Deanery Performance and Quality Review
West Hertfordshire Hospitals NHS Trust
October 2011

This report summarises the findings and recommendations of the “Deanery Performance and Quality Review” to West Hertfordshire Hospitals NHS Trust on 10th October 2011 in line with the NHS East of England Multi-Professional Deanery Quality Management Framework
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This report is also informed by the accompanying report of the Foundation Programme / School of Emergency Medicine Quality Management Visit undertaken in parallel with this Deanery visit.
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 Midlands and East 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. However, the Foundation Programme / School of Emergency Medicine Quality Management Visit undertaken in parallel with this visit was undertaken to review the implementation of the action plan in response to concerns with regard to supervision of Foundation doctors in the Emergency Department.

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 10th December 2011 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 Deputy Dean (Quality). A formal update on the action plan is required monthly until a full review visit 6-months from the date of this visit 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
Dr Alys Burns, Deputy Postgraduate Dean
Prof John Howard, GP Dean/Deputy Postgraduate Dean
Mr Alex Baxter, Director of Dental Education
Dr Ian Barton, Head of School of Medicine
Dr Helen Smith, Foundation School Director
Mr Chris Maimaris, Head of School of Emergency Medicine
Dr Andrew Frankel, Interim Lead for Foundation, London Deanery
Dr John Kinnear, Director of Medical Education, Southend
Ms Susan Agger, Senior PGMDE Manager
Mrs Betty Shields, Lay Representative
Ms April Brown, Clinical Quality & Patient Safety Manager
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 and 2010
GMC Trainer Survey report 2009 and 2010

3.2 Postgraduate Dean’s Visit Reports 2005 & 2006
Foundation School Visit Reports 2010 & 2011
School of General Practice Visit Report 2011
School of Medicine Visit Reports 2008 & 2011
School of O&G Visit Report 2011
School of Ophthalmology Visit Report 2010
School of Paediatrics Visit Report 2010
School of Surgery Visit Report 2011

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 and The Trainee Doctor. This is followed by an overview of notable practice, conditions and recommendations.

5.0 Domain 1 – Patient Safety

5.1 The locally developed prescribing test for F1s is to be commended.

5.2 However, whilst the deanery supports the training that has been implemented to support safe prescribing of Methotrexate, F1 trainees should not be independently prescribing Methotrexate as this raises patient safety issues. The Deanery requires that this practice should cease with immediate effect. This requirement is in line with the London Deanery restriction on cytotoxic prescription by Foundation doctors, as detailed in their policy “Foundation
Doctor Role and Responsibilities within the Local Education Provider and Minimum Requirements for Clinical Supervision of Foundation Doctors” (N.B. All Foundation Doctors at this Trust are London Deanery trainees).

In addition to the NPSA guidance on the prescription of Methotrexate, this issue has also been extensively discussed with the GMC and CoPMED, and it is not considered safe practice to permit FY1 doctors to prescribe Methotrexate as a sole signatory.

5.3 Simulation training in partnership with the University of Hertfordshire (West Herts Initiative in Simulation Education (WiSE)) is to be commended.

5.4 The use of the Simulation Centre and the junior doctors’ audit of infection control are notable as an example of innovative use of simulation to enhance patient safety and training.

5.5 The reported lack of middle grade/senior clinical supervision of Foundation trainees after midnight, in the Emergency Medicine Department, is unacceptable and must be addressed as a matter of urgency. There was insufficient evidence of a proportionate response to the findings of the June Foundation School visit and fulfilment of the action plan. These concerns are further detailed in the accompanying report of the Foundation Programme/School of Emergency Medicine Quality Management Visit undertaken in parallel with this visit.

5.6 It was reported that surgical patients are often outliers across the Trust and there is not a reliable system for tracking them.

5.7 Junior doctors reported that they did not feel engaged in the reporting of and addressing SUIs and ‘never events’ and the learning to be gained from these events.

