Health Education East Midlands

*Chesterfield Royal Hospital NHS Foundation Trust*

# Outcomes Report

for healthcare, education and training

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Health Education East Midlands

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| *Report For:* | Chesterfield Royal Hospital NHS Trust |
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# 1. Executive Summary

Health Education East Midlands (HEEM) visited Chesterfield Royal Hospital NHS Foundation Trust on 7th October 2014. The visiting team encountered a Trust which provided evidence of evolution and changes in culture over the last 12 months. The Trust have a number of good programmes which have been developed and require time to embed, some examples of which include Learning by Simulation, the Preceptorship programme and the Dementia Awareness programme.

The visiting team were impressed by the Trust's willingness to share their developing work and openness to working with external networks and providers. The Trust has engaged with HEEM in a positive, co-operative manner whilst the new approach to quality management has been implemented across the East Midlands.

The visiting teams heard directly from trainee doctors, dentists, student nurses and allied health professionals (AHPs), and those who deliver their education and training. On the whole they felt positively about their educational experiences at the Trust.

The Trust has made good progress in implementing HEEM's *East Midlands Multi-professional Quality Standards for local training and education providers* but there are some areas where improvement is required. In particular the visiting team were made aware of a patient safety issue identified regarding hospital at night and the allocation of the General Practitioner (GP), Vocational Training Scheme (VTS) and pre-GP programme trainees to the emergency department without adequate induction. The Trust must implement an urgent action plan to address these concerns.

Additionally during the sessions with dental trainees the Team were made aware that dental core trainees cross cover out of hours with the Ear, Nose and Throat (ENT) team after only a very rudimentary induction. Whilst the trainees felt well supported by ENT consultants and were happy with the arrangements, the visiting team were concerned that this arrangement presents risk for patients and trainees and therefore must change as soon as possible. The visiting team also identified concerns related to the delivery of education and training for dental trainees. We recognise that this is the first year that HEEM have been responsible for dental training, and included it within its quality management visit process. We will work closely with the Trust to support the improvement required.

The visiting team have informed our external partners of these patient safety concerns. Other areas where improvements could be made are detailed in this report.

# 1. Executive Summary (cont'd)

The visiting team also heard about areas of innovative and good practice, including a new approach to handover and partnership working with other organisations to ensure mental health is properly represented in training programmes for a range of professionals. HEEM is supportive of the Trust sharing and promoting these initiatives.

The visit has been a positive one overall but alongside the patient safety issues raised above there is a significant concern with regard to the education provided within dental services. However, it is important to note that this is the first year in which dental education has been included within the visiting process and therefore the East Midlands Dental School are keen to work with the Trust to support the improvements required.

# 2: Introduction

Health Education East Midlands (HEEM) is responsible for managing the quality of multi-professional education and training across the East Midlands. We have specified the standards we expect providers to meet in *East Midlands Multi-professional Quality Standards for local training and education providers*.

This is the first year of our new approach to quality management visits, which will look at the quality of education and training of all healthcare professionals within the region. This is to comply with our requirements to improve patient care through the effective management of the quality of healthcare education and training, for both Health Education England and the General Medical Council (GMC). This is a collaborative approach which utilises data from a variety of sources, including the Trust's self-assessment document, the GMC National Training Survey results and workforce intelligence, to inform discussions between HEEM and the Trust about areas of good practice and concern. During a conference call between all key partners the data is assessed and the visit level and specific areas of focus are agreed.

HEEM would like to thank Chesterfield Royal Hospital NHS Foundation Trust for the positive way in which they have engaged in this new process.

During the conference call it was agreed that, based on the available data, the visit to the Trust South should be Level 2. A Level 2 visit means that there are risks to meeting the standards for training and education. This level of visit aims to understand where the risks are and provide support to reduce negative impact on learners and outcomes.

