# School of Postgraduate Medicine Visit to

## East and North Hertfordshire NHS Trust (Mount Vernon and Lister Hospitals)

## Visit Report

## 26th February 2015

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| **HEEoE representatives:** | Ian Barton, Head of School of Medicine<br>Ian Fellows, Chair of Core Medical Training Committee<br>Sally Batley, External Observer | |
| **Trust representatives:** | Nick Carver, Chief Executive<br>Jane McCue, Medical Director<br>Shahid Khan, Director of Medical Education<br>Nicola Anyamene, RCP College Tutor<br>Thida Win, RCP College Tutor<br>She Lok, RCP College Tutor<br>Christine Crick, Medical Education Manager<br>Julie Price, Senior Centre Administrator, Mount Vernon<br>Consultant representatives from a range of specialties | |
| **Number of trainees & grades who were met:** | Mount Vernon<br>F1s: 3<br>CMTs: 3<br>ST3+s: 3 | Lister<br>CMTs: 17<br>ST3+s : 6 |

**Purpose of visit :**

This was a routine visit as part of the School of Postgraduate Medicine's rolling programme of visits to Trusts.

**Strengths:**

- There is a clear commitment to medical education within the Trust
- There is good support from the medical consultants who are friendly, available and approachable; the presence of consultants on the Lister site until 21:00 is welcomed by the trainees
- There is good support from the staff of the Postgraduate Medical Education Centre
- There is an open culture in the Trust, exemplified by the "Hot line" to the Medical Director, allowing the anonymous reporting of patient safety concerns
- There is good Trust Induction and Departmental Induction is good in most areas
- The internal teaching programmes are of good quality
- The Trust hosts the PACES examination at least once per year
- The Trust provides faculty for simulation training delivered at the University of Hertfordshire for medical trainees across the Region
- The trainees have the opportunity to learn from seeing patients with a wide range of clinical conditions
- There is recognition of the value of physicians' assistants; the input of the physicians' assistant on the renal

firm is valued by the trainees
- ST3+s find it relatively easy to access WPBAs including ACATs
- CMTs are able to attend OPD clinics relatively easily in some specialties (e.g. gastroenterology, geriatrics, respiratory medicine)
- Handover is safe and effective and patient tracking is good
- Trainee involvement in Trust processes is of a high standard
- There are HEEoE-approved programmes for clinical supervisor and educational supervisor training delivered either entirely within the Trust or in collaboration with the University of Hertfordshire
- The Trust has implemented the Faculty Group model
- The need to identify time for training including educational supervision in Consultants' job plans is recognised and progress is being made with implementing this
- The standard of educational supervision is generally good
- There is no evidence of undermining (the previous concerns related to a consultant radiologist have resolved)
- All the ST3+s met would recommend their posts to a friend.

**Areas for Development:**

- Feedback to CMTs remains poor; this has been a negative outlier in the last two GMC trainee surveys and has not been resolved
- CMTs reported that training in cardiology placements remains of poor quality; this was identified as a problem at the last School visit and has not been resolved
- There is a poor understanding of quality improvement methodology among the CMTs and most appeared to be involved in audit rather than quality improvement projects
- CMT teaching is not bleep-free
- The trainees report that they have difficulties organising PACES teaching – but the trainers challenged this
- Some Educational Supervisors of CMTs have a poor knowledge of their role and are unfamiliar with the ePortfolio
- On the gastroenterology firm, there are very good opportunities for CMTs to attend clinics, but the CMTs have limited time for clinic administration; clinic letters are being sent to GPs without being reviewed by a consultant
- Many ward nursing staff do not appear to be able to perform practical procedures such as phlebotomy and urethral catheterisation; this is a particular problem out of hours when the hospital at night team also does not appear to have the capacity to meet this need
- CMTs who do not want to do oncology as a career find six month placements at Mount Vernon of limited educational value and are concerned about the lack of opportunities to take part in the acute medical take; this is a particular concern for trainees who wish to train in a specialty which will contribute to the acute medical take and whose last placement is in Mount Vernon
- About 50% of CMTs would not recommend their posts to a friend

**Significant concerns:**

- There have been a number of problems related to centralisation of pathology services; these include:
  - a poor interface between the providers' and the Trust's IT systems
  - urgent results being communicated by mobile phone (when there is poor signal in some areas of the Trust and the potential for a wrong number to be dialled)
  - significant delays in results being available, particularly in the two weeks before the visit
  - specimens apparently being lost in transit
- On call rotas are not being made available in a timely way (generally less than two weeks in advance)

