

Visit to East and North Hertfordshire NHS Trust

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see [the General Medical Council website](#).

Review at a glance

About the visit

Visit date	2 November 2015
Site visited	Lister Hospital
Programmes reviewed	Undergraduate: School of Clinical Medicine at the University of Cambridge and Norwich Medical School at the University of East Anglia. Postgraduate: foundation, core medicine, obstetrics and gynaecology (O&G), paediatrics and surgery.
Areas of exploration	Patient safety, balance between service delivery and training, induction, handover, medical education organisation, management and leadership, quality management processes, equality and diversity, placements and curriculum delivery, assessment and feedback, support for students and doctors in training, student assistantship and preparedness, training and support for educators, transfer of information, study leave, rotas.
Were any patient safety concerns identified during the visit?	No

Were any significant educational concerns identified?	No
Has further regulatory action been requested via enhanced <u>monitoring</u>?	No

Summary

- 1** Lister Hospital is a 720-bed district hospital in Stevenage. It offers general and specialist hospital services for people across most of Hertfordshire and South Bedfordshire. Up until 2014, Lister Hospital was based over two sites but there was a phased transition in order to be based on one site.
- 2** Lister Hospital has doctors in training from Health Education England local offices in East of England and London. The Education Management Team at the trust tries to ensure consistency for all doctors in training on placements at the trust regardless of which HEE local office they are from.
- 3** We found that the trust has developed a supportive environment for education and training and felt that there was a caring approach to education for doctors in training and students. We considered that the trust demonstrate good systems and processes for engagement with students and doctors in training and for gaining their feedback. However, this feedback is the main way of collecting quality data and we think that the trust should consider additional ways of collecting this type of data.

Areas of exploration: summary of findings

Patient safety

The medical students we met said they were confident they knew how to raise a patient safety concern if necessary; however some students had not seen the trust's policy on raising a concern. Foundation doctors also knew how to raise concerns. We heard that there is a post box and helpline for concerns to be raised anonymously.

Foundation doctors had in the past shared log-in details for the computer system. We were told this was mostly when locum doctors did not have their own login details. The foundation doctors we met realised this was something they should not have done and are no longer doing this.

Doctors in training in paediatrics said they regularly used Datix (an incident reporting system) to raise concerns and were encouraged to do so. We heard there is a debrief of serious incidents raised monthly in paediatrics. The doctors in training felt it might be useful to have the debrief more regularly than this. Foundation doctors said they were all aware of the

	<p>system of reporting incidents through Datix. Supervisors in O&G said they provide feedback on serious incidents through a weekly bulletin.</p> <p>Foundation doctors felt they sometimes had to work beyond their competence in diabetes and endocrinology where the department was short of staff and had a very high workload, but that supervision was available. We heard that the foundation doctors are made aware of their competency level and would feel comfortable to say no if they felt themselves working outside of this. Foundation doctors said they only took consent when it was something they felt comfortable with.</p> <p>We were pleased to hear from all groups that appropriate steps are being taken to ensure patient safety, however we were concerned that the sharing of login details may have repercussions if the issue is not resolved.</p>
<p>Balance between service and training provision</p>	<p>There is an annual trust survey which looks at how education is being delivered in different specialties. The senior management team have found from the results of this survey that the balance between service and education fluctuates. This can sometimes be a problem where there are absences such as sick leave, but generally the balance is fine.</p> <p>Foundation doctors said their teaching time was protected, although they sometimes found it difficult to attend teaching when on a surgical rotation due to the workload.</p> <p>We felt that mostly the balance between service and training was good, although short term absences and vacancies could have an impact on workload which in turn had an impact on education.</p>
<p>Induction</p>	<p>Students found that the trust induction was very good; they had their rotas and badges and were prepared well for placements. Foundation doctors also found the trust induction useful but felt they would have liked more time on shadowing and less time on other areas, for example IT systems.</p>

	<p>Doctors in training in paediatrics and O&G said the trust induction met their expectations and that they had the necessary badges and access to the IT system.</p> <p>The trust are planning to evaluate the quality of their inductions by surveying their trainees.</p>
Handover	<p>All foundation doctors and doctors in training we met were satisfied that handover works well and said there were no instances of patients being lost as a result of ineffective handover. Doctors in training felt changes had been made to improve handover as a result of feedback.</p>
Medical education organisation, management and leadership	<p>We heard from the senior management team that education matters are discussed at board level and are reported on adequately. We also heard that the trust has a structure to ensure doctors in training have a voice on the education board. We heard examples where this has been helpful from a quality management perspective.</p> <p>We were concerned however, that the trust has no written education strategy (see Requirement 1).</p>
Quality management processes	<p>The trust's senior management team uses the GMC National Training Survey (NTS) in order to ascertain how well it is delivering education and had concerns following the results of the 2014 survey. However, changes were made as a result of this and improvements have been seen. The senior management team hopes to see further improvement in the 2016 NTS results. We heard that any departments with red flags are contacted by the senior management team in order to ascertain why there are red flags.</p> <p>The trust has annual visits from both Cambridge and UCL medical schools and we heard that the students are frequently surveyed by their schools, however the outcome of the annual visits is the main source of feedback to the trust for undergraduate education.</p> <p>The senior management team said there are a lot of visits by the different specialty schools at HEEoE with</p>