The visit to the Trust took place on 7th October 2014 and the visiting team was comprised of:

Mr. James McLean – Deputy Director of Education Quality Deputy Dean - Lead Visitor

Dr. Charlie Cooper – Associate Postgraduate Dean

Miss Sue Ward, Head of School for Obstetrics and Gynaecology

Dr. Will Carroll, Head of School for Paediatrics

Mr. Andrew Dickenson, Postgraduate Dental Dean

Mr. Stephen Dixon, Associate Postgraduate Dental Dean

Mr. Peter Harris, Lay Partner

Mr. Peter Purnell , Lay Partner

Ms. Suzanne Fuller, Quality Manager, HEEM

Ms. Karen Tollman, Quality Manager, HEEM

Mrs .Jill Guild, Head of Quality and Regulation (Observer)

# 2: Introduction (cont'd)

Mr. John Keenan, LDA Manager
Mr. Naheem Akhtar, Education Commissioning Support Manager, HEEM
Ms. Khonzie Ndlovu-Gachengo, Workforce Development Manager, HEEM
Ms. Jo Wallis, Postgraduate Administrator
Ms. Anna Nieszczerzewska, HEEM Administrator

Chesterfield Royal NHS Foundation Trust was represented by:
Dr. Iain Dods, Director of Medical Education
Ms. Wendy Ridley, Medical Staffing and Education Services Manager
Ms. Maxine Simmons, Senior Matron – Practice and Professional Development
Dr. Gail Collins – Medical Director
Ms. Lynn Andrews – Director of Nursing
Ms. Nicky Hill – Director of Workforce and Organisational Development
Mr. Gavin Boyle – Chief Executive

During the visits the teams met with:
General Practice and Foundation Trainees
Core and Higher Trainees
Student nurses and allied health professionals
Core and Specialty Dental Trainees
Educational and clinical supervisors
Trainers for allied health professionals and nursing mentors

We would like to thank everyone from the Trust who participated in the visit. In particular we would like to thank all those who joined the sessions and shared their feedback with the visiting teams.

# 3: Progress since last year

In 2014 HEEM implemented a new process for Trusts to self-assess their progress in implementing the *East Midlands Multi-professional Quality Standards for local training and education providers,* using a balanced scorecard. HEEM has been impressed by how the Trust have used this as a tool for monitoring their progress against the standards.

During the visit we heard that since HEEM last came to the Trust a number of initiatives have been launched. These include:

- Developing enhanced e-learning, including an online induction package called 'Mamma Mia'. This is supplemented by a smartphone app to support induction called 'Ignaz'. The trainees we met with during the visit gave positive feedback about their induction to the Trust.

- Developing an education faculty. We heard from several trainers who were supportive of this initiative.

- An initiative called 'Let's Talk Care'. Every member of staff will be invited to participate in a conversation about values. Those who we met with who have been involved in these discussion were positive, however, medical colleagues appeared less connected to this initiative.

- A review of job plans is currently underway, to ensure all those who are involved in educational supervision have this recognised within their individual job plan.

- A student clinical educator role has been piloted. This individual spends fifty percent of their time working with undergraduate medical students. This post is now being rolled out.

- Developed a three year people strategy, which aims to support and develop all staff and specifies the Trust's expectations of staff to role model the 'Proud to Care' values.

- Implemented 'Your voice', a staff survey undertaken four times a year, to enable the Trust to receive and respond to staff feedback in a more timely manner.

- Embedding 'Proud to Learn', an initiative that seeks to deliver education and training around four key principles: facilitating, supporting, enabling and empowering.

# 4: Good practice and innovation

Ashgate Hospice

The GMC Survey Results from 2014 revealed some areas for potential concern relating to induction, overall satisfaction feedback and adequate experience and therefore this area was selected as one to visit as part of the QMV. The visiting team travelled to Ashgate House and met with Lucy Nickson, Chief Executive, Anna Baker, Director of Clinical Services, Dr Brooks and Dr Parnacott. The gathered trainers described the patterns of work between both Ashgate House and Chesterfield Royal and how each trainer covered their colleagues during periods of absence / secondment etc.

It was during one of these periods of cross cover and whilst a Senior Trainee was undertaking an 'acting up' role as Consultant, unfortunately, the process of inducting the new intake of trainees did not take place as robustly as in previous years. When speaking with the senior team at the Trust it was apparent that they had undertaken a period of reflection regarding the circumstances of the previous year and as a result had revised those processes to ensure that future trainees receive a robust induction. The visiting team did have the opportunity to test the arrangements with the current trainees both of whom felt that they were prepared for working within palliative care at Ashgate House, with the only exception being whether some further training on SystmOne could be included for those trainees unfamiliar with the system. The senior team also provided a portfolio of information concerning the programmes in place for trainees placed at Ashgate House.

