Deanery Performance and Quality Review
Mid Essex Hospital Services NHS Trust
January 2012

This report summarises the findings and recommendations of the “Deanery Performance and Quality Review” to Mid Essex Hospital Services NHS Trust on 19th January 2012 in line with the NHS East of England Multi-Professional Deanery Quality Management Framework
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1.0 Introduction

1.1 NHS East of England Multi-Professional Deanery (MPD) commissions and quality manages postgraduate medical, dental and healthcare education on behalf of and within the area served by NHS East of England, a constituent part of NHS Midlands and East. It does so within the Corporate and Educational Governance systems of NHS East of England and to the standards and requirements of the General Medical Council (GMC), General Dental Council (GDC) and the Nursing and Midwifery Council. These processes are outlined in the NHS East of England MPD Quality Management Framework for medical and dental education and Quality Assurance Framework for other healthcare education.

1.2 Quality management uses information from many and varied sources that triangulate evidence against standards of the quality of education and training within local education providers and across the east of England. These sources include trainee and trainer surveys, panel feedback (e.g. ARCP), hospital and public health data (e.g. HSMR), and visits by specialty colleagues and Deanery Performance and Quality Reviews (formerly known as Dean’s Visits) that may be planned or triggered by concerns or events.

1.3 This report is of a planned Deanery Performance and Quality Review. It is not in response to any concerns.

1.4 This report is based on sampling via surveys and visits and is not therefore exhaustive. The findings are provided with the caveat that any further conclusions that are drawn and action taken in response to those conclusions may require further assessment.

1.5 The Trust is required to provide an action plan by 20th April 2012 and to complete actions agreed within the specified time periods. Progress will be monitored as part of the Learning Development Agreement contract monitoring and ongoing quality management under the leadership of the Deanery Quality Management Group chaired by the Postgraduate Dean. A formal update on the action plan is required by 20th July 2012 unless otherwise stated under the conditions section below.
2.0 Visit team

2.1 Lead Visitor: Professor Simon Gregory, Postgraduate Dean

2.2 Visitors: Dr Jonathan Waller, Deputy Postgraduate Dean - Quality
Dr Alys Burns, Deputy Postgraduate Dean
Dr Simon Downs, Deputy GP Dean
Mr Alex Baxter, Director of Postgraduate Dental Education
Dr Ian Barton, Head of School of Medicine
Ms Susan Agger, Senior Deanery Quality and Academic Training Manager
Mrs Diana Smart, Senior Finance and Facilities Manager
Mrs Mary Archibald, Lay Representative/Postgraduate Centre Manager
Ms Finola Munir, Clinical Quality & Patient Safety Manager, NHS Midlands & East
Mrs Agnès Donoughue, Quality Co-ordinator

3.0 Existing reports referred to prior to and during the visit

3.1 GMC trainee survey report 2009, 2010 and 2011
GMC trainer survey report 2009, 2010 and 2011

3.2 Postgraduate Dean’s Visit Report 2005
School of Dentistry Visit Reports 2008 and 2009
School of Emergency Medicine Visit Report 2011
Foundation School Visit Report 2009
School of General Practice Visit Reports 2010 and 2011
School of Medicine Visit Reports 2008 and 2011
School of O&G Visit Report 2011
School of Ophthalmology Visit Report 2009
School of Paediatrics Visit Reports 2009 and 2011
School of Surgery Visit Reports 2009 and 2010

4.0 Organisation and structure of report

4.1 The main body of the report outlines findings against the General Medical Council’s generic standards for training where applicable. This is followed by an overview of notable practice, conditions and recommendations.

5.0 Domain 1 – Patient Safety

5.1 The Trust demonstrates a culture of positive action on patient safety led by the Medical Director, including the Medical Director’s walkabouts.

5.2 Trainees are engaged in patient safety committees.
5.3 There is a high level of corporate induction with Board level involvement. It is reported that this is well organised and records demonstrate good attendance.

5.4 The Trust was unable to demonstrate a similar level of engagement with departmental induction, although new processes had been instituted.

5.5 Previous concerns regarding handover within the Departments of Medicine and Obstetrics & Gynaecology seem to have been addressed.

5.6 There are reports of consent for gastroscopy by Foundation doctors without adequate training in taking consent for this procedure.

5.7 There is evidence of ongoing issues regarding IT facilities and access to IT which suggests that the fragmentation of systems has the potential to impact on patient safety.

6.0 Domain 2 – Quality management, review and evaluation

6.1 The Trust, through the Director of Medical Education, demonstrates robust engagement with the QM3 report and the Quality matrix with a reflective and transparent approach.

6.2 The end of post review processes enable both positive and negative issues in training to be identified and addressed.

6.3 The online trainee feedback on consultant supervision within the Department of Anaesthesia is an example of best practice.

