

Local Academic Board Meeting
Tuesday 8th Dec 2020 10am-12pm
West Kent Virtual Room, Lifesize

Attendees

██████████ (DME) – Chair **AS**
██████████ (Consultant) **RH**
██████████ (Higher Trainee TPD – Forensics) **SO**
██████████ (Higher Trainee TPD) **TA**
██████████ (County Dean) **AB**
██████████ (SAS Tutor) **IP**
██████████ (Locality Tutor –Maidstone) **APet**
██████████ (OA Consultant) **ASar**
██████████ (Core Trainee representative) **VW**
██████████ (Interim Director ICT) **MC**
██████████ (Medical Staffing) **CS**
██████████ (Medical Education Manager) **AP**
██████████ (Deputy Medical Education Manager) **RB**
██████████ (Postgraduate Administrator – Minutes) **LEF**

1. Apologies

██████████ (MD) **AQ**
██████████ (HOS) **MS**
██████████ (Consultant, Locality Tutor) **SH**
██████████ (Higher Trainee Rep) **ERB**
██████████ (Leadership Lead) – **KS**
██████████ (LD Consultant) **MP**
██████████ (Higher Trainee representative) **VV**
██████████ (Locality Tutor East Kent) **AI**
██████████ (Head of Library & Knowledge Services MTW) **EA**
██████████ (Library) **AF**

Foreword

Remembrance: A letter has been sent expressing respects and appreciation from the DME, MD and Core/ Higher trainees to the family of ██████████ who sadly passed away earlier this year. Those present had reiterated their appreciation for ██████████, saying they missed him and that he had been a wonderful man. SO reported that there will be a memorial service for ██████████ on 11th March 2021, so please save the date. ██████████ will return next week and may resume the lead on organising this service.

2. Approval of minutes from previous LAB meeting 23rd June 2020

Page 1

- Currently there is only one ECT suite operating in Maidstone. An advert has gone out for a new ECT lead; the OA care group is leading on this. DME is currently providing support to ██████████ with regards to all items relating to trainees ECT. APet has also been supporting ██████████. One person, currently a substantive OA based in Sittingbourne, has expressed interest in the role of ECT Lead. Hopefully there will be an appointment to this role soon.

Page 2

Security Issues:

- Skyguard Alarms delivered to all sites and in use. The Trust are currently trialling the usage/effectiveness of these alarms and a survey has gone out to all trainees.
- **Action:** AP to give further report based on survey at next meeting.

Outstanding LFG Action points recorded in LAB minutes 10th Dec 2019

Page 3

- There is still no Doctors' Room in Thanet. We continue to pay EK accommodation for a temporary room. AP has suggested that the old ECT room could be re-purposed as a Doctor's Room. ██████████ ██████████ in estates was advised by the Medical Director to speak to ██████████ regarding this space.
- **Action:** AP - on-going.

Page 4

Core feedback:

- Medway facilities for trainees, lack of space: AS and AP visited the hub to see for themselves the location and rooms; estates are supporting this situation and sending weekly updates. ██████████ said that a productive meeting was held with ██████████ who was very supportive. TA mentioned that due to the Ruby Ward move, things have been placed on a back burner, we need to contact ██████████ again next February when the ward is due to return. There had been some problems with heating but these have now been resolved with the installation of new pipes. RH requested a minuted note of special thanks to the DME and AP for their continued role in getting this resolved.
- **Action:** AS & AP – on-going.

(Minutes of LFG 7th Nov 2019)

Higher trainees:

- EK placement commutes during oncall duties are still causing concerns. A meeting attended by RH/JD/AS and ERB had been held to discuss the issues at hand including the placement of HST EK trainees, on calls and night travel. AS drafted an email to MD outlining concerns discussed. An on call room is now provided so it is not necessary to commute backwards and forwards out of hours. Currently Covid-19 has changed the ways of working with KMPT encouraging WFH wherever possible, so argument not as strong as before. AS floated the idea of adding financial benefits to working in EK area like they have in other areas like Dartford. RH agreed to allow trainees to swap rotas and further flexibility for personal circumstances. We are increasing the number of Higher placements from Next February so this may have a positive impact on this situation. SO shared that the Trainee Survey results came out recently and this hi-lighted the need to focus on the Well-Being of our trainees so this should be borne in mind during these discussions. TA thanked everyone for their help concerning this issue and said that we need to strike a balance between service and trainee needs; the 136 assessments form part of this issue, can they be done remotely? Can day time rota do more to reduce numbers needing to be done out of hours? RH replied that day time rota is already full and that the Section 12 second phase project led by ██████████ will mean that video assessments will be possible. The use of ipads in the 136 suite will mean that oncall doctors will be able to access reports via other PC's. This should be in place hopefully by Easter 2021.
- **Stepping down policy:** RH reported that the policy is nearly ready, but the switchboard at Dartford needs to agree their role before it can go to the next LNC for ratification. AS mentioned that there is now only the one 1 switchboard in Dartford during out of hours (from 9pm) and it appears that it is too much to expect them to know and understand all the rotas for the different sites as well as the roles of the different levels of cover available. The staff on this switchboard need a better induction process and a protocol easily available for reference. AS has a volunteer who would be willing to work on this. RH asked AS to connect this volunteer with JD and CS so that they can be kept in the loop with this project.
- **Action:** RH to update us at next meeting.

Page 3

- **Security at new Medway Hub (Britton's Farm):** The main concerns seem to be around the car park, particularly the staircase leading from there to inside the main building. AS asked if there were security cameras installed, but no-one at the meeting was sure. ██████ remarked that it is only a problem when it is dark, out of hours and that the car park exit is open so that anyone can enter the area including clients and staff. Unfortunately young people have been seen hanging about this area. An extra layer of security is needed for those using this open end where there is no gate. TA emphasised that lighting was the main issue. MC suggested that ██████, our Trust Security Manager is asked to visit and report on the situation so that she can make professional recommendations, ██████ is already looking into safety issues around lone working and this could form an extension of that report.
- **Action:** ██████ to write to ██████ to request an assessment of the area.

Page 8

- **Core Report, Support and signposting issue** with doctors being asked to review physical health problems. VW reported that a conversation had been held with ██████ and a protocol will be sent out. Action closed.

Page 6

- A request had been made by a trainee for a special office chair.
- **Action:** AP stated that this was again discussed at the recent LFG and she will forward to RH a copy of the email which was sent to JD with queries.
- **TA** had reported previously an issue with a Higher Trainee with no laptop; the laptop was finally received October 2020, however as the Trainee started in August 2020 this was a considerable delay. **MC** mentioned that she has taken over the management of mobile devices since 4th Nov 2020; there is a considerable back log as the team have been overwhelmed by requests due to Covid-19 changes to working patterns. Following a Tier audit, devices can only be requested by a budget holder using the IT service desk portal (rather than paper forms/emails). Laptops and Mobiles need to be ordered in advance, MC said they had been receiving requests on the day that trainees arrive in post. **TA** said that the issue was that she forwarded the issue to the budget holder, but they wanted ESR numbers... so they were stuck as juniors are not employed by us so no ESR. **AP** clarified that mobiles/laptops stay with the teams/post and are put under budget holders ESR number and handed over from outgoing to incoming trainee. This is why the devices need to stay in the budget holders name and not constantly changing with the trainees. The protocols for ordering a laptop and mobile phones have been created alongside IT and shared with supervisors and trainees.

3. Matters Arising

To be taken by continuation through agenda or as AOB.

4. Approval of LFG minutes 5th Nov 2020

Page 2

Stepping down policy: already discussed above.

Page 3

- **Action:** AP – To pass on info re: the survey for sky guard alarm to the locality tutors.
- Security at new Medway Hub (Britton's Farm):** already discussed Sky guard alarm survey above.
- **Action:** AP- SO & TA to be kept in loop on this issue in capacity of HoS Psychiatry. Item to stay in agenda.

Page 5

- AP confirmed that she had recirculated the Induction Pack Link to Core and Higher Trainees and will do so again in February 2021.

Page 6

- **AP/LEF** confirmed that the LGBT, Disability forums had been added to the template LFG agenda.
- A request had been made by a trainee for a special office chair – already discussed above.
- **Action:** AP to write to **JD** for advice on procedure.

