

Summary of Responses to Visit of London Deanery and NE Thames Foundation School to Foundation Programme February 2008

Mandatory Requirements

General

- The Trust should review its general HR policy towards professional attitudes and working relationships with an intention of promoting professional respect and support for junior team members

Response (Ann Macintyre, HR Director)

Following the recent staff survey results it has become more apparent that there are many parts of the organisation where inappropriate behaviour is played out; however we are keen to distinguish between issues of bullying and harassment and robust management of staff. We are going to work with the Andrea Adams Trust to raise awareness of this issue within the new divisions and CAUs. I do not think the policy requires change but that all staff should be reminded of the need to act professionally and treat others with respect.

The Chief Executive (Mr Julian Nettel) is holding a forum with a cross section of staff to look at how we might better embed our "values", one of which includes treating people with dignity and respect.

- Consultant job plans of educational supervisors should have the education and training component specifically identified

Response (Mr Trevor Beedham)

Currently some consultants have allocated PAs negotiated into their job plans specifically for educational supervision but this is not consistent. At Directorate level the educational supervisors work is done in the 2.5 SPA component of the job plan. It is expected that the newly formed Divisions will make it a requirement of the AHSC and set up mechanisms for specifically identifying the education and training component of job plans within the Clinical Academic Units (CAUs)

- Educational supervisors should be specifically appraised in their educational roles

Response (Mr Trevor Beedham and Prof Jo Martin)

Currently all aspects of consultant jobs, including teaching and training are appraised as part of the formal appraisal process. However currently educational supervision is not considered separately from this. It is expected that the Divisions will make it a requirement and set up a mechanism for this function to happen within the CAUs.

- The responsibilities for postgraduate education and training should be identified within the Trusts plans to develop academic units.

Response (Mrs Anita Kapoor)

Three Divisional Directors have now been appointed and will be meeting with the associate director of medical education to discuss postgraduate education and training. Once appointed each CAU Director will be accountable for postgraduate education and there are also proposals about a specific director position for education. Discussions are currently taking

place at senior management level between Trust, Deanery, Queen Mary and City Universities as to the job description for this post.

Accident and Emergency (F2s)

- There should be a review of the working relationships within the A&E department with implementation of a policy that eradicates behaviour that undermines the professional confidence of members of the A&E team

Response (Toni Lynch on behalf of Dr Gareth Davies)

The findings in the Deanery report were shocking and totally unexpected. Neither myself (Toni Lynch) or the Lead Nurse had received any feedback that relationships were strained between professions. As a result of this I have taken two approaches. Firstly, I have endeavoured to put a mechanism in place to improve relationships immediately and secondly, I am planning a staff audit to explore the Emergency Department (ED) culture with regards to bullying and harassment.

- I have met with all the Senior Nurses in the department and shared the Deanery feedback with them
- Each FY2 has been allocated a Nurse Facilitator. The aim of this role is to create an identified nursing link for each FY2. The Nurse Facilitators will introduce themselves to the FY2 and explain the role within the first week of their placement (annual leave being an exception). It is an informal role to support FY2's during their Royal London Hospital (RLH) ED experience. Each Nurse Facilitator is a band 7 or 8 ED nurse. I attach an example of the e-mail sent from me to all FY2's to their private e-mail address. This project will continue and be adapted following evaluation from this set of FY2's.
- A Senior Nurse will attend the FY2 induction to introduce and explain the purpose of the scheme.
- Clinical Effectiveness have agreed to develop, distribute and analyse data gathered from an internal ED staff audit (all disciplines of staff). A draft copy is attached for your interest. I hope to complete it this week (BY 2ND May 08). This had been widely distributed for comment e.g. Kay Riley, Catherine Walsh, ED Consultants, Dr Keren Davies, all the band 7 & 8 ED nurses.

General Medicine and General Surgery (F1s)

- To explore ways of improving the level of A&E exposure for FY1 doctors in both medicine and surgery

Response (Drs Michael Glynn, Simon Lloyd-Owen and Keren Davies)

General Medicine

Currently in general medicine there is a review of medical take and the acute care team. All physicians are being surveyed. This review will help inform how the F1s will operate in the future and ensuring A&E exposure is part of the agenda. General medicine are re-thinking the medical firms and the hours of working for F1s from Aug 08 – general medicine is very conscious of the lack of acute medicine exposure of the F1s and are trying to build in some improvements. We are looking at alternative ways of linking the FY1s with their SpR when the latter are in the Acute Care Team (medical on call duties). Please note this process is ongoing.