6.4 There is an ethos of analysis and review, including review of any actions taken on concerns in order to demonstrate and ensure improvement.

7.0 Domain 3 – Equality, diversity and opportunity

7.1 The Trust was able to demonstrate robust evidence of equality and diversity training of both educational supervisors (95%) and those involved in clinical supervision (97%).

7.2 The monitoring of the Foundation portfolio specifically tracks safeguarding training. Trainees and trainers met all reported training in safeguarding matters.

8.0 Domain 5 – Delivery of approved curriculum including assessment

8.1 There are a number of examples of good practice within the Foundation Programme at Mid Essex Hospital Services NHS Trust including the ‘Theatre week’, portfolio reviews and end of placement surveys.
8.2 A further exemplar is training under the auspices of the Anaesthetics Department including Critical Incident Training.

9.0 Domain 6 – Support and development of trainees, trainers and local faculty

9.1 It was reported that there is a pyramid of educator appraisal of college tutors by the clinical tutor and of educational supervisors by the college tutors. Furthermore, where consultants have identified educational or other supervisory roles, the outcomes of annual consultant appraisal (Form 4) are reviewed by the Medical Director and returned for reconsideration if there is not adequate consideration of the educational role.

9.2 There is a clear commitment from the Trust to identify time within job planning for educational supervision and also for the clinical supervisors of GP Specialty Registrars, and reported high levels of supervision and support.

9.3 The Trust has noted high levels of consultant undermining in the GMC Trainee Survey 2011 and is currently investigating and acting on this.

10.0 Domain 7 – Management of education and training

10.1 There is Board level engagement in education and training, which is evidenced through the Medical Director’s written report and presentation to alternate Board meetings.

10.2 There is good engagement of the Trust Executive Board with foundation trainees with the establishment of meetings between them and Board members, including the Chair, Chief Executive and Medical Director.

10.3 There has been committed and robust leadership of medical and dental education and training as provided by the demitting Director of Medical Education.

10.4 Trainees report good levels of support from the Head of Learning and Development, the Medical Education Centre team and associated staff.

10.5 Trainees report excellent in-hours access and provision of library services with good librarian support, but there is poor out-of-hours access.

11.0 Domain 8 – Educational resources and capacity

11.1 There are reports that the capacity of the Medical Academic Centre is now insufficient for the requirements of the reconfigured unified Trust. As the hospital size has increased, it is important that the educational facilities are of a design which encourages the development of the doctors.

11.2 There is evidence of ongoing issues regarding IT facilities and access to IT which suggests fragmentation of systems and patchy ability to access
educational IT sites, which is having a negative impact on the use of technology to support training.

13.0 Decision of Deanery Quality Team

13.1 The provision of medical education and training at Mid Essex Hospital Services NHS Trust has:

met with conditions

the requirements of the NHS East of England Multi-Professional Deanery under the standards required by the General Medical Council and therefore is given approval for three years.

13.2 An action plan is required by 20th April 2012 including confirmation of completions of action on the immediate conditions.

13.3 Specialty Training Programme School and Foundation Programme formative visits will continue with their planned frequency and subject to the findings of those visits will continue on routine visits.

13.4 Subject to 13.2 unless otherwise triggered the next full Deanery Performance and Quality Review will be in January 2015.

13.5 The monitoring of the implementation of these action plans to meet these conditions will be through the relevant Deanery Heads of School reporting to the Deputy Postgraduate Dean for Quality.

14.0 Notable practice

14.1 The Trust demonstrates a culture of positive action on patient safety led by the Medical Director, including Medical Director’s walkabouts and trainee engagement in patient safety committees.

14.2 There are a number of examples of good practice within the Foundation Programme at Mid Essex Hospital Services NHS Trust including the ‘Theatre week’, portfolio reviews and end of placement surveys.

14.3 A further exemplar is training under the auspices of the Anaesthetics Department, including Critical Incident Training.

15.0 Conditions

15.1 The Trust has reported actions to investigate and address the reported undermining by consultants across a number of specialties. The Trust is asked to provide a formal report on their actions to ensure that this issue has been sufficiently investigated and addressed, and ongoing monitoring is in place. [domains 1 & 6] (2 months)
16.0 Recommendations

16.1 Departmental induction, particularly in paediatrics, needs to be strengthened. [domain 1]

16.2 Obtaining informed consent for gastroscopy by Foundation doctors without sufficient training is not acceptable. This should cease unless sufficient prospective training is provided.

16.3 The Trust is asked to review its IT facilities and access to IT as this has a negative impact on training and the potential to compromise patient safety. Efforts to engage trainees in this are welcomed but have not achieved the required outcomes.

Signature of Lead Visitor

Professor Simon Gregory
Postgraduate Dean

24 February 2012