**Requirements:**

- The Trust should work with its Pathology Providers to address the concerns outlined above; the concerns about delays in results becoming available have implications for patient safety and should therefore be prioritised. The current method for conveying urgent results to trainees via mobile phone has the potential to breach patient confidentiality and an alternative method should be sought (e.g. via the hospital switchboard)
- Rotas should be made available at least four months in advance
- The CMT formal teaching sessions should be bleep-free (in common with the Foundation trainees' and GPSTs' sessions)
- The Trust should ensure that CMTs have a departmental induction whenever they move in to a new placement and a site induction when they move from Mount Vernon to the Lister or vice versa
- Processes must be put in place to allow CMTs to attend outpatient clinics and other training opportunities which are curriculum requirements; this is likely to require the designation of specific clinics for the CMTs to attend in their weekly timetables. This designated training time should be ring-fenced and trainees should not be required to give it up to meet service requirements
- Sessions on providing feedback (both opportunistic and following WPBAs) should be included in the Trust's ES and CS training sessions and the need to do this should be emphasised at Faculty Group meetings
- The reasons for the CMTs' perception of poor training in the cardiology department should be explored internally and appropriate actions should be taken to remedy the reasons identified

**Recommendations:**

- We strongly recommend that the Trust considers instituting consultant ward rounds at weekends (As recommended by the Emergency Care Intensive Support Team November 2011 (see NHSE website) and the National Confidential Enquiry into Patient Outcome and Death NCEPOD 2007) on the Mount Vernon site and ask the on-call consultant at Mount Vernon to attend the Monday morning handover meeting in order to facilitate ACATs
- The Trust should consider appointing a Consultant lead to support Quality Improvement projects for CMTs
- The Trust should continue to develop the roles of physicians' assistants
- The Trust should consider changing to four month placements for CMTs
- The Trust should consider limiting the number of CMT posts in Mount Vernon and also review the distribution of CMTs between teams on the Mount Vernon site
- The Trust should continue with its work to allocate time in job plans for educational supervision and other educational roles in line with HEEoE requirements
- Consultant gastroenterologists should check their CMTs clinic letters and adequate time should be ring-fenced for the CMTs to complete clinic administration
- The Trust should consider making "Up-to-date" widely available in clinical areas

| **Decision of the Visiting Team** |
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| • There is a clear commitment to medical education in the Trust<br>• There are some concerns about curriculum delivery and the management of the training programme<br>• There are some concerns about patient safety and clinical governance<br>• There are no concerns related to undermining in the medical specialties<br>• The School of Medicine is therefore able to recommend conditional approval of all CMT and ST3+posts for the full period of three years, provided the requirements outlined above are met by the target date |

| Action Plan to Health Education East of England by: | |
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| • March 31st 2015 | |
| Revisit: | Approximately 18 months |

## RELATED EVIDENCE

**Previous visits(date and summary)**

**April 29th 2013:** This visit took place at a time when the Trust was transferring services from the QEII site to the Lister site, which was having an impact on training and patient safety. There were some positives in the report but there were concerns about middle grade cover at the QEII site out of hours, the acute admissions pathway, lack of medical faculty groups, support for quality improvement projects, the processes for appointment of supervisors, access to WPBAs and training in the cardiology department

**2013 Trainee survey outliers**

| | Green outliers | Red outliers |
|---|---|---|
| **Clinical oncology** | Handover | Local teaching, access to educational resources |
| **CMT** | | Feedback |
| **Geriatric Medicine** | | Adequate experience, local teaching |
| **Renal Medicine** | Clinical supervision | Local teaching |
| **Respiratory Medicine** | Regional teaching | Induction, workload |

**2013 GMC Survey: Patient safety concerns for medical specialities**

Not reviewed

**2013 GMC Survey: Free text comments for medical specialities**

Not reviewed

**2014 Trainee survey outliers**

| | Green outliers | Red outliers |
|---|---|---|
| **Acute Medicine** | | Overall satisfaction, clinical supervision, adequate experience |
| **Clinical oncology** | | Local teaching, access to educational resources |
| **CMT** | | Feedback |
| **Endocrinology and diabetes** | | Overall satisfaction, clinical supervision, adequate experience |
| **Gastroenterology** | Regional teaching | Workload, local teaching |
| **Palliative Medicine** | Clinical supervision, induction, workload, study leave | |
| **Renal medicine** | Clinical supervision, adequate experience | Regional teaching, access to educational resources |

**2014 GMC Survey: Patient safety concerns and undermining comments for medical specialities**

**Patient safety concerns (0):** There was one concern by a geriatrics F1, but this referred to a surgical placement

**Undermining (1):** Undermining by one unnamed consultants in Radiology

| 2014 QM1 |
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| **Previous year's concerns:** None ongoing except overall satisfaction in acute medicine in 2014 GMC survey |
| **New concerns:** Feedback in CMT in 2014 GMC survey |
| **Previous year's good practice:** Establishment of Faculty Group |
| **New good practice:** Trainer of the Year and Training Department of the Year for the Trust awards; Trainee forum established; Dedicated time for ESs identified in job plans |

