# School of Postgraduate Medicine Visit to West Hertfordshire Hospitals NHS Trust

## Visit Report

**Tuesday 7th March 2017**

<table>
<thead>
<tr>
<th><strong>HEEeE representatives:</strong></th>
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<tr>
<td>Dr Jonathan Waller, Deputy Postgraduate Dean, HEEoE (Visit Lead)</td>
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<td>Dr Ian Barton, Head of School of Medicine, HEE EoE</td>
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<td>Dr Ian Fellows, Chair of Core Medical Training STC, HEE EoE</td>
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<td>Dr Catherine Bryant, Deputy Head of School of Medicine, HEE NWL</td>
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<td>Dr Jim Hall, GMC Enhanced Monitoring Associate</td>
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<td>Mr Kevin Connor, Education Quality Assurance Programme Manager</td>
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<td>Mrs Alison Clough, Patient and Public Voice Partner</td>
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<td>Ms Agnès Donoughue, Quality Coordinator, HEE EoE</td>
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<th><strong>Trust representatives:</strong></th>
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<td>Dr Michael Van Der Watt, Medical Director</td>
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<td>Mr Howard Borkett-Jones, Director of Medical Education</td>
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<td>Dr Ratna Makker, Deputy Director of Medical Education &amp; Clinical Tutor</td>
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<td>Dr Michelle Jacobs, Deputy Clinical Tutor</td>
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<td>Dr Matthew Knight, College Tutor – Medicine</td>
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<td>Dr Arla Ogilvie, Divisional Director for Medicine</td>
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<td>Dr Debra Kwasi, Clinical Lead for Elderly Care</td>
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<td>Dr Andrew Barlow, Clinical Lead for Respiratory Medicine</td>
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<td>Mr David Goodier – Medical Education Manager</td>
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<td>Other representatives from Human Resources, the Medical Education Centre and the medical specialties</td>
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<th><strong>Number of trainees &amp; grades who were met:</strong></th>
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<td>7 higher specialty trainees (2 respiratory medicine, 5 geriatric medicine)</td>
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<td>10 core medical trainees, 1GPST</td>
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## Purpose of visit:

This was a GMC enhanced monitoring visit with Patient and Public Voice Partner representation to assess training in the medical specialties in the Trust, including the Trust’s progress with addressing the concerns reported following the previous School of Medicine’s visit on 15th March 2016 and, specifically, the following requirements and recommendations:

### Requirements (from visit of 15th March 2016)

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HEEoE School of Medicine Visit Report: West Hertfordshire NHS Trust (Watford site)
07.03.17
### Recommendations (from visit of 15th March 2016)

- The Trust should review its policy of paying locum StRs in medicine less than locums working at lower grades in A&E in order to encourage filling of medical StR rota gaps
- The geriatrics department should increase the number of clinics timetabled for StRs so that they attend one clinic per week in practice and have a wider spectrum of sub-specialty outpatient experience
- The geriatrics department should increase StR training in community settings and allow StRs to attend the frailty clinic
- The medical division should review how it feeds back learning from incidents to its trainees; trainees should be encouraged to attend medical clinical governance meetings

### Strengths:

- The current RCP College Tutor has proven to be an inspirational leader who has worked effectively to drive forward significant changes which have led to considerable improvements in the quality of training in the physicianly specialties and a notable and positive change in the educational ethos of the Department.
- He has been well supported in this by, among others, his peers, Trust senior management, the education centre staff, the three Associate College Tutors and the other medical trainees
- Watford General Hospital is a busy DGH and trainees have the opportunity of seeing patients with a wide
range of clinical conditions