The Hospice Team confirmed that they had been successful in appointing an additional Consultant to increase the team to three, which will further help to strengthen the cover for the team. However, the visit team is aware that there are ongoing discussions at Yorkshire and the Humber around the movement of posts and therefore will seek to maintain an awareness of these discussions.

The Senior Team also discussed some particular issues relating to one of the trainees in the previous year's cohort, which had resulted in some of the negative feedback concerning overall experience and adequate experience. The Senior team had considered the feedback and the reasons behind it and were committed to ensuring the experience they provide is of the highest quality.

We were able to meet with the current trainees (1x General Practice Trainee and 1x Higher Specialty Trainee). The trainees confirmed that the induction had enabled them to meet all staff working at Ashgate House and that they felt prepared to start their roles. The Consultants were described as 'beyond approachable' and that trainees had no concerns about calling them when required.

# 4: Good practice and innovation (cont'd)

The Trainees felt that the environment was very multi-professional and that they felt able to raise suggestions and concerns to senior staff, who, in turn provided clear feedback back to Trainees about progress against those areas.

We received a comprehensive tour around the facility, led by the Education Team and discussed the services provided and the opportunities for education and training not only for medical trainees, but also for undergraduates and local schools. The tour included the office used for junior doctors, which contains one hot desk for the trainees. We discussed the plans for how the building is likely to develop in the future and would like to suggest that additional space for learners might be considered as part of the any future plans.

We would like to thank all staff at Ashgate House who provided an excellent visit to the unit and also an insight into the excellent multi-professional education and training provided by the staff. It was clear that Ashgate House has a committed group of trainees and trainers and it should also be noted that the organisation have recently been awarded GP Training Post of the Year 2014 by the GP Training Programme.

Paediatric Department

The visiting team met with Matrons, Consultants and a range of Medical Trainees working within the department. Recent GMC survey results had provided some areas of potential concern particularly relating to workload, induction and access to educational resources. During discussions with the Matrons and Consultants it was apparent that the department had experienced the loss of three consultants this year
and the recruitment process for those posts had taken some time. In the intervening period whilst the Department was waiting for the new consultants to start, there was a reliance on locum staff and there was some variability in the quality of those locums. This had impacted upon the trainees within the department during that period.

The Chesterfield Paediatric model is one which works across both Acute and Community and therefore requires Consultants with a particular skill set to fill the vacant posts. The Trust has successfully filled all of the posts this round, but the visiting team would encourage the Trust and Department to consider the sustainability of this model for the future.

The trainees we spoke with were positive about the level of supervision they had received, although the majority of trainees were based within the Trust and not the community. Therefore the supervision arrangements for those trainees were not as clear due to the nature of the service within the community setting, the current cohort

# 4: Good practice and innovation (cont'd)

are experienced and therefore did not express concerns, but the department may wish to consider how this arrangement would work for less experienced trainees.

**Recommendation:**

The Trust should review its current model for delivering paediatric services to ensure it is able to deliver sustainable education and appropriate supervision to trainees of varying experience.

The trainees felt the supervision they were offered at the Trust was of a high standard and they felt very supported. There appeared to be good educational opportunities available including a teaching handover, regular informal teaching taking place and trainees were encouraged to attend the regular mortality meetings. Consultants confirmed that they do have time allocated in their job plans to undertake their education roles.

The Matrons confirmed that they have the opportunity to teach student nurses and did feel that they were able to feed into the development of their curricula, they worked closely with tutors and felt confident dealing with struggling or failing trainees.

All trainees confirmed that they had received Advanced Life Support (ALS) training with some trainees also having undertaken the SIM update. Two scenario based days have taken place, which were developed in conjunction with Health Education Yorkshire and Humber which have received very good feedback. HEEM understands that the department owns a SIM child and baby, but don't currently own a SIM neonate.

The majority of trainees in the session would recommend their post to friends and colleagues and commented that the department had a strong multi-professional team which was very friendly to work in.

