

Kettering General Hospital NHS Foundation Trust

Outcomes Report

for healthcare, education and training



<i>Report For:</i>	Kettering General Hospital NHS Foundation Trust
<i>Completed by:</i>	Karen Tollman
<i>Role and Contact Details:</i>	Quality Manager Health Education East Midlands
<i>Date:</i>	17 th December 2014
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1. Executive Summary

Health Education East Midlands (HEEM) visited Kettering General Hospital NHS Foundation Trust on 23rd October 2014. The visiting team encountered a busy District General Hospital which has experienced a fluctuation of staffing capacity. Overall this has been a positive visit. It is encouraging to see the differences that have been made to support education and training and we (HEEM) are aware of the plans and future vision for the KGH journey to reach excellence. However there is evidence that some of the issues highlighted have been solved and some continue. We have been pleasantly surprised by the passion and drive of the staff we have spoken to but would warn against complacency when such good progress has been achieved.

The Learners and Educators we met with on this visit identified some concerns with regard to outliers along with pressure felt from the Emergency Department to take patients. Foundation Doctors reported some incidences of feeling pressured to act outside of their competence by consenting patients and being asked to sign Do Not Attempt Resuscitation (DNAR) forms. This group of doctors were clear with what consent they were able to provide and also felt confident to refuse to undertake those tasks, which reassured the visit team that there were no patient safety concerns. However, trainees did report that patients have had procedures delayed for several hours because of these issues. It is not clear whether this group of trainees have escalated this via the appropriate channels and therefore this concerns us.

We do feel though that the that the trainees have access to the appropriate forums and in fact the Education Team have worked hard to ensure that these forums take place regularly and are well attended. Trainees did express a good knowledge of these forums and confirmed that they were comfortable to raise such issues.

Departmental induction for Medical seemed to be somewhat variable with some departments providing excellent inductions and others where induction was significantly delayed or not happening at all. The visit team received information from Nursing and AHP colleagues around the work they had undertaken to ensure that all students received a full induction into the areas in which they would be working. It may be useful

1. Executive Summary (Contd)

to share this good practice and to identify the areas providing strong departmental inductions to trainees in order to improve departmental induction across the Trust.

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 Kettering General Hospital NHS Foundation Trust for the positive way in which they have engaged in this new process, particularly in regard to the wholly multi-professional approach taken to planning and delivering the visit.

During the conference call it was agreed that, based on the available data, the visit to the Trust 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 23rd October 2014 and the visiting team comprised of:

James McLean, Lead and Chair, Deputy Director of Education Quality, Deputy Dean

Dr Diana Joliffe, Associate Postgraduate Dean

Dr Asif Malik, Head of School, Emergency Medicine

Laurence Wilson, Lay Partner

Harminder Bains, Education Commissioning Manager

2. Introduction (contd)

Richard Marriott, LDA Manager

Tracey Carstairs, Workforce Planning and Development Manager

Dr Richard Higgins, Quality Manager

Karen Tollman, Quality Manager

Sarah Wheatley, HEEM Administrator

Kettering General Hospital NHS Foundation Trust was represented by;

Mr David Sissling, Chief Executive

Mr Mark Smith, Head of Human Resources and Organisational Development

Dr Andrew Chilton, Medical Director

Dr Fayyaz Hussain, Director of Medical Education

Dr Harsha Bilolikar, Deputy Director of Medical Education

Ms Leanne Hacksall, Director of Nursing and Quality

Ms Julia Smyth, Learning and Development Manager

Ms Becky Diah, Medical Education Manager

During the visit the teams met with;

Apprentices

Nursing Students

OT Students

Physio Students

Paramedic Students

Foundation, Core and Higher Specialty Medical Trainees

Nurse Mentors

Clinical and Educational Supervisors

Practice Development Lead

Clinical Apprentice Lead

Learning Environment Lead

2. Introduction (contd)

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

3. Progress since last year

The Quality Management Visit in 2013 identified some specific areas for development particularly concerning the provision of education within the Emergency Medicine Department. The loss of FCHEM qualified Consultants, and as a result the Higher Specialty Trainee alongside a reliance on locum consultants presented challenges to delivering high quality education and training for the remaining trainees within the department.

