

*Nottingham University Hospitals NHS Trust*

# Outcomes Report

for healthcare, education and training



<i>Report For:</i>	Nottingham University Hospitals NHS Trust
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<i>Date:</i>	10/12/2014
<i>Date sent to Local Education Provider:</i>	12/12/2014

## 1. Executive Summary

Health Education East Midlands (HEEM) visited Nottingham University Hospitals NHS Trust in November 2014. We visited the Queen's Medical Centre on November 21<sup>st</sup> 2014 and the City Hospital on November 27<sup>th</sup> 2014.

The visiting team encountered a Trust which values and supports multi-professional education and training. The visiting team were very impressed by the Trusts multi-professional showcase at both visits with a large number of areas of good practice and innovation.

The Trust has engaged with HEEM in a positive way as the new approach to quality management has been implemented across the East Midlands.

The visiting team met and engaged with a large representation of different professions at both hospitals. We were able to have conversations about funding, staffing, values and behaviours, delivery of training and education, workforce planning, educational resources and facilities and the support and development of learners, mentors and trainers.

**HEEM would like to highlight the enthusiasm and clear commitment to the promotion of good practice in education and training within the Trust of the multi-professional representatives that shared their good practice.**

The visiting team heard about a number of areas of innovative and good practice including:

1. Dragon's Den
2. Development of the use of technology
3. Non-medical solutions to issues, e.g. developing the role of Physician Associates and Advanced Nurse Practitioners
4. Preceptorship Programme
5. Acute Care Skills Training

## 1. Executive Summary (cont'd)

The Trust has made progress over the last year and has also made good progress in implementing HEEM's East Midlands Multi-professional Quality Standards for local training and education; however, there are some areas where improvement is required.

The Trust must implement an action plan to address the areas of improvements and the following requirements as set out in the report:

- The Trust must investigate the concerns raised and implement an urgent action plan relating to education and training in Neurology.
- The Trust needs to develop a policy to recognise and value the contribution of named Educational and Clinical Supervisors and multi professional trainers. This requires clear job planning, role descriptions and expectations of all staff involved in education.
- We repeatedly heard that service pressures impact on education and training and the Trust must develop a strategy that embeds education and training within all clinical environments.

We will work closely with the Trust to support the improvement required. The visiting team have informed our external partners (Care Quality Commission and GMC Educational Directorate) of the concerns raised in Neurology. Other areas where improvements could be made are detailed in this report and should be included in the Trust action plan.

***Health Education East Midlands 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 mentors and others who joined the sessions and shared their feedback and good news stories with the visiting team. We would also like to thank all involved in the visit for the warm welcome received.***

## 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 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 Nottingham University Hospitals NHS Trust for the positive way in which they have engaged in this new process.

During the conference call it was agreed that the visit to the Trust should be a Level 2 visit for both The Queen's Medical Centre and the City Hospital. 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 Queens Medical Centre took place on November 21st 2014. The visiting team comprised:

Dr. Dan Kinnair, Associate Postgraduate Dean (HEEM) and Consultant Psychiatrist - Lead Visitor  
James McLean, Deputy Director of Education and Quality (HEEM)  
Dr. Bridget Langham, Director of Foundation Training (HEEM)

## 2: Introduction (cont'd)

Jill Guild, Head of Quality and Regulation (HEEM)  
Jim Coggan, Lay Representative  
John Whittle, Teaching and Learning Manager, Faculty of Medicine & Health Sciences, University of Nottingham  
Richard Marriott, LDA Manager (HEEM)  
Jo Beckwith, Education Commissioning and Development Manager (HEEM)  
Diane Bowskill, Faculty of Medicine & Health Sciences, University of Nottingham  
Andrew Dickenson, Postgraduate Dental Dean (HEEM)  
Stephen Dixon, Associate Dental Dean (HEEM)  
Peter Harris, Lay Representative, Dental  
Mr. Jon Lund, Head of School for Surgery and Consultant Surgeon  
Paul Cooper, Workforce Intelligence Analyst (HEEM)  
Suzanne Fuller, Quality Manager Dental (HEEM)  
Kirsty Neale, Quality Manager (HEEM)  
Sarah Wheatley – Postgraduate Education Administrator (HEEM)

The visit to the City Hospital took place on November 27th 2014. The visiting team comprised

Dr. Dan Kinnair, Associate Postgraduate Dean (HEEM) and Consultant Psychiatrist - Lead Visitor  
Professor Sheona McLeod, Postgraduate Dean (HEEM)  
James McLean, Deputy Director of Education and Quality (HEEM)  
Jill Guild, Head of Quality and Regulation (HEEM)  
Richard Marriott, LDA Manager (HEEM)  
Roz Cheeseman, Education Commissioning Manager (HEEM)  
Dr Bridget Langham, Director of Foundation Training  
Dr Robert Williams, School of Surgery Representative and Consultant Surgeon  
Jim Coggan, Lay Representative  
Vivian Penney, Director of Healthcare Education in Practice, Faculty of Medicine & Health Sciences, University of Nottingham  
Simon Mallinson, Quality Manager (HEEM)

## 2: Introduction (cont'd)

Jayne Lawrence, Business Manager (HEEM)

Sarah Hoyle, Careers Advisor (HEEM)

Kirsty Neale, Quality Manager (HEEM)

Sarah Wheatley – Postgraduate Education Administrator (HEEM)

During the visit to both the Queen's Medical Centre and the City Hospital we were able to meet with a very wide range of learners from the multi-professional workforce and those involved in the delivery of their education and training at Nottingham University Hospitals NHS Trust.

### 3: Progress since last year

Since our last visit HEEM has 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.

The Trust reported that their progress over the last twelve months and plans for the future. The Trust has embraced the new process and HEEM were pleased to hear that the new visit process had enabled multi-professional discussions. Non-medical professions welcomed the opportunity to be part of the visit process and embraced the idea of working closely with multi-professional colleagues.

We heard of positive progress on the balanced scorecards including:

- Increased returns from Healthcare Scientist and Allied Healthcare Professional groups (from 8 to 12 returns).
- Benchmarking and reviewing progress is taking place at the Trust Learning and Education Committee (LEC) and reviews will take place at monthly Director of Medical Education Meetings.
- Progress made due to actions taken in the first quarter; for example, for nursing and midwifery this had highlighted the need to incorporate an equality and diversity section in mandatory training DVD.
- It has provided a useful multi professional focus for discussion and action planning.
- Recognition of the need for a Trust Lead for Healthcare Scientists and Allied Healthcare Professionals.
- Pharmacists are now looking at how they can work more effectively across the region to identify regional themes and develop training.

**HEEM look forward to hearing how multi-professional education and training discussions and opportunities for multi-professional learning develop in 2015.**

The Postgraduate Medical team also reported progress in the following areas:



### 3: Progress since last year (cont'd)

- **Centralisation of Locum recruitment**

The Trust has identified gaps in the trainee doctor rota and has developed a pool of Trust grade doctors. This involves the rapid advertisement for interview and placement of the doctors. The Trust reported a pool presently of 5-10 doctors.
- **The Development of Physician Associates**

Physician associates support doctors in the diagnosis and management of patients. The Trust hopes to have the first Physician Associates in post later this year.
- **Induction**

The Trust has developed face to face inductions for trainee doctors which take place three times a year. We also heard that there is now administrative support for trainee doctor revalidation in Human Resources.
- **Trainee Doctor Engagement**

The Trust reported a high functioning Junior Doctor's Forum which is chaired by one of the Deputy Directors of Medical Education with representatives from all grades of trainee doctors which was described as a useful way to identify issues. Trainee doctors also contribute to the newsletter.
- **Technology**

The visiting team also heard of trainee engagement in technology innovations currently being developed including a guidelines application, the Hospital @ Night system and an anti-microbial policy application.
- **Survey**

The Trust also reported that a local trainee doctor exit survey has been developed and has been running over the last year which they find a useful way of monitoring feedback.

Health Education East Midlands would also like to congratulate Dr Mark Ehlers on his appointment to Deputy Director of Medical Education and we look forward to working with him.

### 3: Progress since last year (cont'd)

Challenges relating to service targets and the balance of service commitments and training were also reported.

#### **Nursing, Midwifery, Operating Department Practitioners**

The visiting team were very interested to hear of a number of areas of progress and achievement including:

- Nursing and Midwifery Strategy 2014-2017 which sets the direction of training and education to 2017.
- Research and Education Festival which was very successful and engaged the wider community.
- Preceptorship and the Acute Care Skills Course.
- Healthcare Assistants Skills Academy which takes place monthly and is mandatory for Healthcare Assistants before starting work on the wards.
- Clinical Academic Career Developments.
- Developing Advanced Practitioners.
- Involving learners through the Student Task Group and Newly Qualified Nurse Forum.
- Shared Governance through Unit Practice Councils.
- Nursing and Midwifery Time Out Development Days with 2005 Staff Nurse Practitioners attending these engagement opportunities this year which value and recognise the Band 5 Staff Nurse role.
- Building Confidence in Nursing and Midwifery Campaign.