<u>Obstetrics and Gynaecology</u>

The visiting team met with a group of GP VTS and pre-GP programme trainees based within the Obstetrics and Gynaecology department. The GMC survey had indicated several green flags among this group of trainees including overall satisfaction, handover, and adequate experience. However this contrasted with results from the GP Hospital placement survey which included concerning comments around clinical supervision and taking consent.

The trainees the visiting team met with were generally positive about their experience of training within this department. At the start of the placement there had been some concerns around staffing, due to the absence of a number of SHOs. This had made it difficult for some trainees to attend their weekly GP teaching. However, there are

# 4: Good practice and innovation (cont'd)

now 7 SHOs and an F1 in post, which has made the workload more manageable and makes it easier to attend GP teaching sessions.

The trainees reflected that they felt they received adequate time in theatre, but were unsure whether this would be sufficient for a specialty trainee.

The trainees did not report any difficulty in getting assessments signed off. They reflected that whilst the onus is on them to set up the assessments that they need, they find the consultants to be very approachable and willing to sign off their assessments. Some of the trainees reflected that they found locum registrars to be less interested in training and maximising learning opportunities, for example through providing feedback.

The trainees said that they found the midwives and other staff within the department to be supportive and that it was a friendly environment. Although daunting at first, clinics were identified as useful learning opportunities, with ample support from colleagues available. The trainees reflected that they learnt a lot from the patients they saw and found it beneficial to review patient notes. The trainees also reported that they found the monthly mortality and morbidity meetings and meetings with Radiology colleagues to be useful learning opportunities.

The trainees reported that they had participated in the Trust induction which had been useful. There had not been a detailed induction to the department, but they had spent the first two days of their placement shadowing and observing colleagues. The trainees reported that they had found the consent workshop to be a particularly useful part of their induction.

Trainees reported that generally, they have been able to attend regional teaching, and their rotas try to take account of and accommodate this. The trainees reported that they were well supported by the specialty registrars within the department. The registrars deliver weekly teaching sessions on topics that the GP trainees are particularly interested in, or find challenging. A recent example is a session on endometriosis. The visiting team felt that this was an example of good practice, and
were encouraged to hear that GP trainees have the opportunity to suggest topics to be covered.

The trainees said that they were finding their placement to be a good learning experience, with a good mix of case work.

Multi-professional trainers and educators

The visiting team met with a large group of trainers, supervisors and educators from a range of professional groups. These included medical, nursing, audiology and physiotherapy. The group also included nursing and AHP students.

# 4: Good practice and innovation (cont'd)

The nursing mentors in the group reported that mentorship training is compulsory. They were positive about the monthly learning environment meetings. Good relationships were in place with Link Tutors from the universities, however it was reported that one tutor has recently left and a replacement is yet to be identified.

Medical trainers reported that they had experienced mixed messages from HEEM and HEYH with regard to the requirements for educational supervision and associated training. There was support within the group for the proposed faculty of educators, which is currently in development. All had time within their job plans for their educational role and were aware of the current review of job plans which is underway.

Medical colleagues in the group reflected that they do not currently have any links with universities in the East Midlands, but do have links with the University of Sheffield. The group felt that this could be a missed opportunity for helping to address concerns around recruitment and retention to the region.

Stroke and Elderly Care Medicine

The visiting team met with a group of medical trainees, including Foundation and core trainees, nursing and AHP colleagues, and clinical and educational supervisors.

The trainees reported that although this was a busy clinical environment, it was a friendly and supportive environment in which to work and train. Some of the trainees said they had specifically chosen to come back to Chesterfield as they had enjoyed previous placements here. All reflected that there was a strong element of multi-disciplinary working, which provides opportunities to learn from colleagues. The medical trainers said they seek to promote an open culture, and encourage all colleagues to offer their views.

The trainees reported that they had heard of the 'Proud to Care' initiative but did not know any details or how it was relevant to their own roles. The nursing and AHP colleagues were more informed about this initiative. They reflected that the reason for medical trainees being less engaged in this work could be because they are often on short placements and rotate away from hospitals.

The trainees reported that they had received a hospital induction which they had found useful, although it had been spread across a number of days. They reflected that it would have been useful if this had included more information about rotas and greater clarification of their areas of responsibility. The core trainees said that they had missed a regional teaching session because they had not been by the school about a change of location.