**MEETINGS WITH TRAINEES (1 OF 3)**

| Trainee Group | Number of trainees met |
|---|---|
| Trainees at Mount Vernon | 3 F1s, 3 CMTs, 3 clinical oncology ST3+s |
| **Domain 1: Patient safety** | |
| ***Adequacy of clinical supervision:*** Generally good but there are no consultant ward rounds at weekends | |
| ***Workload:*** This is variable with some firms being busier than others | |
| ***Safety of rota patterns:*** No significant safety problems, but the rota became available less than two weeks in advance for some trainees and the initial version contained errors | |
| ***Effectiveness of handover:*** This is generally good | |
| ***Patient tracking:*** No problems | |
| ***Feedback from incident reports:*** Not discussed. Trainees mentioned that resuscitation equipment had been slow to arrive at two cardiac arrests in non-clinical eg canteen areas of the hospital. | |
| ***Pathology:*** There were some concerns about specimens apparently being lost in transit | |
| **Domain 5: Delivery of approved curriculum including assessment** | |
| ***Adequacy of clinical (including outpatient and practical procedures) experience:***<br>ST3+s find the unit a very good placement<br>Attendance in OPD is generally easier than on the Lister site for CMTs<br>CMTs have less opportunities to perform practical procedures than in the past, because many are now carried out using ultrasound guidance<br>The lack of acute medical on-calls concerns CMTs who wish to apply for specialties which contribute to the acute medical take – particularly when it their last CMT placement | |
| ***Adequacy of content of individual programmes:*** CMTs who do not wish to do oncology find the placements of limited learning value and feel they are too long. | |
| ***Quality of internal formal teaching:*** Good. The video-link for CMTs to the Lister PGMC is now more reliable. PACES teaching is limited. Taxis are organised for trainees from Watford to attend their local teaching | |
| ***Ability to attend internal and external training courses etc:*** No problems | |
| ***Accessibility of assessments including WPBAs*** It is difficult to complete DOPS because so many procedures are now performed under ultrasound control. The lack of acute medicine on-calls makes it difficult to complete ACATs. This would be easier if there were consultant ward rounds at weekends and the on call consultant attended Monday morning handover | |
| ***Adequacy of feedback:*** Generally good | |
| **Domain 6: Support and development of trainees, trainers and local faculty** | |
| ***Arrangements for induction (including for intermediate starters):*** Generally good | |
| ***Quality of educational supervision (including appropriate use of ePortfolio):*** Generally good | |

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| ***Intensity and educational content of work and adequacy of learning opportunities (including QI and audit):*** The trainees were aware of who the audit lead was; there was a poor understanding of QI methodology |
| ***Experience of bullying and harassment:*** None |
| **Domain 8: Educational Resources and Capacity** |
| ***Journals:*** "Access to educational resources" has been a negative outlier for clinical oncology for the last two years; the trainees felt that this was because the library closes early and the range of specialist oncology journals via Athens is limited |
| ***Other on line resources:*** All the trainees felt that access to "Up-to-date" would be helpful |

**MEETINGS WITH TRAINEES (2 OF 3)**

| Trainee Group | Number of trainees met |
|---|---|
| Core trainees at Lister Hospital | 17 CMTs |
| **Domain 1: Patient safety** | |
| ***Adequacy of clinical supervision:*** Good | |
| ***Workload:*** This is recognised as being lower than in other similar sized Trusts. | |
| ***Safety of rota patterns:*** No safety problems; the rota only became available about two weeks in advance | |
| ***Effectiveness of handover:*** Generally good | |
| ***Patient tracking:*** Not discussed | |
| ***Feedback from incident reports:*** Not discussed | |
| **Domain 5: Delivery of approved curriculum including assessment** | |
| ***Adequacy of clinical (including outpatient and practical procedures) experience:*** There are opportunities to see patients with a wide range of clinical conditions. Attendance in OPD is good in some specialties (e.g. respiratory medicine and geriatrics) but is difficult in others (acute medicine, cardiology). There are three OPD clinics per week in gastroenterology but no time allocated for clinic administration; consultants do not check CMTs' letters.<br>CMTs have opportunities to perform practical procedures | |
| ***Adequacy of content of individual programmes:*** The trainees would prefer four month placements. Training in the cardiology department remains poor with many tasks of limited educational value. The renal placement is outstandingly good | |
| ***Quality of internal formal teaching:*** Good curriculum-based teaching. PACES teaching is difficult to organise. The Grand Round was bleep-free but bleeps were carried during CMT teaching sessions | |
| ***Ability to attend internal and external training courses etc:*** This is variable. Only one of the CMTs present had attended the last Regional Training Day | |
| ***Accessibility of assessments including WPBAs***: No issues reported | |
| ***Adequacy of feedback:*** Poor; rarely performed contemporaneously following WPBAs and content of limited value | |
| **Domain 6: Support and development of trainees, trainers and local faculty** | |
| ***Arrangements for induction (including for intermediate starters):*** Trust induction generally good, but one CMT had denied having had induction in February after moving from Mount Vernon. Departmental induction is variable (poor in stroke) | |
| ***Quality of educational supervision (including appropriate use of ePortfolio):*** Variable | |
| ***Intensity and educational content of work and adequacy of learning opportunities (including QI and audit):*** There is little or no knowledge of Quality Improvement methodology; most appeared to be undertaking audits | |
| ***Experience of bullying and harassment:*** None | |
| ***Careers support:*** Not discussed | |