5.8 The Acute Assessment Unit (AAU) is a large and very busy unit (reported as 120 beds with 50-60 admissions a day). Whilst this has the potential to provide excellent learning opportunities, both the trainees and trainers reported high work intensity.

5.9 Within this unit there were reported issues of patients being moved to other wards when their doctor had stated that this should not occur. The visit team were provided with a specific example of a registrar stating that a patient must not be moved but later discovered that they had been moved by a bed manager.

5.10 Handover on the AAU is typically a “board round”. It was reported that this may occur in a public area and that there is a risk of compromised confidentiality.

5.11 Anaesthetic trainees reported that they felt the level of obstetric anaesthesia cover to the labour ward out of hours left them “spread too thinly” and unable to provide a sufficient service.
5.12 Gynaecology trainees reported a lack of regular ward rounds with these not occurring every day and often with only the new admissions being reviewed. They also stated that there is not a “ward list” to support safe and effective handover.

5.13 Departmental induction was reported to be of variable quality and in some cases “tick box”. In particular, the duration was reported to be only 60 minutes induction in Medicine and 90 minutes in Trauma and Orthopaedics.

5.14 Radiology. There were reports of undermining of trainees by radiologists and especially radiographers. Trainees reported refusal of imaging that was subsequently proven to have been necessary and episodes of embellishment of requests in order to get investigations done. This is consistent with previous findings.

6.0 Domain 2 – Quality management, review and evaluation

6.1 The Trust Junior Doctors Forum is an area of good practice which has enhanced trainee engagement and the trainee voice with specific examples of change as a result of this being shared.

6.2 The GP Clinical Supervisor Training Course in which those consultants supervising GP specialty trainees during their hospital placements to ensure understanding of their needs and curriculum is to be commended.

6.3 There was poor engagement with the east of England quality matrix prior to the visit, and the completed matrix was not provided for the visit. This limited the visit team’s ability to consider all areas and possibly to give the Trust due credit.

6.4 The Trust team acknowledged that there is variable engagement of College Tutors across disciplines.

6.5 Further work is needed to ensure quality of Educational Supervisors including their selection, training, performance review and appraisal.

7.0 Domain 3 – Equality, diversity and opportunity

7.1 The quality matrix had not been completed in this regard. The Education Manager was able to report that the levels of training were below 90% (red on the matrix RAG rating).

8.0 Domain 5 – Delivery of approved curriculum including assessment

8.1 The Trust has many SAS doctors and has made considerable efforts to actively involve them in training.

8.2 There are consistent reports with triangulated evidence of a high quality GP programme that is clearly embraced by the Trust.
8.3 The quality of surgical specialty training is consistently related as high with trainees reporting excellent access to cases and good operative experience.

8.4 The trainees consistently reported good access to WPBAs.

8.5 The breadth of clinical experience provided in this busy Trust is recognised as providing good opportunities for broad clinical experience.

8.6 However, the workload intensity is such that it seems to have disproportionate impact on training in many specialties, specifically emergency medicine, medicine in general, care of the elderly and obstetrics and gynaecology.

8.7 Poor access to study leave due to the pressures of service over education and surprising study leave under spend. Trainees report poor access to study leave in specialties with a high work intensity; this is consistent with an underspend on study leave reported by the Postgraduate Centre.

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

9.1 The current systems for the appointment, training, performance review and appraisal of educators are insufficient and will not meet the forthcoming GMC criteria for approval of trainers. The visiting team were unable to locate evidence of selection processes or appraisal/performance review of educational supervisors in this Trust.

10.0 Domain 7 – Management of education and training

10.1 We were not provided through the matrix with evidence of consistent board level engagement.

11.0 Domain 8 – Educational resources and capacity

11.1 The facilities within the PGMC and the support provided by the Education Centre staff are impressive.

11.2 The University of Hertfordshire simulation centre is an asset for the Trust.

11.3 However the trainees reported that the separation of the current library and the medical education centre leads to a perceived inaccessibility for those on busy units with many trainees reporting therefore that they use London Hospital libraries at weekends.

