

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26th July

Title and Author of Paper:
Annual Dean's Quality Meeting, Medical Report and Executive Summary

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information and debate

Key Points to Note:

- HEE quality team were assured and complimented on the training delivered within the trust.
- GMC trainee survey results show the trust have scored in the top quartile for all of the last five years, ranking 22nd in 2016 of 222 trusts.
- GMC trainer survey results show the trust have scored in the top quartile for all indicators for the two years when it has been conducted.
- The team noted good educational governance within the trust for medical training.
- The team noted that the trust had experienced some difficulties delivering medical training in SGP in 2016 but had put in place measures to address this successfully.
- The team concurred with the trust view that recruitment was a major challenge both at consultant and trainee levels and the main risk to delivery of training and trainee experience. The team noted the trust's strategy to address recruitment and retention.

Risks Highlighted to Board :

- Major risk relates to recruitment. This remains a significant problem and current local and national workforce data suggest is likely to worsen. This places potential risk to quality of training and patient care

Does this affect any Board Assurance Framework/Corporate Risks?

Please state - No

If Yes please outline

Equal Opportunities, Legal and Other Implications: As part of assurance process recruitment processes and working practices are reviewed, no concerns raised

Outcome Required: Information and discussion, medical education team will be able to pick up on any points raised

Link to Policies and Strategies:

Links to medical workforce strategy

Annual Dean's Quality Meeting Medical Business Meeting Notes

Trust: Northumberland, Tyne and Wear NHS Foundation Trust

Date: 28 April 2017

Venue: East Wing, Keswick House, St Nicholas Hospital, NE3 3XT

Medical ADQM

HEE NE Attendees:

Chair: Mr Pete Blakeman, Clinical Quality Lead, Ross Gingles, School Manager for Specialty Training, Dr Richard Bellamy, Director of Specialty Training, Anna Rebowska, Trainee Representative, Dr Graham Rutt Director, PG School of Primary Care, Kenneth Greenfield, Patient and Lay Representative, Laura Sams, Deputy Head of HR Lead Employer Trust.

Trust Attendees:

Dr Bruce Owen, Director of Medical Education, Dr Lisa Insole, Clinical Director (Postgraduate), Dr Prathibha Rao, Foundation Tutor, Amanda Venner, Head of Workforce Planning & Medical Education Dee Smith, Medical Education Manager, Emma Paisley, Quality & Safety Lead, Dr Helen Hargreaves, Senior Teaching Fellow, Dr Eleanor Romaine, Junior PTC Rep

Ref.	Item	Action
1	<p>Welcome and introductions</p> <p>The Postgraduate Dean Professor Kumar gave apologies for being unable to attend. The Health Education England, North East (HEE NE) team and Trust representatives introduced themselves. The chair thanked everyone for attending and for the Trust's engagement with this year's quality reporting.</p> <p>The Trust was congratulated on its 2016 CQC rating of outstanding, and it was confirmed to the Trust that HEE supplies training related information to the CQC in advance of its visits as the Trust had noted that the CQC visit did not have much focus on education and training.</p>	
2	<p>Organisation level overview of current HEE & other ALB monitoring</p> <p>GMC National Training Surveys and Data Trends</p> <p>2016 GMC National Trainee Survey</p> <p>National Ranking 22/205 – (5 year range 17-39, all in top quartile) HEE NE Ranking 2/11 – (5 year range 2-2, all in top quartile)</p> <p>The Trust has a high level of Green outliers and relatively few Red outliers for individual NTS indicators</p> <p>2016 GMC National Trainer Survey</p>	

