Deanery Performance and Quality Review
Papworth Hospital NHS Foundation Trust
March 2013

This report summarises the findings and recommendations of the “Multi-Professional Deanery Performance and Quality Review” to Papworth Hospital NHS Foundation Trust on 15th March 2013 in line with the NHS East of England Multi-Professional Deanery Quality Management Framework
DOCUMENT HISTORY

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<th>Version</th>
<th>Date</th>
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<tr>
<td>1.0</td>
<td>15/03/13</td>
<td>Initial draft JW/visiting team</td>
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<td>1.1</td>
<td>26/03/13</td>
<td>PM report</td>
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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 student, trainee and trainer surveys, the Performance and Quality Assurance Framework (PQAF), panel feedback (e.g. ARCP), hospital and public health data (e.g. HSMR), visits by specialty colleagues and Deanery Performance and Quality Review visits (formerly known as Dean’s Visits) that may be planned or triggered by concerns or events.

1.3 Whilst the Deanery Quality Management processes incorporate information from many sources, it is explicit that the primary purpose of the Deanery Performance and Quality Review is the quality management of non-medical, medical and dental education and training. The visit is not designed to, nor capable of, providing a thorough assessment of the quality of care provision. Moreover, if concerns are identified, these are passed on to those responsible.

1.4 This report is of a planned Multi-Professional Deanery Performance and Quality Review assessing non-medical and medical education and training in the provider, and is not a response to any concerns.

1.5 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 14th June 2013 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 by 13th September 2013 unless otherwise stated under the conditions section below.
2.0 Visit team

2.1 Lead Visitor: Dr Jonathan Waller, Deputy Postgraduate Dean – Quality

2.2 Visitors: Dr Alys Burns, Deputy Postgraduate Dean
Mrs Pauline Milne, Deputy Head of Education and Development
Dr Ian Barton, Head of School of Medicine
Ms Susan Agger, Senior Deanery Quality and Academic Training Manager
Mr Bruce Ramsay, Associate Director of Medical Education, Peterborough & Stamford Hospitals NHS Foundation Trust
Mrs Mary Benfield, Lay Representative
Mr John Morrison, Clinical Quality & Patient Safety Manager, NHS Midlands & East
Mrs Ros Wells, Cambridgeshire & Peterborough Workforce Partnership Representative
Ms Angela Thompson, Director of Nursing and Patient Experience, East & North Hertfordshire NHS Trust
Mrs Agnès Donoughue, Quality Co-ordinator

3.0 Existing reports referred to prior to and during the visit

GMC Trainer Survey Reports 2009, 2010 and 2011

3.2 Deanery visit reports and Trust action plans:
Foundation School Visit Report 2011
School of Medicine Visit Reports 2012
School of Pathology Visit Report 2012
School of Surgery Visit Reports 2011

3.3 Non-medical quality documentation:
Notes of the PQAF PEP Review – 11.01.13
Academic Review of Practice Partners: Education Quality Assessment Document
Practice Self-Assessment EQuAD Report
Pre-Registration Survey: Education Quality Assessment Document
Post-Registration Survey: Education Quality Assessment Document
Key Performance Indicators – WP Rag Rating

3.4 CQC report 2012
On-going SIs 2012

3.5 Documentation provided by the Trust:
Medical Education and Training Appraisal Form 2012
Educational Supervisor Job Description
Educational Supervisor Accreditation – Evaluation Form Summary 2012
Medical Education Structure 2013
EWTD Agreement Form
4.0 Organisation and structure of report

4.1 The report first provides an overview of the non-medical feedback in the context of the five key performance indicators (KPIs) that inform the PQAF in section 5.0. The subsequent section 6.0 outlines the findings within the General Medical Council’s generic standards for training where applicable. The Deanery Quality Team decision in relation to medical education and training is in section 7.0. Multi-Professional recommendations and notable practice are in sections 8.0 and 9.0.

5.0 Non-medical education and training

<table>
<thead>
<tr>
<th>KPI</th>
<th>Feedback from Review</th>
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| KPI One – Education Governance  
The organisation is assured that they have robust education governance in place | The Director of Human Resources is the Executive Director with responsibility for delivery of all Non-Medical Education. The Director of Nursing is the Executive Director Lead for Non-Medical Clinical Education. An Education Steering Group has recently been established |
KPI | Feedback from Review
---|---

which reports to the Board via the Quality and Risk Committee. There is also a forum for the Director of Nursing, Medical Director and Human Resources Director to meet to discuss education issues. Clarity is sought on the terms of reference and membership of the Education Steering Group and the reporting structure between this committee and the Clinical Governance Committee. Assurance is also sought that these structures will be able to identify poor performance which may impact on the quality of the clinical learning environment.

