Health Education East Midlands

Leicestershire Partnership NHS Trust

Outcomes Report

for healthcare, education and training

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1. Executive Summary

Health Education East Midlands (HEEM) visited Leicestershire Partnership Trust on 19th November 2014. The visiting team heard directly from learners (including trainee doctors, student nurses and allied healthcare professionals) and those who deliver their education and training. Evidence gathered prior to the visit determined which areas of the Trust HEEM focused on. This was a level 2 visit.

The Trust showed a high level of engagement and commitment to multi-professional education and training and inter-professional working through an incredibly well organised visit. The new education team was able to demonstrate improvement and innovation across the Trust. In general, most learners were happy with their education and training experience, felt well supported and regarded Leicestershire Partnership Trust as a good Trust to work in. Moreover, most trainers and mentors / supervisors were satisfied with the support provided by the Trust to undertake their roles. The team did not identify any significant patient safety issues.

Despite the largely positive findings from the visit, there remain some areas for development. While not an exhaustive list, the key areas relate to:

- Education facilities
- Child and Adolescent Mental Health Services and Community Paediatrics
- Out-of-hours medical rotas
- Seclusion reviews at Arnold Lodge
- Recognition of trainers

2: Introduction

Health Education East Midlands (HEEM) is the vehicle for providers and professionals, working as part of NHS Health Education England (HEE), to improve the quality of education and training outcomes so that they meet the needs of service providers, patients and the public. The statutory Postgraduate Dean's role directly carries specific accountability on behalf of the General Medical Council (GMC) where education and training is delivered within employing organisations. In addition, because practice placements and training posts are critical to education quality and professional outcomes, there is a legal, tripartite relationship between the Higher Education Institutions (HEIs), the placement / training post providers and HEEM through both the Education Contract and the Learning Development Agreement. This ensures that employers are held to account for the quality of any learning provision they are involved in across the healthcare workforce. To this end, HEEM has developed a multi-professional approach to its Quality Management Visits (QMVs) to Local Education Providers (LEPs) and has produced the *East Midlands Multi-professional Quality Standards for local training and education providers* against which to assess the quality of learning environments.

This is the first year of HEEM's new, multi-professional approach to visiting, and HEEM would like to thank Leicestershire Partnership NHS Trust (LPT) for the positive way in which it has engaged with the new process. A collaborative approach was taken to determine the focus and level of visit. A conference call, involving both HEEM and Trust representatives, looked at evidence from a variety of sources, including the Trust's self-assessment document, the GMC's National Training Survey results and workforce intelligence, and a decision was taken to undertake a level 2 visit. There are 3 levels of visit and a level 2 visit indicates 'medium risk' - "… *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 Trust is a large mental health Trust comprised of geographically dispersed units, with community services also provided. However, the larger units are based on University Hospital of Leicester's Glenfield Hospital and Leicester General Hospital sites. The visitors met with service users involved in education, with partner HEI representatives (from the Open University, South Leicestershire College, University of Leicester Medical School and De Montfort University's School of Psychology), with non-medical learners and their mentors / supervisors (including students from nursing and clinical psychology), and with medical trainees and their educational and clinical supervisors. There was a particular focus on Child and Adolescent Mental Health services (CAMHS) and Community Paediatrics (and the interface between the two). This is because CAMHS is currently subject to a wider regional review and Community Paediatrics, as a small specialty, is rarely the subject of quality management activity. The Trust also showcased innovative practice.

3: Progress since last year

Education facilities

The visit team was pleased to hear that the Trust appreciates the urgency of securing education facilities and there seem to be some exciting possibilities for a new education centre, which would not only cater for postgraduate medical and non-medical learners, but could also become a facility for service users and incorporate the Recovery College.