#### **Healthcare Scientists**

The visiting team were very interested to hear of a number of areas of progress and achievement including:

- Healthcare Scientists being identified as a professional group with a UK wide training pathway and strategy.
- The first cohort of trainees are now completing their training and going into higher specialty training.
- The first Medical Physics and Clinical Engineering Innovation Showcase was held this year with academics, industry and Trust representatives invited.
- In-house Masters level training in Evoked Potentials and Clinical Neurophysiology.

### 3: Progress since last year (cont'd)

The Trust raised the issue of the lack of information from HEIs about students or learners with particular difficulties or learning needs. We are aware that this is an issue nationally and is not specific to NUH.

#### **Allied Healthcare Professionals**

The visiting team were very interested to hear of a number of areas of progress and achievement including:

- Consistently good feedback from students
- Awards for a Roosevelt Scholarship and HEEM Clinical Scholarships
- Awarded places on MARMs (Masters in Applied Research Methods) for the 4<sup>th</sup> consecutive year
- Department of Health Clinical Fellowship and PhD student fellowships awarded
- Staff undertaking Leadership courses

HEEM would also like to thank the teams for sharing their priorities for 2015.

## 4: Good Practice and Innovation

The visiting team heard about a number of areas of good practice and innovation. The Trust showcased a large number of areas of good practice and innovation at both sites and the visiting team were able to discuss these areas with a large number of learners who presented good practice. We have highlighted some of those examples from both sites in this report.

**HEEM would like to thank all those that attended the showcase sessions and marketplaces for their involvement, enthusiasm, and clear commitment to the promotion of good practice in education and training within the Trust.**

### **Dragon's Den**

The visiting team would like to thank all those that presented the innovative Dragon's Den Project. We heard that bids to the Dragon's Den are invited to support the Trust's Quality Innovation Productivity Prevention (QIPP) programme with teams developing and presenting their bids.

Members of the executive team and GP commissioners sit on the Dragon's Den. The focus of the Programme is improving patient care. At three such panels, in total 66 bids have been submitted, 26 of which have been presented to panels of which 22 were agreed.

The projects involve the patient voice and are often aimed at pathway improvement across specialities and the Programme supports staff members to submit and encourage applications across the multi professional workforce.

We were particularly impressed by the presentations from the teams providing examples of successful bids to the Dragon's Den namely the Parkinson's Pathway Development and Transforming the Stroke Pathway. Both projects highlighted successful patient outcomes and costs savings and it was clear how this benefits patients and families, carers, the Trust and commissioners, saves costs but also motivates staff.

We felt this was an excellent template of joined up working to drive the quality of patient care and HEEM would seek to help the Trust disseminate the learning from each of the projects.

## 4: Good Practice and Innovation (cont'd)

### **Visit to Acute Care Skills Training Course (DREEAM Suite)**

The visiting team would like to thank the Trust for affording us the opportunity to observe the Nursing Acute Care Skills Training Course. We visited the DREEAM (Department of Research and Education in Emergency & Acute Medicine and Major trauma) Suite.

We observed a true interprofessional learning environment offering simulated training and clinical skills training in a supportive and developmental way. We heard it is seen as an environment for all where staff can go with challenges or concerns and learnt that DREEAM is responsive to and explores alerts in a positive way.

The programme consists of a 7 day course for all newly qualified adult and children's nurses and nurses with no recent acute care experience. This course ensures patients are cared for in a comprehensive and consistent way and also ensures nurses are active in the treatment of patients. We heard that the wards and departments are already acknowledging the benefits of the course with immediate positive feedback.

We were able to observe the assessments which use patient scenarios. HEEM would commend the use of patient and carer feedback as part of the assessment which ensures values and behaviours are covered, discussed and standards met.

### **Children's Hospital**

We met with a group of very motivated learners and learnt of Practice Development on Paediatric Critical Care Unit and the Band 5 Educational Programme for Critical Care Nurses.

## 4: Good Practice and Innovation (cont'd)

### **Preceptorship (Multi-Professional)**

The visiting team were impressed with the multi-professional preceptorship showcase. We learnt about the Acute Care Skills Course (see above), preceptorship development days, multi-professional preceptorship study days, newsletter, preceptorship pathways for Nurses, Midwives, AHPs and the Newly Qualified Nurse Forum.

We heard of excellent support for learners and a clear strategy for supporting preceptors and built in reflective practice. We also heard of a culture of listening and valuing feedback from learners.

The visiting team felt the Forum was an excellent initiative that gives newly qualified staff a supportive forum to improve practice and give staff a voice. It was reported that it would be positive to broaden the Forum to involve AHPs.

### **QCFs Wider Workforce / HCA Academy**

We learnt that the Trust has a clear strategy for the wider workforce and a career framework and potential personal journey from work experience, through to apprenticeships, L2 and 3, to QCF opportunities at level 2 and 3 for current staff, to Assistant Practitioners with Theatres (as an example) and potential support to registration and qualification as a health care professional.

With all staff members given opportunities to identify their personal learning needs and up-skill through numeracy challenges and declared learning need leaflets. From the learners we spoke to we heard that these opportunities have increased confidence and the aspiration to learn more, such as undertaking APPLE qualification so they can support students in the department.

HEEM would congratulate the Trust on their approach to supporting staff within bands 1-4 and recognises the need to explore opportunities for suitably interested and qualified staff to enter professional training and work with local HEIs to develop bridging modules and Accreditation of Prior Learning (APL).

## 4: Good Practice and Innovation (cont'd)

### **Advanced Clinical Practice**

We met with a team that were hugely enthusiastic about their role and we heard about Advanced Clinical Practice in the Emergency Department and Acute Medicine and the potential to roll out the programme more widely. We heard that they are maximising opportunities for shared learning and education, for example, they are attending postgraduate medical training sessions both to learn and to present. Good Consultant support for the programme was reported. They are also providing educational input for medical students and student nurses.

### **Surviving Sepsis Package**

The visiting team were very interested to hear about this training package for student & qualified nurses and met with very enthusiastic and committed trainers.

### **Postgraduate Medical Education**

We were very interested to hear about the developments in medical education including

- Clinical Human Factors Teaching
- EMPSIS Course – Core simulation for surgical trainees
- SIPS – Staff Improving Patient Safety. This was set up by trainee doctors and is now multi-professional)

We were also interested to hear about the use of technology to support education and training, for example developing the NUH Guidelines App and Hospital @ Night technology.

NUH Clinical Guidelines App is a mobile app that holds all Trust-approved clinical guidelines and other useful tools. It is a free app designed for all healthcare professionals working for the Trust and was designed using a user-centred design approach, with input from over 400 healthcare professionals.

## 4: Good Practice and Innovation (cont'd)

We also heard about the implementation of eObs and eHandover using i-pad and i-phone technology. We heard from student nurses that they felt very supported and prepared and are able to use the E-observation handsets.

HEEM looks forward to hearing the progress about these developments to facilitate the sharing of good practice.

### **Pharmacy**

Learners reported feeling valued and are able to be creative and innovative in a way which supports them in their clinical areas to better support patients and develop themselves professionally.

We heard of good relationships with the university and different professional groups and learned about inter professional insight visits for undergraduates pharmacy students and inter professional learning for pre-registration pharmacists in the hospital setting. We heard about innovative placements for pharmacy students within Occupational Therapy to provide practical learning and develop their communication skills and understanding of the multi-disciplinary team roles. We heard that feedback from pharmacist through the University of Nottingham students in June 2014 was reported as “overwhelmingly positive”.

### **Acute Medicine**

We learned about directorate level specialist led training in areas such as COPD and dementia. There is also case led training relating to concerns so they would take a concern case from practice and explore the legal and professional accountability. We heard sessions are attended by all levels of staff and there is good multi-professional working.

### **Maternity**

The Trust showcased Preceptorship in Maternity Services and Midwifery Research. The visiting team were able to also discuss Clinical Academic Careers in Midwifery.



## 4: Good Practice and Innovation (cont'd)

We understand this programme is attracting newly qualified staff to the Trust. We heard that there is good support from the universities. We also heard of a successful bid by the team to Dragon's Den to develop a maternity app. It was felt that they would like nurse research to get same recognition as medical research.

### **Renal Services**

We learned about an in-house advanced renal course with work based placed learning sign offs. We heard that they would welcome endorsement of the course so that the certificate would be recognisable across England. The Trust also showcased their communications course called SAGE and THYME which will be rolled out to the HCA Academy participants once there are sufficient trainers to support the programme.

### **Multi-Professional Education and Training**

This showcase highlighted the effective use of the flexible Learning Beyond Registration funds. The funding accessed from the Local Workforce Team has been used to enable the delivery of a 2 day practice educator course, with the option of course work. The course is delivered by the University of Derby to a range of health professionals leading the development of the future workforce in their specialism. Health professionals who have where no regulatory requirements for accredited training are targeted e.g. Pharmacists. Those who received the training are now implementing a train the trainer approach to share the good practice.