(GP Trainee report)

- EKHUFT TPD complained that EK trainees have been asked to cover rota gaps in WK at very short notice. This has caused a lot of stress and anxiety for the trainee.
AS explained that this was an ex-trainee now.
RH said that if emergency cover is needed then Thanet should cover EK.
RB mentioned that this trainee had childcare issues – not enough notice which caused her anxiety.
CS explained that they had had people drop out at very short notice; in this case they were notified at 4.20pm that the 5pm on call couldn't make it. It is very difficult to even get hold of people late in the day. We should keep in mind that this happens very rarely and there is a protocol which is followed.
AS all trainees should keep in mind these are unusual times, with Covid-19 bring new challenges to all of us, so there needs to be a higher level of understanding with short notice requests.
- **Action:** RB to feed back to next EK LFG.
- Issues around taking bloods and doing ECG. Perhaps NMPs can support with this
RH: Good for other staff to support with this, happy to help with this and to pick this up with [REDACTED] and [REDACTED].
- **Action:** SO action as per LFG minutes (to discuss with NMPs about supporting juniors with doing blood tests and ECGs on site).
- **Action:** RH to talk to [REDACTED] and Dr E Ephraim.

(Recruitment)

- Post preferencing.
SO reported that they are working with the school to improve the system for preferencing/post placing and the new system will include MEMs and TPD in the process. This should lead to improvements. There will be quarterly meetings.

(Core Trainee report)

- Dartford oncall room – pests: mice and silverfish.
AS informed the meeting that a reported had been received on 8/12/20 and that this issue should be sorted.
VW said that although no more mice had been reported there did seem to be some silverfish.
AP said that she will forward the report to VW.
- On Calls at St. Martins – issues with handovers.
AP had not received a response from [REDACTED] to date.
RH advised that Dr Umoh had been away and only returned yesterday.

(Quality Assurance, Review and Evaluation)

- GMC Survey.
AS reported that the results of the shorter survey (due to Covid-19) had been excellent, there was a glitch in the system leading to a reanalysing of the results, but KMPT still had 7 green flags and 1 area requiring improvement. Red flags were linked to Covid-19 with a trainee commenting on their

placement being affected by Covid-19 and a consultant with increased workload. As the survey is anonymous we are unable to follow up directly on these two issues.

(Equality, Diversity and Opportunity)

- Actions from LFG still pending at time of this meeting, nothing further to report at this time. **SO** mentioned that she attended a meeting for HOS's last Friday on Differential Attainment. One thing that stood out to her was that ideally Differential Attainment needs to be look at right from the start of a trainees training and assessments done to produce individual plans per trainee. **AS** mentioned that we have had two sessions on Differential Attainment led by [REDACTED]. If there are ideas surrounding this subject do forward them to him.

(Support and development of trainees, trainers and local faculty)

- Study Leave – consultants requesting if S/L funding can be carried forward in light of Covid-19 **RH** we shouldn't be carrying forward any unused money, similar to A/L which can't be carried over. **AS** we have not had any issues with any training not being funded on the current budget, whatever course has been requested has been made possible. We will always try to find a solution together with any individual to further their development.

5. IT Update - MC

- Attend Anywhere virtual meeting software programme is being rolled out. This is aimed at enabling 1:1 patient consultations (it isn't suitable for other purposes). It had been gifted to us for just one year by NHS Digital and it now looks like this will be extended. There are plans to purchase a single system such as Attend Anywhere in collaboration with other trusts so that patients across Kent will only have to use one virtual meeting software for all of their appointments no matter what trust or appointment type they have.
 - Lifesize is being developed further to include more features. Communications about this have been sent to all KMPT staff recently. It is now possible to use virtual backgrounds so that people don't see your home space. Waiting rooms and Breakout rooms are in progress and should be available soon. The aim is to make Lifesize more useful for clinical use.
 - A 5-Year plan was approved in January. Part of this plan includes mobilising access to RIO anywhere/anytime. The new Virtual Smartcards are one of the steps towards easier access. RIO will be on tablets/ipads so staff won't have to go back to an office to input information. Patients will be able to see what has been/is being written.
 - Our KMPT servers and the IT wiring need updating which is a big project. This is in consultation and will happen soon.
 - S12 App (software programme) will be rolling out soon.
 - There have been high demands on the IT team.
 - There are plans to streamline RIO even further, to make it less clunky. There will be a meeting on 17th Dec 2020 to discuss what works and further ways of improving RIO, especially as there have been complaints that Clinicians are overloaded with admin. **RH** asked if trainees had been invited to this meeting and suggested that they should be.
- **Action:** MC to email **RH** and **AS**, **AP** details of the meeting on 17th Dec 2020 so they can involve trainees.