Child and Adolescent Mental Health Services (CAMHS)

In 2012, trainees raised serious concerns, including a lack of teaching and an unsupportive learning environment. Following a LETB meeting with consultants from the department, an action plan was developed and feedback from trainees in 2013 was that improvements had been achieved. However, concerns have emerged once again from national survey results and from the failure within the East Midlands to attract trainees to the region through specialty recruitment (while recruitment is a national issue in CAMHS, the East Midlands has fared worse than other regions). While a wider review of CAMHS training within the East Midlands is underway (encompassing Nottingham), the visit presented an ideal opportunity to obtain feedback from medical trainees currently working in CAMHS to inform this review.

The trainees described being well supported by the previous and current Training Programme Directors (TPDs), Prof. Dogra and Dr. Allsopp (about whom they gave excellent feedback). They reported that regional teaching sessions are taking place on a regular basis. Higher Specialty Trainees (HSTs) reported good clinical supervision and there seems to have been a selective approach to the allocation of these trainees to clinical supervisors (although this does not extend to Core trainees). Compared to the feedback received in 2012, current trainee feedback suggests improvements in a number of areas, including educational governance, and there was evidence of a positive impact on retention. However, there are other areas where progress was not evident. The trainees reported variability in the quality of support and constructive feedback across the consultant body, with examples of some particularly negative experiences provided; the change in culture across CAMHS that HEEM had hoped to see is not yet apparent.

The joint, on-call rota arrangements with Learning Disabilities (LD) was again raised as an area of trainee dissatisfaction. However, significant changes to on-call rota arrangements across the Trust are planned from February 2015 (see below). The Trust had already engaged with the trainees about these changes. The success of the changes will be contingent on the effectiveness of specialty consultant supervision out-of-hours. While regarded by the trainees as generally supportive out-of-hours, there were reports of some variability in responses to trainee requests for help (these reports came not only from the CAMHS trainees but from Old Age Psychiatry trainees in a different feedback session). Within the new arrangements, it will be crucial for CAMHS consultants to anticipate that there is likely to be a lower threshold at which trainees, who are normally based in other specialties and who may lack confidence working with CAMHS patients, will call upon them for help. They will need to be prepared to respond in a consistently supportive manner; trainees must feel comfortable in calling consultants out-of-hours for the new rota arrangements to be effective. HEEM understands that the Medical Director has already been active in setting out expectations with all of his consultant colleagues.

A further issue with the proposed rota changes is that, currently, CAMHS HSTs do not have the next day off after working night time non-resident on-call. This seems appropriate given the work

3: Progress since last year (cont'd)

intensity and frequency of having to come in during the night. However, the impact of the rota will need to be carefully monitored when the new arrangements come into effect as the situation may change and this may extend to HSTs in other specialties.

CAMHS educators highlighted the proposed change of location for the child inpatient unit, which is planned to move to Coalville in 2015. This will have an impact on on-call commitments for trainees due to the distance between sites and, while this is a temporary measure, it will require a creative solution.

Out-of-hours working

A consequence of the proposed on-call arrangements is that more trainees will be contributing to the on-call rota from Northampton (traditionally, Northampton trainees have relied upon to contribute to the on-call rota in Leicester to meet their curriculum requirements and cover service). It would therefore be helpful if the Trust could explore the provision of accommodation, particularly given the potential increase in work intensity.

Handover

Adapting an example of good practice from another mental health Trust, LPT is implementing a new, electronic system to better formalise and strengthen medical handover arrangements. In addition, a nursing student and a medical student have undertaken a project focussing on handover and effective teams, with the aim of increasing the available time for patient care.

Recommendation

Undertake on-going monitoring of on-call work intensity and support given to trainees and explore options for accommodation for trainees covering the on-call rota from Northampton.