The trainees had all met with their educational supervisors and have agreed objectives for their placements. They reported that colleagues are willing to support

# 4: Good practice and innovation (cont'd)

signing off assessments, but sometimes they struggled to find time in the day to complete them.

The nursing and AHP colleagues we met said that they were all able to find time to train, whilst delivering care in a busy department although this was not always easy. We heard about the sessions they provide for medical colleagues, including one hour sessions with Emergency Department doctors on stroke care.

The trainees said they have the opportunity to attend sessions with Radiology colleagues which they find informative. They reflected that they are able to access scans but there can be delays in getting reports. This was reported to be particularly so when undertaking general medicine on-calls. They told us that they do prepare their own reports, within the bounds of what they feel confident to report on. These are all supervised and have the opportunity to discuss their reports at the sessions with radiology colleagues.

The trainees said they felt they were well-supervised and felt able to ask for help if they need it. They reported that they had never been asked to work beyond their competence. The medical trainers said they are regularly asked questions and to provide support, which they welcome.

We heard that nursing and AHP colleagues have had opportunities to work with HEIs to contribute to course content and have been involved in recruitment processes, for example sitting on interview panels.

The medical trainers reported that there had been some issues with recruitment within the department and have some gaps at foundation and registrar level. They have tried to address these concerns through recruitment of locums. The trainers acknowledged that this could have an impact on training, as locum quality can be variable. They reported that they try to address this by amending roles to ensure they utilise the strengths of individuals, acknowledging that not everyone has the skills required for training.

<u>Dental trainees and trainers</u>

During this visit the team confirmed that there are currently four fully registered dentists in the DCT posts (3 DCT2 and 1 DCT3) and no temporary registered practitioners. There are 3 Orthodontic trainees (2 specialty trainees and 1 post-CCST).

The visiting team met with 3 Dental Core Trainees (DCTs) and 3 orthodontic trainees. The trainees had all received a hospital and departmental induction which provided them with adequate information at the beginning of their post. The trainees reported that they had attended a hospital induction at the start of this post.

# 4: Good practice and innovation (cont'd)

The trainees reported that they felt they had adequate clinical supervision and that their senior colleagues were supportive and approachable. They knew who to approach out of hours if they needed advice or support, and felt able to do so. They reported that they had not had any patient safety concerns but understood what they should do if they did in the future. There had been a few occasions when there was only one consultant within the department and no registrar, due to leave, but on the whole there they were well supported. The trainees did not report any bullying or undermining behaviour within the department.

The trainees reported that their rota was compliant with EWTD. When on-call out of hours they are non-resident from 9pm, and are required to live within half an hour of the hospital. The trainees reported that dental handover is face to face, supplemented by a computer record.

The trainees reported that they all knew who their educational supervisor is. They are encouraged to complete their ePDPs, but the trainees acknowledged that they had not been vigilant in ensuring it is up to date. We heard that they have regular discussions with their educational supervisors and are encouraged to take study leave and attend appropriate courses.

The orthodontic trainees reported that their clinics were well set up with good facilities. Their consultant is very hands on and supportive. They are able to attend teaching and have protected study time.

Trainees reported that they had internet access within the department but were unable to access online journals via Athens log in. The trainees were aware of the library facilities but did not access these facilities.

Among the trainees the visiting team met with, there was differing levels of understanding of the role of HEEM in relation to their education and training. As all the trainees had previous DCT experience they had not been invited to attend the induction day delivered by HEEM.

Trainees reported that on the whole they found communication from HEEM to be good. The visiting team were delighted to note that one of the DCT2 trainees has recently been appointed as the trainee Representative of the Dental School Board which had improved communication with the trainees.

# *4: Good practice and innovation (cont'd)*

Showcase Session

The visit team was presented with details of the programme of Dementia Care training which is undertaken by all staff. The programme consists of different types of training for various levels of staff including support from the University of Stirling and resources developed by independent suppliers. The Dementia lead has also secured funding for resources from the local CCG for trained staff to use with patients and the lead works in close conjunction with the library in order to maintain and develop these resources.

Details were provided concerning the IV Simulation training package, which had been designed in order to raise confidence levels for pre and post registration nursing staff. HEEM was very impressed with this course and would be interested in helping to pilot the roll out of the course in other centres

The Trust also delivers the RAMSI multi-professional course and the progress in this area has demonstrated that there is need for Chesterfield to engage with the East Midlands simulation network, links with which were discussed with the Simulation Lead during the visit.

The Preceptor programme, which is based on combined research with Derby University has led to the employment of learning environment facilitators, which is a positive support for newly qualified staff and the cohort of overseas nursing staff. HEEM have been assured that this is a sustainable initiative.

# 5. Areas of improvement

*Ashgate Hospice*

When asked about the psychological support offered to learners whilst working at Ashgate Hospice the Higher Specialty trainee confirmed that whilst there is excellent support from the Chaplain and other staff, that the group of trainees also had access to a regular Balint group which provided support. The Trainees confirmed that there is a general session provided at the Hospice for all staff to attend, but the team discussed with the trainees whether the timings of the sessions could perhaps be varied to enable trainees to attend without having to leave their ward work.

**Recommendation:**

Ashgate Hospice should review the provision and timing of support services for trainees working at the hospice to enable them to participate without having an impact on ward work.

*Paediatric department*

The Matrons discussed the introduction of a 'Consultant of the week' system, which would provide a greater level of continuity for patients, families and the trainees. The visiting team would encourage the department to consider whether this consultant pattern of working with the 24/7 initiative may require an increase in numbers to ensure that it is sustainable.

Availability of WiFi for the department was raised as an issue as this impacted on handover and discharges as the department do not have mobile carts due to the connectivity issues. The Trainees also recognised the impact of the lack of WiFi on some of the older Paediatric patients within the Department as they are unable to connect to the internet whilst on the ward. The availability of enough computers was also raised as an area which could be improved.

**Recommendation:**

The trust should review the provision of WiFi and computer workstations within the paediatric department, with a view to improving connectivity for patients and availability of computers for staff.

Finally, the Trainees referenced the multiple systems which they have to access, but highlighted some issues they had experienced around not having access to previous letters or care plans, whilst Trainees can access notes electronically not being able to see previous letters and care plans was unhelpful.

# 5. Areas of improvement (cont'd)

Trainees confirmed that they had received a short training course on undertaking baby checks and the Trainees were clear on when they should escalate concerns resulting from the baby checks to seniors. The visiting team discussed whether midwives might help to supervise trainees undertaking baby checks initially until they became more familiar with the procedure, as this could help to raise levels of confidence.

**Recommendation:**

The Trust should consider whether midwifery colleagues can supervise and support medical trainees to undertake baby checks.

*Obstetrics and gynaecology*

The trainees raised their concerns that they had been included in the hospital at night rota without appropriate induction or being officially informed that they would be included in the rota. Both GP and Pre-GP trainees were included on this rota. This experience was described as 'a bit scary' by one trainee.

The trainees reflected that they felt they were placed in a difficult position as they did not want to leave the O&G registrar on their own on the labour ward and miss out on potential learning opportunities, but the Hospital at Night Matrons could be very persuasive in asking them to leave the ward. The trainees acknowledged that A&E and EMU were under pressure and there was good reason for them to be bleeped, but they felt that they were being relied upon and that there were insufficient doctors on duty in A&E at night. They also reported that they were being bleeped outside of the agreed hours of 11pm -6am.

The trainees reported that handover for the labour ward takes the form of a face to face meeting of the main staff. A board records the key information. Handover of gynae patients is computer-based, with patient information written up for the doctors coming on shift. The trainees felt that these systems worked well. However, they reflected that clinical handover for H@N was at the same time as O&G, so they are not always able to attend.

The visiting team were concerned about the patient safety risks arising from this arrangement. We informed the Trust of our concerns on the day of the visit.. We shared our concerns with external partners, and will work with the Trust to find robust solutions.

**Requirement**

The Trust must implement an urgent action plan to address these concerns. This should be based on a risk assessment of whether these trainees should be included in the hospital at night programme and the support required to facilitate this.

# 5. Areas of improvement (cont'd)

*Multi-professional trainers and educators*

Nursing mentors and allied health professional trainers reported that there are mechanisms in place for them to receive feedback from students on their role as an educator. They reported that they found this to be useful. However, the students within the group reflected that knowing that you may return to a placement can make it difficult to give candid feedback, if this is not wholly positive. The group suggested that a student forum might help to ensure feedback is provided and fed up to management.