- Most of the trainees met would recommend their posts to a friend
- The morale amongst the trainees appeared to be high – at a time when there is widespread discontent among trainees nationally.
- The consultants are generally very supportive, available and approachable
- There is an internal ES training programme and ESS are appraised in their educational role; they feel valued as trainers; there are plans to reduce the numbers of educational supervisors (in order to allow them to better develop expertise in the role) and to ensure all trainers have time for training allocated in the next round of job planning
- The RCP Tutor is planning to hold four monthly meetings with all CMTs to review their progress.
- There is an active faculty group which, as well as supporting trainees in the physicianly specialties, also supports foundation trainees and GPSTs in placements in the medical specialties
- CMTs find it relatively easy to complete WPBA assessments, including ACATs
- HSTs also find it relatively easy to complete WPBAs (although they have some difficulties completing ACATs similar to those experienced in other Trusts)
- CMTs find it relatively easy to attend OPD in some specialties, including respiratory medicine, gastroenterology, oncology and stroke medicine
- The Trust has introduced Taster Days for CMTs which are taken out of their study leave allowance. This will allow them to attend further clinics or access other educational opportunities
- CMTs find it relatively easy to perform the practical procedures required in the curriculum; the recently developed pleural clinic is an outstanding learning opportunity
- CMTs are freed up to attend regional simulation training
- Trainees of all grades are encouraged to attend regional training days
- The value of QIPs is recognised in the Trust and their completion is encouraged with, for example, a timetabled session during which all CMTs were required to present their QIPs; this session was attended by the CEO
- The Trust has taken proactive measures to address rota gaps. This includes allowing CMTs to act up as StRs; when they do so they receive an appropriately enhanced level of supervision
- The quality of internal teaching has been improved significantly with the switch to monthly half day curriculum linked training which is led by a specific specialty
- There is also a monthly teaching session targeted at developing procedural and other practical skills
- Although there is not a formal PACES training programme, help with preparation for PACES was readily accessible when needed and there was a high pass rate at the first attempt
- All the trainees met had had both Trust and departmental induction
- Higher specialty training in base specialties, including respiratory medicine and geriatric medicine, is generally of a high standard
- When the Trust is exceptionally busy, endoscopy recovery and the cardiac catheterisation laboratory are protected from being used as escalation areas allowing training in these areas to be maintained
- There is an effective Hospital@Night team with plans to extend this in to the twilight period
- There is an effective Critical Care Outreach Team
- The Trust has continued to make good progress with improving the quality of training in geriatric medicine and respiratory medicine
  - Training in both general and sub-specialty geriatric medicine is now reported to be of good quality; stroke medicine and orthogeriatrics training were described as excellent
  - The respiratory medicine department has expanded and there has been a commensurate increase in the training opportunities in the department.
Respiratory StRs are no longer expected to attend OPD clinics without consultant supervision.

Respiratory trainees are encouraged to attend bronchoscopy lists, pleural lists and other learning opportunities and are able to do so.

The respiratory StRs met had achieved level 1 ultrasound skills and gained competencies for pleural procedures relatively early in their placements in West Herts.

The following requirement has been fully met:

- The widespread circulation of critical emails naming trainees should cease with immediate effect. This has not recurred.

The following recommendations have been followed:

- The Trust should consider appointing a respected clinician with transformational leadership skills and empowered to make change to a role which reviews patient safety, patient experience and training across the whole acute admissions pathway; sufficient time should be allowed in this individual’s job plan to enable him or her to perform this role effectively; it might be useful to contact Luton & Dunstable where such a role has already been created. The Trust confirmed that Dr Tammy Angel is fulfilling this role in its action plan of 27th June 2016.

- The Trust should review its policy of paying locum StRs in medicine less than locums working at lower grades in A&E in order to encourage filling of medical StR rota gaps. The Trust confirmed that locum StRs in medicine are being appropriately remunerated in its action plan of 27th June 2016.

- The geriatrics department should increase the number of clinics timetabled for StRs so that they attend one clinic per week in practice and have a wider spectrum of sub-specialty outpatient experience. The geriatric trainees reported that they are now able to attend an appropriate number of clinics and that they are accessing good sub-specialty training.

- The medical division should review how it feeds back learning from incidents to its trainees; trainees should be encouraged to attend medical clinical governance meetings. The trainees reported that they receive feedback from incidents they have reported themselves and that there are mechanisms in place for disseminating learning from incident investigations.

Areas for Development:

- There are ongoing problems with IT, which is exceptionally slow – sometimes taking five minutes to load a page. This slows up all types of work, makes it difficult to use the ePortfolio and acts as a deterrent to incident reporting.

- Placements in Mount Vernon Hospital are felt to be of limited value for those trainees not planning for a career in oncology. In particular, there are no opportunities to perform practical procedures, it is difficult to complete WPBAs and supervision and learning on the wards is poor.

- It is extremely difficult to access the results of some cardiology investigations (e.g. echocardiograms) out of hours as the only computer from which these can be accessed is in an area which is locked outside normal working hours.

- The following requirements have been partially met:

  - The Trust should review staffing levels on the medical wards and make changes which will improve patient safety and increase learning opportunities; options might include greater use of the Medical Training Initiative, employing more specialty doctors/trust grades, asking foundation doctors in surgical placements to take some responsibility for the care of medical outliers on surgical wards and greater use of nurse specialists and allied health professionals to carry out some tasks historically carried out by doctors. The Trust is making good progress with this but recognises there is still some way to go. For example, there is good use of physician’s assistants and there are plans to recruit additional junior doctors. There have been significant winter pressures leading to
large numbers of outliers which has adversely affected patient care despite the presence of a “Surge Team”. It was sometimes unclear which teams were responsible for some outliers.