The Trust has worked in close conjunction with HEEM over the last twelve months and has made significant developments across Acute Medicine and within the Emergency Medicine Department. The development and implementation of Hot Clinics and Ambulatory Care Pathways have reduced pressure on Emergency Medicine, which in turn has freed time for education and training. Additional training has been provided for middle grade doctors including support through the Article 14 route alongside team building, human factors training and ATLS. The Trust confirmed that following the challenges of the previous year, the targets relating to Emergency Medicine had been met consistently by the Trust for some time, with performance rated as one of the best in the country.

The cover levels of Medical Wards and Acute Medicine was raised as an issue in 2013 and as a result cover levels were increased, with an additional FY1 included as a supernumerary team member. Feedback gathered from trainees who have worked these shifts have consistently been good with FY1's valuing the experience gained. The feedback gathered from the current cohort of trainees suggested that whilst this system is still in place it appears that during on call shifts more senior trainees are drawing the FY1 to MAU to work and leaving other on-call trainees covering more of the wards.

3. Progress since last year (contd)

As part of the introduction to the visit the Trust team showed a video which has recently been produced to introduce the Trust to the local population, new staff and learners. The video was a very effective way to introduce the Trust and some of the key values of the Trust such as patient safety and experience and how important the staff is to achieving this. The video also reiterated the new approach to learning and education by confirming that investing in staff was something the Trust team is committed to.

The structure of the Trust introduction was clearly multi-professional as the planning process for the visit has been. The education leads at the Trust had clearly worked closely together to develop the multi-professional visit. This was further displayed throughout the visit.

4. Good practice and innovation

Emergency Medicine

We visited the Emergency Medicine to meet with learners and the group included Student Paramedics, Student Occupational Therapists, a Return to Practice Nurse and a Foundation Trainee.

The quality of induction for all groups was felt to be high with the Return to Work Nurse receiving a one week extended induction, which was felt to be intensive and comprehensive and resulted in her feeling prepared to start work. Additionally the Nurse had been allocated a Mentor immediately and had since spent their time working very closely together, which had resulted in the nurse feeling very supported. The Occupational Therapy student was undertaking their first placement in the UK as part of an education exchange programme and reported feeling very prepared to start their post and well supported whilst at work.

We were provided with examples of where learners had the chance to experience a wide range of educational activities. In particular, The Student Paramedics fed back that they had experienced lots of procedures they would not have seen in other settings including looking at X-rays with colleagues and watching chest drains.

The Medical Trainee confirmed that regular teaching was taking place and the content was very relevant, the teaching planned to take place on the afternoon of the visit was regarding Ebola. This was complemented by a large amount of shop floor teaching around interesting cases coming through the department, the Medical Trainee felt that they had learned a lot more than they had anticipated and felt the educators in the department took advantage of quiet times to provide additional teaching.

The Student Occupational Therapist had also undertaken the Dementia training provided by the Trust and felt that this was particularly relevant and would support this being rolled out widely across the Trust. The Trust confirmed that Dementia training (Level 1) is part of Corporate Induction for all staff and is delivered to Levels 2 and 3 for all clinical staff.

4. Good practice and innovation (contd)

Learners were able to get their assessments signed off and felt that their educators understood their curricula and therefore what they needed to achieve during their placements in Emergency Medicine. The Return to Work Nurse reported being able to work in new areas regularly which was helping to raise experience and confidence levels in preparation for the end of training.

All trainees reported that the hours they worked were good with the Foundation Trainee reporting very positively on their rota and their ability to access study leave, although it was clear that this particular trainee had been proactive and planned their leave in advance. The learners also all reported that they were able to spend quality time with their mentors / supervisors.

The cover arrangements for the Department were reported to a Core and Higher Level trainee alongside an Advanced Clinical Practitioner (ACP) with a Consultant until 2am. The night shift would then be handed over in the morning to a further two Core trainees, an ACP and a Consultant. The method for handing patients between these shifts would be peer to peer handover (e.g. Core to Core) however, there are also shifts where the team work through the board and allocate jobs accordingly. The Medical trainee appreciated this experience and also confirmed that a board round took place each morning followed by Consultant board round at 4pm with additional board rounds if the department was busy.