Mentors did not appear to be familiar with Performance and Quality Assurance Framework (PQAF) Key Performance Indicators (KPIs) or handbook.

A Non-Medical Clinical Tutor is in post and one of the objectives of this post holder is the implementation of the Teaching Peer Review Feedback Guidance and Form. The Teaching Peer Review form will be used by all trust staff who undertake regular formal education/training sessions. This will be across a range of professions encompassing medical and non-medical trainers. This is a good practice initiative and we look forward to receiving feedback on the impact of this in due course, when fully implemented.

The Trust has ward-based quality metrics but it is not clear how these metrics are used in relation to assessing the quality of the clinical learning environment. Students were not able to articulate the concept of these quality metrics nor relate ward performance on patient experience and safety e.g. falls incidence, to the productive ward boards. Clarification is sought on how this will be addressed by the Trust.

<table>
<thead>
<tr>
<th>KPI Two – Learning Environment</th>
<th>Feedback from Review</th>
</tr>
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<tbody>
<tr>
<td>The organisation provides high quality learning environments for students</td>
<td>It was reported that student feedback is provided to placement areas at review meetings with the education team but it was not clear how frequently these meetings took place.</td>
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<tr>
<td></td>
<td>Students reported a positive/‘can do’ atmosphere from mentors in supporting the learning environment and in developing their own professional practice. Initiatives such as</td>
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<tr>
<td>KPI</td>
<td>Feedback from Review</td>
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<tr>
<td>the in-house leadership programmes and the introduction of junior sisters may have contributed to this.</td>
<td></td>
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<tr>
<td>Students were actively encouraged by their mentors to exploit the learning opportunities available, for example through visiting other departments or shadowing specialist nurses.</td>
<td></td>
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<tr>
<td>Students who were employed by the organisation had full access to the governance systems and datix feedback whilst the HEI students did not have the same opportunities as they are unable to have Trust e-mail accounts.</td>
<td></td>
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<tr>
<td>Students identified a positive culture around incident reporting.</td>
<td></td>
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<tr>
<td>Students were able to evidence that they had received local induction.</td>
<td></td>
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<tr>
<td>There was a desire from the students to work in the organisation on completion of training and one had an interview date planned.</td>
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<tr>
<td>A student described the NHS improvement project she had undertaken and how this had been received positively by the Trust.</td>
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<tr>
<td>The Education Team reported being involved in the recruitment of pre-registration students with the HEI but this opportunity should also be considered for mentors.</td>
<td></td>
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<tr>
<td>The Mentors we met on the visit were all clear about how they would manage failing students.</td>
<td></td>
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<tr>
<td>The Non-Medical Student Placement and Mentorship Procedure does not specifically provide guidance on dealing with CQC concerns/serious incidents and assessing the impact of these on the quality of the clinical learning environment. The Trust is asked to review the policy to reflect this.</td>
<td></td>
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<tr>
<td>A Trust Mentor Policy is in place.</td>
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<tr>
<td>The feedback from the 8 pre-registration students on the support provided by the Trust was overwhelmingly positive. All 8 students would recommend the clinical learning environment in the Trust to other students.</td>
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<tr>
<td>KPI</td>
<td>Feedback from Review</td>
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<td></td>
<td>Supervision of new mentors by an experienced mentor for first assessment, as described in theatres, was viewed as good practice and should be introduced across the Trust.</td>
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<td></td>
<td>Mentors did seek verbal consent for students to be involved in patient care.</td>
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<td></td>
<td>Patients are involved in feedback on student performance through mentors/practice documentation.</td>
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<td></td>
<td>All members of the non-medical education team are qualified tutors in line with NMC standards.</td>
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**KPI Five – MPET Investment**
Provider organisations demonstrate effective utilisation of the Multi-Professional Education and Training Levy (MPET) investment

<table>
<thead>
<tr>
<th>Feedback from Review</th>
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<tbody>
<tr>
<td>CPD plan and process was evidenced and informed by their Training Needs Analysis.</td>
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<tr>
<td>It was reported that future CPD planning and utilisation will be done through the new Education Steering Group.</td>
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<tr>
<td>The demands of providing preceptorship was reported to cause a strain on the mentor capacity due to turnover rates of junior nursing staff.</td>
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<tr>
<td>The Trust is aware of looming nursing recruitment and retention issues due to age profile of nursing workforce and the challenges of retaining junior staff. Initiatives are being implemented to help to address this for example retire and return schemes.</td>
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### 6.0 Medical and Dental Education and Training

#### 6.1 Domain 1 – Patient Safety

6.1.1 The Trust is to be congratulated on its achievement of 100% compliance with Trust and Departmental induction across all specialties with documented evidence to support this. However, the latter is reported to be of variable quality and delivered inconsistently, on occasion by locum trainees.

6.1.2 Undermining by other staff had been highlighted as an area for concern in the 2011 GMC Survey. The Trust has put in place initiatives to address this. More recent evidence has failed to identify current concerns in this area. There were no reports of undermining on the day.
6.1.3 Handover had been identified as an area of concern in both the 2011 and 2012 GMC Trainee Surveys as well as by Deanery School Visits. The trainees and trainers interviewed on this visit reported that there is a system in place that works effectively and no concerns regarding patient safety were raised with regard to handover; however it needs to be formalised with better consultant supervision if it is to meet satisfactorily the GMC criteria.

6.1.4 Variable reports were received regarding the quality of clinical supervision of the day to day work of junior doctors within this Trust, particularly in cardiology.

6.1.5 The Trust has in place well developed arrangements for the dissemination and learning from Serious Incidents. The introduction of the Trainee Newsletter is welcomed.

6.1.6 Previous concerns had been expressed through the Schools’ visiting programme regarding foundation and core trainees being required to obtain consent for procedures that were beyond their competence. In response to this, the Trust has instituted a programme of mandatory training in obtaining consent as part of induction for such trainees. In addition, the Trust promoted a performer-led consent process which was to be the subject of subsequent audit. Given the small number of trainees seen in each specialty, ongoing audit of this is important over the next six months.

6.2 Domain 2 – Quality management, review and evaluation

6.2.1 The Trust is to be congratulated on its engagement with the Deanery quality management processes including the QM3 Clinical Tutor’s report and Quality Matrix.

6.2.2 The Trust achieved 100% response rate in the 2012 GMC Trainee Survey.

6.3 Domain 3 – Equality, diversity and opportunity

6.3.1 The Trust has evidence to support 100% E&D training. This is to be commended.

6.3.2 Training to the appropriate level in Safeguarding children and vulnerable adults is part of mandatory training for all doctors within the Trust and there is evidence to support 100% compliance.

6.3.3 No issues were identified regarding any infringements of the rights of patients to confidentiality and dignity within the Trust.

6.4 Domain 5 – Delivery of approved curriculum including assessment

6.4.1 The Trust is internationally recognised as a Centre of excellence in Cardiothoracic Medicine and Surgery. Its stated tripartite mission is to deliver excellence in health care, clinical education and research. There are multiple
examples of the achievement of its educational mission across all the specialty training programmes within Papworth Hospital, and as such, it offers a wealth of training opportunities.

6.4.2 Specialty training in Cardiothoracic Surgery is widely regarded as being outstanding with strong evidential support within the GMC Trainee Survey and feedback from externality from the Royal College of Surgeons.

6.4.3 In the GMC Trainee Survey 2011, several areas of concern were identified in Anaesthetics. The Trust put in place an action plan to address these including the institution of a daily 30-minute anaesthetic training session. No areas of concern were identified within this specialty in the GMC Survey 2012. This is an example of good practice and responsiveness within the Trust. This was confirmed by very positive trainee feedback.

6.4.4 In CMT, concerns were identified within both the GMC Trainee Survey 2012 and by the Deanery School of Medicine Visit to the Trust around the areas of handover, and adequate experience, particularly with regard to attendance in outpatients, leading to low levels of overall satisfaction. At this visit, it is clear that these issues remain for CMT and foundation trainees.

6.4.5 The Trust has recruited and trained a team of 10 nurses to form an ‘ALERT’ specialist nursing team to support the cardiothoracic junior doctor role and to promote improved handover procedures. This offers 24/7 cover and is an example of good practice.

6.4.6 The Trust has appointed an Educational Fellow to help support and implement new developments in medical education and to promote and audit the delivery of education in the workplace. We would welcome feedback on how this initiative progresses.

6.4.7 Concerns have been expressed about the delivery of core competences for foundation and core trainees in Medicine and Surgery within a tertiary care setting. The Trust has tried to address this issue both by trying to provide the necessary experience but also by making a virtue of the unique experience available to trainees in a tertiary care centre. However, some trainees met on the day continue to report high levels of dissatisfaction as there is a mismatch between their expectations and what the Trust is able to provide at this stage in their training. The Trust needs to continue to address inappropriate, repetitive and duplicated tasks which are of no educational value to the trainees.

