Deanery Performance and Quality Review
Norfolk and Norwich University Hospital NHS Foundation Trust
Tuesday 28th June 2011

This report summarises the findings and recommendations of the “Dean’s Performance and Quality Review” to Norfolk and Norwich University Hospital NHS Foundation Trust on Tuesday 28th June 2011 in line with the NHS East of England Multi-Professional Deanery Quality Management Framework
DOCUMENT HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<tr>
<td>1.2</td>
<td>07.07.2011</td>
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<tr>
<td>1.3</td>
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</tr>
<tr>
<td>2.0</td>
<td>27.07.2011</td>
<td>Final version</td>
</tr>
</tbody>
</table>

Contents

1. Introduction 3
2. Visit team 4
3. Existing reports 4
4. Organisation and structure of report 4
5. Domain 1 – Patient safety 4
6. Domain 2 – Quality 5
7. Domain 3 – Equality, diversity and opportunity 5
8. Domain 5 – Delivery of approved curriculum including assessment 5
9. Domain 6 – Support and development of trainees, trainers and local faculty 6
10. Domain 7 – Management of education and training 7
11. Domain 8 – Education resources and capacity 7
12. Decision of Deanery Quality Team 7
13. Notable practice 8
14. Conditions 8
15. Recommendations 9
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. 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 Review Visits (formerly known as Dean’s Visits) that may be planned or triggered by concerns or events.

1.3 This report is of a planned 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 30 September 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 by 31 January 2012 unless otherwise stated under the conditions section below.
2.0 Visit team

2.1 Lead Visitor: Prof Simon Gregory, Postgraduate Dean

2.2 Visitors: Dr Alys Burns, Deputy Postgraduate Dean
Dr Michael Dronfield, Academic Sub-Dean
Dr Simon Downs, Deputy Director for General Practice
Mr Alex Baxter, Director of Dental education
Dr Mark Alexander, Head of School of Radiology
Ms Susan Agger, Senior PGMDE Manager
Mrs Diana Smart, Deanery Finance Manager
Mrs Betty Shields, Lay Representative
Ms 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 2005
School of Dentistry visit report 2010
School of Emergency Medicine visit report 2010
Foundation School visit report 2010
GP School visit report 2011
School of Medicine visit report 2008 and 2011
School of Ophthalmology visit report 2009
School of Paediatrics visit report 2010
Virology Training Assessment Report 2010
School of Radiology 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. This is followed by an overview of notable practice, conditions and recommendations.

5.0 Domain 1 – Patient Safety

5.1 The Trust is commended for the priority given to safe and effective handover but this needs to be consistent across departments and throughout the week.

5.2 The involvement of trainees in both the patient mortality and patient safety committees is an example of good practice.

5.3 All SUIs involving trainees are forwarded for consideration by the Clinical Tutor.
5.4 The workload of medical registrars after midnight is a continuing concern. It is recognised that the Trust has started to address this. There has been a review of activity after midnight and the introduction of a professional team to manage hospital at night but a robust solution that is widely acceptable is yet to be found.

5.5 Evidence available to the visiting team suggests that current staffing within the neonatal unit has a negative impact on training and possibly neonatal care. We note that the action plan for addressing this includes greater use of ANNPs and the recruitment of an additional two neonatal consultants with a view to a move to a day time resident consultant model. This will be further reviewed by the School of Paediatrics.

6.0 Domain 2 – Quality

6.1 There is strong leadership by the Clinical Tutor and Deputy Clinical Tutor in the application of the GMC and Deanery Quality Management Frameworks. This is manifested in a reflective and thorough approach to quality reporting to the deanery and action planning based on this.

6.2 The constructively critical and reflective approach of the Clinical Tutors to the matrix has provided constructive feedback on both the quality of education and training in the Trust and on the quality matrix itself.

6.3 Some areas of the matrix were unable to be supported by robust evidence with inadequate recording of, for example, departmental induction.

7.0 Domain 3 – Equality, diversity and opportunity

7.1 The Trust have achieved 92% uptake of training thus far and continue to address this.

8.0 Domain 5 – Delivery of approved curriculum including assessment

8.1 Norfolk & Norwich University Hospital is a Trust with a large number of green outliers in the GMC survey and this supports and triangulates with other evidence regarding the satisfactory delivery of the curriculum. This is particularly supported by the Deanery end of post surveys.

8.2 Weaknesses were identified in subspecialty training, for example paediatric subspecialty training and access to subspecialty clinics.

8.3 Trainees commended the accessibility and quality of training in medicine, anaesthetics, paediatrics and ophthalmology.

8.4 The MRCP teaching is reported to be of excellent quality.
8.5 A particular strength at NNUH is the delivery of the curriculum around procedural skills as identified in the GMC survey and end of post survey.

8.6 The foundation programme has been fully mapped to the 2010 foundation curriculum and action taken to ensure compliance.

8.7 The Radiology Academy has attained recognised standards of excellence and innovation regarding the provision of radiology training.

8.8 The online provision of the ‘Up to Date’ resource is recognised as providing rapid access to information supporting both trainees and trainers.

