Deanery Performance and Quality Review
The Ipswich Hospital NHS Trust
March 2013

This report summarises the findings and recommendations of the “Multi-Professional Deanery Performance and Quality Review” to the Ipswich Hospital NHS Trust on 7th March 2013 in line with the NHS East of England Multi-Professional Deanery Quality Management Framework
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 Deanery Performance and Quality Review and is not a response to any concerns. The review was a multi-professional visit assessing non-medical, medical and dental education and training in the provider.

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 7th 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 6th September 2013 unless otherwise stated under the conditions section below.
2.0 Visit team

2.1 Lead Visitors: Dr Jonathan Waller, Deputy Postgraduate Dean – Quality
Dr Alys Burns, Deputy Postgraduate Dean

2.2 Visitors: Mrs Pauline Milne, Deputy Head of Education & Development
Dr Simon Downs, Deputy GP Dean
Mr Chris Maimaris, Head of School of Emergency Medicine
Ms Susan Agger, Senior Deanery Quality and Academic Training
Manager
Dr Johnson Samuel, Clinical Tutor, Basildon & Thurrock University
Hospitals NHS Foundation Trust
Mr Ian Hammond, Lay Representative
Ms Birte Harlev-Lam, Clinical Quality & Patient Safety Manager, NHS
Midlands & East
Ms Claire Budgen, Norfolk & Suffolk Workforce Partnership
Representative
Dr Mehdi Raza, Trainee Representative
Ms Laura Mallett, Practice Education Facilitator
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
End of placement feedback summaries 2010, 2011 and 2012

3.2 Deanery visit reports and Trust action plans:
School of Anaesthetics Visit Report 2010
School of Dentistry Visit Reports 2010 and 2011
School of Emergency Medicine Visit Report 2009
Foundation School Visit Report 2012
School of General Practice Visit Reports 2011 and 2013
School of Medicine Visit Reports 2011 and 2012
School of O&G Visit Report 2010
School of Ophthalmology Visit Reports 2009, 2012 and 2013
School of Paediatrics Visit Reports 2010, 2011 and 2013
School of Surgery Visit Report 2010

3.3 Non-medical quality documentation:
Academic Review of Practice Partners: Education Quality Assessment 2012
Practice Self-assessment EQuAD Report 2012
Pre-Registration Survey 2012
Post-Registration Survey 2012

3.4 CQC reports 2012
SUIs 2013
3.5 Documentation provided by the Trust:
Minutes of Public Trust Board meeting 2012
Agenda and documentation from Public Trust Board Meeting 2013
Notes of Medical Education Faculty Group Meetings 2012

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 and associated conditions are in sections 7.0 and 8.0. Non-medical requirements are in section 9.0. Recommendations and notable practice for both medical and non-medical education and training are in sections 10.0 and 11.0.

5.0 Non-medical education and training

<table>
<thead>
<tr>
<th>KPI</th>
<th>Feedback from Review</th>
</tr>
</thead>
</table>
| KPI One – Education Governance  
The organisation is assured that they have robust education governance in place | Currently non-medical education matters are discussed at the Nursing and Midwifery Board or the Allied Health Professions/Healthcare Scientists Board. The Deanery team identified the need to strengthen educational governance structures and lines of accountability along with improved inter-professional working. The Trust reported that it was in the process of reviewing education governance structures. This includes the creation of a multi-professional education forum which will be chaired by the Director of Nursing and which will report to the Healthcare Governance Forum which the Medical Director and Director of Nursing attend. In the new structure, the Director of Nursing will assume responsibility for non-medical education in place of the Director of Human Resources who currently holds this responsibility. The Trust is asked to provide a progress report on the new governance arrangements in six months.  
The Trust appointed a Non-Medical Clinical Tutor in October 2012 and the initial priorities for this role have been the standardisation of systems and processes across all the non-medical professions. Future priorities were reported to include closer integration of medical and non-medical education support. |
<table>
<thead>
<tr>
<th>KPI</th>
<th>Feedback from Review</th>
</tr>
</thead>
</table>
| The Trust has developed a new post of Clinical Education and Workforce Lead which will encompass the role of Non-Medical Clinical Tutor and the Trust has committed to fund this role beyond the current Educational Equity and Excellence funding. The manager of the Postgraduate Medical Centre will report to the Clinical Education and Workforce Lead in the new structure.  

During the meeting with mentors, there was a lack of awareness of the Performance and Quality Assurance Framework Key Performance Indicators. The Trust is asked to address this. |
| KPI Two – Learning Environment  
The organisation provides high quality learning environments for students | The Trust reported that the organisation aims to achieve a 1:1 ratio of mentor to nursing student; however the provision of team mentorship enables cover for absence / leave. Students reported that they did not always work with their allocated mentor but other mentors were available to support them.  

Students reported variability in the quality of mentorship across clinical areas, specifically within nursing. The feedback received related this variation in quality to the workload in clinical areas and also the fact that some mentors appeared reluctant to take on this role. The Deputy Director of Nursing acknowledged that there were some pressures related to nurse staffing and that in February 2013 a paper was taken to the Trust Board to secure increased investment in the nursing workforce. Clarification of the details of this increased investment and the proposed impact upon mentorship capacity is requested.  

The Deputy Director of Nursing and the Non Medical Clinical Tutor reported that the Trust was planning to introduce dedicated time for mentorship (as recommended in the Willis Commission Report) and details are sought on how this will be delivered.  

The Trust reported that through its Clinical Placement Strategy each placement area is reviewed annually. |
<table>
<thead>
<tr>
<th>KPI</th>
<th>Feedback from Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Trust described an internal ‘CQC’ review process which is carried out to review the quality of care provided in clinical areas. Students were reported to be included in this process.</td>
</tr>
<tr>
<td></td>
<td>Students reported that they were aware of how to raise concerns regarding the quality of patient care but none of those we met had raised any concerns.</td>
</tr>
<tr>
<td></td>
<td>UCS Securing Educational Standards policy is in place.</td>
</tr>
</tbody>
</table>

**KPI Three – Quality of Care**  
Students are adequately prepared by the provider organisation to deliver high quality care

<p>|     | Mentors described clear processes for the identification and management of students who show cause for concern. The importance of early recognition was highlighted and examples were provided of good partnership working with HEIs. The Trust Clinical Practice Facilitators were also key to this process. |
|     | The Deputy Director of Nursing described the process that is instigated following any serious incident and how these are reported to the Healthcare Governance Forum. Opportunities to strengthen systems for identifying the themes from serious incidents and how these inform CPD investment decisions should be considered with the new governance arrangements being implemented. |
|     | Trust representatives reported being involved in the selection of pre-registration students which included recruitment for values. |
|     | The Deputy Director of Nursing acknowledged the organisation’s poor results in the staff survey and in response to this and the Francis Inquiry, the Trust is undertaking work on core values for staff. The mentor updates also include a focus on NHS values. |
|     | Students reported that they would like to work within the organisation upon qualification, however, in some of the smaller specialties, employment opportunities were restricted if the department was already at full establishment. |</p>
<table>
<thead>
<tr>
<th>KPI</th>
<th>Feedback from Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students reported that clinical areas were receptive to their service improvement suggestions and examples were provided of projects in progress. University Campus Suffolk also holds an annual service improvement celebration event.</td>
</tr>
<tr>
<td>KPI Four – Student Support / Education / Assessment</td>
<td>Mentor policies and databases were in the process of being standardised across non-medical professions. Students highlighted that it was sometimes difficult to provide honest feedback on the placement area to Link Lecturers if they were approached whilst in the presence of Trust staff. Students were not all aware of the Trust feedback forms but would be willing to complete an anonymous on-line survey. 11 out of the 14 students met on the review would recommend the quality of the clinical learning environment in the Trust to other students. 3 out of the 14 had reservations based on the capacity of nursing staff to support students in some clinical areas. There was no mentor or student representation from maternity services despite staff being invited to attend. Students provided examples of teaching sessions they had attended and the session on handover was reported to be a good session.</td>
</tr>
<tr>
<td>KPI Five – MPET Investment</td>
<td>Currently CPD decisions are made through the Nursing and Midwifery Forum and the Allied Health Professions / Healthcare Scientists Forum and approved by the Director of Nursing. There is however scope for CPD decision making to be more closely aligned to organisation priorities through the new governance arrangements highlighted under KPI 1.</td>
</tr>
</tbody>
</table>
6.0 Medical and Dental Education and Training