- All medical trainees must be given the opportunity to meet all their curricular requirements; e.g. all CMTS must be able to attend the equivalent of 20 OPD clinics per year. All the CMTs met felt that they would meet the current curriculum requirement of attending 24 clinics in two years but would struggle to meet the new requirement of 40 clinics in two years (because of high workload and in some cases lack of clinic rooms). This has been identified as a concern internally and the Trust has plans to improve clinic attendance in cardiology, geriatric medicine and rheumatology. This should be monitored via educational supervisors.

- The Trust should make changes to the acute admissions pathway to address the significant concerns about patient safety identified above; there should be trainee involvement in this work. There have been a lot of improvements. Referrals from GPs and A&E are now taken by nursing staff (this has reduced excessive bleeping of the StRs but means that they sometimes do not feel as in control of the take as they would like). This is a particular problem at the beginning of shifts when it is common for 15-20 unclerked patients to be handed over and the incoming team do not know which patients should be seen first. eHandover from A&E has improved. The A&E staff record their notes on the medical proforma, avoiding duplication. Advanced Nurse Practitioners are being trained and appointed to help with clerking. There are plans to recruit additional doctors which will also help with reducing workload and improving patient safety. Workload, however, remains excessive, particularly if there are rota gaps (which still occur). There is a clinical alert system which could be used to identify and prioritise unwell patients but there is poor awareness of this and it is not being used.

- The processes for handover in the AMU must be revised to make them safe and effective. Morning and evening handover have a consultant presence. The trainees feel that this still involves too many patients being handed over at once, making it ineffective with only a limited amount of relevant information being handed over; it is not a learning experience.

- The Trust should make changes to the acute admissions pathway to ensure that its educational value is increased. This should include improvements in accessibility of WPBAs and constructive feedback; there should be trainee involvement in this work. The measures outlined above which have been taken to reduce workload should also increase educational opportunities. There is an aim to increase the numbers of patients presented by trainees to their seniors; the higher trainees feel there is still more work to do in order to help them to ready them to take on the role of a consultant.

- The allegations of undermining by radiographers and radiologists should be investigated urgently and appropriate action should be taken. There is a senior radiographer who can be difficult, particularly when approached by more junior trainees, but trainees feel more frustrated than undermined. There are some difficulties organising scans out of hours but there is no undermining behaviour associated with this.

- The following recommendation has not been followed:
  - The geriatrics department should increase StR training in community settings and allow StRs to attend the frailty clinic. The geriatric StRs are still not attending the frailty clinic (training in community settings was not explored during this visit).
**Significant concerns:**

- Some of the medical staff on the ITU are obstructive, confrontational and slow to respond to requests to see patients. This is a patient safety concern and the trainees met would be reluctant to have a friend or relative admitted to the Trust solely for this reason. The Trust is aware of these concerns and is addressing them.

**Requirements:**

- The Trust should continue with its work to improve the referral pathway of critically ill patient to ITU

**Recommendations:**

- The Trust should continue to support the current RCP College Tutor; it is essential that he is allowed sufficient time in his job plan to undertake the role; he should be encouraged to delegate tasks when this is appropriate
- The Trust should improve its IT support
- The Trust should explore ways of improving the accessibility of cardiac investigations out of hours
- The Trust should continue with its plan to remap the CMT posts in Mount Vernon to ITU posts
- The Trust should continue with its work to improve staffing levels on the medical wards
- The Trust should continue with its work to improve CMT outpatient attendance rates
- The Trust should continue with its work to improve the safety and educational value of the acute admissions pathway; this should include reviewing the processes for handover
- The Trust should work with the senior radiographer identified in this visit to try to improve his relationships with other clinicians
- The Geriatric Department should consider allocating sessions in the Frailty Unit to their StRs

**Decision of the Visiting Team**

- The Trust has made considerable progress with addressing the significant concerns about patient safety, the educational content of the posts and undermining identified in the previous visit, but there are still some ongoing concerns
- Provided the findings of this visit are replicated in the next GMC NTS, the visiting team will be able to recommend approval of all core and higher medical training posts for the full period of three years
- Enhanced monitoring by the GMC should also cease at this point provided the GMC NTS is satisfactory

**Action Plan to be received by Health Education England: East of England by:**

- April 28th 2017

**Revisit:**

Under HEE’s new Quality Framework, this will be determined by the identification of a significant risk to training in the medical specialties in the Trust

**Visit Lead: Dr Jonathan Waller**

**Date:** 8th March 2017