NHS

Health Education East of England

Quality and Performance Review Visit
Mid Essex Hospital Services NHS Trust
12th March 2015

Visit Report

Contents

Introduction

1.1	Health Education East of England (HEEoE) commissions and quality manages postgraduate medical, dental and healthcare education on behalf of Health Education England. It does so within the Corporate and Educational Governance systems of Health Education England and to the standards and requirements of the General Medical Council (GMC), General Dental Council (GDC), the Nursing and Midwifery Council (NMC) and other allied healthcare education regulators and requirements. These processes are outlined in Health Education East of England's Quality Improvement and Performance Framework (QIPF).
1.2	As part of the development and implementation of the Quality Improvement and Performance Framework, HEEoE seeks to ensure that, where possible, we align quality improvement processes to ensure that the quality of our education and training within our employer organisations and our education providers is continually improved. The HEEoE Quality and Performance Reviews are a key part of this developing process.
1.3	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 Quality Improvement and Performance Framework (QIPF), panel feedback (e.g. ARCP panels), hospital and public health data (e.g. HSMR), visits by specialty colleagues ("School Visits") and Quality and Performance Reviews (formerly known as Deanery Performance and Quality Reviews) that may be planned or triggered by concerns or events.
1.4	Whilst Health Education East of England's Quality Management processes incorporate information from many sources, it is explicit that the primary purpose of the Quality and Performance 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 care provision. Moreover, if concerns are identified, these are passed on to those responsible and where appropriate shared through Quality Surveillance Groups or with regulators.
1.5	This report is of a planned Quality and Performance Review assessing non-medical and medical education and training in the provider, and is not a response to any concerns.
1.6	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.
	This report summarises the findings and recommendations of the "Quality and Performance Review" to Mid Essex Hospital Services NHS Trust on 12th March 2015 in line with Health Education East of England's Quality Improvement and Performance Framework.

Purpose of the Visit

2.1	The purpose of the visit is the review of the Trust's performance against the Learning and Development Agreement including the GMC and Non-Medical Commissioned Programmes standards. Through the review and triangulation of the evidence gathered through Health Education East of England's Quality Improvement and Performance Framework (QIPF), the visit will seek to explore key lines of enquiry where further assurance is needed and to celebrate good practice. The visit is multi-professional, reflecting the whole workforce and the clinical learning environments that the Trust provides for all professions and specialties.

Teams	
Visiting Team	Dr Jonathan Waller, Postgraduate Dean (Visit Lead) Dr Alys Burns, Deputy Postgraduate Dean Professor John Howard, Deputy Postgraduate Dean and Postgraduate GP Dean Chris Birbeck, Head of Quality Improvement Susan Agger, Senior Quality Improvement Manager Judy Croot, Professional Advisor – Health Sciences Jenny McGuinness, Head of Education and Commissioning Alison Williams, Education Quality Manager, Essex Workforce Partnership Dr Ian Barton, Head of School of Medicine Dr Mark Lillicrap, Director of Medical Education, Hinchingbrooke Health Care NHS Trust Frances Sheppard, Subject Lead for Occupational Therapy, University of Essex Melanie Bird, Deputy Head of Department for Adult and Mental Health Nursing, ARU Wendy Kingston, Patient and Public Voice Partner Brenda Purkiss, Patient and Public Voice Partner Dr Maria Cooke, Trainee Representative Philip Churchyard, Student Representative, University of Essex Carly Isaacs, Student Representative, Anglia Ruskin University Agnès Donoughue, Quality Co-ordinator
Trust Team	Dr Ronan Fenton, Chief Medical Officer Dr Hywel Jones, Director of Medical Education Bernard Scully, Director of Human Resources Helen Hughes, Director of Performance and Business Planning Christine Watts, Director of Communications Adele Wisbey, Head of Nursing Catherine Lee, Head of Learning and Development and Non-Medical Educational Lead Richard Green, Head of Pathology Services Pauline Bird, Head of Dietetics Jane Giles, Head of Pharmacy Debbie Snell, Lead Therapist Jane Renals, Head of Imaging and Radiography Judith Harriott, Lead Nurse, Burns Unit Christine Berner, Senior Midwife Claire Brannigan, Medical Resources Sean Martin, Medical Resources Claudine Wetherall, Senior Lecturer and Educational Champion for MEHT Denise Hearn, Foundation and Medical Education Training Programmes Co-ordinator