	<p>approximately 15 visits in the 12 months prior to our visit. Although the senior management team felt some could be better coordinated, for the most part, they found these visits really useful and a good leverage for change. At times, the senior management team felt challenged with the range and number of implementation requirements and their timeframes as a result of these visits.</p> <p>Foundation doctors felt they were involved in change throughout the trust, through giving feedback to consultants at the end of placements, and completing HEEoE and GMC surveys. Doctors in training said they had observed change as a result of feedback they had given.</p> <p>We heard from educational supervisors in paediatrics that there were plans to learn from another site which had good GMC survey results. We view this as a positive step.</p> <p>Overall we felt that the trust uses feedback in a way to make positive changes to education, however it is heavily reliant on survey and visit feedback from students and doctors in training (see Requirement 3). We would encourage a more systematic approach and consider trend data and E&D data in their annual education report.</p>
<p>Equality and diversity</p>	<p>Students said that equality and diversity (E&D) sessions were part of a communication skills session. During this session, examples were discussed which encouraged them to reflect on E&D matters.</p> <p>Foundation doctors and doctors in training had online E&D training and felt that patients and staff were treated with respect in the trust. They knew where to go to if they had any concerns about E&D matters.</p> <p>We heard from the senior management team that E&D data is assumed to be collected by the LETB but that they have never accessed or used the data. (See Requirement 5)</p> <p>When students and doctors in training require reasonable adjustments, information would come</p>

from the medical school or HEEoE to the trust. We heard from the senior management team that changes would be implemented as a result of this through discussions with educational and clinical supervisors.

Educational and clinical supervisors and the senior management team said that the trust is supportive of flexible working.

We were pleased that all groups we met with had appropriate E&D training, however it is concerning that the E&D data collected by medical schools and HEE local offices is not used by the trust.

Placements and curriculum delivery

Students told us they were having a good experience on their placements. Students from Cambridge School of Clinical Medicine felt that staff at the trust understand their curriculum. Students from UCL said they sometimes need to be proactive in highlighting the differences between themselves and Cambridge students but that staff are very approachable and helpful.

Doctors in training in paediatrics said the experience they are provided with at the trust helps them to meet curriculum requirements. Foundation doctors said there had been some changes to the rotation which meant some doctors may not have a rotation in general medicine in foundation year one. They felt this change could be challenging and may have an impact on confidence. Doctors in training in O&G felt the regional teaching matches the requirements of the curriculum and felt confident they would meet the requirements. Foundation doctors found that the level of teaching in O&G didn't always feel appropriate. We also heard that the local teaching in O&G had not taken place for the last six months due to staff shortages. We were told that this was due to be resolved, and that weekly departmental teaching took place although this was often difficult to attend.

Issues with O&G rota gaps are making it difficult for doctors in training to gain sufficient theatre experience. These doctors felt that they were not meeting curriculum requirements. Supervisors in

O&G said they try to vary the departmental weekly teaching in order to meet the different educational needs of doctors in training.

Doctors in training were aware of and used the clinical skills laboratory however students were not aware this was available to them.

Doctors in training we met had some issues with being able to access teaching. We also heard that teaching for exams was good but that teaching for the Membership of the Royal Colleges of Physicians (MRCP) exam (held off site at Luton or Addenbrookes) could be difficult to get to without a car.

We felt there were mixed views from foundation doctors and doctors in training regarding their ability to meet the requirements of their curricula based on their experience at the trust (see Requirement 2).

Assessment and feedback

Students in paediatric placements said they don't feel very prepared for assessments and reported that they weren't given much guidance. Students in O&G placements had a different experience and said that consultants had a good understanding of what is required of the students and would track their progress.

Foundation doctors in O&G said a survey had highlighted issues relating to assessment sign-off. As a result of this, the LEP senior management team had highlighted to foundation doctors to report to them if there were any issues with this. Nobody we spoke to had found any concerns or had felt the need to speak to the senior management team.

Foundation doctors in paediatrics felt they were able to do sufficient workplace based assessments and that these would be initiated and offered by consultants. Doctors in training in O&G said there are time pressures for workplace based assessments.