8.9 The GMC survey has identified concerns in the delivery of the curriculum for trainees in cardiology with particular concerns regarding structured teaching. It is noted that the tutors and the cardiologists are developing an action plan to address these concerns.

8.10 In line with the findings in the School of Medicine visit report, not all CMT trainees are able to attend a minimum of 12 outpatient clinics per year.

8.11 In a number of specialties and in different fora, trainees have reported insufficient training on management, legal and ethical issues.

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

9.1 There is excellent leadership provided by the Postgraduate Tutor team.

9.2 NNUH has been an exemplar in developing systems for identification and support of trainees in difficulty and this has been shared as an example of good practice across the deanery.

9.3 The provision of a consultant with dedicated time for mentoring trainees with particular needs is also an example of good practice.

9.4 It is noted that 91% of educational supervisors have up-to-date training including training in workplace-based assessments and all trainees met by the visiting team reported training in assessments.

9.5 Educational supervisors are not formally selected for this crucial role; they don’t have formal educational feedback and performance review which contributes to their trust appraisal and there is an inconsistency in the link between their responsibilities and the recognition of this in the job planning process. There is an impression that educational supervision is not currently treated as an essential role.

9.6 However, it is noted that within the foundation programme, educational supervisors are selected against agreed criteria.
9.7 It is noted that the development of faculty groups is still embryonic.

10.0 Domain 7 – Management of education and training

10.1 It is noted that there is Trust level representation of education and training and minuted discussions of education and training issues at Trust Board meetings.

10.2 The Trust leadership as manifested by the Chief Executive and Medical Director have been strong advocates for education and training across the East of England and of the importance of the symbiotic relationship between service and education. The close working relationship of the Clinical Tutor and Medical Director which enables educational and training issues to be discussed and addressed is commendable.

10.3 There did not seem to be consistent involvement of trainees in the planning and delivery of their formal training sessions.

10.4 The trainees and trainers met by the visitors would value enhanced engagement and communication from senior trust management and medical managers.

10.5 The trust reports a positive approach to SAS doctors including an above average uptake of resources and the provision of generic courses.

11.0 Domain 8 – Educational resources and capacity

11.1 The Trust has identified the inadequacies of the current Education Centre provision and has advanced plans to address this. This provision will be reviewed in further visits.

11.2 In the GMC surveys, the educational supervisors have expressed concerns over the time available for their educational role.

12.0 Decision of Deanery Quality Team

12.1 The provision of medical education and training at Norfolk & Norwich University Hospital NHS Foundation 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 continuing approval for three years.

12.2 An action plan is required by 30th September 2011 including confirmation of completions of action on the immediate conditions.
12.3 Formative visits by Specialty Training Schools and the Foundation School will continue with their planned frequency and subject to the findings of those visits.

12.4 Subject to 12.2 unless otherwise triggered the next full Deanery Quality Review Visit will be in June 2014.

12.5 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.

13.0 Notable practice

13.1 Trainee involvement in patient safety and mortality committees is to be commended as an example of good practice. [domain 1]

13.2 All SUIs involving trainees are forwarded for consideration by the Clinical Tutor. [domain 1]

13.3 A particular strength is the delivery of the curriculum around procedural skills as identified in the GMC survey and end of post survey. [domain 5]

13.4 The Radiology Academy has attained recognised standards of excellence and innovation regarding the provision of radiology training. [domain 5]

13.5 The MRCP teaching is reported to be of excellent quality. [domain 5]

13.6 All trainees met by the visiting team reported training in workplace-based assessments. [domain 6]

13.7 NNUH has been an exemplar in developing systems for identification and support of trainees in difficulty and this has been shared as an example of good practice across the deanery. [domain 6]

14.0 Conditions

14.1 The medical registrar workload out of hours and in particular the cover after midnight is a continuing concern with the potential to impact on the care of patients and on the education and training of the medical registrars. The Trust should develop a viable and sustainable solution. (3 months) [domain 1]

14.2 Appropriate staffing levels within the neonatal unit should be addressed as the trust is currently envisaging but evidence of attainment must be provided. (3 months) [domain 1]
14.3 The Trust must formalise processes for the selection, appraisal and recognition of educational supervisors. (6 months) [domain 6]

15.0 Recommendations

15.1 It is recommended that the Trust build upon their experience of the quality matrix to enhance the recording of internal quality control in particular with the recording of trust and departmental induction. [domain 2]

15.2 As cardiology training is already being addressed in response to the visit of the School of Medicine, this is being treated as a recommendation rather than a condition and will be reviewed by the School of Medicine within the appropriate timeframe. [domain 5]

15.3 A mechanism should be put in place to ensure all CMT trainees attend at least 12 outpatient clinics per annum. [domain 5]

15.4 The Trust is asked to explore opportunities for training in management, legal and ethical issues and may wish to explore the senior resident programme. [domain 5]

15.5 To support engagement between trainees, trainers and senior management, we recommend the Trust explore the reintroduction of the trust-wide training group and accelerate the development of the specialty faculties. [domain 6]

Signature of Lead Visitor

Professor Simon Gregory
Postgraduate Dean

27 July 2011