Visit Findings

Domain/KPI/Standard	Notable Practice
GMC Domain 1/KPI 3	**Patient Safety** 3.1 Corporate Induction was rated as being excellent by the medical trainees. The locum induction packs which include all necessary access codes are considered to be an example of good practice. 3.2 Students reported that specialist clinical areas such as Intensive Care and Midwifery provide high quality local induction and educational opportunities. 3.3 Medical trainees were united in their praise for the excellent clinical supervision they receive across most specialties.
GMC Domain 5	**Delivery of approved curriculum including assessment** 3.4 The core and higher specialty training programmes in anaesthesia are of high quality and are greatly valued by trainees as evidenced by feedback from trainees and trainers attending the visit, by successive GMC surveys and the QM1 College Tutor report.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 3.5 The Trainer feedback tool is both innovative and of high utility. Although initially piloted in anaesthesia for four years, it is now being disseminated within other specialties with a view to universal uptake. HEEoE would wish this project to be further shared across its LEPs. 3.6 The reporting tool for trainees to report their concerns regarding patient safety concerns, undermining and bullying directly to the Director of Medical Education, and the manner in which these are subsequently investigated and resolved is an exemplar of good practice. 3.7 The use of simulation and of multi-professional training and learning, for example in anaesthetics, obstetrics and gynaecology, emergency medicine and surgery, is to be commended. 3.8 All students, mentors and educators including Allied Health Professions (AHP), Health Care Sciences (HCS) and Pharmacy students recommended the Trust as a good organisation to work for and a good clinical environment in which to train as evidenced by the Friends and Family test.

GMC Domain 7/KPI 1	**Management of education and training**
	3.9 A strong educational ethos is evident across all professions and specialties with a supportive and collegiate environment. This is proactively led and supported by senior management and a committed and effective team of educators and education managers. There is full engagement by the DME and the Head of Learning and Development with HEEoE's quality improvement processes, and excellent support to trainees including the open door policy of the DME and Head of Learning and Development.

Domain/KPI/Standard	Areas for Development
GMC Domain 1/KPI 3	**Patient Safety**
	4.1 Whilst the Trust has in place processes for the reporting, analysis and utilisation of the learning from Serious Incidents (SIs), the full and effective implementation of the dissemination of learning from SIs requires further development across all professional groups as this was reported as patchy. Trainees reported that their induction did not provide them with a clear understanding of what constitutes a serious incident.
	4.2 There also appeared to be a variable understanding of the incident reporting process amongst students, with some reporting that they felt that judgements were made locally as to what would/would not be reported. Some students also indicated that they had not received feedback when they had been involved in reporting an incident.
	4.3 Whilst local induction in some areas such as ITU and Midwifery were rated as excellent by the students interviewed, other areas were reported as poor and almost non-existent.
	4.4 The provision of regular supervision slots for Operating Department Practitioner (ODP) students was reported as inadequate as was the lack of an induction package suitable for their work environment including login access to the IT systems as the students had to use other staff members' logins to access patient systems. The ODP trainers were also unclear as to the mandatory training undertaken by their students with their education provider.
GMC Domain 2/KPI 2	**Quality Management, Review and Evaluation/Learning environment**
	4.5 There seemed to be a lack of a Trust placement strategy relating to AHPs and HCSs needed to ensure the number and quality of placements are congruent with placement capacity within the organisation.
GMC Domain 5	**Delivery of approved curriculum including assessment**
	4.6 The high workload, as evidenced by the GMC training survey, was

