

Responding to Red flags in the GMC survey Spring Symposium 20/3/19

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Responding to red flags in the GMC survey

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First Impressions.....

**#~#*@

Trepidation

Useless

Fear?

Tick box exercise

Takes the fun out of education



First Impressions.....ever been?

- Can use to improve education and training
- Perhaps get more staff?

We share your sentiments!

Love it or hate it, we are stuck with it...



The Plan...

- Examination ... Discuss approach to GMC red flags
- Investigations .. Review ways of getting to the bottom of the problem
- Management Consider possible actions
- Review examples of turnaround and continuing issues
- Work on case scenarios
- Summary session



Examination ... of the problem

Bad: Denial there is a problem

Appropriate: Acceptance there is a problem

 Review of history / trends / results from similar trusts / red flag outliers / free text feedback



Investigation ... fact finding

- Review trends for the last 3-5 years
- Liaise with College tutor and faculty group
- Liaise with Departmental/Divisional management
- Discuss at Trainee forum



Management...

- Evaluate information gathered
- Development action plan specific to issues identified
- Buy in from department and trust Executive team
- Share information gathered and action plan with trainers & trainees
- Regular mentoring meetings with College tutor and trainers
- Regular trainee meeting to evaluate impact of changes



Example 1: Paediatrics

Paediatrics	Basildon and Thurrock University Hospitals NHS Foundation Trust	Overall Satisfaction	79.53	76.00	81.26	82.22	75.50	72.0 0	78.50
		Clinical Supervision	86.84	88.31	90.09	86.92	90.50	84.6 7	89.06
		Clinical Supervision out of hours				90.35	90.25	84.7 3	86.81
		Reporting systems					78.44	70.7 1	78.67
		Work Load	41.79	43.87	33.22	41.20	25.52	35.6 9	40.23
		Teamwork						68.3 3	71.35
		Handover	80.47	78.13	87.50	86.72	79.46	77.2 4	66.83
		Supportive environment				78.89	68.75	55.3 3	73.75
		Induction	81.47	82.50	88.68	86.67	77.50	71.6 7	77.19
		Adequate Experience	78.24	78.89	85.26	81.11	81.25	73.6 7	74.84



Example 1: Paediatrics... actions

- HOS meeting with College Tutor & DME
- DME with MD meeting with Supervisors, all consultants, management team (medical & nursing)
- Change in supervision structure / processess
- Regular feedback trainees and trainers
- DME monitoring of progress



Example 1 Paediatrics

From 13/16 in the EOE trusts in 2017 to





Example 2: T&O

Trauma and Lutor orthopaedic surgery Hosp

Luton and Dunstable University Hospital NHS Foundation Trust

Overall Satisfaction	74.67	56.00	62.67	60.50	62.50	60.00	79.33
Clinical Supervision	82.11	61.29	75.44	78.25	78.00	80.00	96.67
Clinical Supervision out of hours				84.47	86.38	80.00	95.83
Reporting systems					65.00	63.33	61.67
Work Load	46.53	28.27	40.74	39.06	30.21	44.44	54.17
Teamwork						66.67	63.89
Handover	81.94	78.57	71.88	82.81	60.42	47.22	62.50
Supportive environment				65.00	61.25	66.67	73.33
Induction	75.56	79.29	52.78	67.50	65.00	79.17	78.33
Adequate Experience	73.33	54.29	65.56	57.50	70.00	65.83	76.67
Curriculum Coverage						55.56	75.00
Educational Governance						58.33	86.11
Educational Supervision	83.33	78.57	66.67	71.88	83.33	84.72	91.67
Feedback	76.56	47.92	52.78	61.46	79.17	81.94	80.56
Local Teaching	53.11	42.00	46.71	42.33	56.33	48.67	83.89
Regional Teaching	77.90	71.58		75.75	72.55	68.25	75.00
Study Leave	68.33	58.61	46.11	67.62	75.42	65.97	91.67
Rota Design							70.83



Case scenario 1: Undermining / Bullying

Sometimes it difficult to know if comments are banter or bullying. I am unsure if it is bullying as I have a good relationship with my bosses but sometimes they have made me feel uncomfortable especially when things said in public eg. Theatres. Eg. How could you have operated so quickly? You obviously didn't operate properly. Eg. Make sure you operate properly! Eg. How many of the patients actually needed operating on, if you were operating on them?



Case scenario 2: Pt safety / OOH support

not enough doctors on the ward on a very regular basis. escalated multiple times to clinical director of department (Consultant on ward). not enough nurses on the ward on a very regular basis. patient medications including antibiotics being delayed. documented in patient notes. escalated to ward manager and clinical director of department (Consultant on ward) On nights, there is only one doctor who is covering half the hospital (5pm - 9am). This poses risk to patients, as nursing staff on this ward are not trained in basic skills such as cannulation. If one doctor is rotared, and has to deal with multiple sick patients, then patients medications such as antibiotics are often missed.



Case scenario 3: Workload

"There were numerous occasions during the holiday period in which staffing levels were very low. There was times where there wasn't a ward reg. This provided concerns to patient safety. I think the whole hospital in general under staffed and as doctors we are unable to provide the care that we strive to deliver."

Work load and understaffing resulting in patient safety concern



Case scenario 4: Teaching

- Red flags in local teaching & Feedback
- Feedback from Foundation school feedback report

"The department is always busy. The consultants do a business ward round. There is zero teaching and all we do is make a list of the jobs. As we are understaffed and overworked, I find it difficult to attend generic teaching"



Conclusion

- GMC survey red flags can be stressful for all
- Useful to have a structure and plan to deal with red flags
- It is possible to turn around departments with red flags



Thank you & good luck!