6.4.8 The Trust has actively engaged with the Senior Resident programme having appointed 3 trainees to this role.

6.4.9 There are a lot of opportunities for teaching within the Trust, and facilitating attendance at teaching sessions is recommended. The Education Centre should send out a monthly education programme as the trainees reported not always knowing what was on offer.
6.5 Domain 6 – Support and development of trainees, trainers and local faculty

6.5.1 The Trust has fully implemented a process for the appropriate selection, appraisal and training of its educational supervisors to GMC standards using the model developed by the Royal College of Physicians.

6.5.2 It was reported that this role was recognised through the job planning process for consultants at a rate of 0.125 PA per trainee. Trainers reported that this was the case.

6.5.3 The Trust has an open culture of support and caring which encourages formal and informal feedback and support. The Trust policy of “Every trainee known and valued” is to be commended as is the Trust’s own policy for supporting trainees in difficulty.

6.6 Domain 7 – Management of education and training

6.6.1 There is an exceptionally strong educational ethos including palpable Board level engagement with, and support of, education and training within the Trust, stemming from the leadership of the Chief Executive.

6.6.2 A clear governance structure is in place based on strong multi-professional representation and overt lines of responsibility.

6.6.3 The dynamic and proactive leadership of education and training is delivered through the commitment of the Trust Clinical Tutor/Deputy Medical Director and the Lead for Core and Clinical Education.

6.7 Domain 8- Educational resources and capacity

6.7.1 The Trust provides the necessary infrastructure and library to support multi-disciplinary education and training within a variety of settings and facilities across the site despite the absence of a dedicated single site Education Centre.

6.7.2 No problems were identified by the trainees regarding access to IT.

6.8 Domain 9 – Outcomes

6.8.1 No negative ARCP outcomes were reported.
7.0 Decision of Deanery Quality Team in relation to medical education and training

7.1 The provision of medical education and training at Papworth Hospital NHS Foundation Trust has:

*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 unconditional approval for three years.

7.2 A report in the form of an action plan on the recommendations highlighted below is requested by 14th June 2013.

7.3 A formal update on the action plan is requested by 13th September 2013.

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

7.5 Subject to 7.2, unless otherwise triggered, the next full Deanery Performance and Quality Review will be in March 2016.

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

Multi-Professional feedback

8.0 Recommendations

8.1 The Trust should clarify the terms of reference and membership of the Education Steering Group and the reporting structure between this committee and the Clinical Governance Committee. Assurance is also sought that these structures will be able to identify poor performance which may impact on the quality of the clinical learning environment.

8.2 The Trust should ensure that mentors are familiar with Performance and Quality Assurance Framework (PQAF) Key Performance Indicators (KPIs) and handbook.

8.3 There should be greater consultant oversight and quality control of medical departmental induction.

8.4 Handover needs to be formalised with better consultant supervision in order to meet with the GMC criteria.
8.5 The Trust should review the levels of supervision of trainee doctors, particularly in Cardiology.

8.6 Previous concerns had been expressed through the Schools’ visiting programme regarding foundation and core trainees being required to obtain consent for procedures that were beyond their competence. Given the small number of trainees seen in each specialty, the ongoing audit of this is important over the next six months.

8.7 The Trust needs to continue to address inappropriate, repetitive and duplicated tasks which are of no educational value to the trainees. Further to the appointment of a new RCP College Tutor, there should be a joint review, together with the Foundation School Director and Surgical College Tutor, of the content of the relevant curriculum delivery and the Deanery provided with a progress report within 3 months of the RCP Tutor appointment.

8.8 The introduction of the Trainee Newsletter is welcomed. It is an opportunity to make it multi-professional.

9.0 Notable Practice

9.1 The educational ethos within the Trust, the learning environment and the leadership of education and training, both medical and non-medical, are to be commended.

9.2 The Trust has in place well developed arrangements for the dissemination of, and learning from, Serious Incidents.

9.3 The Trust is to be congratulated on its engagement with the Deanery quality management processes including the QM3 report and Quality Matrix.

9.4 The Trust is internationally recognised as a Centre of Excellence in Cardiothoracic Medicine and Surgery. The achievement of its educational mission and the wealth of training opportunities it offers are laudable.

9.5 Training in Cardiothoracic Surgery at the Trust is outstanding.

9.6 The Trust is congratulated on the full implementation of a process for the appropriate selection, appraisal and training of all its educational supervisors. This is an area of notable practice.

9.7 The ‘ALERT’ specialist nursing team to support the cardiothoracic junior doctor role and to promote improved handover procedures is an example of good practice across healthcare professions.

Signature of Lead Visitor

Dr Jonathan Waller
Deputy Postgraduate Dean - Quality

24 April 2013