		confirmed by the trainees interviewed. It was felt that the Trust had not yet adequately explored the use of extended roles and alternative ways of working in order to alleviate this problem. It was noted that there was no Critical Outreach Team or functional Hospital at Night scheme in place.
	4.7	It was reported by Stroke Medicine trainees that there was inconsistent delivery of thrombolysis training which only appeared to happen at the start of the rotation.
GMC Domain 6/KPI 4		**Support and development of trainees, trainers and local faculty**
	4.8	The Trust demonstrates an excellent educational ethos and has clear educational governance structures in place. HEEoE would like to encourage the continued development of more explicit multi-professional engagement and shared purpose within these structures.
	4.9	Whilst the Trust has in place systems for the appropriate educational appraisal of consultants, this does not link well with the remainder of their NHS appraisal. There were also concerns around the processes for the appraisal of SAS doctors with particular regard to the adequacy of their PDPs.
	4.10	HEEoE noted with particular concern poor evidence of engagement in the necessary processes within Medicine and Plastic Surgery. HEEoE is concerned that this may reflect a wider issue around engagement in education and training in these areas.
	4.11	Whilst the availability of the Dr Toolbox is a positive development, it appears that it is still not well understood or accessed by trainees and it would therefore benefit from additional promotion and the provision of training for all trainees.
	4.12	The presence of a range of learners who require supervision within the clinical areas has led to competition for the Registered Nurses' time. This is impacting negatively on the student experience and the opportunities for learning and development. Students also reported that they often had to change shifts to access time with their named mentor.
	4.13	The nursing students expressed concern that there was a lack of Trust-based fora for them to meet and discuss their experiences. This was seen as a missed opportunity to share best practice and improve communications. These fora could expand to include all commissioned students.
	4.14	Workload pressure is having a negative impact on the capacity of Mentors to provide support and supervision to their students, with students having to meet with their 'sign off' mentors out of working hours and on days off to ensure completion of their assessment documentation. The number of 'sign off' mentors may also be sub-optimal in some areas.
	4.15	There does not seem to be a robust process in place for the mentors to receive feedback regarding the quality of their clinical learning environments, their performance as a mentor and the

	outcomes of their feedback. The mentors were unaware of the Educational Audit process and the role of the Practice Education Committee (PEC).
	4.16 There seemed to be a lack of awareness amongst AHP, HCS and Pharmacy students, trainees and trainers of the Trust support systems available to them.
GMC Domain 7/KPI 1	**Management of education and training**
	4.17 There appeared to be a lack of clarity around the supernumerary status of the students with reports from the students that they were expected to work unsupervised when the wards are busy or provide 1:1 care for long periods, which impacted negatively on their development. Some students reported feeling undervalued by the Health Care Assistants (HCAs).
GMC Domain 8	**HEEoE funded investment/Educational Resources and Capacity**
	4.18 The lack of IT access experienced by the students has resulted in many of them reporting that they feel under-confident about using the patient-based systems such as the electronic referrals and the PAS system when they are about to qualify as Registered Nurses.

Domain/KPI/Standard	Areas of Immediate Concern
GMC Domain 1/KPI 3	Patient Safety There were no areas of immediate concern.

Domain/KPI/Standard	Areas of Significant Concern
GMC Domain 1/KPI 3	**Patient Safety** 6.1 There were reports of incompatibility between computer systems leading to issues with referrals including patients being 'lost' between systems. These were considered to constitute a significant patient safety concern. 6.2 It was reported by all grades of medical trainees that Friday night handover in medicine is poorly coordinated and organised, and is lacking in structure.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 6.3 The Trust has made significant progress towards achieving the required GMC standards for the selection, training, appraisal and job planning (including 0.25PA per trainee per week for educational supervisors and named clinical supervisors) although there is still more to be done at pace prior to the deadline of July 2016 to have completed this work.

Domain/KPI/Standard	Areas Requiring Further Investigation
GMC Domain 1/KPI 3	**Patient Safety** 7.1 The medical trainees met reported that they were often faced with a lack of cooperation from Radiology consultants who refuse to undertake investigations which have been approved by the trainees' consultants/supervisors. The Trust is required to investigate this issue as soon as possible and to provide a response to HEEoE **by 30th April 2015**. 7.2 Trainees consistently reported issues concerning landline telephones and delays in switchboard responsiveness which are felt to constitute a potential patient safety concern. Access to out of hours supervision in Psychiatry was also an area of concern, with trainees reporting not being able to contact the consultants directly apart from via switchboard which often could take up to 40 minutes. This was compounded by poor mobile phone reception across the hospital site. This combination represents a significant obstacle to effective and urgent telecommunication which, if substantiated, would constitute a significant patient risk. The Trust is required to investigate this issue and to provide a response to HEEoE **by 30th April 2015**.