Arnold Lodge cover

Arnold Lodge is a secure unit run by Nottinghamshire Healthcare NHS Trust but located within Leicester. Historically, there has been an agreement that LPT trainees will undertake seclusion reviews at Arnold Lodge as required. When working out-of-hours at the Evington Centre, trainees have to leave periodically to undertake the reviews. Since these need to happen four-hourly, trainees can find themselves attending Arnold Lodge on four to six occasions during the night. While a seclusion review does not take a long time to complete, the travel time and time to get through security renders this an onerous commitment. This issue has been raised at previous visits to the Trust over several years. While unpopular among trainees, the arrangement had been permitted to continue by the former deanery in absence of an alternative solution; the deanery had been reassured that the impact on training was minimal and that patient safety was not at risk when the trainees were away from the Evington Centre. Following feedback during this visit, HEEM is unconvinced that this remains the case. In the context of a newly emerging commissioning environment, it would be timely for this issue to be revisited with the aim of removing or reducing the commitment of LPT trainees to undertake seclusion reviews at Arnold Lodge.

Requirement

LTP to work with Nottinghamshire Healthcare Trust to find an alternative solution to Leicester trainees covering the service requirement of another Trust. This is likely to require dialogue at Chief Executive / Medical Director level.

4: Good practice and innovation

In general, the learners the visit team met with, across a range of departments, reported high quality education and training, notwithstanding some areas for improvement. The support of approachable and knowledgeable trainers, supervisors and mentors was particularly appreciated (for example, in Community Paediatrics). However, there were some specific areas where good practice stood out.

Engagement

HEEM recognises that there are relatively new education and executive teams in place, with a clear commitment to supporting multi-professional learning. This was evident by the high level of engagement with the visit process and by the attendance of both the Chief Executive and the Chair of the Trust at the visit, with the education agenda championed at Board level. It was also evident in the highly effective organisation and planning of the visit by the Trust.

Management of education and training

An education strategy has been created and published and an Education Management Committee has been established. This multi-professional committee is chaired by the Director of Medical Education (DME) and meets bi-monthly. It identifies what is working well and what areas are in need of improvement, and how these areas should be addressed.

In general, the educators the visit team met with, including lead educators and supervisors, felt very well supported by the Trust in their roles. There is a close working relationship with the DME, who keeps them up-to-date about key developments.

A variety of curricula are actively supported, not just those pertaining to psychiatry. For example, there was evidence in some areas of bespoke education sessions for Foundation and GP trainees.

Multi-professional and inter-professional learning

Ahead of the visit, the Trust was required to complete a quality 'dashboard' self-assessment against the new local standards framework. LPT was one of the few providers which submitted a single, multi-professional dashboard (others had separated medical from non-medical).

The Trust has appointed a Multi-professional Education and Quality Lead, who leads on, and supports, inter-professional learning and quality management across medical and non-medical education.

Effective use of educational funding to support non-medical education and training

This was the first year that HEEM has adopted a multi-professional approach to its QMVs.

All non-medical student placements attract payment of a tariff to organisations providing the placements and holding a Learning Development Agreement with HEEM. It is vital that this funding should be used to facilitate the provision of quality placements and meet regulatory standards (such as those of the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC)).

Over the last twelve months, LPT has been making effective use of the tariff funding to support the non-medical learning environment. Throughout the visit, and particularly during the 'showcase' session, the teams encountered evidence directly linking the use of the tariff funding to clinical quality and the quality of learning environments.

4: Good practice and innovation (cont'd)

Recommendation

The Trust should continue to support the non-medical education leads in effectively utilising tariff funding to support patient safety and education and training initiatives.

Service Users in Education

The visit team met with a group of service users and patient / family representatives who have been involved in education at the Trust. This revealed a number of initiatives, which the visit team considered to be good practice:

- Listening events: The group heard about the student listening days, where service users tell stories to learners (student nurses, Allied Health Professionals, midwives and pharmacists) of their patient journeys. The aim is to get learners to consider empathy and sympathy and enable them to consider care from a different perspective and where it could have been better. All learners are obliged to attend at least one session per year.
- Service users as 'faculty': There are opportunities for service users to undertake training for more advanced roles, including acting as tutors during listening days, mentors for other service user representatives, 'teachers' within the community (one service user has leaners (medical and nursing) visit them in their home to interview them about their experiences), participants in research (for example, neuropsychology studies and working with clinical psychologists), and being part of recruitment panels. A service user is also a member of the Education Management Committee and is fully involved in the committee. This service user was delighted to be invited and felt they were a fully integrated member of the team.