The learners reported that the Nurses undertook a separate handover at the board and a lead would take part in the medical handover. There was also reported to be a multi-professional meeting at 11:00am where all patients' charts were reviewed.

The visit team were satisfied with the strengthened educational opportunities provided to learners, all reported good exposure to a range of tasks supported by on the job teaching and good levels of supervision for all learners. It is important to note that all learners felt that the department was a friendly one and they felt at ease to approach their seniors for support.

4. Good practice and innovation (contd)

The visit team met with a group of Mentors and Educators from the Emergency Department and were interested to hear about the vision to provide a clear route for development for all levels of staff. This work had included mapping unregistered careers to show the development opportunities available and also looking at developing unregistered health and wellbeing focussed apprenticeships. Although in its early stages, the team also heard about how the Trust was looking at the local population and the challenges likely to be presented in the future as a way to start to design how the workforce might need to look.

It was good to hear that the numbers of mentors had increased which was provided more time to train, although there were still challenges in balancing the demands of ward work with getting time away to focus on educating learners.

The regular student forum was a positive way to engage with learners and it was encouraging to hear that their Mentors met with regional colleagues regularly to share experiences.

The Mentors confirmed that there was now far less reliance on agency staff and locums and alongside this there was a feeling that the Department was being viewed as a desirable place to work within. The level of enthusiasm from this group of staff was clear, as was the ambition to continue to develop and improve. This was particularly apparent in the work underway to design innovative ways to develop staff and look towards improving the infrastructure in place to support that development activity.

4. Good practice and innovation (contd)

Ambulatory Care Pathways and Hot Clinics

The Ambulatory Care pathway is a new model, which has helped to remove some of the pressure of patient flow through the Emergency Medicine Department. The visit team recognised that there was great potential for additional and unique learning opportunities for all learner groups (e.g. some procedures). The pathway is staffed by medicine Core trainees and a Higher trainee. There are plans in development for those trainees placed in Emergency Medicine to rotate through the Ambulatory Care Pathway and it is anticipated that there will be good opportunities for Acute Speciality trainees and Physician Associates Students. There was confirmation that formal departmental teaching for Advanced Care Practitioners (ACPs) takes place each week, nursing sessions, and sessions where trainee doctors invited. Training days take place bi-monthly and there was a multi-professional team working model in place.

Paediatric and Child Health Medical Trainees.

The visit team saw a wide selection of trainees based within the Paediatric Department. The trainees were at various stages of training and had various lengths of experience within the Department.

The trainees felt that Kettering gave a good range of experience with access to a broad range of cases. The Higher trainees felt that this was a very good place for training as they were given responsibility appropriate to their experience, but always with the support of their seniors.

The more junior trainees also felt the same levels of support and expressed that Higher and Core trainees worked in close proximity with Consultants who were always on hand and easily accessible. Trainees reported regular on the job teaching and expressed that this was a very good team to work within and the Department had good leadership in place.

4. Good practice and innovation (contd)

When discussing the levels of supervision with the Paediatric Trainers, it was confirmed that all Consultants are trained Education and Clinical Supervisors, with good knowledge of the curricula of trainees including that for Foundation. The Consultants had time in their job plans for their educational roles and were aware of the Trust database of their training which was used as evidence towards their recognition as trainers.

The team were pleased to hear that whilst working in the Neonatal Unit the trainees felt that the Higher Trainees had been very helpful and often checking in with the trainees to make sure they were coping with the workload, but did so without making the trainees feel that the seniors lacked confidence in their abilities. This spoke highly of the supportive team working ethos in the team. The multi-professional team approach was apparent with trainees praising the Nursing staff as they were knowledgeable and supportive, the Pharmacy Team daily ward round which was very beneficial and highlighting good experiences working with Physiotherapists and Dieticians. In particular trainees felt these experiences could be further developed to provide opportunities to observing assessments etc.

Trainees reported that the Departmental teaching was excellent; teaching was provided on Tuesday, Wednesday and Thursday, with each session being led by a Consultant, Higher or Core Trainee. The trainees welcomed the opportunity to teach as this gave the opportunity to develop presentation skills. The trainees have access to the Grand Round where a “case of the week” is discussed, which enables the team to talk about difficult / interesting cases and learning points for all staff. Trainees could also attend Morbidity and Mortality meetings, quarterly safeguarding meetings and Trust-wide patient safety forums.

There was good evidence of teaching sessions including Nursing and Midwifery 'skill drill' sessions, multi-professional simulation training and Nurses accessing some of the medical teaching offered to Trainee Doctors. The multi-professional library and educational resources were well received.

4. Good practice and innovation (contd)

HEEM are keen to support the development of simulation and suggested the Paediatric Department look towards creating a business case for the increased simulation activity the Department wish to offer (with potential for sharing with other Trust departments) in readiness should funding for additional development become available.

The trainees discussed the rota which for higher trainees was felt to be well planned as it provided a demanding period followed by two weeks with fewer hours. This working pattern allowed time for trainees to have time to catch up and consolidate their experiences.

All trainees felt that they would achieve all competencies by the end of their placements with GP Trainees feeling the range of experience available provided them with a good basis of experience, although some trainees felt that longer placements would allow a greater understanding, but realised this would impact on the overall length of their training.

The Trainers the team met with were obviously committed to their educational roles and had aspirations for the continued development of the experience they provided to their trainees. These plans included improve IT support for handover and ward rounds. The roles were supported by the Trust and there appears to be further support potentially in development from the Royal College who are considering creating an educator portfolio to enable trainers to gather evidence in preparation for Recognition.

The Team received a tour around the Paediatric Department, which is an impressive facility. The Team also had a chance to meet with a group of other Clinical Profession Learners who felt well supported by their Health Education Institutions and that they departmentally provided protected study time which had raised their levels of confidence.

4. Good practice and innovation (contd)

The Clinical Apprentice felt well supported with good links to the University whilst in post and a hospital based lead to support them, it is pleasing to note that their experience of this post had made them consider a nursing or healthcare role. The Child Nurse Trainees reported that their experiences had helped them to begin to link theory to practice. Although the first year was felt to be difficult by some trainees, they were feeling more confident and felt well supported during the second year and reported having opportunities to spend time on other wards to experience other settings.

The group that the team met with included mentors and as such the feedback from those mentors was that they felt well supported in the Trust in terms of their development and also by the university, particularly when dealing with learners in difficulty.

It was a good reflection of the Trust values that learners all felt that they would feel able to raise patient safety concerns and would know the process that they should follow should the need arise.

Showcase session – Patient Safety Campaign

The visit team heard about the development of the patient safety campaign, which is aligned to the quality strategy and is underpinned by a Quality Safety Dashboard. A key element of the work is the "I will campaign".

There are a number of key groups focussing on patient safety which include;

- **Patient Safety Advisory Group (PSAG)** which has a minimum of two Trainee Doctors attending and has a multi-professional focus
- **Patient Safety Lessons Learnt Forum**, which takes place every eight weeks to a trust-wide audience and is aimed to promote an open culture which discusses incidents and promotes sharing of lessons learnt. The discussion part of the meeting is completely open and also includes a multi-professional group of attendees dependent of the subject matter

4. Good practice and innovation (contd)

The HEEM team were encouraged by the examples of areas where the Patient Safety Campaign had already had an impact across the Trust and would encourage the Trust to continue to widen access to Learners to this work.

Acute Medicine Foundation Trainee Session

The HEEM team met with a group of Foundation trainees from across the Acute Medical Pathway to gather some feedback concerning their recent experiences working at the Trust. The group were asked a number of questions concerning themes such as induction, workload, study leave etc.

The Trainees were all aware of the Trust Junior Doctors forums and had attended, they also confirmed that they had raised concerns at this forum and felt comfortable to do so. The trainees recognised the value of the educational role Dr Hussain provides.

Trainees all felt that within Acute Medicine they get to see lots of variety and that this provides some very useful learning experiences. Medical Assessment Unit (MAU) was reported to work well and provide a lot of valuable learning experiences and whilst MAU was felt to be very busy, trainees reported feeling supported and not like they had been “thrown in the deep end”.

5. Areas of improvement

Emergency Medicine

The Student Paramedics felt they received a good range of experience and were able to expand their skills at Kettering as they thought they would at their stage of training. They did however report two occasions where they had been left alone in Resuscitation when a nurse had been called to accompany a patient who was being transferred to the Medical Assessment Unit. The Students both asked for assistance at this time and were reassured that they would not be left alone in the future, it was reassuring to note that the students felt able to raise this with staff in the department, who addressed the issue immediately.

When discussing this issue with the Educators it became apparent that Emergency Medicine was one of the Departments currently with a full complement of nursing staff, however, this has resulted in nurses being pulled away to work in other stretched departments on occasions. The impact of this meant that staffing levels were reduced in Emergency Medicine and when patients had to be transferred students had been left alone.

Recommendation

The Trust should consider the impact of the movement of nursing staff from the Emergency Medicine Department to other departments and the potential impact on the levels of learner supervision and patient safety if this results in learners being left unsupervised.

5. Areas of improvement (contd)

Paediatrics and Child Health

Feedback was reportedly provided to all trainees and trainees did gather multi-source feedback from colleagues. Trainees felt that getting the assessment completed by a Nurse and/or Physiotherapist sometimes proved difficult as those staff do not have access to the e-portfolio. Trainees also reported that they would be more likely to go to a colleague who they knew and had worked with regularly to ensure that this assessment would be completed.

Recommendation

Consider whether completion of feedback assessments could be increased in the Paediatric Department by providing some multi-professional training to staff who might be asked to complete an assessment.

GP trainees did raise a level of inequality of GP teaching between the north and south, with little access to GP specific training being available whilst in a Trust in the south. The GP Academy is currently working to reduce this variability with access to regular teaching being made available from August 2015.

Trainees were concerned about the time taken to refer to tertiary care during night shifts. Instead of the central team dealing with the referral this was left to the trainee who then reportedly spent a lot of time making phone calls back and forth. The trainers recognised that on occasions there were issues with referring into PICU in Leicester. Work was ongoing to improve working relationships with PICU in Leicester and therefore the visit team would be interested to hear how this work progresses.

Whilst the Higher Trainees felt their rota was well organised the Core rota appeared to be less evenly planned, with trainees working for three “hot weeks” but then during the quieter part of the rota they were expected to come in to the Department for four hour periods during a day. The structure of these four hour shifts made rota swaps difficult and impacted on the levels of rest trainees received.

5. Areas of improvement (contd)

The Trainers discussed the issues with the Core rota with the visit team and recognised that some of the pressure was created by designing the rota in such a way so as to allow the trainees a full week of clinic access. The trainers were reluctant for the trainees to lose this opportunity and recognised that with the numbers of trainees in the Department it would be hard to change the rota as it is a twelve week cycle planned to provide a complete picture of Paediatrics and a full experience in all areas. Trainees felt there were ways that this could be improved and were happy to contribute to making the rota more user friendly.

Recommendation

Whilst HEEM is aware that the rota for the Core Level Trainees had been designed to offer a week of experience within clinics which is a valuable educational experience, however it may be beneficial to work with this group of trainees to investigate whether any small changes to the rota might improve the experience of the trainees working this rota.

Trainees also discussed the time spent within each Department depending on the way the rota was designed which could mean that a trainee would spend longer in Neonatal ICU rather than spending more time on the Paediatric Wards which also included work on the Postnatal Ward and doing baby checks, this was felt to be particularly pertinent for GP Trainees.

Other Clinical Professional Learners within Paediatrics felt there may be some misunderstanding about what the different groups of learners were able to do and therefore there may be an opportunity to raise awareness about Learners abilities across the Department. Paramedic trainees reflected that feedback was less structured and therefore could be an area for potential development.

5. Areas of improvement (contd)

There were reportedly some delays in getting NMC pins once students were qualified, delays in receiving these pins prevents being able to start as nurses in September/October. The HEEM Team appreciates that this is a Regional issue with the NMC and the University and this will be pursued by the HEEM Local Workforce Team.

Acute Medicine Foundation Trainees

There was a feeling amongst the group of trainees that the way the various clinical and administrative tasks were delivered during induction was at times confusing and therefore it may be worth considering whether the themes could be grouped together to provide a more cohesive experience for trainees. There was also a suggestion that a second induction had taken place, which some trainees were expected to attend. However, there was confusion amongst the group about the purpose of this session and who was expected to attend. It may be worth considering whether some more focussed communication could remove some of this ambiguity.

Interestingly, the trainees did raise the option of turning up for work earlier than their planned start for an unpaid period to give them more chance to settle in, which was generally felt by the group to be a good idea and so this may be something that the Trust may wish to consider.

The provision of departmental induction was reportedly varied with a good induction for Obstetrics and Gynaecology as opposed to trainees in Acute Medicine feeling they had not received an induction. This could be due to the induction activities not being structured as such and therefore not being clear to trainees. It would be beneficial to consider the way that Obstetrics and Gynaecology undertake their induction to see if these principles could be shared with other specialities.

5. Areas of improvement (contd)

The HEEM team were somewhat concerned to hear that some departmental inductions were left to take place as part of the regular monthly teaching, which for General Surgery was reported to take place at the end of the month, the result of which was that trainees then had to wait for one month before they received their induction.

Recommendation

HEEM recognises that there has been a huge amount of work to date on strengthening and improving induction for all learners in the Trust. Sharing good practice from the Obstetrics and Gynaecology induction and the extended nursing and preceptorship inductions should help to ensure that the quality of departmental induction within Acute Care is equitably high. Departments should also be reminded that induction must take place at the start of a placement.

One of the trainees was scheduled to undertake a night shift shortly after joining the Trust and felt that as part of the induction a quick reference map to ward locations etc. would have been very useful. The trainees acknowledged that this information was included within induction materials but suggested having the map and information readily available and clearly identified would be very beneficial to their confidence levels.

Once again the FY1s who had the chance to work at night felt that this had provided them with good opportunities to make decisions, they had felt supported by their seniors and felt the arrangement was safe for patients. The trainees however requested further clarity on the structure of staffing out of hours as they felt unclear as to whether they should be working on the wards or on Medical Assessment Unit (MAU), there was a perception that decisions were made by the Higher Trainees more in reference to workload on MAU as opposed to the needs of the service in general.

5. Areas of improvement (contd)

It would be beneficial for the on-call arrangements to be clear to all staff working those shifts and for efforts to be made to ensure that Foundation trainees understand the basis with which decisions are made about the areas they will work within whilst working those shifts.

Trainees also reported that there was a lack of filtering for the jobs they received whilst working night shifts and referenced their experiences using the Leicester Nerve Centre system, where if a patient is very unwell the job goes straight through to the Higher Trainee.

Recommendation

Confirmation on the levels of staffing and routes for escalation for Acute Medical Trainees working on-call shifts should be provided to trainees alongside confirmation of details of any system to support the filtering of jobs overnight. This should help to ensure that Foundation Trainees are working effectively whilst being well supportive during these shifts.

There may be a potential issue with trainees reportedly being asked to reproduce discharge letters in Cardiology, which have already been created by nursing staff. The HEEM team would recommend that this be investigated to understand the reasons behind this and whether this process can be streamlined. Trainees confirmed that they had also reported this issue at the Junior Doctors Forum.

All have supervisors allocated apart from Clifford Ward which has recently changed designation from a Cardiology ward and therefore may have been overlooked. Whilst this is not anticipated to affect future cohorts of trainees, it may be worth the Education Team ensuring that arrangements are in place.

5. Areas of improvement (contd)

Trainees confirmed that there have been instances when they have been asked to sign Do Not Attempt Resuscitation (DNARs) although the trainees who raised this felt confident in refusing to sign these documents. There was also an additional example where trainees were asked to consent for procedures with the example cited being from MAU and being asked to insert a PICC line. The reaction from the Anaesthetist was reportedly poor when the trainee refused and whilst supported by their seniors within the team, the trainee was aware the treatment for the patient had been delayed as a result.

It is important to note that all trainees in the gathered group confirmed that they received very clear clarification at induction concerning taking consent and the expectations of the Trust in this respect and felt confident to refuse to take consent.

Recommendation

The HEEM team are aware that there has been a large amount of work undertaken with departments to raise awareness on taking consent, but it may be that there is some follow up work required with some departments to ensure this message remains clear to all staff.

Trainees reported some concern about the process surrounding review and transfer of outlying patients as it appeared that communication about these patients was not always reaching the trainees.

Recommendation

The Trust should ensure that protocols for transfer and expectations for the provision of senior review is reiterated to all to ensure that this concern is addressed.

6. Recommendations and Requirements

Recommendations

- The Trust should consider the impact of the movement of nursing staff from the Emergency Medicine Department to other departments and the potential impact on the levels of learner supervision and patient safety if this results in learners being left unsupervised.
- Consider whether completion of feedback assessments could be increased in the Paediatric Department by providing some multi-professional training to staff who might be asked to complete an assessment.
- Whilst HEEM is aware that the rota for the Core Level Trainees had been designed to offer a week of experience within clinics which is a valuable educational experience, however, it may be beneficial to work with this group of trainees to investigate whether any small changes to the rota might improve the experience of the trainees working this rota.
- HEEM recognises that there has been a huge amount of work to date on strengthening and improving induction for all learners in the Trust. Sharing good practice from the Obstetrics and Gynaecology induction and the extended nursing and preceptorship inductions should help to ensure that the quality of departmental induction within Acute Care is equitably high. Departments should also be reminded that induction must take place at the start of a placement.
- Confirmation on the levels of staffing and routes for escalation for Acute Medical Trainees working on-call shifts should be provided to trainees alongside confirmation of details of any system to support the filtering of jobs overnight. This should help to ensure Foundation Trainees are working effectively whilst being well supportive during these shifts.
- The HEEM team are aware that there has been a large amount of work undertaken with departments to raise awareness on taking consent, but it may be that there is some follow up work required with some departments to ensure this message remains clear to all staff.

6. Recommendations and Requirements (contd)

- The Trust should ensure that protocols for transfer and expectations for the provision of senior review is reiterated to all to ensure that this concern is addressed.

7. Action plan

The Trust has submitted a full action plan alongside a response to the draft report.

8. Providers response

3rd December 2014

Jill Guild, Head of Quality and Regulation and
Karen Tollman, Quality Manager
Health Education East Midlands
1 Mere Way
Ruddington Fields Business Park
Nottinghamshire
NG11 6JS

Dear Jill and Karen

**Re: Quality Management Visit to Kettering General Hospital NHS Foundation Trust
– 23rd October 2014**

Thank you for your letter dated 13th November 2014, sharing the draft report from the Quality Management visit held on the 23rd October. I am pleased to learn that the Trust is in general meeting all mandatory education and training quality standards and we aim to continue to do so whilst also acknowledging the points raised as part of the visit and undertaking the appropriate actions.

The draft report has been shared with the necessary parties to review the document and make any comments. I have enclosed the report outlining the comments made which are generally centred around factual accuracy. I would be grateful to receive a copy of the final report, which will then be presented at our relevant Trust Committee meetings and shared more widely within the Trust.

I have also enclosed the action plan which has been developed in response to the report, including action owners against each area which will be reviewed internally at our Learning and Education Group meetings and at subsequent Quality Management visits.

Should you require any further information or have any queries or comments regarding the enclosed documents please do not hesitate to contact me.

Yours sincerely

Mark Smith

Director of Human Resources and Organisational Development

cc Ms Leanne Hackshall – Director of Nursing and Quality, KGH

Dr Syed-Fayyaz Hussain – Director of Medical Education, KGH