6. Library Report

No representative was present at the meeting.

7. Medical Directors Report - RH

- We are currently in the second wave of Covid-19, thanks to everyone involved, including trainees on wards for their support.
- Also thanks to those involved during the temporary handing back of Ruby Ward to Medway NHS Trust at short notice which has just taken place.
- **VW** has worked hard with procurement team to get PPE out.

- Covid meetings with trainees will continue so trainees get the Covid support that they need.
- There are a number of staff currently away from work due to Covid issues.
- We are still encouraging people to take their annual leave while also looking at the next 6 months to check clinical cover in line with the A/L policy.
- Thanks to **CS** who has been making sure rotas are as robust as possible. There was a problem with cover in EK a few weeks ago which arose from trainees needing to isolate.
- Medway currently has the highest number of Covid cases. Some F1 doctors are being released to Acute trusts due to Covid, delaying the start of their psychiatry placements by a couple of weeks; this will not affect those working on psychiatry wards.

8. Tutor Reports

Dartford: No representative.

Medway: No representative.

Canterbury: No representative.

Maidstone: APet reported that the local induction went well. Nothing really to report until next Mid-Term reviews.

AS: commented that all of the inductions had gone well and that there were no issues from the last mid-term reviews. There was agreement that F1 should be released to acute trust hospitals, causing a 2 week delay for some F1's starting this psychiatry rotation.

9. TPD reports:

- **SO** report: see below.
- **TA** report: see below.

10. HEKSS Update

SO and **TA** presented the HOS report as they are acting up while [REDACTED] is away.

- **SO** report:
 - Core recruitment stands at 100% and Higher recruitment at 80%. There will be an additional 4 new core posts from Feb 21, we will find out how these new posts will be embedded. These posts will be funded for 3 years by HEE.
 - RCPsych are developing a new curriculum which was hoped to be ready by August 2021 but it could be delayed due to Covid-19. There will be training provided, with webinars and a new Silver Guide to support the implementation of this curriculum.
 - Schools are encouraging trainees to use TROGS.
 - There was a workshop on Differential Attainment last Friday, there is acknowledgment nationally that we need to look at why Afro/Asian backgrounds don't do as well. There needs to be a programme for all trainees so that none are singled out; but then individual plans to suit each trainee. Differential Attainment can be used to support trainees even more.
 - GMC survey had different questions this time round (due to Covid-19) so we can't compare with previous results in the same way. Hi-lighted issues were Well-Being and disruptions due to Covid-19. Also 45% of doctors reported being stressed.
 - Interim reviews – HEE want these to be discontinued, which feels like the wrong timing as this would have provided an opportunity to look at Differential Attainment. However HOS wanted to pursue this locally so we are looking and trying to see how we can do this as a school.
- **TA** report:
 - The post allocation structure is changing as HEKSS are handing this over to trusts. It has been agreed for TPDs to work with MEMs in quarterly meetings to organise placements going forward.
 - Reminder that trainees cannot be redeployed without a sign off from the Dean/Director.
 - Covid-19 outcomes will remain in place until August 2021.

- GP training is changing in the future; GPST1 will only be in primary care settings and GPST2 & 3 in surgery, so effectively no psychiatry. So this will affect us and we need to plan in advance. HEE funding streams changing in line with new developments.
- Reminder that we must be sure that we are doing Covid-19 risk assessments for all trainees.
- **AB report:**
 - Thank you behalf of HEE to all Consultants/Tutors for maintaining education. It has been a difficult year and everyone has pulled together to make sure that training stayed as best as possible.
 - Weekly Surge meeting discussed pressures on Trust. Kent worst-hit county in the country, so a small number of F1's were redeployed collaboratively.
 - There is a regional simulation project which is trying to improve and engage further with the help of the KMPT Sim Lead. [REDACTED] has completed a simulation qualification. There are resources at Canterbury Christchurch University to contribute in improving this training. (AS mentioned that we currently use the facilities at Medway). [REDACTED] is already aware of these developments.
 - There was an overall Study Leave underspend. This will be divided and distributed to trusts resulting in £200 per trainee. KMPT is encouraged to use this money for Simulation or Leadership training; can also be used to purchase equipment.
 - Attended a meeting with new KMPT MD, [REDACTED] and looks forward to on-going working relationship.