Patient simulators for training

The visit team heard about the patient simulation work from the University of Leicester, which provides patient simulation for learners using fully briefed simulators within a safe environment. The simulators also provide exam and classroom based simulations. The work is supported by educators in the Trust and the University is keen to develop this work further.

New roles

The establishment of Assistant Practitioner roles is a welcome development.

LPT works in conjunction with South Leicestershire College to deliver education and training for Healthcare Assistant apprentices. This programme is relatively new and the college is one of just a small number of HEIs within the UK delivering this course. The programme has extended to Healthcare Assistants in the children's and community departments.

The Trust was been praised by HEI partners for its involvement in joint recruitment, interviewing and arranging practice placements for Specialist Community Public Health Nursing. The training is full-time for nurses and school nurses and has been successful, with a cohort of 65 learners on the programme with 45 from LPT.

4: Good practice and innovation (cont'd)

Diana nurses support children with complex health needs and their families. In Community Paediatrics, there is a Diana nurse tutor. There is potential for this individual to teach practical skills to medical students (such as feeding, respiratory, ventilation and GI management skills). Developing this role within the wider faculty of educators would reduce the teaching burden on an already stretched consultant body. It would also help to support and enhance the new undergraduate training placement programme, attracting SIFT funding (this is currently a pilot).

Recommendation

The Community Paediatric department would welcome support from the Trust to further build up the hours of the Diana nurse role to increase teaching capacity.

Teaching

Throughout the visit, learners described to the visit team a wide range of regular and high quality educational opportunities to complement their day-to-day, on-the-job learning. For example, the safeguarding teaching in Community Paediatrics and the regular 'debates' (Trust-wide and open to all learners).

Relationships with HEIs

It was clear from the visit that strong and effective relationships with local HEIs have been established, with mentors / supervisors reporting very positive support from both the Practice Learning Team and the University student links.

Effective partnership working was evident through the Trust's support for Assistant Practitioner apprenticeships (South Leicestershire College), the Supporting Nursing Assessment in Practice (SNAP) programme for Registered Nurses (jointly delivered with DeMontfort University) and mental health blocks for undergraduate medical trainees. The Trust has also supported the Pre-registration Nursing programme (Open University), in particular by promoting it and identifying individuals within the Trust (often at a senior level) to work with members of staff to acquire the required skills to progress onto the programme. The Trust also supports the medical students' project work and has used CQC requirements to develop service improvement projects for them, with tangible, positive outcomes.

Use of information technology

The Trust is developing its use of information technology to enhance, and increase access to, education and training resources. For example, webinars, mobile apps and podcasts are being used to deliver learning to those in community mental health settings.

5. Areas for improvement

Recognition of trainers

It was clear that educators are committed and enthusiastic but that medical educators do not all receive a standard allocation in job plans for their roles. HEEM is aware that the education team is working on delivering on the recognition and approvals project[1] at Trust level and it would be helpful for the Trust to maintain this focus to ensure that these enthusiastic educators are retained.

On-call rotas

Trainee buy-in will be important in effective implementation of the new out-of-hours rota arrangements (medical). While trainees working in CAMHS and LD are likely to welcome the new rota given their dissatisfaction with current arrangements, others working in areas where on-call rotas are perceived as already working well (for example, the rota at the Bradgate Unit and the Old Age rota) are likely to be less embracing of the change. During the visit, the team encountered a high degree of unease among trainees about the proposals. At Core trainee level, there were concerns that there would be confusion and an increase in workload. There were also concerns that those trainees without experience of working in CAMHS would feel very uneasy dealing with CAMHS service users. At HST level, trainees were yet to be convinced how well consultant support would work under the new arrangements. They also felt that a thorough induction focussed on the new rota would be required. HEEM will work with the Trust to closely monitor implementation of the new rota.

At consultant level, there was a perception that they do not receive many calls from trainees. While this may be due to trainees not often requiring help or advice, trainers reflected on the possibility that trainees are reluctant to call them through anxiety about contacting a consultant they are unfamiliar with. Consultants discussed proactively engaging with trainees to encourage them to contact the consultant on-call more freely. This will be crucial to the success of the new rota arrangements.

Community Paediatrics

It is recognised that there is considerable experience and enthusiasm for innovative training in Paediatrics for medical students within this department.

Also, in general, medical trainees reported a good training experience within Community Paediatrics. In particular, they reported receiving regular, constructive feedback, good clinical supervisions, and a positive learning experience when able to attend clinics. However, there are a number of areas which could be improved to make the experience even better and maximise learning opportunities for all learners.

It is clear that for medical trainees rotating into Community Paediatrics, the environment is very different to that of the acute settings they are accustomed to. This may account for a general feeling that, while education and training does need to be self-directed to some extent, there is a lack of 'sign-posting' to opportunities and key contacts (for example, which clinics to attend and what the opportunities are for working with a range of healthcare professionals and consultants).

[1] The GMC requires LETBs to work with provider organisations to ensure there is a system in place for all medical trainers to be trained and recognised for their role(s) and approved by July 2016.

5. Areas of improvement (cont'd)

Recommendation

Develop guidance on, and map, the education and training opportunities available in Community Paediatrics, including listing key contacts, to support medical trainees to confirm a programme of activity as early into their placements as possible.

Induction needs to be timelier and better coordinated, and its content should be reviewed.

Recommendation

Work with learners in Community Paediatrics to review and strengthen induction arrangements. HEEM does, however, recognise the challenges of service provision and rota gaps on delivering induction.

Specialty paediatric and GP trainees reported that limited physical space in clinics is a barrier to attendance, i.e. they are unable to attend if medical students or other learners are there.

Recommendation

While physical space in Community Paediatric clinics is difficult to change, an organisational lead within the department should look at whether opportunities to attend clinics could be more equitably spread across all learners, with attendance timetabled where possible to ensure planned access to educationally relevant clinics.

The trainees would welcome further opportunities to attend multi-disciplinary and managerial meetings to gain the experience and skills required for consultant roles. This is especially relevant for those trainees in the later stages of their specialty training.

The physical working and training environment appears to be suboptimal. For example, it was reported that trainee desks are located away from those of their trainers and consultant colleagues, that there is a lack of dictation equipment and also a lack of private space for confidential dictation and sensitive telephone calls.

Recommendation

The Community Paediatric department should review whether there is scope for closer co-location of medical trainees with their trainers, for better access to dictation equipment and to provide private spaces for confidential dictation and sensitive conversations.

<u>Faculty development</u>

There appear to be opportunities to strengthen the interface and educational links across Community Paediatrics, CAMHS and LD.

Recommendation

Initiatives such as a joint training day for educators in Community Paediatrics, CAMHS and LD, should be considered.

5. Areas of improvement (cont'd)

Medical staffing

Core trainees felt that there is an imbalance in the distribution of Core, GP and Foundation trainees across the Trust, which leads to an onerous service commitment in some areas (in particular at the Belvoir unit and the Willows), which, in turn, impacts on trainees' access to training opportunities such as clinics. This is compounded by some departments hosting training posts at a similar level and therefore the trainees have the same teaching days. Therefore, to ensure service continuity, attendance has to be shared. While the distribution of training posts is primarily determined by the relevant specialty schools and GP academies, the staffing mix within the areas identified should be looked at to ensure workload is realistic and that there is equitable access to learning opportunities.

Trainers also felt that there were challenges in balancing service against training, with gaps impacting on rotas. However, it was recognised that the Deputy DME is working with trainees and trainers to identify potential changes to support the rotas.

Recommendation

As part of the Deputy DME's work to support rotas, staffing levels in the Belvoir unit and at the Willows in particular should be reviewed.

Balint group

Core trainees reported that Balint group sessions always take place at the Leicester General Hospital site but that the vast majority of attendees are based at the Glenfield site. The trainees find this inconvenient as it is around a forty minute drive – trainees are not always able to arrive on time and then unable to participate. While the trainees have raised this previously and understand the rationale for holding the sessions within the environment provided at the General Hospital, they would welcome revisiting this issue and exploring whether a compromise arrangement could be reached.

Recommendation

Review whether some Balint group sessions could be hosted at the Glenfield site.

Foundation training

To attract trainees into psychiatry and secure the future workforce, it is important that Foundation trainees not only have a positive training experience but are also exposed to aspects of the specialty; HEEM appreciates that Foundation doctors can provide essential medical ward cover, but this must not be all they experience. This can be a particular issue in Old Age psychiatry, where Foundation trainees can spend a large proportion of their time dealing with medically unwell elderly patients, when this is something they are likely to experience in other hospital posts (especially if the rotation includes a post in geriatric medicine). The situation is compounded by the fact that psychiatric nursing staff and health care assistants may be less able and / or less confident in dealing with medical problems than in acute hospitals.

Assistant Practitioners

Feedback from learners suggested inconsistency across the Trust in staff expectations of Assistant Practitioners. Also, those on the Assistant Practitioner programme were finding it difficult to get assessments / competencies signed-off.

Recommendation

Explore with education leads how the role of Assistant Practitioners can be clarified and better communicated to staff.

Recommendation

Supervisors / mentors of Assistant Practitioners need to identify the barriers to assessment / competency sign-off and how these may be overcome.

Academic leadership

There seems to have been a reduction in academic posts and HEEM recognises that reinvigorating the academic profile of the Trust would help to strengthen recruitment and retention and increase the research opportunities for trainees.

Recommendation

HEEM would encourage the Trust to look at making an appointment so that someone can take a strategic leadership role in developing the Trust's academic profile.

6. Recommendations and Requirements

Recommendations

1. Undertake on-going monitoring of on-call work intensity and support given to trainees and explore options for accommodation for trainees covering the on-call rota from Northampton.
2. The Trust should continue to support the non-medical education leads in effectively utilising tariff funding to support patient safety and education and training initiatives.
3. The Community Paediatric department would welcome support from the Trust to further build up the hours of the Diana nurse role to increase teaching capacity.
4. Develop guidance on, and map, the education and training opportunities available in Community Paediatrics, including listing key contacts, to support medical trainees to confirm a programme of activity as early into their placements as possible.
5. Work with learners in Community Paediatrics to review and strengthen induction arrangements. HEEM does however recognise the challenges of service provision and rota gaps on delivering induction.
6. While physical space in Community Paediatric clinics is difficult to change, an organisational lead within the department should look at whether opportunities to attend clinics could be more equitably spread across all learners, with attendance timetabled where possible to ensure planned access to educationally relevant clinics.
7. The Community Paediatric department should review whether there is scope for closer co-location of medical trainees with their trainers, for better access to dictation equipment and to provide private spaces for confidential dictation and sensitive conversations.
8. Initiatives such as a joint training day for educators in Community Paediatrics, CAMHS and LD, should be considered.
9. As part of the Deputy DME's work to support rotas, staffing levels in the Belvoir unit and at the Willows in particular should be reviewed.
10. Review whether some Balint group sessions could be hosted at the Glenfield site.
11. Explore with education leads how the role of Assistant Practitioners can be clarified and better communicated to staff.
12. Supervisors / mentors of student Assistant Practitioners need to identify the barriers to assessment / competency sign-off and how these may be overcome.
13. HEEM would encourage the Trust to look at making an appointment so that someone can take a strategic leadership role in developing the Trust's academic profile.

Requirement

LTP to work with Nottinghamshire Healthcare to find an alternative solution to Leicester trainees covering the service requirement of another Trust. This is likely to require dialogue at Chief Executive / Medical Director level.