Domain/KPI/Standard	Conditions
GMC Domain 1/KPI 3	**Patient Safety** 8.1 The reported concerns around the incompatibility of the Trust's varied computer systems must be investigated and resolved to ensure that patients are not being 'lost' within the system as this constitutes a significant patient safety concern. 8.2 The Trust must ensure that the Friday night handover in medicine is adequately coordinated, organised and structured to maximise patient safety.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 8.3 Although the Trust has made significant progress towards achieving the required GMC standards for the selection, training, appraisal and job planning (including 0.25PA per trainee per week for educational supervisors and named clinical supervisors), it must complete the appraisal and job planning processes for consultants to ensure that all the GMC requirements are in place by July 2016.

Domain/KPI/Standard	Recommendations
GMC Domain 1/KPI 3	**Patient Safety** 9.1 The Trust should ensure, and further develop, the full and effective implementation of the dissemination of learning from serious incidents to all professional groups. It should also ensure that trainees have a clear understanding of what constitutes a serious incident and that all students receive feedback when they have been involved in reporting an incident. 9.2 The Trust should ensure the delivery of a consistent and high quality local induction to students from all professions and across all the areas. It is encouraged to use the ITU and Midwifery local inductions as examples of good practice. 9.3 The Trust is requested to provide planned and timely local inductions to ODP students and to ensure that IT access is available to them to avoid breaches of information governance. Regular supervision slots should also be incorporated into ODP students' work plans.
GMC Domain 2/KPI 2	**Quality Management, Review and Evaluation** 9.4 The supervision and support provided to students needs to be reviewed to ensure they have timely access to their named mentor thus maximising the opportunities for learning and development.
GMC Domain 5	**Delivery of approved curriculum including assessment** 9.5 The Trust is encouraged to explore the use of extended roles and of alternative ways of working in order to alleviate the high workload experienced by all trainees. In particular, the Trust should review the effective provision of the Trigger/Critical Outreach Team and consider the revival of a functional Hospital at Night scheme. 9.6 The Trust should explore and address the concerns reported by stroke medicine trainees regarding the timeliness of the provision of thrombolysis training within stroke medicine.
GMC Domain 6/KPI 4	**Support and development of trainees, trainers and local faculty** 9.7 Whilst the Trust demonstrates an excellent educational ethos and has clear educational governance structures in place, it should endeavour to develop a more explicit multi-professional approach and shared purpose across all professional groups. 9.8 The Trust should better align the processes for the educational appraisal of its consultants with that of their NHS appraisal. It should also ensure that processes for the appraisal of SAS doctors are in place and that particular attention is given to the adequacy of their PDPs.

	9.9 The Trust should ensure full and effective engagement of the trainers in the supervision and training of junior doctors in plastic surgery and medicine in order to maximise the experience of trainees in these specialties.
	9.10 The Trust should continue to promote Dr Toolbox and provide training and access to this for all trainees.
	9.11 The Trust should review student placement capacity for all professional groups in order to ensure that all students can access the opportunities available for learning and development including timely access to their mentors. The Trust is encouraged to put in place a strategy for all clinical placements to ensure a holistic view of all professional groups.
	9.12 The Trust should explore the use of student fora to maximise the opportunities for the 'student voice' to be heard across all professional groups as this would be an opportunity to share best practice and improve communications.
	9.13 The Trust is encouraged to provide more support to its mentors. It should review the number of 'sign off' mentors in some of the busy clinical areas as they appear to be under excessive pressure to meet the requirements of their role, often out of hours and in their own time. This will also maximise support to the students.
	9.14 It is recommended that the Trust ensures the provision of a robust process for the mentors to receive feedback regarding the quality of their clinical learning environments, their performance as a mentor and the outcomes of their feedback. It should also ensure that the mentors are aware of the Educational Audit process and the role of the Practice Education Committee (PEC).
	9.15 The Trust should clarify the 'supernumerary' status of students as it was reported that, on a number of occasions, the clinical areas had been expected to release RNs when students were on the ward. It should also clarify the status of students to the HCAs.
	9.16 The Trust should make sure that AHP, HCS and Pharmacy students, trainees and trainers are aware of the Trust support systems available to them.
GMC Domain 7/KPI 1	**Management of education and training**
	9.17 The Trust is requested to review IT access for students, particularly nursing students, to ensure that they are trained and confident in using the Trust systems when they qualify.