<p>The Trust lies in the Top Quartile for ALL indicators (range 10-56/222) in the 2016 GMC National Trainers survey</p> <p>To note – The GMC Trainer Survey reported for the first time in 2016 and no trend data is available. This will be provided from 2017 survey onwards</p> <p>CQC Current Overall Rating - Outstanding (Report on last visit – June 2016. No date set for next CQC Inspection)</p> <p>The Trust was congratulated on its current CQC overall rating of “Outstanding”</p> <p>Current Rating of CQC domains:</p> <p>Effective – Outstanding Caring – Outstanding Well Led – Outstanding Responsive – Outstanding Safe – Good</p> <p>NHSI Current Segment Rating - Level 2</p> <p>NHSI Level 2 generic descriptor - “Provider offered targeted support: there are concerns in relation to one or more of the themes. We’ve identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.”</p> <p>2016 HEE NE Self Assessment Report (SAR) & Quality Improvement Plan (QIP)</p> <p>Major Achievements</p> <p>The Trust have been commended by the CQC for the summary of patient care provided.</p> <p>The governance structure is seen to be working to improve results. Issues are raised with the Executive Medical Director, the DME sits on the Corporate Decision Team and the SAR/QIP and ADQMs are reported to the board, allowing medical education to be discussed with the board 3 times a year. The trust are proposing to tie current education board presentation in with guardian meetings, which will increase the frequency of engaging with the senior team to 4 times a year.</p> <p>A large amount of SPA time is provided for supervision. An hour’s supervision is designated in job plans. Due to the recruitment difficulties experienced in the specialty, the senior leadership team support the provision of 0.5 SPA time/trainee for education and training to ensure teaching is as good as it can be.</p> <p>The trust were commended on investments made at SNH to provide space for trainees and access to Wifi and computers. Modest investment will continue for training rooms (a continual agenda item for discussion with the estates team). The trust are looking to expand into nurse training and are aiming to develop an education centre at the location with the most trainees.</p>
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	<p>The trust considered that they are in a stronger position financially this year for education and training as they have been provided with more control of the undergraduate budget. There has been an improvement for GP release to teaching with the trust achieving 79.5%.</p> <p>Challenges and updates on RAG rated red items from the Trust QIP</p> <p>There a currently NO red rated items on 2016-17 QIP which is updated regularly. However, recruitment remains a major challenge for the organisation as a whole and workforce strategies are discussed in Section 3, Theme 6 below.</p> <p>Action 1: A final QIP update will be made available post ADQM and will be sent to the HEE NE quality team.</p>	
3.	<p>Trust/HEE NE Training Dashboard</p> <p>Please refer to the HEE NE training dashboard for the ADQM which gives an overview of all department (post) and training programme placements within the Trust, based on a triangulation of returns from the Trust, all HEE NE Training Directorates other data sources including 5 year GMC NTS data.</p> <p>3a. Trends across the 6 HEE Training Themes</p> <p>Theme 1 Learning environment and culture Theme 2 Educational governance Theme 3 Supporting learners Theme 4 Supporting educators Theme 5 Developing and delivering curricula and assessment</p> <p>No Trustwide concerns noted in Themes 1-5</p> <p>Theme 6 – Sustainable Workforce This theme relates to the ability of the workforce in organisations to support training delivery and to ensure the protection of training time for trainees and trainers in times of workforce shortage such as rota gaps/sickness.</p> <p>The Trust has identified the following as “at risk” or “inadequate” in one or more grades:</p> <ul style="list-style-type: none"> • Child and adolescent psychiatry • General psychiatry • Old age psychiatry • Psychiatry of learning disability • Rehabilitation medicine • Rehabilitation Psychiatry <p>The main concern remains recruitment. It was noted there has been an improvement in core training numbers, however gaps in higher training remains a concern. Strategies are in place to address the issue:</p>	