Medical trainers within the group reflected that the feedback they receive is derived from surveys, which is general. They said that they would find it beneficial to receive feedback from trainees on their performance as an educator. The group reported that the educational aspects of their role is covered in appraisal.

**Recommendation:**

The Trust should review its processes for providing and receiving feedback across professions. This should include the opportunities available for learners to provide feedback on placements and their educators and to facilitate the development of those with an educational role.

Opportunities for multi-professional support and learning may come from teams within clinical settings, but there is no formal mechanism in place at the moment for educators to share practice across professions.

A common theme in the group was the need to keep up to date with changes to course requirements. The nursing mentors reflected that not all mentors appeared up to date with the recent changes to the Ongoing Record of Achievement and support may be required. Similarly, medical colleagues reported a mixed picture in terms of information from their schools about changes to curriculum and ARCP requirements.

The medical trainers also reported that there was confusion about the correct process for applying for study leave, and whether this should be online or paper-based.

There was varying levels of knowledge of the Trust's 'Proud to Learn' strategy, and the group felt that the Trust could do more to promote and engage staff in this initiative.

*Stroke and elderly care medicine*

The trainees reflected that they find the IT systems to be slow and there are insufficient workstations. As most activity is delivered through various Trust electronic systems this can be quite onerous, with a cumulative impact on work. There are

# 5. Areas of improvement (cont'd)

some 'computers on wheels' available, but these are usually in use, for example during drug rounds so nurses can access the online prescribing system.

**Recommendation:**

The Trust should review how computer workstation capacity and IT systems can be improved for learners.

*Dental trainees and trainers*

The trainees reported that they were required to cross-cover for ENT out of hours. They had received minimal induction for this work. Handover is verbal. The trainees reported that they found this to be valuable clinical experience, for example removing a foreign body from the ear. The on-call ENT consultants were reported to be supportive. We heard from the dental trainers that this arrangement had arisen out of a need to support ENT colleagues to deliver their service. The dental trainees were unsure what the indemnity arrangements were for this aspect of their work.

The visiting team were concerned about the patient safety risks arising from this arrangement. Whilst the trainees were positive about this aspect of their role, they did not seem aware of the risks of working outside of their competence. It is also unclear that there is any educational benefit to dental trainees. The visiting team advised the Trust of its concerns on the day of the visit and that this arrangement must cease as soon as possible. We also shared our concerns with our external partners. The Trust informed us on the day of the visit that they were already working towards ending this arrangement by August 2015.

**Requirement**

The Trust must identify alternative methods to support the ENT on-call rota without reliance on the DCTs as soon as possible and no later than August 2015.

The Dental Core trainees reported that they have protected education time on Friday afternoons. They are able to attend formal teaching sessions in Sheffield if they wish, but the trainees reported that they tend not to participate in these sessions as logistically it is difficult to get to Sheffield for the start of the teaching.

The trainers acknowledged that they do not monitor how trainees use this time on Friday afternoons, and do not provide their own formal teaching sessions. We heard that as there are currently only two consultant maxillofacial surgeons within the department it was difficult to find capacity to develop and deliver a formal teaching programme. Dr Iain Dods, DME, has been notified that the trainees are not consistently accessing the teaching programme in Sheffield.

# 5. Areas of improvement (cont'd)

**Recommendation**

The Trust and Educational Supervisors must ensure that protected teaching time is incorporated into the DCT rota.

The visiting team suggested that there may be scope for specialist registrars to support this activity. We would encourage the department to review the teaching available to these trainees, to ensure that they receive an appropriate programme of formal teaching, alongside hands-on training.

We heard from the core trainees that they have had some difficulties being released for regional teaching and were being required to provide supplementary evidence to Medical Staffing in order for them to be released. The visiting team were disappointed that trainees were facing such barriers to their teaching.

**Recommendation:**

The Trust should review their requirement to request dental trainees to apply for study leave to attend regional teaching.

The core trainees reported that they have their own minor oral surgery lists and are able to become involved in sedation. However they are getting limited exposure to dento-alveolar work. The bulk of their patients are medically compromised but require basic extractions.