We heard a range of views regarding the ability of students and doctors in training to obtain feedback and complete assessments but we were pleased to

	<p>hear that where the senior management team is aware of issues, they have tried to put systems in place to support doctors in training in these areas.</p>
<p>Support for students and doctors in training, including supportive environment</p>	<p>Students said they always felt well supervised on placements and felt consultants would step in where appropriate if the student was to attempt something outside of their competence. We also heard that they are provided with a sheet from the trust which lists what students should be able to do and what they should try and see which the students found helpful.</p> <p>Foundation doctors in paediatrics felt that they could contact clinical supervisors and that they work in a very supportive environment. We also heard there is always someone available for supervision. Foundation doctors and doctors in training in O&G also felt well supported, although they felt the support in obstetrics was better than gynaecology due to staff shortages in gynaecology.</p> <p>Foundation doctors and doctors in training knew who to contact if there are any issues of bullying or harassment.</p> <p>We heard from doctors in training in paediatrics that there is a team member of the month award in the department which they found is good for team morale.</p> <p>We were impressed that the trust has demonstrated continuous improvements to develop a supportive environment for education and training and felt that the trust has a caring approach to education and training for doctors in training and for students.</p>
<p>Student assistantships and preparedness</p>	<p>All foundation doctors we met with said they felt prepared for foundation training and Cambridge School of Clinical Medicine students said that they found prescribing daunting. All found their student assistantship helpful, although those who had come from Cambridge School of Clinical Medicine felt that it was not long enough and that there are too many students shadowing one foundation year one doctor.</p> <p>We were pleased to hear that most foundation</p>

	<p>doctors felt well prepared.</p>
<p>Training and support for trainers</p>	<p>Supervisors in O&G said they had received training on assessment and giving feedback and knew to be clear about when they were providing feedback.</p> <p>We heard from the senior management team that there is a course for educators with University of Hertford which HEEoE endorses. The trust maintains a register of supervisors which tracks their training and whether they are up to date. Trainers have 0.25 SPA allocated in their job plans and a maximum of two doctors in training allocated to them. The trainers felt this was adequate.</p> <p>All trainers are in the process of having separate educational supervision appraisal with their college tutor. They find that feedback from doctors in training helps them improve themselves as educators.</p> <p>The senior management team informed us that local standards for trainers are being developed at the LEP but have not yet been finalised. We encourage the development of these standards.</p> <p>We heard there were inconsistencies in the way the trust collects feedback on educators.</p> <p>See Recommendation 1.</p>
<p>Transfer of information</p>	<p>Foundation year one doctors were aware of and comfortable with the transfer of information (TOI) process and said the forms were easy to complete.</p> <p>Supervisors in O&G said they were satisfied with the TOI process and would make adjustments based on the information and would discuss with HEEoE where necessary. Others trainers felt that it was unsystematic on trainees when they arrive and there was confusion between the role of college tutor and LETB.</p>

Study leave

We heard from the senior management team that the study leave budget for doctors in training in the trust is the same whether they are based in East of England or London, and that usually doctors in training from London have a higher study leave budget elsewhere. Any funding not used after a block is given back to doctors in training to be used at a later date.

There was some confusion amongst foundation doctors as to what study leave is available to them. We heard from those who had been through the process of applying for study leave that the process is straightforward.

We were pleased to hear that applying for study leave is a straightforward process but feel that some clarity could be provided to foundation doctors to avoid confusion.

Rotas

We heard from the senior management team that there are some vacancies in paediatrics but that the vacancy level has dropped, and they are usually aware of vacancies two to three months in advance.

Supervisors in O&G told us that there are staff shortages and said that some doctors in training may suffer as a result. However doctors in training in O&G recognised that there would always be locum cover where there are shortages and felt that training is protected.

The senior management team said there has been a reduction of doctors in training in O&G from nine to seven and that the trust has used this opportunity to increase the consultant presence.

Some foundation doctors mentioned that they only received the medical rota in their shadowing week.

Despite these gaps in rotas and high workload, we feel the supportive environment at the trust has allowed for this to be managed effectively and therefore it has not had a huge impact on education.

Areas where there have been an improvements

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in <i>Tomorrow's Doctors</i> / <i>The Trainee Doctor</i>	Area/s where there has/have been an improvement/s
1	TTD6	We were impressed that the trust has demonstrated continuous improvements to develop a supportive environment for education and training
2	TTD6, TTD9	We considered that the trust demonstrated good systems and processes for trainee engagement and for gaining student and trainee feedback.

Area of improvement 1: We were impressed that the trust has demonstrated continuous improvements to develop a supportive environment for education and training

- 4** This was highlighted through various means such as the annual trust survey which looks at how education is being delivered in different specialties, the evaluation of inductions, the use of the NTS to ascertain how well they are delivering education and using this to make changes for improvement.
- 5** The senior management team are aware of issues with students and doctors in training receiving feedback and completing assessments and have now put in systems in place to support them. We heard also from the senior management team that education matters are discussed at Board level and are reported on adequately.
- 6** Despite there being gaps in rotas and high workload, we feel the supportive environment at the trust has allowed for this to be managed effectively and to not have huge impacts on education.