| Domain 8: Educational Resources and Capacity |
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| ***Other on line resources:*** All the trainees felt that access to “Up-to-date” would be helpful |

## MEETINGS WITH TRAINEES (3 OF 3)

| Trainee Group | Number of trainees met |
|---|---|
| ST3+s at Lister Hospital | 7 (acute medicine (2), palliative care, geriatrics, renal medicine, diabetes & endocrinology |
| **Domain 1: Patient safety** | |
| ***Safety of rota patterns:*** The out of hours medical team is very well-staffed | |
| ***Effectiveness of handover:*** Formal handover is of a high standard | |
| ***Patient tracking:*** This is effective | |
| ***Pathology:*** There were some significant concerns about the centralised pathology service, which included:<br>• a poor interface between the providers' and the Trust's IT systems<br>• urgent results being communicated by mobile phone (when there is poor signal in some areas of the Trust)<br>• Delays of up to 12 hours in results of "routine" investigations being available, particularly in the two weeks before the visit<br>• specimens apparently being lost in transit | |
| **Domain 5: Delivery of approved curriculum including assessment** | |
| ***Adequacy of clinical (including outpatient and practical procedures) experience:*** Generally good | |
| ***Adequacy of content of individual programmes:*** No issues reported | |
| ***Quality of internal formal teaching:*** Good | |
| ***Ability to attend internal and external training courses etc:*** Generally good | |
| ***Accessibility of assessments including WPBAs:*** Generally good | |
| ***Adequacy of feedback:*** Generally good | |
| **Domain 6: Support and development of trainees, trainers and local faculty** | |
| ***Arrangements for induction (including for intermediate starters):*** Generally good; although a trainee reported having not been inducted, the Trust was able to provide evidence that this was not the case | |
| ***Quality of educational supervision (including appropriate use of ePortfolio):*** Good | |
| ***Intensity and educational content of work and adequacy of learning opportunities (including audit):*** The Trust is well staffed relative to others | |
| ***Experience of bullying and harassment:*** None | |
| **Domain 8: Educational Resources and Capacity** | |
| ***Other on line resources:*** All the trainees felt that access to "Up-to-date" would be helpful | |

## MEETINGS WITH TRAINERS AND LEP TEAM

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| **Domain 1: Patient safety** |
| ***Centralisation:*** This is now complete and the concerns identified in the last visit related to working across the QE2 and Lister sites have resolved. |
| ***Workload:*** Winter pressures have increased workload significantly |
| **Domain 5: Delivery of approved curriculum including assessment** |
| ***CMT formal teaching:*** This is organised by the Associate College Tutors |
| ***PACES:*** The Trust hosts the PACES exam on an annual basis |
| **Domain 6: Support and development of trainees, trainers and local faculty** |
| ***Support from Trust Board:*** This is clearly good; education is appropriately represented at Trust Board level with the **DME** being invited to attend when necessary |
| ***Faculty Groups:*** These are variably active |
| ***Identification of time for educational activities in job plans:*** This appears in line with GMC/HEEoE guidance |
| ***Training for clinical and educational supervisors:*** There are a number of available options delivered either in house or in collaboration with the University of Hertfordshire. These courses have all been approved by HEEoE |
| ***Trainee engagement:*** there is good trainee involvement on relevant committees and there is a trainee forum which feeds in to the Education Committee |
| ***Simulation Training:*** The Trust provides faculty for the simulation training hosted by the University of Hertfordshire |

**Visit Lead:** Ian Barton **Date:** 3rd March 2015