We heard from trainers that cases are triaged and more complex cases are dealt with by specialists in the community, with mainly medically compromised patients requiring simple procedures being referred into the hospital. We heard from a trainer that this was a significant problem arising from local commissioning arrangements. However, it was getting close to the stage where the quality and mix of cases being referred into the hospital is compromising the education and training experience. HEEM will support the Trust where it can to minimise the impact on education and training arising from commissioning arrangements.

We heard that discussions are currently underway to reconfigure head and neck services, which could result in the service moving outside of Chesterfield. We would encourage the Trust to ensure the education and training implications of any reconfiguration are considered throughout these discussions.

Overall the trainees would recommend their post to a colleague, although several reflected that given the current clinical case mix, it might be better suited to a DCT1 post.

# 5. Areas of improvement (cont'd)

*Mentoring*

There was a reported difficulty in getting mentors to sign off competencies for student nurse/midwives and during the discussion it was questioned whether there is a disconnect in updating mentors. Mentoring for Nursing and Midwifery needs some exploration and potentially a memorandum of understanding between Higher Education Institutions providing students to Chesterfield to ensure that student placements are supported.

**Recommendation:**

The Trust should review agreements with HEIs to ensure that appropriate support for placements are in place and these are communicated to mentors.

*Patient engagement*

The Visit Team noted that currently patient engagement does not feature in education or the development of educational programmes and initiatives, this is an area which should be developed and HEEM can support this work.

**Recommendation:**

The Trust should develop a plan for engaging patients and the public in its educational programmes and initiative.

# 6. Recommendations and Requirements

The Trust should take all areas identified as areas for improvement and build these into an action plan, to form part of a multi-professional education and training strategy.

In particular the Trust should:

*Requirements:*

1. The Trust must implement an urgent action plan to address these concerns. This should be based on a risk assessment of whether these trainees should be included in the hospital at night programme and the support required to facilitate this.

2. The Trust must identify alternative methods to support the ENT on-call rota without reliance on the DCTs as soon as possible and no later than August 2015.

*Recommendations:*

1. The Trust should review its current model for delivering paediatric services to ensure it is able to deliver sustainable education and appropriate supervision to trainees of varying experience.

2. Ashgate Hospice should review the provision and timing of support services for trainees working at the hospice to enable them to participate without having an impact on ward work.

3. The trust should review the provision of WIFI and computer workstations within the paediatric department, with a view to improving connectivity for patients and availability of computers for staff.

4. The Trust should consider whether midwifery colleagues can supervise and support medical trainees to undertake baby checks.

5. The Trust should review its processes for providing and receiving feedback across professions. This should include the opportunities available for learners to provide feedback on placements and their educators and to facilitate the development of those with an educational role.

6. The Trust should review how computer workstation capacity and IT systems can be improved for learners.

7. The Trust and Educational Supervisors must ensure that protected teaching time is incorporated into the DCT rota.

8. The Trust should review their requirement to request dental trainees to apply for study leave to attend regional teaching.

9. The Trust should review agreements with HEIs to ensure that appropriate support for placements are in place and these are communicated to mentors.

10. The Trust should develop a plan for engaging patients and the public in its educational programmes and initiative.

# 7. Action plan

A comprehensive action plan has been received by HEEM from the Trust. The action plan reports the issue, action needed, impact, lead action by, due by time and evidence of completion. The Quality Manager from HEEM will monitor and support the Trust to produce positive outcomes from this visit.

# 8. Providers response

The Trust would like to thank the visiting team for their professionalism and co-operation shown in the organisation of the visit and for their comments and recommendations in the report. We believe this to be a fair and transparent process that has allowed us to reflect upon the learning environment for our learners and trainers.

The Trust has gone through extensive organisational change over the last couple of years but remains committed to the training and development of all staff. A number of initiatives and innovations are now starting to make a difference at the trust. These processes are still gathering momentum.

We will act upon the requirements in the report and review the recommendations in conjunction with our 'people strategy' and our 'Proud to Care' core beliefs. We will work with our partners in Higher Education Institutions to incorporate the required improvements in supporting placements and improving feedback from learners across all professions.

Dr Iain Dods
Director of Medical Education

on behalf of Chesterfield Royal Hospital NHSFT