Area of improvement 2: We considered that the trust demonstrated good systems and processes for trainee engagement and for gaining student and trainee feedback.

7 We found that the trust has a structure to ensure doctors in training have a voice on the education board, allowing them to express concerns that have been raised within their departments. Doctors in training we spoke to felt changes had been made to improve handover as a result of feedback given to the trust. The majority of students and doctors in training felt they had a good experience at this trust and would recommend it to others.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors The Trainee Doctor</i>	Requirements for the LEP
1	TTD7.1 TD151, 154	The trust must develop a vision and strategy for education and training to ensure consistency in their approach.
2	TTD5.1, 5.4	The trust must make appropriate arrangements to ensure that doctors in training are afforded the opportunities to meet outcomes as required in their respective curricula.
3	TTD2.3, TD43	The trust must introduce a structured systematic process of collecting data in addition to than student and trainee feedback to inform their local quality control processes. This will aid them in forming a suitable quality improvement strategy and a cohesive overview of medical education at the trust.
4	TTD3.5	The trust must improve the collection and use of equality and diversity data relating to trainers and doctors in training to enhance the training experience for all at the trust.

Requirement 1: The trust must develop a vision and strategy for education and training to ensure consistency in their approach.

- 8 We heard from the senior management team that the trust has no written education strategy currently. We heard this is something they are hoping to do develop for the next five years and we would encourage this.

Requirement 2: The trust must make appropriate arrangements to ensure that doctors in training are afforded the opportunities to meet outcomes as required in their respective curricula.

- 9 Foundation doctors said that although there is lots of teaching available at the trust, it can be difficult to attend teaching when on surgical rotations. Foundation doctors also reported being able to attend less than 50% of teaching. Higher doctors in training in surgery felt there was lack of sufficient theatre time and inability to attend local teaching.
- 10 Doctors in training in paediatrics felt that teaching was opportunistic and that teaching in neonates wasn't necessarily mapped to the curriculum. They also felt that there was a lack of management experience. They also said there are regional teaching days but not local teaching sessions and that some doctors in training could only attend half of those sessions due to rota patterns.
- 11 Doctors in training in GP reported that they needed more clinic and outpatient experience.
- 12 Doctors in training in O&G told us that there was a problem in accessing training for sonography. We were told that O&G department have recently undergone changes to their rota and that the first consultant-led O&G teaching session had been held the week before our visit. We are aware that the gynaecology department is more pressurised than obstetrics, so the trust needs to ensure that the recent changes for consultant cover are sustainable.

Requirement 3: The trust must introduce a structured systematic process of collecting data in addition to student and doctor in training feedback to inform their local quality control processes. This will aid them in forming a suitable quality improvement strategy and a cohesive overview of medical education at the trust.

- 13 We heard that the trust is heavily reliant on feedback from students and doctors in training, both informally and formally. Trainers are exposed to a wide range of feedback, largely from students and trainees and it is discussed rather informally at an evening consultants meeting. It was recognised by students and doctors in training that the feedback is used to make changes to education at the trust, and we were pleased to hear this. However we did not hear of other means that were robust for collecting data to inform quality control processes.

Requirement 4: The trust must improve the collection and use of equality and diversity data relating to trainers and doctors in training to enhance the training experience for all at the trust.

14 The senior management team informed us that equality and diversity data is not collected on doctors in training or trainers. There are issues that can arise from protected characteristics of trainees and trainers that can have significant impacts on a trainee’s experience and progress. Without either the use of existing data or the collection of data by the education department, there is a risk that differential experience and achievement may be overlooked. We were made aware of less than full time (LTFT) doctors in training being paired in full time slots which we were happy to hear was working well. The trust must work with Health Education East of England with collecting and analysing equality and diversity data to make improvements to training.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in <i>Tomorrow’s Doctors/ The Trainee Doctor</i>	Recommendations for the LEP
1	TTD2.2, 6.38, TD40	The trust must ensure, using the GMC framework for educators, that there is a consistent and systematic approach to collection and analysis of performance data of their educators

Recommendation 1: The trust must ensure, using the GMC framework for educators, that there is a consistent and systematic approach to collection and analysis of performance data of their educators

- 15** The senior management team informed us they collect feedback from foundation doctors which would indicate if there were any issues with supervisors. This is currently only done for supervisors of foundation doctors and the Trust want to roll this out for supervisors of all students and doctors in training. The Trust must be consistent in collecting this feedback for all supervisors.
- 16** We heard from trainers that there were plans for a more systematic appraisal of educational supervisors to ensure they meet standards but these plans are currently not in place. The Trust must ensure that standards for trainers are met.

Acknowledgement

We would like to thank the Lister Hospital and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.