### **The NUH Student Task Group**

This excellent initiative has engaged Nursing students from the University of Nottingham as a Task Group to work with clinical colleagues as equal partners to promote student involvement in many aspects of practice learning. We heard that the initial partnership resulted in changes to clinical placement arrangements and student nurse integration with a range of trust activities. The student task group has been involved in supporting and developing the 1<sup>st</sup> year student nurse induction days, careers days, and has enabled students to engage more with the local community, for example, via the Nottingham nurses league and widening participation events. Students have also been supported via the task group in implementing projects that have enhanced patient care.

## 4: Good Practice and Innovation (cont'd)

It was reported that as a direct result of this initiative, students feel a real sense of belonging, alignment and partnership with the organisation. An extension of the project via Facebook and Twitter accounts has now been made available to all healthcare students on placement at Nottingham University Hospitals. A newsletter and national publication have raised the profile of this initiative.

### **Healthcare Scientists**

We were able to meet with Healthcare Scientists to learn about Elective Training and research within the Scientist Training Programme (STP). We were also able to have conversations about workforce planning and careers.

### **Burns Education & Digestive Diseases and Thoracic (DDT) Education**

We learned about a staff developed training package to achieve consistency and ensure competency of staff on chest drain removal and also about burn injury study days.

### **Evidence in Nursing Course**

This course is jointly delivered with the University of Nottingham. It was felt this course gives confidence to diploma trained nurses to take the next steps in further education, or for others to revisit. We were pleased to hear that two nurses from Sherwood Forest Hospitals had attended. We heard that this was beginning to drive evidence based nursing.

### **“Just Do It”**

Staff were proud to share details of the 'Just Do It' scheme which enables staff to suggest ideas and effect change. Staff shared with us the innovative idea involving patient escort staff and recovery staff securing funding for a blanket warming cabinet for patients waiting in reception to go into theatre. This gives patient escorts an early warning of a patient's wellbeing and they can take the appropriate action to enable a more successful outcome for patients.

## 5: Good practice Queens Medical Centre

**At the Queen's Medical Centre on November 21<sup>st</sup> we were able to speak with the following groups of learners and trainers about good practice:**

### **Neurology and Neurosurgery Trainees**

The visiting team were able to meet with a large group of Neurology and Neurosurgery Trainee doctors.

### **Neurology Trainees**

The group shared examples of good practice which included:

- Exposure to varied clinics & post clinic feedback sessions.
- It was also reported that the new teaching sessions relating to cases they have seen on call are useful.
- The practice of some consultants sending useful resources to trainees and role expectations before starting in post was welcomed.

### **Neurosurgery Trainees**

Trainee doctors felt that they had good access to supportive Consultants. The Neuro simulation course was reported as good. The group shared examples of good practice which included:

- Consultants and Registrars are friendly and approachable
- Good teaching in place when able to attend
- Excellent relationships with departments such as ITU and Anaesthetics and support services.

### **Neurology and Neurosurgery Trainers**

The visiting team met with a group of Neurology and Neurosurgery Medical Supervisors. We heard that Consultants are enthusiastic to train and feel valued by trainees.

Neurology trainers shared examples of good practice which included:

- Dedicated academic meeting each week
- Excellent medical library

Neurosurgery trainers shared examples of good practice which included:

- Good support from the Training Programme Director
- Access to ARCP Management Course

## 5: Good Practice - Queens Medical Centre

### **Histopathology Trainees.**

The visiting team were able to meet with a group of Histopathology trainees who described a department that was welcoming and friendly with supportive Consultants. Good in-house teaching was also reported.

Trainees also reported a very good range of specimens that they have access to with good exposure to at an early stage in their training.

After early stage of their training we heard of a good example of a Consultant providing skin training which trainees receive once a week which is highly regarded.

### **Trainers and Mentors for Nurses, Allied Healthcare Professionals and Healthcare Scientists.**

The visiting team were able to meet with a large multi-professional group.

We heard that within nursing, the tariff allocation had been devolved to Directorate level with funding down to ward level being an aspiration going forward. This level of transparency with the tariff funding was not reported across all Allied Healthcare Professional professions with some feeling it had not come down to their departments.

We heard that within some departments/ specialties serious untoward incident reporting is explored as a multi-disciplinary team which enabled full analysis of the incident with involvement and engagement of all team members. This was felt to be an area of good practice that the Trust should share across departments/specialties.

Some of the group wished to explore the accreditation of in-house training with a local Higher Education Institute (HEI) which the Education, Commissioning and Development Team at HEEM would be delighted to facilitate.

Trainers and Mentors also reported:

- Good training opportunities throughout career progression.
- Feeling valued and well supported

## 5: Good Practice Queens Medical Centre (cont'd)

### **Recommendation**

- The Trust should explore this model of learning from incidents and consider replicating this across the Trust.

### **Medical Educational and Clinical Supervisors**

The visiting team were able to meet with a small number of very committed medical supervisors. We heard there is a system of job planning and that some trainers are receiving remuneration for sessions on top of their Supporting Professional Activities (SPAs) as Educational Supervisors. Supervisors confirmed that they are appraised in their role of educator as part of the formal appraisal process and progress was reported in the last twelve months with a specific section now included in the appraisal relating to their role as an educator.

Some Supervisors had an understanding of the General Medical Council Recognition of Trainers Project and confirmed there is job planning guidance, time for training and attendance at College exams.

Supervisors reported inbuilt systems to learn from incidents and gave the examples of ward based multi-professional guidance meetings in Medicine and opportunities to join an investigation team to understand the process.

We discussed opportunities for multi-professional learning and supervisors gave good examples of such opportunities including a skills day in Obstetrics and Advanced Nurse Practitioners taking part in weekly teaching in Health Care of the Older Person.

### **Otolaryngology (ENT) Medical Supervisors**

The visiting team were able to meet with a small number of Otolaryngology Medical Supervisors who reflected a generally supportive training environment. Otolaryngology (ENT) Medical Supervisors shared examples of good practice which included:

- Support in their roles through job plans and peer support.
- Examples of good learning opportunities such as multi-disciplinary clinics and meetings close working with other teams including Speech and Language therapy, Audiology.
- Good team working.

## 5. Good Practice - Queens Medical Centre (cont'd)

### **Dental Trainees and Trainers**

The visiting team heard from trainees who were positive and enthusiastic in support for two particular members of staff who are striving to deliver education and training within a busy department. They particularly welcomed the practical teaching and timely feedback provided by them.

The trainees told us that they are able to see a wide range of interesting maxillofacial and oral surgery cases that they would not encounter in a smaller unit.

A full report of the session with Dental trainers and trainees will be published separately.

### **Radiology Medical trainees**

Prior to the visit HEEM were aware that medical trainees in Radiology would not be able to attend the visit to discuss training and education and progress since the 2014 Quality Management visit process. That meeting has been arranged at a later date in December 2014 and the outcomes of that meeting will be reported on in an addendum report.

### **Workload Discussion**

HEEM would like to thank the Trust for the opportunity to discuss the potential impact on education and training arising from workload as this was highlighted as a particular theme at this Trust for a number of specialties in the General Medical Council National Trainee Survey 2014.

We met with Sue Haines, Assistant Director of Nursing and heard that nursing staff are already part of the e-rostering process and the Trust is planning to introduce this for trainee doctors.

The Trust is also exploring the roles of Advanced Nurse Practitioner and Physician Associates. A business plan is being developed to support this across the organisation training to look at funding streams other than Learning Beyond Registration to support the expensive programme. We also had the opportunity to discuss different financial models for the Simulation Centre improving access to all NUH staff.

## 5: Good practice - Queens Medical Centre (cont'd)

### **Undergraduate Medical Education.**

It was reported that progress has been made with the delivery of undergraduate medical education and HEEM would like to thank the Sub Dean for the opportunity to discuss opportunities to further develop post graduate medical education at the Trust.

### **Education and Training Facilities and Resources**

The visiting team were able to visit a number of education and training facilities at Queen's Medical Centre. We were able to visit the Trent Simulation Centre where there are lots of opportunities for joined up working. We heard that the Director of the Simulation Centre has a vision of how simulation can be organised.

We also had the opportunity to visit the Education Centre and learned that the centre is highly valued by academics and clinicians that use it.

We heard of the plans to develop the facilities at the City Hospital however pressures on space were reported. We were interested to hear of the effective use of technology to facilitate distance learning.

### **Visit to Neonatal Department**

The visiting team would like to thank the Neonatal Department for facilitating our visit to the clinical areas where we heard that trainee doctors and nursing staff feel well supported with good access to Consultants. High workload was reported but it was felt this was proportionate and trainee doctors felt confident they would reach their competencies. We also received good feedback about the education package. Consultants also reported that the Trust is supportive of educational activity.

### **Visit to Orthopaedic Wards**

The visiting team were able to visit the clinical ward areas and speak with Foundation trainee doctors. They reported feeling well supported by approachable senior doctors, nurses and Allied Healthcare Professionals. Foundation year 1 trainee doctors also felt supported by Foundation year 2 trainee doctors.

## *5: Good practice - Queens Medical Centre (cont'd)*

We heard positive feedback about their experiences with a Foundation trainee doctor describing their experience as a “fantastic job”. We also heard of good formal teaching.