6.1 Domain 1 – Patient Safety

6.1.1 Concerns regarding training in the Emergency Medicine Department were identified from the GMC Trainee Survey. The difficulties with staffing, in particular the level of locum medical staff, were noted, with trainees reporting that they felt the Emergency Department was poorly supported, particularly at night. The trainees also reported examples of critical incidents that they felt had impacted on patient safety. It was reported that incident forms had been submitted but there had been no feedback to the trainees. The trainees alleged they had experienced undermining behaviour by senior nurses and managers in relation to patient movement from the Department.

6.1.2 Clinical supervision of F1 Trainees in Surgery was a negative outlier in the GMC Training Survey 2012. The inadequate supervision of Foundation Trainees at night was raised as a concern at the visit, with some Foundation Trainees reporting a need to cover up to 40 - 60 patients both in Medicine and Surgery. The trainees expressed concerns that they are working beyond their competence, and the trainers reported that they thought the foundation doctors were exposed. The trainees reported that there is only one Medical Registrar on call at night. The trainees in Surgery have experienced difficulty in accessing senior support on the ward due to theatre commitments of core and higher trainees, and the expectations to complete the workload are unmanageable.

6.1.3 Handover was an identified area of concern from both the GMC Trainee Survey and School Visits, particularly in Medicine. The Trust reported the measures that had been undertaken to address this, and the trainees confirmed that handover has improved. Regular face-to-face handover which is consultant-led was occurring both in the evening and at weekends. We note the intention of the Trust to introduce an electronic system, ‘EVOLVE’, using handheld pads to support handover.

6.1.4 The Deanery notes with concern the undermining reported in the GMC Survey 2012. We recognise and value the subsequent steps taken by the Medical Director and the Clinical Tutor to address individual cases. The trainees reported there were continuing concerns, specifically in Obstetrics & Gynaecology and Emergency Medicine. The issues in Emergency Medicine related to undermining by senior nurses and managers in relation to patient movement. In Obstetrics and Gynaecology, there was reported to be a culture of undermining by some consultants. There was no reported undermining in Anaesthetics.

6.1.5 The trainees reported a lack of feedback from Serious Incidents.

6.1.6 In common with other Trusts, workload is high. Both trainees and trainers reported a limited time available for training. Despite evident enthusiasm of trainers, there was a sense of frustration at being unable to deliver training to
match available opportunities, for example through scheduled training operating lists and outpatient clinics.

6.1.7 Despite the action plan detailed by the Trust following the Foundation School visit in March 2012 to address concerns that Foundation doctors are seeking patient consent without appropriate supervision and training, the trainees reported that this practice continues. It was noted that there was guidance available on the Trust intranet in the form of customised consent forms. However, trainees reported that they are required to undertake consent for endoscopy and biopsies when they consider this to be inappropriate and reported feeling pressured on occasion to do this.

6.1.8 The reported high rates of trainee participation in the Quality Matrix for both Trust and departmental induction were evidenced by the trainees met at the visit who also reported the good quality of induction. However, there does need to be clarity about the provision of time for trainees to undertake the Deanery e-Induction package.

6.2 Domain 2 – Quality management, review and evaluation

6.2.1 The Trust has engaged with the Deanery Quality Management processes including the QM3 report and quality matrix.

6.2.2 Systems to evidence the reported level of compliance with the quality matrix in some areas require development by the Trust.

6.3 Domain 3 – Equality, diversity and opportunity

6.3.1 The current levels of E&D training for Educational Supervisors and Clinical Supervisors, reported to be 80%, remain below the required level. This should be 100%.

6.3.2 The visit was unable to determine the level of training in Safeguarding children and adults. This should be 100% at the appropriate level.

6.4 Domain 5 – Delivery of approved curriculum including assessment

6.4.1 Training opportunities were reported by those trainees met on the day of the visit to be excellent in Trauma & Orthopaedics, ENT and Anaesthetics. Consultants in Medicine were reported to be very approachable but had limited time for training.

6.4.2 GP F2 experience was noted to be outstanding from the GMC Trainee Survey with 8 positive outliers.

6.4.3 Good local teaching opportunities were reported in Trauma & Orthopaedics, Care of the Elderly, General Practice (other than when placed in Emergency Medicine), and Emergency Medicine for Core trainees.
6.4.4 Concerns were raised by trainees with regard to both local and regional teaching in Obstetrics & Gynaecology and the limited teaching opportunities in Core Medical Training. As identified at the recent GP School visit, GP trainees in Emergency Medicine reported that, while there was a formal local teaching programme in the Emergency Department, it was less relevant to their needs, and it has also proved difficult to release them from the ED to attend the GP training half days.

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

6.5.1 There is excellent support of trainees and educators by the Manager and staff of the Education Centre, who are recognised by Deanery teams as being responsive and supportive to trainees.

6.5.2 The Deanery commends the Trust in developing a core group of Educational Supervisors who each support no more than four trainees.

6.5.3 The Trust reported that Foundation Educational Supervisors were all trained, but recognised further training was required for educational supervisors for core and specialty training. This was confirmed by those trainers met on the day of the visit, with most reporting that, although they had received some training for their roles as Educational and Clinical Supervisors, a consistent Trust approach to the delivery of this training was not evident.

6.5.4 There is no formal selection process for Educational Supervisors, and the appraisal of Educational Supervisors has yet to be implemented.

6.5.5 Despite the reported aspiration for recognition of educational commitments in job plans, the trainers reported that the implementation of this was inconsistent.

6.5.6 The Deanery notes the development of the Faculty group in Medicine and the proposals to extend this to all Surgical Specialties and General Practice.

6.5.7 The Trust reported steps taken to strengthen trainee engagement. The Deanery commends the enhanced uptake of the senior resident programme, and the implementation of the new Trainee Committee which has recently held its first meeting. The Deanery would welcome feedback on both these initiatives.

6.5.8 The Trust is commended for the active engagement of the recently appointed Non-Medical Clinical Tutor but there is a need to enhance inter-professional learning opportunities and working.

6.6 **Domain 7 – Management of education and training**

6.6.1 There is no evidence of Board level engagement with, and governance of, education and training at Ipswich Hospital, as required in the Department of
Health MPET Service Level Agreement 2013, the LDA, and the Education Outcomes Framework.

6.6.2 Whilst the Deanery identified pockets of good practice, enthusiastic trainers and excellent opportunities for training, a Trust strategy for Postgraduate Medical Education was not evident.

6.7 **Domain 8- Educational resources and capacity**

6.7.1 Whilst the Education Centre is accessible for planned education and training events, the Deanery noted concerns from trainers as to the erosion of facilities for use as office space. Whilst it is recognised that there are conflicting pressures on rooms, it is vital that capacity to support education and training is maintained and access monitored.

6.7.2 The Deanery notes the proposed development of a simulation suite and would encourage a multi-professional use of the facility to support trainees and students.

6.8 **Domain 9 – Outcomes**

6.8.1 There were no current ARCP outcome 5 issues at this Trust.

7.0 **Decision of Deanery Quality Team in relation to medical education and training**

7.1 The provision of medical education and training at The Ipswich Hospital 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 conditional approval for three years.

7.2 An action plan is required by 7th June 2013 including confirmation of completion of actions on the immediate conditions.

7.3 A formal update on the action plan is required by 6th September 2013 unless otherwise stated under the conditions section below.

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 to meet the conditions will be through the relevant Deanery Heads of School reporting to the Deputy Postgraduate Dean for Quality.

8.0 Medical Conditions

8.1 The Trust must address the concerns raised with regard to patient safety issues reported in the Emergency Medicine Department and their relationship to training. [Domain 1] (Immediate requirement with response from Trust within two weeks of the visit)

8.2 The Trust must address the concerns raised with regard to supervision and support for Foundation trainees at night in both Medicine and Surgery. [Domain 1] (Immediate requirement with response from Trust within two weeks of the visit)

8.3 The Trust must further investigate and address the reported undermining in Obstetrics & Gynaecology and Emergency Medicine. This will be tested at the focused visits to the Trust which will be arranged by the Schools of Obstetrics & Gynaecology and Emergency Medicine within the next four months. [Domain 1] (Ongoing)

8.4 The Trust must resolve the requirement for Foundation and Core trainees to take consent for procedures when it is inappropriate to do so. [Domain1] (Immediate Condition)

8.5 The current levels of E&D training for Education Supervisors and Clinical Supervisors remain below the required level. This should be 100%. [Domain 3] (3 months)

8.6 The Trust must provide the Deanery with evidence of 100% completion for all medical trainees and clinical and educational supervisors of training in level 2 Safeguarding children and adults. [Domain 3] (3 months)

8.7 Demonstrable and meaningful board level engagement must be established. The Deanery notes the proposed hospital transformation programme and restructuring of hospital management, including the proposals for the future structure within Education and Training. [Domain 7] (6 months)

9.0 Non Medical Requirements

9.1 There were no Non-Medical requirements to address.
Multi-Professional feedback

10.0 Recommendations

10.1 The improvements in handover need to be sustained and the Deanery looks forward to a further update as to the implementation of e-Handover across the Trust.

10.2 The Trust should develop systems to ensure that there is a feedback process in place and opportunities for trainees to learn from SIs.

10.3 The Trust should develop more robust mechanisms to evidence the reported level of compliance with the Quality Matrix.

10.4 The provision of local teaching and opportunities to attend regional teaching in Obstetrics & Gynaecology should be addressed through a sustainable solution. This will be reviewed further with a focused visit to be arranged with the school of Obstetrics & Gynaecology.

10.5 The Trust should develop a process for the selection, training and appraisal of Educational Supervisors.

10.6 The Trust should develop a job planning process that recognises educational commitments in line with both Deanery and national guidance and ensure that it is applied consistently to all trainers within the Trust.

10.7 The Deanery notes the development of the Faculty group in Medicine and the proposals to extend this to all Surgical Specialties and General Practice. The Trust should implement their planned development of Faculty groups to support the delivery of training across all specialties.

10.8 The Trust should continue to establish greater trainee engagement and enable sustainable opportunities. The Deanery would welcome feedback from current initiatives.

10.9 The Trust should develop opportunities for multi-professional working and learning.

10.10 Whilst the Education Centre is accessible for planned education and training events, the Deanery noted concerns from trainers as to the erosion of facilities for use as office space. Whilst it is recognised that there are conflicting pressures on rooms, it is vital that capacity to support education and training is maintained and access monitored.

10.11 The Trust is asked to provide a progress report on the new governance arrangements for multi-professional education and training in six months.
10.12 The Trust is asked to address the lack of awareness of mentors of the Performance and Quality Assurance Framework Key Performance Indicators.

11.0 Notable Practice

11.1 The Trust is commended for the engagement of the recently appointed Non-Medical Clinical Tutor and the commitment to the recurrent funding for this role.

11.2 The delivery and support of medical training in F2 in General Practice, ENT and Trauma and Orthopaedics is regarded as being of particularly high quality.

Signature of Lead Visitors

Dr Alys Burns  
Deputy Postgraduate Dean

Dr Jonathan Waller  
Deputy Postgraduate Dean - Quality

15 April 2013