPTB Quality Indicators and CMT ARCP Decision Aid.

**Significant concerns:**

None.

**Requirements:**

1. A robust plan should be made, for timetabled attendance of CMTs at out-patient clinics.

**Recommendations:**

1. Action should be taken on the areas for development shown above.

**Decision of the Visiting Team**

The current posts are approved for eighteen months. The proposed reorganisation of clinical services between Basildon, Southend and Chelmsford could lead to changes in the delivery of Medical Education. Accordingly, the impact of this change should be assessed in June 2018.

**Action Plan to Health Education East of England by:**

28th February, 2017

**Visit Lead:**

[Signature]

**Date:** 11th December 2016

HEEoE School of Medicine Visit Report: Basildon & Thurrock University Hospitals NHSFT 25.11.2016
RELATED EVIDENCE

Previous visit (date and summary)
28/3/2016
A plan was required to alleviate the heavy clinical workload and to improve manpower.
Reduction in rota gaps was needed to allow Elderly Care Higher Trainees to utilise training opportunities.
A reliable policy was needed to facilitate transfer of sick patients to ITU.
Allegations of undermining required investigation and resolution.
An “acting down” policy for consultants was required and the JRCPTB policy on “acting up” by CMTs needed implementation.
Improvement was needed in the Handover process.

2016 Trainee survey outliers

Red Outliers:
CMT- Handover, Workload
ACCS- Clinical Supervision

Green Outliers:
Cardiology- Overall Experience
Geriatric Medicine- Access to Educational Resources

2016 GMC Survey: Patient safety concerns and undermining comments for medical specialities
Four reports, related to workload and manpower issues, relating to early 2016.

2016 QM1
Amber- CMT Workload and Manpower shortages. Delay in seeing patients referred by GPs.

Local trainee surveys
None

MEETINGS WITH TRAINEES (1)

<table>
<thead>
<tr>
<th>Trainee Group</th>
<th>Number of trainees met</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMT</td>
<td>5 CMTs- one CT1 and 4 CT2s, representing Gastroenterology, Cardiology, Stroke Medicine, Respiratory Medicine</td>
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## Domain 1: Patient safety

**Adequacy of clinical supervision:**
Good support from consultants, as noted in the March, 2016 visit.

**Workload:**
Still heavy, but increased manpower had helped.

**Safety of rota patterns:**
Safe. Trainees were still sometimes asked to cover rota gaps at short notice.

**Effectiveness of handover:**
Handover had improved, particularly the Friday afternoon handover, which was consultant-led.

**Patient tracking:**
Good

**Feedback from incident reports:**
Feedback on SUIs was patchy.

* A request for intra-osseous lines to be included in the Resuscitation packs had been rejected.

## Domain 5: Delivery of approved curriculum including assessment

**Adequacy of clinical (including outpatient and practical procedures) experience:**
Clinic attendance was easier in some specialities e.g. renal, gastroenterology, than others. Good simulation procedural training and good opportunities for procedures on patients. CMTs were able to “act up” as StR with appropriate support.

**Adequacy of content of individual programmes:**
Good.

**Quality of internal formal teaching:**
Good, except that there is no dedicated PACES bedside teaching programme.

**Ability to attend internal and external training courses etc:**
Good.

**Accessibility of assessments including WPBAs:**
Good.

**Adequacy of feedback:**
Good.

## Domain 6: Support and development of trainees, trainers and local faculty

**Arrangements for induction (including for intermediate starters):**
Good hospital and departmental induction. No information about intermediate starters.

**Quality of educational supervision (including appropriate use of ePortfolio):**
Good
**Domain 8: Educational Resources and Capacity**

**Library:**
Good support.

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**Domain 9: Outcomes**

Most trainees would recommend their post to friends.