11. Trainee Updates

Core Trainees – VW

- Trainees appreciated Medical Education running a virtual Mock CASC which was very comprehensive and positive.
- MRCPsych feedback slightly less good than the year before, but o.k.
- No issues with placement.
- Those taking Paper A & B exams have experienced no problems.
- Thank for the update on interim reviews. Will the minimum number of WPA's be reduced this year?
- There have been a few issues with IT, with some trainees mistakenly locked out when changeover of trainees occurred. But this has been resolved. AP clarified that IT had put the same end date for Core trainees as for GP and Foundation.
- Other issues with IT such as no access to KMPT systems in time for first on call.

Higher Trainees – ERB (provided a report read out by AS)

- Generally trainees are happy with their posts and opportunities for training. There is not much to add since the LFG. Following issues with the post preferencing, we await details of our next rotation. We received the usual inaccurate post details from the deanery, however are aware that medical education teams will be disseminating the correct information directly to us.
- Support within Kent posts: all feedback positive. Trainees are thankful for the rehab post continuing to be available (now in the east).
- There have been no issues with rotas, but note that there are currently no SpRs on the east Kent rota.
- Kent is hosting the next Calman day which we will start thinking about in the New Year. **AS** added that he has already offered his support for this day.
- SpRs supported Med Education team with a successful virtual CASC event in November 2020.
- No issues with research and special interest provision. Some trainees currently have roles as Medical Education Fellows with KMMS and as Educational Supervisors for stage3 KCL medical students. There is an interest in how to access experience in substance misuse within Kent.
- The SpRs are pleased that new higher trainees will be joining in February.

12. Curriculum Issues

Nothing reported.

13. Leadership

Nothing reported.

14. AOB

- **TA** mentioned that ARCP in addition to outcome 10 there will be a reduction of WBAs which should include psychotherapy.
 - **RH** Thank you to everyone who has worked hard during Covid-19.
 - **AS** Issue has been mentioned before, but there are plans from HEKSS for GP changes showing that changes wouldn't take effect until 2024 but now changed to Aug '21 and so there is lots of anxiety around this. Initial meetings with EK GPs have been set up. The 12 months in General Practice has changed to 24 months. DME's have been exchanging emails, looking at how to take this forward. Obviously it will affect rotas. **AB** Explained that [REDACTED] [REDACTED] is the lead at HEKSS for this change, so you can ask him any questions. It is a government change that has been coming for years nationally and so it is not an HEKSS decision. This change will only start to affect us from August 2022 as it commences with GPST1's starting in August 2021. It is widely felt that GP's need to train to become GP's and therefore we must stop relying on GP's and Foundation doctors to cover the rota! There will be a New Medical School in Kent for Foundation doctors so this will mean an increasing number of foundation trainees eventually. **AP** There is concern that posts will be turned into GPITP's which will not solve problems as they don't cover rotas or have funding as this goes to the GP practice and they only come to KMPT on Monday and Tuesdays. **RH** It is clear that Medical Staffing need to look at the impact this will have on the rotas and plan ahead.
- **Action:** **RH, JD** and **CS** to meet to discuss this issue further.

Dates of Future LAB Meetings (2021):

Date	Meeting	Time	Host	Host Room (TBC or Virtual Lifesize)
Tues 23rd March 2021	LAB	10 - 1pm	Maidstone	TBC ([REDACTED], Academic Centre, Maidstone)
Tues 15th June 2021	LAB	10 - 1pm	Maidstone	TBC ([REDACTED], Academic Centre, Maidstone)
Tues 7th Dec 2021	LAB	10 - 1pm	Maidstone	TBC ([REDACTED], Academic Centre, Maidstone)

This meeting closed at 11.58am.