Decision of HEEoE Directorate of Education and Quality Review

With regard to the provision of postgraduate medical education and training, Mid Essex Hospital Services NHS Trust has:

Met with conditions

the requirements of Health Education East of England under the Quality Improvement and Performance Framework (QIPF) of the General Medical Council, and therefore conditional approval is given for three years subject to demonstrable, sufficient and sustained fulfilment of the requirements of the QIPF and of the conditions set above.

Failure to fulfil the requirements of the GMC's QIF and its published domains and standards within the required timeframe would result in removal of trainees and could result in loss of GMC approval of the educational environment.

Timeframes:	Action Plan to be received by:	A report on the areas requiring further investigation is requested **by 30/04/15**. An action (improvement) plan to address the conditions and recommendations highlighted in the report is required **by 12/06/15**. A formal update on the action (improvement) plan is required **by 11/09/15.**
	Next QPR Visit:	Subject to a satisfactory action plan, and unless otherwise triggered, the next full Quality Performance Review [QPR] will be in **2018**.

Dr Jonathan Waller
Postgraduate Dean: **Date: 27th April 2015**

Appendix 1: GMC Domains and Standards

Domain 1 – Patient Safety

The duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.

There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

Domain 2 – Quality Management, review and evaluation

Specialty including GP training must be quality managed, reviewed and evaluated.

Domain 3 – Equality, diversity and opportunity

Specialty including GP training must be fair and based on principles of equality.

Domain 5 – Delivery of approved curriculum including assessment

The requirements set out in the approved curriculum must be delivered and assessed.

The approved assessment system must be fit for purpose.

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

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

Standards for trainers:

- Trainers must provide a level of supervision appropriate to the competence and experience of the trainee.
- Trainers must be involved in, and contribute to, the learning culture in with the patient care occurs.
- Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees.
- Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

Domain 7 – Management of education and training

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

Domain 8 – Educational resources and capacity

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

Domain 9 - Outcomes

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

Appendix 2: Key Performance Indicators (KPIs)/Standards

KPI One – Education Governance

The organisation is assured that they have robust education governance in place

KPI Two – Learning Environment

The organisation provides high quality learning environments for students

KPI Three – Quality of Care

Students are adequately prepared by the provider organisation to deliver high quality care.

KPI Four – Student Support / Education / Assessment
Students are effectively supported, educated and assessed by the provider organisation.

KPI Five – Investment of HEEoE Commissioned Funding
Provider organisations demonstrate effective utilisation of the HEEoE commissioned funding investment.

Appendix 3: Quality Matrix

Quality Metrics Dashboard Against LDA Requirements

Appendix 4: Existing Reference Documents Prior to and During Visit

Learning Development Agreement – 2014/15

CQC Reports – August 2014
List of SIs

Trust Quality Report – August 2014

Notes of Pre-Visit Meeting with Trust – January 2015
Notes of Quality Review Meeting with Trust – October 2013
Deanery Performance and Quality Visit Report – January 2012
Action Plan Updates and Correspondence with Trust 2012/13

QIPF Self-Assessment for Employers 2014/15
QIPF Education Provider Review of Employer Organisations 2014 - [University of Essex and ARU]
Surveys of Pre-Registration and Post-Registration Students – 2013/14
Healthcare Science, Pharmacy and Allied Health Professionals Documentation 2015

HEEoE Monthly Quality Summary Report – February 2015
Director of Medical Education's Report – September 2014
Quality Metrics Dashboard – updated February 2015

GMC Training Survey:
Training Survey Outliers 2009-14
Patient Safety Concerns 2014 with Trust responses

Visit Reports, Trust Action Plans and Action Plan Updates relating to:
School of Anaesthesia 2015
School of Dentistry 2010/15
School of Emergency Medicine 2013/15
Foundation School 2012/15
School of General Practice 2013/15
School of Medicine 2015
School of O & G 2014/15
School of Ophthalmology 2013/15
School of Paediatrics 2013/15
School of Surgery 2014/15

Additional Documents Provided by the Trust:
Educational Governance Structures 2015
Minutes of Trust Board Meetings– 2014/15
Medical Director's Education Report – December 2014
Workforce Reports 2014/15