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**Meetings with Trainees (2)**

<table>
<thead>
<tr>
<th>Trainee Group</th>
<th>Number of trainees met</th>
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<tbody>
<tr>
<td>Higher Trainees</td>
<td>5-2 ST3s, 1 ST4, 1 ST5 and 1 ST6, representing Acute Medicine, Medicine for the Elderly, Dermatology and Gastroenterology</td>
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**Domain 1: Patient Safety**

**Adequacy of Clinical Supervision:**
Good.

**Workload:**
The workload in Gastroenterology had improved, but the heavy acute GIM workload reduced opportunities to attend clinics and endoscopy list.

**Safety of Rota Patterns:**
There were three gaps in the StR rota at present. Two StRs were on-call at night.

There would be only one MFE StR in post from February, 2017, unless two gaps were filled soon.

**Effectiveness of Handover:**
Handover had improved on Friday afternoon.

Trainees thought that it would be helpful if ITU was represented at the Friday afternoon handover meeting.

**Patient Tracking:**
Good.

**Feedback from Incident Reports:**
No patient safety issues were reported.

**Domain 5: Delivery of Approved Curriculum Including Assessment**

**Adequacy of Clinical (Including Outpatient and Practical Procedures) Experience:**
Training sessions were planned for procedures requiring ultrasound guidance e.g. cvp lines, pleural procedures, to be delivered by renal and respiratory StRs to other specialities.
### Domain 6: Support and development of trainees, trainers and local faculty

**Other online resources:**
Good library support.

**Arrangements for induction (including for intermediate starters):**
Regular induction was good.
Intermediate induction for poor, particularly for Gastroenterology StRs, who commenced in September.

**Quality of educational supervision (including appropriate use of ePortfolio):**
Good.

**Intensity and educational content of work and adequacy of learning opportunities (including QI and audit):**
A wide range of experience, but the workload remained high.

**Experience of bullying and harassment:**
None.

**Careers support:**
Not discussed

### Domain 8: Educational Resources and Capacity

**Other online resources:**
UptoDate was available on Trust computers.

### Domain 9: OUTCOMES

**Trainees would recommend their posts to friends.**
MEETINGS WITH TRAINERS AND LEP TEAM

**Domain 1: Patient safety**

**Workload:**
The heavy clinical workload was confirmed but no patient safety issues were raised. A plan was being announced on the day of this visit to reorganise clinical services between Basildon, Chelmsford and Southend in the next two years. There would be one acute hospital and other specialist acute take centres. Training rotations would need to be reorganised as part of this development.

One more MTI Fellow had started work in Cardiology and five more “FY3” Clinical Fellows were working on one year contracts. Four more MTIs (two in Cardiology and two in Respiratory Medicine) were planned to be in post by early 2017.

Six Physician Associates were in the second year of training and should start work in January, 2018. There were fewer rota gaps.

An eight bed Ambulatory Care Centre had been established, to reduce acute admissions. This was run by Acute Medicine Consultants and SAS doctors.

There were courses for nurses to learn procedures, e.g. venous cannulation, but no advanced prescribing courses for nurses.

**Domain 5: Delivery of approved curriculum including assessment**

**Feedback:**
Educational Supervisors were allocated so that one ES worked with several trainees of the same grade, to facilitate knowledge and understanding about their curriculum.

Three of five CMTs had passed PACES in the last year. Mock PACES and PACES were held regularly.

Regional teaching for MFE StRs was poorly attended because of workload and travel time to Norwich. Access to the London teaching programme or the development of a Regional teaching programme in Essex was suggested.

A Patient Safety Forum, chaired by an Educational Fellow, was planned to start in January, 2017.

**Domain 6: Support and development of trainees, trainers and local faculty**

**Support from Trust Board:**
Good. Established educational representation in the management structure.

**Faculty Groups:**
In place.

**Identification of time for educational activities in job plans:**
0.25PA per trainee were included in job plans.

**Training for clinical and educational supervisors:**
Robust.

**Trainee engagement:**
Good.