11.4 IT access was reported to be very slow thus hindering trainee access to portfolios and to safety systems.
12.0 **Domain 9 – Outcomes**

12.1 There was poor engagement with the east of England quality matrix prior to the visit, and the completed matrix was not provided for the visit. This limited the visit team’s ability to review outcomes and possibly to give the Trust due credit.

13.0 **Decision of Deanery Quality Team**

13.1 The provision of medical education and training at West Hertfordshire Hospitals NHS Trust has:

*partially met*

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

13.2 An action plan is required by 10\(^{th}\) December 2011 including confirmation of completions of action on the immediate conditions. This action plan should also incorporate the requirements and recommendations of the parallel Foundation and Emergency Medicine Schools visit undertaken to the Emergency Department.

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.

13.4 Subject to 13.2 unless otherwise triggered the next full Deanery Quality Review Visit will be in April 2012.

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

14.0 **Notable practice**

14.1 The WiSE unit and the excellent use of simulation in conjunction with the University of Hertfordshire and the exemplar of an infection control audit are to be commended.

14.2 There are consistent reports with triangulated evidence of a high quality GP programme that is clearly embraced by the Trust GP including a highly valued clinical supervisors’ course.

15.0 **Conditions**

15.1 Methotrexate prescribing by F1s must cease with immediate effect [domain 1] (To be confirmed in writing within 24 hours).
15.2 Patient tracking in particular of surgical outlier patients must be addressed [domain 1] (Action plan to be provided within one month and full implementation of plan to be assessed at the April 2012 visit).

15.3 The lack of middle grade/ senior cover on site in the Emergency Department after 12 midnight should be addressed as soon as possible with written communication within a month. Furthermore we recommend an immediate review of staffing at all levels against national standards [domain 1] – Immediate action to be confirmed within one month. It should be noted that this condition is sufficiently serious that if not sufficiently addressed, it would be necessary for London Deanery to remove their trainees from the Emergency Department. The time periods stated are to balance the immediate service need and impact on patient safety with the patient safety risks associated with this.

*N.B. As was advised to the Trust on the day, this is a specific scenario that must be raised with the GMC immediately in line with their concerns policy. The GMC have subsequently exercised their right as the regulator to enhance the requirements of this condition.*

15.4 Engagement of College Tutors. To support the engagement of all College Tutors, the Trust are required to review the appointment of all tutors as part of their planned review in conjunction with appraisal by the relevant Head of School. [domain 2] (One year)

15.5 E&D training – the figures provided are currently unacceptable. The Trust must either provide more accurate audit data to show training levels nearing 100% or, if not, address the levels of this training. [domain 3] (3 months)

15.6 The repeatedly reported Radiology culture could not be sufficiently triangulated during this visit but is sufficiently concerning to be included. The Medical Director or his nominated Deputy must investigate this and report findings, and if required an action plan. [domain 1] (Investigation 1/12 if required action plan in 3 months)

16.0 Recommendations

16.1 Given the breadth of cases and volume and the popularity of locations near to London this Trust has the potential to be an excellent learning environment. This would be enhanced by more transparent board engagement in education and training matters.

16.2 Trainees should have much greater involvement in the patient safety agenda given number of ‘Never Events’/SUIs. This is an excellent opportunity for them to learn how to prevent harm. The Deanery would be willing to support a focussed initiative.

16.3 The Director of Medical Education and the new Clinical Tutor are clearly passionate about their role and have many good ideas. They need to be empowered to put these into practice.
16.4 The Trust needs to develop rigorous processes of appointment, training, performance review and appraisal of educators.

16.5 The Trust should review its application of the study leave policy to enhance access.

16.6 The Trust is asked to review its systems to monitor and evidence that which is being measured and to resubmit the quality matrix at the time of the forthcoming QM3 submission.

Signature of Lead Visitor

[Signature]

Professor Simon Gregory
Postgraduate Dean

25 November 2011