<ul style="list-style-type: none"> • A feeder scheme is jointly run with TEVV to prepare trainees for core training. It was reported that numbers are not huge, however 3 of the 4 that have taken part have been recruited. • Ad hoc training opportunities are facilitated for those that are interested in the specialty, which has been successful in attracting trainees. • There has been a growth in post core and post foundation teaching fellows (as of August there will be 7). The fellows have been instrumental in developing educational initiatives. They are able to gain out of hours and clinical experience, and alleviate gaps when aligned to less than full time trainees' posts. • There has been a focus on retention as 50% of core trainees have been reported not to move into higher training. • IMG trainees are being used to bolster support. • The Trust have the largest number of approved clinicians who are taking on some of the workload, to support the consultant workforce. It was noted that juniors are required to spend time doing physical health work, and working with the aging population. This takes time away from progressing through the psychiatry curricula. The trust remain committed to developing the trainees experience to ensure their learning experience is as good as it can be. • The trust confirmed they have capacity to accommodate further foundation trainees in line with the strategy to increase this cohort in the specialty, provided the increase was done steadily. Numbers in training have doubled over the last 3 years. It was agreed that Medical student expansion could also be supported in principle if there was capacity of appropriate work. <p>3b. Trends across individual posts and programmes</p> <p>Campus for Ageing & Vitality</p> <p>Core Psychiatry – Theme 2 The Trust reported that College Tutors have been appointed in the last year to strengthen governance and improve the regularity of supervision. The situation is being monitored and more data will be available with the 2017 GMC NTS in July.</p> <p>Hopewood Park</p> <p>Core Psychiatry – Themes 2 & 5-</p> <p>There are pink flags in Clinical Supervision, Adequate Experience, Feedback and Overall Satisfaction. There remains uncertainty as to the reasons behind these flags as Trust enquiries have not identified any specific issues and the situation is being monitored and more data will be available with the 2017 GMC NTS in July.</p> <p>St Georges Hospital</p> <p>Core Psychiatry, GP and all (themes 1, 2, 3, 5)</p> <p>Both the Trust and HEENE had identified this as the most prominent training issue across the Trust and the Trust described how it has been working to assess and address the issues of concern. Trust wide and local issues were also noted in 2015. Local issues included posts being unfilled and gaps in out of hours rotas. This was caused by consultants moving on and resulted in more reliance on locums. It was noted that the College Tutor had also stepped down. Some of the posts were</p>	
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	<p>recognised to be fragmented in terms of working patterns, resulting in trainees feeling unable to do the job easily.</p> <p>Gaps have now been filled with teaching fellows and locums used. Posts have been reconfigured and are now receiving positive feedback. Increased provision from 1.3 to 1.5 trainees per ward has been provided. The new College Tutor is very proactive and is now assured of improvements. The Trust is meeting with trainers regularly to provide feedback on progress and the faculty are considered to be very engaged. There has been ongoing work with nurses and the MDT including the development of videos so that they are clear on what they can expect of each other. A trust wide issue of the burdensome system in place to capture patient data has been developed by assigning working groups to tackle the problems.</p> <p>HEE NE was reassured by the proactive approach of the Trust and the situation is being monitored and more data will be available with the 2017 GMC NTS in July.</p> <p>3c 'Grey' lines on dashboard requiring clarification</p> <p>Action 2: Trust to clarify all remaining grey lines in dashboard at final QIP update to confirm that such posts exist within the Trust and to state if any training concerns exist relating to each post.</p>	
4.	<p>The Trust wide perspective on Bullying and & Undermining</p> <p>This is a standing item for ADQMs with all trust and there were no were issues of concern for discussion or update.</p> <p>The Trust was commended for its proactive approach to all training concerns when raised</p>	
5.	<p>Trust Interactions with ALBs / regulators (GMC, NHSE/NHSI, CQC)</p> <p>This is a standing item for ADQMs with all trust and there were no were issues of concern for discussion or update beyond the overview of monitoring described in section 2 above.</p>	
6.	<p>STPs and service reconfiguration (Impact on training including GMC approvals)</p> <p>A general discussion took place regarding potential service reconfigurations across the HEE NE are. The Trust is aware that GMC prospective approval is required as a statutory requirement for any posts being reconfigured including renaming of sites and movement of individual trainees in any programme.</p> <p>Action 3: HEE NE will be forward guidance to Trust for expectations regarding approvals.</p>	
7.	<p>Lead Employer Trust (Updates, any issues, employer / Trust engagement)</p>	

	<p>Overall engagement is good and work on the contract is under way with the communication routes between LET and Trust working well and the gap updates are reported as being useful.</p> <p>Some late allocations of placements have been made for primary care trainees on occasion to ensure they had appropriate supervision and anticipation that they would then have a better training experience. Late notifications were made as rare exceptions and the trust are aware that 12 weeks' notice is required under the new contract</p> <p>From February 2017, thirteen exception reports have been raised by eight trainees, across all sites. The majority have been raised by core trainees. Only one related to education with the majority regarding hours and rests. The trust regards the monitoring as a good opportunity to gain feedback. Guardian forums are well attended.</p> <p>Rotas have been changed from full nights to split weeks with a pilot of the new 2nd oncall rota in place and a change has been made to make the pattern 4:3. The trust also ensured changes in rotas did not affect the pay of higher trainees and is continuing dual monitoring of mixed economy rotas. The changes were considered not to be impacting education and the trainees have been involved in the changes which was considered to be notable good practice.</p>	
8.	<p>Strategies for further improvement regarding support for trainees and trainers, for example use of NTS results (links below)</p> <p>The GMC Survey Report 2016 key findings was highlighted and many of the themes highlighted workload and pressures in acute specialties as well as trainers reporting a lack of time to fulfil their role. Many of these themes were discussed as part of earlier agenda items.</p> <p>Several items were discussed:</p> <p>The pilot mentoring programme described in previous years is still running with trainees actively involved in its ongoing management. The scheme is valued, and as such the Trust are looking to establish it more formally in August once feedback is fully evaluated.</p> <p>The Trust feels that their experience in resolving issues of multiple site working has been effective and that they would be happy to discuss this work more widely. It was felt that the DME Group may be the best forum for this to take place.</p>	
10.	<p>Following the HEE NE team de-brief, an executive summary was provided to the trust senior team. This has been provided alongside these meeting notes and includes reference to trust showcasing.</p>	