## 6: Good Practice - City Hospital

**At the visit to the City Hospital on November 27th we were able to speak with the following groups of learners and trainers about good practice:**

### **Meeting to discuss the effective use and transparency of tariff funding and removal of training money**

HEEM would like to thank the Trust for the opportunity afforded to the visiting team to discuss effective use and transparency of tariff funding. The visiting team were impressed with the systems in place for monitoring tariff for the non-medical budget and HEEM would wish to support this. The Trust reported:

- There is a system being established to capture information and allocated tariff funding at a directorate and ward level, it is aimed to have this operational from April 2015.
- Some non-medical tariff money is already being utilised strategically to fund specific Trust wide roles.
- Allied Healthcare Professional and Healthcare Scientist staff acknowledged the assistance they had received from nursing and midwifery colleagues in accessing additional flexible Learning Beyond Registration funding rather than this being allocated purely on a per head basis.

### **Education and Training Facilities and Resources**

The visiting team were able to visit a number of training facilities at the hospital.

We would wish to highlight the facilities in the Radiotherapy Seminar room where we observed the excellent use of IT and software to simulate Radiology which is linked to CT images.

We also heard of the potential to create a multi professional state of the art education and conference centre, it was reported that the funding is available and all that is required is sign off from the Learning and Education Committee and the investment governance committee.

There are ambitious plans for further phases involving refurbishing the midwifery accommodation once completely vacated by the university and in the longer term building a second storey on the centre.

HEEM looks forward to hearing of developments in these areas.

## 6: Good Practice - City Hospital (cont'd)

### **Meeting with Trainers and Mentors for Nurses, Allied Healthcare Professionals and Healthcare Scientists**

The visiting team would like to thank the large group of motivated Mentors and Trainers that joined us to discuss education and training.

We heard of good recognition for mentors and protected time to teach. Trainers and mentors have energy and are motivated and feel that their students are well prepared and confident in their role in their role. A proactive approach by looking at future mentor was reported.

In relation to opportunities to learn from incidents multi- professional morning huddles and the culture was reflected as one of consistently identifying learning opportunities.

Trainers and mentors also reported:

- The infrastructure for educators.
- Informal opportunities for multi-professional learning.
- Preceptorship Programme.
- Good mechanisms are in place to learn from incidents.
- Recognition of a change in culture towards emphasising the value of education.

### **Meeting with Medical Supervisors**

Supervisors are working hard to provide the best opportunities for trainees and were going above and beyond to give a good training experience despite clinical pressures and a seeming reduction in trainees across specialties and grades. Trainers felt generally supported by the Trust to complete training in their education roles.

We heard of good practice in Obstetrics and Gynaecology with regular educational supervision updates ensuring trainers are up-to-date with College requirements so that trainee doctors are prepared for their ARCPs.

We also heard of good examples of learning from incidents such as the Obstetrics and Gynaecology governance newsletter.

## 6: Good Practice - City Hospital (cont'd)

### **Surgery Foundation Year 1 and Year 2 Trainee Doctors**

The visiting team met with a very small group of Surgery Foundation Year 1 and Year 2 trainee doctors who discussed the following areas of good practice:

- Bleep free training that trainee doctors are able to attend.
- Foundation Year 2 Training experience is good with continuity of trainers and an ability to get to know the multi-disciplinary team.
- Specific Foundation Year 2 training which trainee doctors are able to attend and is relevant.
- Consultants work as a team.
- The grand round in upper GI is a good learning experience

### **Surgery Foundation Year 1 and Year 2 Trainers**

The visiting team were disappointed that only one trainer attended the session and therefore we are unable to report a representative view from trainers. However, we would like to thank the trainer that attended for their attendance and time.

### **Urology Trainees and Learners (Multi-professional group)**

The visiting team met with a large multi-professional group of learners who reported:

- Good supervision.
- A department that is friendly, supportive and well organised with a “good team spirit”.
- Good access to multi-professional training.
- A recognition of increased workload but this was felt to be “manageable” and “achievable”.
- They would be happy for a family member to be treated in the department.
- Good multi-disciplinary team working with “no hierarchy” and monthly multi-professional governance meetings.
- Good feedback given from seniors, Nurses and Consultants.
- Encouragement to attend training.

## 6: Good Practice City Hospital (cont'd)

### **Urology Trainers and Mentors (Multi-professional group)**

We met with an enthusiastic multi-professional group of trainers who reported a flattened hierarchy and a lack of barriers to communication between departments and different professions. The visiting team were impressed by the leadership skills of the group.

We discussed good formal education opportunities for trainee doctors with examples given of mock exams and encouragement to be involved in teaching themselves. We heard of tailored learning opportunities for multi-professional team members, an example given of this was the support given to a Healthcare Assistant to train as a nurse.

Good support in their role as educators was reported and examples given of this support included update training, Mentor updates and equipment training.

The team highlighted the “accountability handover” which includes the patient voice.

We also discussed the weekly multi-disciplinary governance meetings where there is learning from incidents. Learning is then disseminated through minutes of the meeting and individual discussions.

Support for learners appeared effective with enthusiastic trainers, a proactive approach and an encouragement of learners to approach other team members to gain skills and knowledge.

### **Haematology Trainees and Learners (Multi professional group)**

The visiting team heard of a supportive team with reports of team members being happy to help, respect for each other’s roles, availability of the multi-disciplinary team and good multi-disciplinary team working. The post was described by one learner as the “best placement that provided good support and made me feel welcome”.

Many learners reported never having to work outside their level of competence and it was also reported that if one is unsure there are “multiple colleagues” to ask. We also heard that this situation is usually used as a learning experience.

## 6: Good Practice - City Hospital (cont'd)

We heard about daily handovers including:

- A nursing, medical and physiotherapy handover in the morning and
- A nursing and medical handover in the afternoon.

Other areas of good practice included

- Multiple teaching sessions.
- Consultants that are keen to teach.
- “Superb clinical experience” in Haematology.
- Good exam support.

### **Haematology trainers and mentors (Multi-professional group)**

Trainers and Mentors reported a number of areas of good practice which included:

- Excellent team working and support with a strong Consultant presence and valuable support from Clinical Nurse Specialists, Pharmacists and Acute Oncology Service Nurse Specialists.
- “A wealth of knowledge” within the department.
- Good multi-disciplinary opportunities for training which included disease specific multi-disciplinary team meetings, a nurse led education day, Consultants teaching on the nursing Haematology module and joint teaching with laboratory and nursing staff.
- Good opportunities for trainee doctors to engage with audit and clinical research.
- Exposure to different clinical settings.

## 6: Good practice - City Hospital (cont'd)

### **Clinical Oncology Trainee Doctors**

HEEM discussed with the Clinical Oncology Trainee doctors the results of the General Medical Council Trainee survey results. The trainee doctors were surprised that the results for some of their training and education compared less favourably to other Trusts. They felt that their training and education was good and went on to say that they would all recommend their post to a friend. They also confirmed that regional teaching is bleep free.

Trainee doctors reported a number of areas of good practice, they feel well supported by the consultants and able to contact them at any time. They attend peripheral clinics and feel that they are able to do this because the juniors can contact either the consultant or a registrar about patients, so it is possible for them to work without being interrupted.

The Registrars commented on the fact that they shared an office which was great for information giving and allowed them to support each other.

They felt they were well supported with good cross cover and good time with the consultants, and when asked to rate their training, the results were very positive with four trainees rating training 4.5/5 and one trainee at 3.5/5.

Good feedback was also reported in relation to:

- Good opportunities for Radiotherapy planning and good exposure to emergency admissions and a range of clinics.
- Good regional teaching days with encouragement from consultants to attend, specific Radiotherapy teaching weekly and good exam preparation.
- Regular informal feedback from consultants.
- Close working and support with various multi-disciplinary team members.
- Good induction into the department, led by a senior Registrar.

## 6: Good practice - City Hospital (cont'd)

### **Clinical Oncology Trainers (Medical Education Clinical and Educational Supervisors)**

We heard that the supervisors felt that trainees in Clinical Oncology were well supported and committed and that trainees were getting a good exposure at Specialty Training level. Supervisors confirmed time is allocated in their job plans for training.

Trainers reported excellent Radiotherapy training, good regional teaching and good support in their role of trainer from the Training Programme Director and colleagues.

We learnt of a shared base clinic room which facilitates teaching throughout a clinic and a new acute oncology service that supports junior doctors on the wards.

### **Plastic Surgery Trainee Doctors**

The visiting team received very positive feedback about the training and education in plastic surgery. Trainees were complementary about their trainers and we heard descriptions such as “fantastic” and “exceptional” referring to Consultants in the department. It was also reported that the Clinical Lead is “superb”, supportive of training and is proactive. We also received good feedback about teaching and study leave. Trainee doctors highlighted as good practice the cleft palate service and the breast surgery service.

***We are grateful to the Trust for sharing these examples of good and innovative practice. We would like to thank all of the learners that attended the showcase sessions for their enthusiasm and engagement in the events. HEEM is supportive of the Trust in seeking opportunities to promote this work to a wider audience.***

## 7. Areas for Improvement - Queens Medical Centre

### Neurology and Neurosurgery Trainees

#### Neurology Trainees

We heard serious concerns raised by trainee doctors who reported:

- A tension between service and training and an over reliance on trainee doctors.
- An unequal distribution of workload meaning that trainee doctors on the ward feel overstretched.
- A lack of Consultant support for acute care and a feeling of a lack support and a lack of senior input on the ward.
- Patient follow ups are left to trainees to arrange.
- Clinic over spill is left for trainees to sort out on the wards and trainees felt uncomfortable breaking bad news of serious diagnoses for patients they had never been previously involved with.
- Working in a “blame culture” with feedback being described as “public humiliation”. We heard examples of criticisms and blame on ward rounds in front of patients and the multi professional team.
- A lack of confidentiality in feedback with trainee doctors reporting hearing criticisms made of their performance from senior colleagues in other specialties.
- Some Consultants being unavailable either in person or over the phone. It was further reported that on occasions the on call Consultant was out of the country.
- Whilst there is a grand ward round once a week, there is no ward round for take patients. It was reported that these patients rarely have a Consultant review unless they very seriously ill.
- There is a lack of recognition of different skills levels.
- An environment in which it is difficult to complain and voice concerns due to perceived implications for their careers.

The visiting team wish to highlight that the opinions reported were not the opinion of one individual and reports related to the Queens Medical Centre, not other areas of the Neurology rotation.

Trainees also discussed with the visiting team their feelings of pressures to falsify information on working time monitoring and provide sanitised feedback on this visit. Following the visit HEEM requested evidence of



## 7. Areas for Improvement - Queens Medical Centre (cont'd)

communications to support the concerns relating to these pressures felt. Communications received by HEEM have not evidenced the concerns to falsify information or sanitise feedback to the visiting team.

Trainees provided feedback through discussion in a “post it session” where trainees are asked to provide feedback on a number of themes on post it notes. Due to the significant amount of feedback received on the post it notes we explored only supervision in discussion. We intend to meet again with trainees early in the New Year.

Further, HEEM Quality team will arrange to meet regularly with trainee doctors in Neurology to closely monitor all concerns.

HEEM have informed the Care Quality Commission and General Medical Council of the concerns raised in Neurology.

Trainee doctors also reported that the Educational programme is an area for improvement as it was reported that attendance at teaching is difficult due to the pressure of service and workload and many of the training days have been cancelled.

### **Requirements**

- The Trust must investigate the concerns raised by trainee doctors in Neurology and implement an urgent action plan to address the areas of concern raised. HEEM is aware that the Trust are investigating the issues reported and have appointed an independent clinical lead.

### **Neurosurgery Trainees**

Trainee doctors felt that Consultants provided appropriate and supportive feedback although felt that occasionally it could be overly robust. We heard issues highlighted in Specialty training years 1-3 who are mainly ward based and concerns were expressed regarding the attainment of competencies. Specialty Trainee Doctors in Years 1-3 felt that they did not have the opportunity to go to theatre or clinic and reported that affected their ability to get current competencies. We heard that there is a split between neurosurgery and spinal surgery and therefore felt they had inadequate exposure to spinal experience for their curriculum.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

We heard concerns expressed in relation to workload as non career doctor posts remain unfilled. Trainee doctors also discussed a lack of secretarial support available.

The Neuro simulation course was reported as good by the Core trainees but we heard it was perceived by them that this was the only “operative” training that they had received.

### **Recommendations**

- Review the training opportunities in the specialty to ensure all trainee doctors have the opportunity to attain their competences, particularly in relation to training opportunities in theatre and clinic.
- Ensure trainee doctors have sufficient exposure to spinal experience for their curriculum requirements.
- Explore with trainees their formal training needs (eg simulation).
- Ensure feedback is appropriate and supportive.
- Work with trainee doctors to find solutions to the reported lack of secretarial support.
- Continue to proactively recruit to vacancies.

### **Neurology and Neurosurgery Trainers.**

The visiting teams met with a group of Neurology and Neurosurgery Medical Supervisors. We heard that it was felt that trainers felt unsupported and unrewarded in their roles as trainers. They felt their training roles were not recognised or valued by the trust and cited workload pressure and service commitments as a barrier to provide training and training supervision. We heard a description of pressure from the Trust to meet targets as overwhelming. All Supervisors that we met with in the session reported that they did not have any time identified in their job plans for their training role.

We heard of the impact of service pressures on the training of trainee doctors. It was also reported that the level of competence for trainees was less than historically for their year of training. An example of this given was Specialty Trainee doctors years 1-3 who do not get experience in theatre when doing neurosurgery do not get to theatre and therefore do not get those skills preparing them for year 4 of Specialty Training.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

We heard a general feeling that the Consultant body is under resourced in terms of number of Consultant colleagues compared to comparable Trusts.

Supervisors advised that Neurology is outpatient based and therefore more junior staff are on the wards. They felt that there was considerable service pressure which did not allow them to train at an appropriate level for the trainee in clinic. We also heard that they felt that in clinic the trainees are there for service rather than training. Supervisors expressed that they would like to be able to provide better training but feel under resourced and that this pressure leads to exclusions of training opportunities.

Supervisors described that there is not an opportunity for daily ward rounds or Consultant presence at the weekends or out of hours. They felt this has an effect on patient flow and it was stated that it can also lead to an over investigation of patients. However, Consultants did not believe this had an impact on patient safety.

We heard that there is no culture of routine feedback.

Supervisors felt that appraisal was part of their trust appraisal and Personal Development Plans (PDPs) could include educational objectives. Supervisors reported that HEEM courses had been good but in Neurology they would like greater local provision of Educational Supervision courses rather than long courses in London. We heard a lack of awareness of the criteria for the revalidation of trainers (Trainer Recognition Project).

### **Requirements**

- The Trust must develop a strategy that embeds education and training within all clinical environments
- The Trust need to develop a policy to recognise and value the contribution of named Educational and Clinical Supervisors and multi professional trainers. This requires clear job planning, role descriptions and expectations of all staff involved in education.

### **Recommendation**

- The Trust should communicate the requirements of revalidation for trainers (Trainer Recognition Project) more effectively to trainers and also flag opportunities for achieving these competencies.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

### **Histopathology Trainee Doctors**

The visiting team met with a group of trainees who shared their experiences of education and training at the Trust. On the whole the visiting team felt disappointed at the lack of progress or improvement since the HEEM Quality Team met with trainee doctors at a Programme review in January 2014.

Trainees reported no patient safety concerns and felt this department was safer than other departments they had worked in.

They reported that Consultants are happy to teach but at present most local teaching is trainee led and organised. We heard of the need for more teaching slides.

Trainees reported that there was not a regional teaching programme. They agreed that they would welcome a robust rolling regional programme with materials distributed in advance. It is understood that first year Specialty trainees have some training at University Hospitals of Leicester but we heard that it can be difficult to attend.

Trainees described difficulty in gaining experience in post mortems. Trainees recognised that the mortuary has the pressure of a high workload however trainees described the feeling of being “a nuisance” within the mortuary and reported that some mortuary staff are negative towards them. Trainees discussed the impact of this and anxiety as to whether they would reach the amount of experience required for their training and ARCPs.

We heard reports of variable quality of one to one supervision and that not all supervision was felt to have educational value. However trainee doctors did recognise attempts to address this with some time spent in Leicester for breast Cytology training. It was reported that it was felt there was a need for refreshers for some Educational Supervisors around curricula and e portfolios. We also heard that some Educational Supervisors were assigned late (an example given was two months after starting training).

We were able to discuss the new School of Pathology. Trainees felt that with the move to a regional Training Programme Director they felt more isolated and felt uncertainty in relation to study leave mechanisms. Trainees reported that they would welcome more communication from the School of Pathology.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

We also heard concerns relating to the Study leave system in that the FRCPATH Part 1 (course) and Part 2 (exam) are not on the HEEM study leave approved list. We will advise the HEEM Study leave team and ask for this to be reviewed.

### **Recommendations**

- The department should work with the trainee doctors to develop a local teaching programme that best meets their training needs.
- Review training opportunities in the mortuary and establish a plan to ensure trainee doctors have the appropriate level of opportunities in order to achieve their training requirements.
- The Trust and the School of Pathology work together to resolve issues relating to behaviours in the mortuary towards trainee doctors as a matter of urgency.
- Ensure all opportunities for teaching and learning within supervision are taken.
- Ensure Educational Supervisors are allocated either before commencing their post or at the time the post commences.
- HEEM will recommend to the School of Pathology that a robust regional teaching programme needs to be developed urgently.
- HEEM will highlight to the School of Pathology the concerns raised relating to the development of the new School and feelings of isolation for the school to address.

### **Trainers and Mentors for Nurses, Allied Healthcare Professionals and Healthcare Scientists**

We heard, particularly from Allied Healthcare Professions of a need to acknowledge and recognise the roles of educators and mentors. As an organisation it was felt that the roles could be better recognised through appraisals, 360 degree feedback and role descriptions and appropriate time to support learners.

We heard that within nursing, the tariff allocation had been devolved to directorate level with funding down to ward level being an aspiration going forward. This level of transparency with the tariff funding was not reported across all Allied Healthcare Professional professions with some feeling it had not come down to their departments.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

Recent challenges around Learning Beyond Registration were acknowledged by HEEM who will continue to work with the Trust and HEIs towards a mutual understanding and agreement.

### **Requirement**

- The Trust need to develop a policy to recognise and value the contribution of multi professional trainers. This requires clear job planning, role descriptions and expectations of all staff involved in education.

### **Recommendation**

- Demonstrate allocation and distribution of tariff funding to department/directorate level with associated spending plan to ensure transparency internally.

### **Medical Educational and Clinical Supervisors.**

The visiting team were able to meet with a small number of medical supervisors who described good support in their role as educators. They described some variability between departments in relation to time given for roles, although it is recognised that the Recognition of Trainers Project is a new process and will need to be embedded.

We discussed potential areas for improvement to support them in their role of educator. These areas included:

- Guidance on activities that are included in Supporting Professional Activities (SPAs)
- A trust approach to seeking feedback from their trainees in their roles as educators

### **Requirement**

- The Trust need to develop a policy to recognise and value the contribution of named Educational and Clinical Supervisors. This requires clear job planning, role descriptions and expectations of all staff involved in education.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

### Recommendations

- The Trust should communicate the requirements of revalidation for trainers (Trainer Recognition Project) more effectively to trainers and also flag opportunities for achieving these competencies.
- Ensure supervisors have clear guidance on activities that are included in Supporting Professional Activities (SPAs)
- Develop a trust approach to seeking feedback from trainees about their trainers and educators

### Otolaryngology (ENT) Medical trainees

The visiting team were disappointed not to be able to meet with Otolaryngology (ENT) Medical trainees. HEEM would like to arrange a meeting with the trainees early in 2015.

### Requirement

- Identify a convenient time for the Otolaryngology Medical trainees to meet with the HEEM Quality team in early 2015 to discuss their education and training.

### Otolaryngology (ENT) Medical Supervisors

The visiting team were able to meet with a small number of Otolaryngology Medical Supervisors who reflected feeling a lack of support and value in their roles as educators for example we heard that there is Otolaryngology (ENT) Medical trainers no recognition within job plans for training roles. It was also reported refresher training and training to develop their role as trainer would be welcomed.

### Requirement

- The Trust need to develop a policy to recognise and value the contribution of named Educational and Clinical Supervisors. This requires clear job planning, role descriptions and expectations of all staff involved in education.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

### **Recommendation**

- The Trust should communicate the requirements of revalidation for trainers (Trainer Recognition Project) more effectively to trainers and also flag opportunities for achieving these competencies.
- Work with the trainers to identify training needs relating to their role of trainer.

### **Dental Trainees and Trainers**

The visiting team were concerned to hear that trainees received little formal teaching, with minimal input from senior staff within the department. The trainees told us that they felt the 15 minute weekly sessions, at 7.45am were of little value. We also heard that trainees were frustrated by the lack of hands on experience, and were unhappy with the arrangements for handover between the night team. The visiting team felt that there was insufficient support for and involvement in education and training among the consultant body in the department, and were concerned that the burden appears to fall on a one or two individuals.

A full report of the session with Dental trainers and trainees will be published separately.

### **Undergraduate Medical Education.**

During our meeting with the Sub Dean to discuss undergraduate medical education we were able to explore the following areas to develop:

- A Trust education and training strategy for undergraduate medical students which will need to be signed off through the governance process to Board level.
- An Executive on the Board to champion undergraduate medical education.
- A better understanding of funding streams and how to use funding effectively for undergraduate medical education.
- Recognition for trainers for undergraduate education and training in line with Postgraduate Medical Educators with the Trainer Recognition Programme.



## 7. Areas for Improvement - Queens Medical Centre (cont'd)

The impact of service reconfiguration on training and education for undergraduate medical education was also discussed and it was felt a new vision is needed for delivery of undergraduate medical education which needs to be in conjunction with the commissioner or manager that makes decisions on reconfiguration of services.

It is recognised that progress has been made but there is considerable progress to make. It was felt that support is needed from the Trust to ensure that undergraduate medical students continue to have a good placement.

### **Recommendations**

- The Trust and University should work together to ensure good undergraduate training and education and further explore and develop the areas discussed:
- A Trust education and training strategy for undergraduate medical students.
- Board champion.
- Understanding and effective use of funding.
- Recognition for trainers for undergraduate education and training.

### **Education and Training Facilities and Resources**

The visiting team were able to visit a number of education and training facilities at Queen's Medical Centre. We were able visit the Trent Simulation Centre and heard that small rooms hamper multi professional education but there are innovative ideas of how this can be achieved. A lack of out of hours opportunities for access were reported.

We heard about the vision for how simulation could be more effectively organised however barriers to this were reported and it was felt that a Trust wide strategic vision would be of benefit.

We also had the opportunity to visit the Education Centre and recognise the requirement to generate income hampers long term planning. We heard of the plans to develop the facilities at the City Hospital however currently there are pressures on space with only one facility at the City Hospital site for large group teaching. We were interested to hear of the effective use of technology

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

to facilitate distance learning but also heard this is reliant on technicians each time the system needs to be set up.

The visiting team felt there are opportunities for more joined up working across profession and sites within the Trust and with the University.

### **Recommendations**

- Develop a Trust Strategic vision for education and training facilities.
- Consider more efficient ways to deliver distance learning to reduce the reliance on technicians each time the system needs to be set up.
- Develop opportunities for more joined up working across profession and sites within the Trust and with the University.

### **Visit to Acute Care Skills Training Course (DREEAM Suite)**

We heard the funding of two whole time equivalent Nurse Educators is until April 2015. They do income generate where possible and this is fed back into the department for training however more sustained funding would allow long term planning.

We also observed that there were no sinks in the training area.

### **Recommendations**

- Explore sustainable funding opportunities.
- Ensure the training environment meets the training needs of the learners.

### **Visit to Neonatal Department**

We heard that there are some gaps on the rota and the workload is high but proportionate. It was also reported that there is some reliance placed on senior nurses to support trainee doctors.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

We heard good feedback relating to education packages but that the facilities are not being used effectively and there is minimal access to post registration courses.

The Consultants reported that the environment at Queens Medical Centre is cramped with a lack of space generally. We heard of a lack of knowledge of the senior education medical team.

### **Recommendations**

- The senior education medical team should meet with the department to explore these concerns and consider solutions.

### **Visit to Orthopaedic Wards**

The visiting team were able to visit the clinical ward areas and speak with Foundation trainee doctors. We heard of a lack of clarity relating to their role and job description as some trainees reported spending a significant amount of their post on the Healthcare of the Older Person wards, which they indicated they were not expecting. The job was badged as a Trauma and Orthopaedics job and we were concerned to hear that trainees were allocated to the Trauma and Orthopaedics wards for one six week block in the four month placement. The remainder of their time was spent with Orthogeriatrics or Healthcare of the Older Person. We will advise the Foundation School of this and work with the Trust to ensure this post meets the requirements of the Broadening the Foundation Programme.

Foundation trainee doctors were not aware of the Placement Supervision Group and it was unclear how their Clinical Supervisor received feedback from other supervisors, for example after time spent in Healthcare of the Older Person, to complete the trainee's end of placement report.

It was reported that patients that are admitted overnight are seen by the admitting team. In relation to other patients on the wards that were not admitted the night before we heard of a lack of clarity in relation to the review of those patients.

We also had the opportunity to discuss medical patients that are outlied on the Orthopaedic wards and we heard of a lack of clarity of ownership for

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

patients and who to contact. Foundation trainee doctors reported some patients that are outlied are transferred from the admissions unit with significant medical problems or are unstable and we heard it was unclear who to contact for advice. We were able to discuss with Foundation trainee doctors their working day and heard that it can be left to the Foundation Year 1 trainee doctors to manage patients for significant periods of time as there is not a senior review on a day to day basis.

Trainees provided mixed feedback in relation to ward “on the job” training opportunities. We heard of:

- good opportunities, e.g. learning conversations on ward rounds that encouraged trainee doctors to research issues further as a result
- training opportunities that relied on chance meetings between team members e.g. meeting a Speech and Language Team colleague in the ward and then observing an assessment
- potential training opportunities that could have been missed, eg a discussion relating to a treatment plan that did not explore reasons behind the plan.

We heard that that the placement could be improved by securing a mechanism so that Foundation doctors can handover information to the Foundation trainee that is taking up that post in the following rotation.

### **Recommendations**

- Ensure the role description reflects accurately what a Foundation trainee doctor should expect during the post.
- Work with the Foundation School to ensure this post meets the requirements of the Broadening the Foundation Programme.
- Ensure Foundation trainee doctors have senior support and that is clear where they can access that support.
- Ensure there is a robust system in place to ensure all learners are aware of who is responsible for patients that are outlied on the wards and who they can contact.

## 7. Areas for Improvement - Queens Medical Centre (cont'd)

- Clarify and share with trainees the mechanisms for feedback from other clinical areas to the trainee's Clinical Supervisor to ensure that feedback from other clinical areas is included in their end of placement report.
- Explore the potential to develop learning opportunities in routine work (eg discussions of treatment plans and multi-professional learning opportunities).
- Consider the implementation of the suggestion to put in place a mechanism through which Foundation trainee doctors can at rotation hand over relevant information to the Foundation trainee doctor coming into the post.
- Ensure trainees and trainers are aware of the role of the Placement Supervision Group.

## 8. Areas for Improvement – City Hospital

### Service Pressures

At the visit to City Hospital the visiting team felt that the theme of service pressures was reported through the sessions with learners and trainers and the impact that had on education and training. For example, it was felt, for trainee doctors, there was good commitment to Speciality Training year 3 and above however it was perceived that the focus for more junior doctors was service and being based on the wards. We heard that training opportunities were being missed because of service commitments.

We heard that the model for Foundation level trainee doctors focusses learning opportunities at the City Hospital whilst supporting rotas at the Queen's Medical Centre. It should be noted that this is at odds with the reports from junior nurses who felt supported and want to stay at the Trust.

The visiting team repeatedly heard the need for more trainees as a solution to the issue and the Trust is aware that this is not an available solution. HEEM would commend the Trust for looking at non-medical solutions to the issues raised and recommend this is explored and the strategy communicated to the wider Consultant body.

### Requirement

- The Trust must develop a strategy that embeds education and training within all clinical environments.

### Recommendations

- Explore non-medical solutions to the issues of workload and the impact of service commitments on training and education.
- Communicate the strategy developed with the wider Consultant body.

### Clinical Oncology Trainee Doctors

Trainee doctors reported that their workload is variable between teams with on call duties reported as very busy. They discussed the advantages and disadvantages of ward and team based working.

They attend peripheral clinics and feel that they are able to do this because the juniors can contact either the consultant or a registrar about patients, so it

## 8. Areas for Improvement – City Hospital (cont'd)

is possible for them to work without being interrupted, they highlighted that this was difficult for the juniors to adapt to at first and perhaps this could be made clearer at induction.

Trainees said that radiotherapy time is seen as free time when people know they can interrupt them, and that this is not always conducive to actually planning radiotherapy. Trainees reported welcoming more formal radiotherapy planning time and that it includes more radiotherapy based teaching eg physics and practical aspects.

Other areas for improvement reported were:

- Local teaching is not currently protected and is interrupted by bleeps.
- More formal appraisals with full feedback would be welcomed.

### Recommendations

- Explore suggestions made for the improvement of Radiotherapy planning time.
- Ensure local teaching is protected.
- At induction ensure trainee doctors are aware of the working arrangements whilst colleagues are in peripheral clinics.

### Clinical Oncology Supervisors

It was reported that the specialty has moved away from team working and this had possibly made the role for juniors more isolating.

We heard that engagement with trainees was more focussed on service delivery and patients. The visiting team felt that the specialty could involve learners in the development and improvement of education and training. It was recognised to be a very busy department and the visiting team felt that there are opportunities to explore service design and training and education especially for junior doctors.

We heard that some jobs are busier than others and the balance of work could be reviewed. We heard of the impact of the levels of patients outlied on other wards on trainee doctors and the challenge of managing these patients.

## 8. Areas for Improvement – City Hospital (cont'd)

The visit team felt that trainers for the more junior trainees could further support each other with the two sets of trainers working together.

Trainers reflected a need Trainers felt that their training role was not always fully recognised in job planning for Educational Supervisors and teaching time.

Trainers also reported other potential areas for improvement including:

- More time for Radiotherapy training.
- There is more scope for multi-professional team working.
- A mentor system might work well for exiting trainees to provide “buddy” support to more junior colleagues.
- More training for Educational Supervisors and Clinical Supervisors would be welcomed.

### Requirement

- The Trust must develop a strategy that embeds education and training within all clinical environments.

### Recommendations

- Consider different working structures to ensure trainees are well supported.
- Review the balance of workload between posts.
- Explore further opportunities for multi-disciplinary team working.
- Explore the suggestion of a buddy system. Ensure the role of trainer is recognised in PAs and role descriptions.
- Ensure there is no disconnect between more junior doctors that are ward based and the senior team.
- Develop a policy embedding a consistent approach across the Trust for the medical management of patients that are outlied.



## 8. Areas for Improvement – City Hospital (cont'd)

### **Tariff Funding**

There is a system being established to capture information and allocated tariff funding at a directorate and ward level. It was reported that there is a risk of destabilisation to some departments and will need to be managed.

We heard that Allied Healthcare Professional and Healthcare Scientist staff acknowledged the assistance they had received from nursing and midwifery colleagues in accessing additional flexible Learning Beyond Registration funding rather than this being allocated purely on a per head basis however it was felt unclear whether this is sustainable.

It was felt that systems need to be established to capture non HEEM commissioned placement activity. HEEM has offered to support this by providing contacts.

More work will be required to align education costs in order to inform the next round of the Department of Health cost collection exercise and this will require regional consensus.

### **Recommendations**

- Ensure risks of destabilisation are assessed and monitored.
- Establish and monitor the system to capture information and allocated tariff funding at a directorate and ward level.

### **Education and Training Facilities and Resources**

The visiting team were able to visit a number of training facilities at the hospital. It was apparent at both visits that the Clinical skills tuition is not coordinated across the trust although there is some ad hoc collaboration.

It was reported that

- Foundation Year 1 trainee doctors are missing out on clinical skills training at induction that they previously use to receive because the induction time has been cut short.
- There is the potential for development of the repository centre to incorporate clinical skills facilities.

## 8. Areas for Improvement – City Hospital (cont'd)

- The clinical skills centre generate a surplus from external training but there does not appear to be a clear process for ensuring this is reinvested in upgrading facilities or equipment.

### **Library**

The visiting team heard that the library has been carrying an unfilled staffing vacancy at band 2 since February. This leaves more senior staff to carry out basic clerical tasks and means they are unable to develop the service effectively. The pooling arrangements for administration staff within the wider department which should support the library is not working effectively.

It was felt that the funding within the Service level agreement with the university for books and journals needs to be managed from the City Hospital so that it can be invested in electronic resources for all the trust staff.

We heard of a lack of clarity around the extent to which the library is supported by tariff funding and that the library feels unsupported within the directorate of learning and organisation development. Library staff would like to be more involved in supporting clinical activity and they would also like to be directly represented on the LEC.

### **PG Facility in Midwifery building**

There is the potential to create a multi professional state of the art education and conference centre, the funding is available and all that is required is sign off from the LEC and the investment governance committee.

There are ambitious plans for further phases involving refurbishing the midwifery accommodation once completely vacated by the university and in the longer term building a second storey on the centre.

It is understood that these developments have been discussed over a number of years without reaching fruition and now need to be actioned.

We also observed rooms (for example the Learning Centre) and were concerned at their fitness for purpose.

## 8. Areas for Improvement – City Hospital (cont'd)

### Recommendations

- Actively recruit to unfilled staffing library vacancy.
- Ensure Foundation Year 1 trainee doctors are not missing out on clinical skills training because the induction time has been cut short.
- Explore the potential for development of the repository centre to incorporate clinical skills facilities.
- Ensure there is a clear process for the reinvestment of funding in training and education.
- Update HEEM with actions taken to develop the education and conference centre.
- Ensure all training rooms and facilities are fit for purpose.

### Meeting with Trainers and Mentors (multi professional group)

We heard that in relation to the support trainers and mentors receive it was sometimes felt that line management does not always understand the educational role.

Trainers and mentors also reported:

- The MSC training scheme (Modernising Scientific Careers) is very administratively intensive for supervisors and trainers.
- Formal appraisal does not always allow for a full understanding of roles as appraisals can be undertaken by other professionals.
- A lack of time for education and training and inconsistency was reported in providing protected time across the professions.

### Requirement

- The Trust need to develop a policy to recognise and value the contribution of named Educational and Clinical Supervisors and multi professional trainers. This requires clear job planning, role descriptions and expectations of all staff involved in education.

### Recommendations

- Explore with trainers ways in which they can be better supported whilst supervising learners on the MSC training scheme

## 8. Areas for Improvement – City Hospital (cont'd)

### Meeting with Medical Supervisors

Trainers reported a lack of clarity of the requirements of the role of Educational Supervisor and their job plans and how long the role might take.

### Requirement

- The Trust need to develop a policy to recognise and value the contribution of named Educational and Clinical Supervisors. This requires clear job planning, role descriptions and expectations of all staff involved in education.

### Recommendation

- The Trust should communicate the requirements of revalidation for trainers (Trainer Recognition Project) more effectively to trainers and also flag opportunities for achieving these competencies.

### Foundation Year 1 and Year 2 Trainee Doctors

The visiting team met with a very small group of trainee doctors who reported:

- A heavy workload.
- There are 10 Foundation Year 1 trainee doctors nominally based at the City Hospital but they work across both sites. It was felt that this model does not work as Foundation Year 1 trainee doctors spend a short period of time at the City Hospital when there can be one or three of them in attendance. We heard that they are often on their own unless there is a Foundation Year 2 trainee doctor.
- There is a lack of continuity of trainers and difficulty in ensuring competencies are signed off. (Foundation Year 1).
- The teaching programme is not dovetailed across the City and Queens Medical Centre sites so that a trainee doctor could attend the same training at both sites and miss others.
- On call duties can be difficult and we heard receiving the induction booklet but felt it had not assisted.
- A lack of knowledge of the Placement Supervisor Group.
- Foundation Year 2 trainee doctors are attending trauma calls.

## 8. Areas for Improvement – City Hospital (cont'd)

We understand the surgical pathway at Queen's Medical Centre is being reviewed and we look forward to hearing the outcome of the review.

### **Requirement**

- The Trust must develop a strategy that embeds education and training within all clinical environments.

### **Recommendations**

- Review the present model of working by looking at the needs of the Foundation Year 1 trainees at the City Hospital, multi-professional solutions to workload issues and to address the report of Foundation Year 2 trainee doctors attending trauma calls.
- Ensure all trainee doctors and trainers are aware of the Placement Supervisor Group and its role.
- Update HEEM with the outcomes of the surgical pathway review and any implications for training and education.
- Ensure Foundation trainee doctors are able to get their competencies signed off.
- Ensure Foundation Trainee doctors have, where possible, continuity of trainers.

### **Urology Trainees and Learners (Multi-professional group)**

We heard reports that sometimes nurses on the ward do not know who to contact and that communications channels could be improved. It was felt inefficient to ring around to find out who was the correct person to speak to.

We heard that urology trainee doctors maintain responsibility for urology patients outlied on other wards. However, they were asked to manage some aspects of care of non-urology patients on their ward eg. by completing discharge letters.

A need for competency training for nursing skills was reported with an example of catheterisation skills being given. We heard examples of a lack of funding for external courses (LBR module) and courses cancelled due to funding and a request to postpone courses due to clinical and financial constraints.

## 8. Areas for Improvement – City Hospital (cont'd)

### Recommendations

- Ensure all members of staff on the ward are aware who to contact in relation to a patient's care.
- Ensure nurses have access to regular competency training where required.
- Develop a policy embedding a consistent approach across the Trust for the medical management of patients that are outlied.
- Discuss with learners areas in which further training is felt to be needed.

### Urology Trainers and Mentors (multi-professional group)

We heard a request for more notice to be given by HEEM of training courses and a report of not being able to attend such a course as a requisite 6 week notice had not been given. We were able to discuss training needs and we were advised that more training relating to foundation doctors would be welcomed because it was felt that trainers were less familiar with changes to the foundation curriculum.

The impact of service commitment on training was discussed and it was felt that when all foundation level doctors are not there, service commitments eg. completing TTOs, impact on the potential training opportunities. We also heard that the Foundation year 2 and Core Training year 1 trainee doctors are part of the Hospital at Night team and the on call commitments can negatively affect the time trainee doctors have in clinic and theatre.

The team have also recognised the need for a continence course at the Trust and the team were pleased to hear that they are exploring a urology course for nurses with the University of Nottingham.

### Requirement

- The Trust must develop a strategy that embeds education and training within all clinical environments.

## 8. Areas for Improvement – City Hospital (cont'd)

### Recommendations

- Ensure all staff has maximum opportunities for learning and training.
- We will remind the relevant HEEM teams to ensure that the relevant six weeks' notice is given to enable trainers to attend courses and the request for more foundation training. The Trust should ensure that the information is disseminated to relevant educators as soon after it is received as possible.

### Haematology trainees and learners (multi professional group)

Although it was felt that there are very good learning opportunities, the group reported that it is a very busy department with high workload. They felt there is a lack of junior doctors in the department and this impacts on training, learning experiences, time to complete the e portfolio and audits. A lack of laboratory time due to service provisions was also reported however, we heard that the department are aware of this and have attempted to increase trainee doctor numbers and recruit to a specialist nurse role.

Trainee doctors reported that although feedback is given it sometimes has to be chased and more formal feedback would be welcomed. We heard of concerns about whether the curriculum needs of trainees doctors are being met and this was reported as a challenge nationally. It was felt this was due to time pressures and was reflected in exam pass rates.

Overall, we heard this is an excellent department in which to gain experience but workload negatively impacts on the opportunities available and experience gained.

### Recommendations

- Explore different multi-professional working models to best address the reported levels of workload.
- Review the provision of feedback with learners and consider the implementation of more formal opportunities to feedback to learners.
- Ensure the curriculum needs of trainees are met and monitored.

## 8. Areas for Improvement – City Hospital (cont'd)

### **Haematology trainers and mentors (multi-professional group)**

We heard of the impact of heavy clinical workload on the time for training and research. It was felt that time in the laboratory poses a real challenge and concerns were raised relating to the opening of a new hub in Loughborough and the impact this may have on patient care and training.

In relation to the support for educators it was reported that there is no time in job plans for medical Educational Supervisors and no appraisal system in place for education roles.

Challenges were reported in maintaining numbers of mentors due to expansion of haematology services and experienced mentors moving on to new specialist roles being developed. Concerns with regional allocation of LBR funding have been raised by the Trust over the summer.

It was reported that there are no academic fellowships and HEEM will feed this back to the School. We also heard that clinical research opportunities are available but the availability of time precludes this.

### **Requirement**

- The Trust must develop a strategy that embeds education and training within all clinical environments.
- The Trust need to develop a policy to recognise and value the contribution of named Educational and Clinical Supervisors and multi professional trainers. This requires clear job planning, role descriptions and expectations of all staff involved in education.



## 8. Areas for Improvement – City Hospital (cont'd)

### Recommendations

- The Trust should communicate the requirements of revalidation for trainers (Trainer Recognition Project) more effectively to trainers and also flag opportunities for achieving these competencies Ensure the education role is included at appraisal.
- Ensure there is good laboratory training time
- Assess the impact on Nottingham University Hospitals on education and training of the establishment of the Loughborough hub.

### Plastic Surgery trainee doctors

The visiting team were able to discuss with trainee doctors ways in which to improve their training and education further. Concerns were heard by the visiting team that there had been missed opportunities in hand surgery due to values and behaviours not being conducive to the values and behaviours of the NHS Constitution. It was felt that the culture within the hand department needs to empower trainee doctors to obtain maximum training opportunities and ensure values and behaviours are displayed in a conducive way.

### Recommendations

- Ensure trainee doctors are able to maximise training opportunities within hand surgery.
- Ensure values and behaviours are conducive to training and education in hand surgery.

### Microbiology Training

We were able to have conversations about career planning and workforce planning with Microbiology STPs. We heard feedback about

- The need for more emphasis on workforce planning and retention for STPs following completion of training.
- The challenge of requiring FRCPATH Part 1 to apply for most Clinical Scientist positions yet this exam which is not included within the STP training programme.
- Provision of more permanent posts rather than fixed term contracts to provide job security.

HEEM will feed back this information to the School of Pathology and relevant HEEM teams.

## 8. Areas for Improvement – City Hospital (cont'd)

### **Other**

HEEM felt it was unfortunate that there appeared to have been a misunderstanding about which trainee doctors should be invited to the sessions as we met with some trainee doctors in some sessions that were not based at Nottingham University Hospitals as it was thought we were looking at the regional programme. For future visits we would ask that it is made clear that only trainees working at that Trust should be invited to attend to avoid unnecessary inconvenience to trainees.

## 9. Recommendations and Requirements

### **Recommendations and Requirements**

1. The Trust must implement an urgent action plan to address the concerns raised relating to education and training in Neurology.
2. The Trust must develop a strategy that embeds education and training within all clinical environments.
3. The Trust need to develop a policy to recognise and value the contribution of named Educational and Clinical Supervisors and multi professional trainers. This requires clear job planning, role descriptions and expectations of all staff involved in education.
4. The Trust seeks further opportunities to further promote the innovative and good practice showcased at both visits.
5. The Trust builds the requirements and recommendations into an action plan which forms part of the Trust Education and Training Strategy.

## *10. Action Plan*

A comprehensive action plan has been received by HEEM from the Trust. The action plan reports the issue and action required. The Quality Manager from HEEM will monitor and support the Trust to produce positive outcomes from this visit.

## 11. Trust Response

NUH would like to thank the visiting team for the professionalism shown in the organisation of the visits to both campuses on 21st and 27th November and for their comments and recommendations.

In spite of the huge service pressures currently experienced, The Trust remains committed to the training and development of all staff. A number of initiatives and innovations (including the Dragon's Den Project) are now bearing fruit.

We have reviewed all the recommendations in conjunction with our 'Better For You' strategy and have provided a detailed response. We will work with our partners to ensure that training and education are deeply embedded in all we do and that relevant policies are clearly communicated to all our staff.

Adrian Wills  
Director of Medical Education