Response (Mr Michael Walsh)

General Surgery

Currently the whole rota for general surgery is under review, this includes all training grades including FY1s. Currently on call FY1s are on early or late shifts and should be free to attend casualty. Review of the rota will include facilitation of time in A&E.

- To review the level of FY1 surgical cover at week-ends

Response (Mr Michael Walsh)

As mentioned above, the general surgery rota is under review for all training grades. The review will also consider surgical FY1 cover at weekends

Recommendations

General

- Induction for FDs rotating between hospital sites should incorporate a brief site specific induction at rotation (Barts/London/Homerton/Psychiatry)

Response (Dr Ali Jawad)

General Trust inductions take place at Royal London Hospital in Augusts for F1s and F2s and in Feb (where appropriate) for F2s. Site orientation occurs during departmental inductions and all facilitators have been reminded to include this. We aim to monitor departmental inductions more closely starting August 2008. A&E departmental induction includes site orientation for both RLH and Homerton Hospitals as trainees are shared. F1s from Homerton in April 08 were given a full Trust induction. Please note that BLT will not share F1 trainees with the Homerton from Aug 08.

Psychiatry (please note psychiatry is part of ELMHT not BLT)

- The supervision of psychiatry FY1 in outpatients should be reviewed

Response (Dr Jan Falkowski)

While I was on leave my last FY 1 offered to do a clinic for my other trainee (GPVTS/ST1) while they were had a day off after a night on call on two occasions. I was not aware of this until afterwards. I have ensured that this will not happen again by arranging for the clinic for the GPVTS to be cancelled automatically when they are away

Haematological Oncology

- The organisation of the Haematology-Oncology unit should be reassessed to maximise the team identity and roles of FY doctors and hence reduce excessive working hours

Please note that relevant consultants at BLT and the TPD team felt that this recommendation was for medical oncology, not haematological oncology and have therefore included a response for both.

Response (Mr Jonathan Sockett)

Haem Onc are now fully staffed at ST1/2 level, and a diary monitoring exercise is happening for that group now (and will therefore includes the F2). The diary monitoring exercise for the two F1s in Jan 08 did confirm working under 48 hours per week (46.50)

Medical Oncology

- The organisation of the Oncology unit should be reassessed to maximise the team identity and roles of FY doctors and hence reduce excessive working hours

Response (Mr Jonathan Sockett)

Medical Oncology F1s are not compliant from hours monitoring in February 2008, the F2 is compliant with new deal but not EWTD as working in excess of 48 hours. Diary monitoring is happening at the moment for both sets of doctors.

Response (Dr Chris Gallagher)

We are currently struggling with the hours as we have changed all the ST1&2 and F2 doctors to shifts and are amalgamating clinical teams between Medical and Clinical Oncology.

Trainees are asked to hand over to rostered doctors when they leave the ward.

Do we have any opportunity to offer corrections of fact e.g. all oncology trainees have a half day induction programme in their first week that is organised by Dr Slater, the postgraduate centre are aware of this and sent the programme.

Urology

- Review the surgery cover at Barts out of hours

Response (Mr Islam Junaid)

FY2s in urology are part of the on call 'SHO' rota which includes night shifts. There is always a registrar on call but the registrar is not currently resident on call. FY2s have been reassured that the registrar is always available to them and they should approach the registrar in the first instance or ring the consultant on call. The urology rota may be changing to a different shift pattern in the future and should this occur registrars will become resident on call.

Cardiology

- Review the and cardiology cover at Barts out of hours

Response (Dr Seamus Banim)

The cardiology SpR is readily available to help and advise. In addition the SpR in ITU lives in and is available to call if necessary. Cardiology services, other than electrophysiology will likely move to the London Chest Hospital in the future and this will presumably result in a review of the rota.

Dr Mehul Dhinoja has agreed to take over the supervision of FY2 and STs in cardiology when Dr Banim retires

Ophthalmology

- Review the FY2 ophthalmology week end hours of work

Response (Mr Jonathan Sockett in liaison with Mr Andrew Coombes and Mr Mark Westcott)

There has not been a subsequent diary exercise but I have met with the staff grade who co-ordinates the rota and the current F2. Sufficient swaps have been arranged until the end of July to ensure the F2 work pattern, if looked at individually is EWTD and New Deal compliant. The post can do two Fridays per six week cycle.

These informal changes will be reflected formally in the rota from August and subsequent meetings are planned to get their (trainees) feedback about the rota. We may consequently make further alterations if need be, as well as the fact that the rota will become 1 in 7 due to the appointment of a new staff grade post.

May 2008
Emma Breese
Keren Davies
Ali Jawad
Peter Mills