Ref.	Item	Timeframe	Action
1	A final QIP update will be made available post ADQM and will be sent to the HEE NE quality team.		Trust
2	Trust to clarify all remaining grey lines in dashboard at final QIP update to confirm that such posts exist within the Trust and to state if any training concerns exist relating to each post.		Trust
3	HEE NE will be forward guidance to Trust for expectations regarding approvals.		HEENE
4	Dee Smith to provide names of those contributing to showcasing so they can be thanked.		Trust – completed

Signed off by Chair

Mr Pete Blakeman
 Clinical Quality Lead
 Date: 30.06.2017

Record of discussions and actions confirmed by, on behalf of Trust:

Bruce Owen
 Director of Medical Education
 9/7/17

Annual Dean's Quality Meeting

Executive Summary

Northumberland, Tyne and Wear NHS Foundation Trust

28 April 2017

Background

Annual Dean's Quality Meetings (ADQMs) continue to provide an annual forum where members of the Trust and the HEE NE team can come together to discuss the standards of education and training delivered. This is one of the activities undertaken as part of our quality management processes to ensure high quality clinical learning environments for all learners in the region.

The format for the ADQM has been reviewed and a more streamlined approach adopted for the 2017 cycle in which Medical and Multi-professional business meetings run in parallel followed by joint feedback to the trust's senior team. This is summarised below.

Findings

The ADQM Chair, Peter Blakeman, thanked the Trust for their hospitality and organisation as part of the 2017 ADQM. The chair extended apologies from Professor Namita Kumar, Postgraduate Dean, who was unable to attend at short notice.

Both the medical and multi-professional business meetings agreed that it had been a very positive morning. The theme of a positive learning culture throughout the Trust with explicit references to patient experience was observed throughout the relationships, supporting paperwork and the approach to the ADQM this year with HEE triangulated data supporting this view and multiple examples of innovative practice.

Overall, the delivery and management of training across all professional groups within NTW is considered to be strong and HEE is assured by this. Engagement with between the Trust and HEE is also strong and the Trust is proactive in both identifying and resolving any training related issues as they arise.

The Trust is also highly rated by the CQC (Outstanding) and NHSI (Segment 2) and is to be commended for its overall strength of performance as assessed across the individual NHS Arms Length Bodies. We are assured that the trust's board has an oversight of education and training and delegate responsibility effectively and the Trust should be proud of the way this is managed.

Recruitment and retention can be difficult in NTW but the Trust is proactive and innovative and examples were given of strategies for the recruitment and retention of staff and these approaches are clearly reaping rewards.

The trust demonstrates good awareness of issues and applies a problem solving approach when they are identified and, combined with the strong governance of education throughout the Trust, this

ensures that issues are almost always resolved. The Trust's awareness of the needs of and its engagement with its staff is good and is confirmed by positive results in the staff survey.

The trust confirmed that they were linked in to the work of the Sustainable Transformation Plan (STP). HEE NE recommends that the work of the STP is fully considered by all trusts in the region to ensure appropriate notice, arrangements and approval for education and training.

The trust is also commended for the effort that went into showcasing; a number of initiatives and posters were presented that demonstrated the good practice across professions. The showcasing element of the ADQM was excellent, and all involved are thanked for their contributions.

HEE NE congratulates the Trust for its cohesive and multi-professional approach to not only training and education, but also staff engagement and patient care

Next Steps

Themes and specific details from both the medical and multi-professional business meetings will be shared and monitored via the established quality processes.

Signed off by Chair

Mr Pete Blakeman
Clinical Quality Lead
Date: 30.06.2017

Approved by Postgraduate Dean

Professor Namita Kumar
Postgraduate Dean
Date: