

*Sherwood Forest Hospitals NHS Foundation Trust*

# Outcomes Report

for healthcare, education and training

<i>Report For:</i>	Sherwood Forest Hospitals NHS Foundation Trust
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## *1. Executive Summary*

Health Education East Midlands (HEEM) visited Sherwood Forest Hospitals NHS Foundation Trust on 14th October 2014. The visiting team encountered a Trust which values and supports education and training of all professions and is fostering a culture that encourages learners to have a voice and feel part of a team.

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

The visiting team met and engaged with a variety of staff who work across the King's Mill Hospital site. We were able to have conversations about workforce planning, commissioning, staffing, values and behaviours, delivery of training and education, educational resources and the support and development of learners, mentors and trainers.

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

1. Celebrating success awards.
2. Nursing students- Practice learning.
3. Preceptorship.
4. Pharmacy training.
5. Facilities and resources.
6. Patient Safety Fellow and improvements to the Datix system.
7. Vital PAC.

In educational matters, 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.

## 1. Executive Summary (Contd)

The Trust must implement an action plan to address the areas where improvement is needed and the following requirements as set out in the report:

1. Investigate and address the concern raised relating to lack of consent forms and surgery site markings.
2. To ensure senior medical cover is consistent, specifically for Cardiology
3. Ensure the IT system known as ICE is efficient and has the ability to adequately reflect the chronological order of blood results to ensure timely and accurate interpretation.
4. Ensure the arrangements that have been put in place for senior medical cover at weekends are sustainable and do not rely on the goodwill of staff.
5. Review communications and the pathway between Trauma and Orthopaedics and the Emergency department to ensure they are working appropriately and efficiently so that patients receive the appropriate treatment.

HEEM will work closely with the Trust to support the improvement required.

The visiting team have informed our external partners of the specific patient safety concerns identified during our visit.

Other areas where improvements could be made are detailed in this report.

***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 the Chairman of the Board of the Directors, Chief Executive and Postgraduate Education team 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 will look at the quality of education and training of all healthcare professionals within the region. This is to comply with our requirements to improve patient care through the effective management of the quality of healthcare education and training, for both Health Education England and the General Medical Council (GMC).

This is a collaborative approach which utilises data from a variety of sources, including the Trust's self-assessment document, the GMC National Training Survey results and workforce intelligence, to inform discussions between HEEM and the Trust about areas of good practice and concern. During a conference call between all key partners the data is assessed and the visit level and specific areas of focus are agreed.

HEEM would like to thank Sherwood Forest Hospitals NHS Foundation 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. 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.

## 2. Introduction (contd)

The visit to the Trust took place on 14th October 2014. The visiting team comprised:

Professor Kamran Baig- Associate Postgraduate Dean (HEEM) and Associate Professor of Cardiology- Lead Visitor

James McLean - Deputy Director of Education Quality and Deputy Dean

Jill Guild - Head of Quality and Regulation

Dr. Arumugam Rajesh – Consultant Radiologist and Head of School of Radiology

Mr. Paul Manning – Consultant Trauma and Orthopaedic Surgeon and Training Programme Director for Trauma and Orthopaedic Surgery (Representing the School of Surgery)

Dr. Asif Malik – Consultant in Emergency Medicine and Head of School of Emergency Medicine

Dr. Nick Spittle - Deputy Foundation School Director

David Briggs - Lay Partner

Richard Marriot – Learning Development Agreement Manager (HEEM)

Jo Beckwith - Education Commissioning and Development Manager (HEEM)

Jane McCombe – Workforce Development Planning Manager (HEEM)

Kirsty Neale - Quality Manager (HEEM)

Sarah Wheatley – Postgraduate Education Administrator (HEEM)

During the visit we met with:

Student Nurses

Educational and Clinical Supervisors

Operating Department Practitioners

Trainee Pharmacists

Practice Learning Lead and Lead Nurse for Practice Development

Allied Healthcare Professionals

General Practice and Foundation Trainees

Core and Higher Trainees

Healthcare Assistants

Administrative staff.

### *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. HEEM has been impressed by how the Trust has used this as a tool for monitoring their progress against the standards.

The Trust reported that they welcomed the HEEM standards which provided a systematic framework for quality assurance and enabled further development of the Trust Quality Framework for the management of Training and Education.

At the visit the Executive team reported progress in the following areas:

- Quality for All- a new set of values and behaviours and training with 1600 members of staff participating in engagement events.
- Opportunities for members of staff to provide feedback on their experience, an example of this was meetings for staff members with the Chief Executive to give feedback.
- Progress towards seven day working and Consultant input into daily ward rounds.
- Establishment of a multi-professional Education and Training Strategy.
- Information technology- with upgraded Wi-Fi system, IT lead, electronic handover in Surgery, new Vocera equipment and Vital PAC.
- Medical Educational Supervision arrangements agreed (0.25 Programmed Activity per trainee doctor).
- An in-house survey of Educational Supervisors having occurred.
- Audit leads for each department now appointed.

The Trust has reported good progress against their action plan which was agreed following the HEEM Quality Management Visit in 2013. Progress has been reported in the following areas:

### 3. Progress since last year (contd)

**Trauma and Orthopaedics** The Trust reported a recognition for the need for increased Consultant input into ward rounds and that local teaching had restarted with plans for two additional Educational Supervisors.

The visiting team met with trainee doctors who reported an improvement in supervision. When asked about communications with the Emergency Department and Acute Response team, it was reported there are “fantastic nurses” and there are helpful “training middle grades”. They also reported that the new IT liaison team listens and the IT system for dictation works well.

Some trainee doctors advised that they are well supported with good training opportunities in theatres and clinics. Some trainees also provided good feedback in relation to learning opportunities at the daily trauma meetings, weekly teaching and feedback.

**Urology** Arrangements have been put in place for senior cover at weekends and we heard (as trainee doctors also reported in July 2014) that these arrangements are working well. We also heard of a supportive multi-professional environment.

**Emergency Medicine** The Trust has reported an increased number of Consultants and trainee doctors in the Emergency Department. The visiting team met with trainee doctors and visited the department and spoke with the multi-professional workforce. We heard:

- Handover is “driven by patient need and not targets”.
- Staff are encouraged from their first day to feedback to the Trust on their experiences.
- There are good working relationships.
- The Training Programme Director is “fantastic”.
- There are opportunities to attend teaching.
- Trainee doctors are able to book time with a consultant for feedback on performance which was reported to be good and constructive.



### 3. Progress since last year (contd)

- The department is well staffed and there are regular locums who are supportive, good and reliable.
- It is made clear at induction that trainee doctors should not hesitate to contact the Consultant on call if they are unsure about a situation.
- The single point of access facilitates good communication between the Emergency Department and Acute Medicine.
- All protocols, pathways and standard procedures are accessible on the computer system.

**Foundation and General Practice Trainees** Previous trainee doctors have reported through local and national surveys areas of concern in education and training. This visit afforded us the opportunity to see if improvements had been made and trainees reported good feedback in relation to:

- Good senior support and good supervision.
- The approachability of senior doctors.
- The availability of good practical and learning opportunities.
- It was reported that teaching ranged from good to excellent. (Good opportunities were reported particularly in General Practice Vocational Training Scheme (GPVTS) and Anaesthetics).
- Trainee doctors in surgery reported that the electronic handover works well and is easy to use.
- Some intranet resources are very useful.
- In particular, trainee doctors in Respiratory Medicine and General Practice reported very good feedback about their experiences in relation to their teaching and learning opportunities.

**Paediatrics** The visiting team met with a very dedicated Consultant Paediatrician who showed good leadership and reported that there is Consultant cover seven days a week.

### 3. Progress since last year (contd)

We heard of excellent working relationships, high levels of support for each other including nurses ensuring Foundation level doctors are not working outside of their competences.

We also heard:

- The Badger IT record system is good and links to other hospitals.
- There are three handovers every day which are attended by Registrar doctors.
- There is a good relationship with the School of Paediatrics and the department aspires to train more General Practice trainee doctors.
- The department provides work experience for sixth form students.

We heard that the placement for student nurses has a lot of hands-on practical experience, is well supported and there are excellent relationships with mentors. It was also reported that the placement in midwifery was a supportive training and education environment.

**Hospital at Night** As a result of successful pilot arrangements the Trust re-launched their Hospital @ Night arrangements. HEEM visited King's Mill Hospital out of hours in July 2014 and gave positive feedback and some suggestions to further improve the arrangements. We also heard in the meeting with Foundation trainee doctors that the Night Team leaders provided good support at night.

**Respiratory Medicine** The visiting team were able to visit the respiratory wards and talk with the multi professional workforce who reported good support, enthusiasm and time for teaching, good training opportunities and good inter professional working relationships.

### 3. Progress since last year (contd)

**Anaesthetics** The visiting team were able to visit the operating theatres and Intensive Treatment Unit and heard that previous improvements were being sustained. We heard that with the arrival of new management at a senior level the focus had been rebalanced appropriately between education, training and service delivery, and this had resulted in palpable improvements across the Trust.

We heard that training in anaesthetics is well protected and Higher Specialty Trainee doctors have good exposure to independent lists and good support from Educational and Clinical Supervisors. It was also reported that the service has undergone reconfiguration with more emphasis on mapping service to curriculum requirements.

**Acute Stroke and Healthcare of the Older Person** The visiting team visited the Acute Stroke and Healthcare of the Older Person wards and heard from trainee doctors that in general there are a lot of training opportunities during the day time and there is an appreciation of Consultant input at weekends.

**Information Technology** The Trust has employed an IT lead, upgraded the wifi system and purchased a new stock of Vocera badges (voice communication devices). It is also understood that the new Patient Administration System (PAS) has been implemented which records and stores patient information.

**Educational Supervision** The Trust reported further progress in recognising educational supervision in Consultant job plans defining 0.25 of a programmed activity (PAs) of Consultant time is given per week for each trainee doctor they are supervising. We met with Medical trainers (Clinical and Educational Supervisors) and overall trainers said that they felt well supported and have 0.25 PAs for Educational Supervision.

### *3. Progress since last year (contd)*

**Audit** The audit department has an open door policy and information about audit is included at induction and on the intranet. The visiting team heard from some trainee doctors of proactive support for audit.

## 4. Good practice and innovation

The visiting team heard about a number of areas of good practice and innovation.

**Celebrating Success** The Trust showcased a number of awards that celebrate the success of their staff including Star of the month, Nurse of the Year Annual awards and staff excellence awards. The latter includes the Chris McFarlane Award (for training and development) for undertaking learning and development which has enhanced work performance or demonstrating excellence in mentoring, support, guidance or supervision.

**Nursing Students – Practice Learning** The visiting team heard that nursing students feel well supported with many training opportunities and inter professional learning occurring. We also heard

- There is a supportive structure in place.
- Students are encouraged to raise concerns and a feedback mechanism is in place.
- Processes are in place to fully orientate them into the organisation. The group cited student orientation events as an example of this.
- Mentoring appears strong, with a mentor database. There is 90% compliance. The visiting team heard that each student has two mentors to work around the shift patterns and links to a Healthcare Assistant.
- Mentor updates are completed as part of mandatory training and this helps with compliance.
- Mentors are deactivated if they do not undertake a mentor update annually; if their tri-annual review has lapsed they are immediately offered a face to face update, with associated documentation to complete and any assessments they have undertaken with student nurses is countersigned by another sign-off mentor.
- If there are any Datix incident forms relating to students a copy is sent to the Practice Learning Lead for information and escalation with Higher Education Institutes as appropriate.
- A number of inter professional learning opportunities are offered.

## 4. Good practice and innovation (contd)

**Preceptorship (Newly Qualified Nurses)** The visiting team heard that the new appointment of a Preceptorship Support Nurse had improved the experience of Newly Qualified Nurses. This includes the development and implementation of a bespoke Preceptorship programme which ensure the Newly Qualified Nurses have the tools and skills they require to operate as a registered practitioner. The programme and its content are based on outcomes from 3<sup>rd</sup> year Student Nurse focus groups. These focus groups are an ongoing feature to enable the organisation to identify any best practice or areas of concern for early intervention and action.

The Trust recognises that by investing in students it can develop a sustainable future workforce.

**Allied Healthcare Professional Learning/Pharmacy** The visiting team heard from the Educational Leads how trainees are supported within Pharmacy. We heard that

- The Trust feels well supported and has good established links with De Montfort University in Leicester.
- There is good clinical educator and mentor support.
- Pharmacy has changed their recruitment process to enable them to interview candidates with a particular interest in working at Sherwood Forest Hospitals.

Additionally, as part of the new Quality Management visit process, the Trust is asked to complete a self-assessment (the “Balanced Scorecard”). The Educational Leads reported that they found this system very beneficial and meaningful and that they were well supported through the process by Deputy Director of Training, Education and Development. The group felt that this has assisted with accreditation with their societies and enabled an opportunity to have their professional group and associated training needs raised at the Trust Training and Education Committee.

## 4. Good practice and innovation (contd)

**Facilities and Resources** The visiting team toured the Education Centre and were impressed by the excellent facilities and resources available to learners and the public. We observed:

- The Library is a knowledge resource centre providing a trust function, a student and learner function and public health function. The visiting team felt that the library is a community resource centre not just a hospital library. It is also understood that the library has won a national award for developing dementia awareness packs. These can be used by trust staff and patient support groups.
- A weekly medical grand round takes place which discusses a particular incident as a learning experience for all members of staff which is well attended with up to 100 members of staff attending.
- There is a modern multi-professional common room and dental skills lab.
- Two courses were taking place which were a Leadership programme and a Moving and Handling course.
- A journal club for nurses has just started.
- The Clinical Skills laboratories provide multi professional training including induction for nurses and dental trainees.
- The University of Nottingham School of Nursing will be vacating their premises within the Education Centre in two years' time and we heard that it is hoped that the Trust will be able to retain these facilities for education and training purposes.

## 4. Good practice and innovation (contd)

**Patient Safety Fellow and the Datix System** The visiting team were very interested to hear of the work of the Patient Safety Fellow and that it is understood they are one of only two in the East Midlands.

We heard about improvements in July 2014 to the Datix system and closing the feedback loop to trainees. We also heard about the Patient Safety Forum which is a safe environment for trainee doctors to discuss concerns. We were very interested to hear about the quality improvement projects of trainee doctors, an example of this is the ward round checklist which won first prize at the Royal College of Physicians.

**Vital PAC** The visiting team observed the new Vital PAC IT system for clinical observations of patients showcased on ward 43, a respiratory ward. The visiting team observed an innovative and excellent tool which was introduced in March 2014.

It is understood that King's Mill Hospital is the first hospital in the East Midlands to use it. The system appears to provide an excellent IT support to the streamlining of and inter professional information transfer. The visiting team also heard of plans to extend the functionality of the system.

***We are grateful to the Trust for sharing these examples of good and innovative practice. HEEM is supportive of the Trust in seeking opportunities to promote this work to a wider audience.***



## 5. Areas of improvement

**Trauma and Orthopaedics** The Trust advised that there have been meetings with the department to discuss improvements that could be made. The visiting team met with a group of trainee doctors and heard of concerns in relation to:

- A report of patients arriving in theatre without a consent form or surgery site marking.
- Frustration with communication, interactions with and behaviours from the Emergency department and feeling significant pressure to take patients from the Emergency Department. We heard that it was felt some such referrals were “inappropriate”.
- A lack of clear decision making and Consultants undermining each other at Trauma meetings resulting in unclear treatment planning for patients. We also heard from trainees that they felt there is a need for these meetings to be more focussed and better used as an educational opportunity.
- Patients inappropriately being booked into clinics without an injury or a resolved injury and inappropriate treatment without investigation (an example cited was the plastering of a limb without x ray).
- Conflicting timings of local and regional teaching.
- A lack of opportunity to gain experience in theatre and trauma lists and concern relating to the implications for them obtaining their competences.

### REQUIREMENTS:

1. The Trust must investigate the concern raised relating to lack of consent forms and site markings and implement an urgent action plan to address the concerns raised. HEEM is aware that an investigation into the concerns raised was commenced immediately after the visits.
2. Review communications and the pathway between Trauma and Orthopaedics and the Emergency department to ensure they are working appropriately and efficiently.

## 5. Areas of improvement (contd)

### Recommendations

- Investigate the behaviours reported and ensure values and behaviours are conducive with the NHS Code of Conduct and Trust values.
- Ensure there is a good balance of appropriate training opportunities.
- Ensure there are good supervised training opportunities in theatre, particularly trauma lists.
- Ensure interactions between Consultants are not having an adverse effect on learners and if it is, to address the issue.
- Ensure the trauma meeting is well structured as a good learning opportunity.
- When planning teaching ensure local and regional teaching are not scheduled at the same time.

**Foundation and General Practice Trainees** The visiting team were able to meet with a number of trainee doctors in a discussion group and during visits to wards.

Foundation trainee doctors in Cardiology reported feeling there is a lack of senior clinical support resulting in significant periods (an example of three days was given) without senior input.

**REQUIREMENT:** The Trust must implement an urgent action plan to address the concerns raised to ensure senior cover is consistent, specifically for Cardiology.

There were reports of a greater need for departmental induction for Foundation Year 2 trainee doctors at the beginning of each placement. They reflected feeling exposed as they were expected to function immediately as a more experienced doctor (referred to as an “SHO”) in early stages of the job and some felt unconfident to do so.

Some trainees reported variable staffing levels, particularly at night and at weekends, (an example given was Medical on calls) which they felt may have an impact on patient care, education and training. There was also a report of a need for greater clarity of on call responsibilities.

## 5. Areas of improvement (contd)

We heard that some Foundation trainee doctors often find rotas and service requirements prevent their attendance at mandatory training. We also heard of a report of a lack of scheduled teaching within the orthopedic department.

We also heard a report that supernumerary posts (Anaesthetics) can lead to reduced opportunities to learn certain skills (eg prioritisation and handover) and take responsibilities.

We heard of some difficulty experienced in being able to ensure Workplace Based Assessments of General Practitioner trainees are filled in by their supervisors.

We heard that trainees feel there is lack clarity of responsibility for patients (for example patients that are outliers) and it was felt this could be improved. We also heard of concern relating to communications between departments and a reflection of only being willing to speak to the Consultant in the department (an example cited of this was the Radiology department out of hours).

It was also reported that the surgical registrar is on a 24 hours shift and is not always available to help with acute patients.

### Recommendations

- Continue to proactively recruit to vacant posts.
- Ensure staffing levels are sufficient to maintain good standards of education and training and ensure trainees are aware of the support available to them, particularly out of hours.
- Ensure there is clarity of on call responsibilities.
- Review departmental induction for Foundation year 2 trainee doctors.
- Ensure Foundation trainee doctors have protected time to attend the mandatory attendance requirement of teaching.
- Ensure consistency of senior supervision at weekends, during on call periods and during periods of annual leave.
- Ensure ward rounds are in place and they are meeting the needs of patients and learners.

## 5. Areas of improvement (contd)

- Ensure pathways, responsibility for patients and communications between departments are clear and effective.
- Ensure that the Workplace Based Assessments of General Practitioner trainees are confirmed as completed by their supervisors.
- Ensure Foundation trainee doctors do not lose out on gaining experience and competences by being asked to work in areas consistently offering little educational experience (particularly in Gynaecology and the breast clinic).
- Consider opportunities to increase the responsibilities given to “supernumerary” Foundation trainee doctors.
- Ensure a teaching programme is in place and is shared with trainee doctors in Orthopaedics.

**Information Technology** We heard that Foundation trainees reported difficulty with the ICE IT system (blood test reporting), whereby there appears to be a risk of confusion borne out by blood results being delivered in a non-logical chronological sequence.

**REQUIREMENT:** The Trust must implement an urgent action plan to address the concerns raised to ensure the ICE system is efficient and has the ability to adequately reflect the chronological order of blood results to ensure timely and accurate reporting.

We also heard that it was felt that the IT systems (including ICE and Orion) are not efficient with slow computers.

### Recommendations

- Ensure the IT systems are effective and efficient.

**Urology** The visiting team spoke with the multi professional team on the ward areas and although it was reported that the present arrangements are working well, there was an acknowledgement of the goodwill of the team and

## 5. Areas of improvement (contd)

a limited number of permanent Consultants and no Core level trainee doctors. It is understood that the Trust is advertising posts within the department.

We also heard of a shortage of nursing mentors and the impact it was felt this was having on student support and ward staff. However, we heard of a supportive environment with support provided by the Practice Development Matrons.

**REQUIREMENT:** The Trust must ensure the arrangements that have been put in place for senior medical cover at weekends are sustainable and do not rely on the goodwill of staff.

**Support for Trainers** The Trust reported a shortage of Educational Supervisors in Cardiology and Health Care of the Older Person. We heard of the negative impact of this shortage on training and feedback opportunities in Cardiology.

The visiting team met with a group of Clinical and Educational Supervisors and heard there is no job planning of named Clinical Supervisors for Consultants and there have been issues of handover of trainee doctors in difficulty when rotating from elsewhere (and their Educational Supervisor is based elsewhere).

### Recommendations

- Ensure there are sufficient Educational Supervisors in Cardiology and Health Care of the Older Person.
- Ensure all Educational Supervisors have their training role incorporated into their appraisal.
- Ensure job planning is consistent.
- Work with partners to ensure the sharing of information is handed over in a timely manner so that trainees in difficulty can be supported appropriately.

## 5. Areas of improvement (contd)

### Anaesthetics

#### Recommendations

- Simulation needs to be promoted and supported within the trust for multi-professional training
- Ensure the ACCS trainee doctors are able to meet the parent Anaesthetics College standards and, if appropriate, involve the School of Anaesthetics and the Emergency Department to support a way forward

**Acute Stroke/ Healthcare of the Older Person** We heard that although in general there are a lot of training opportunities during the day time it was felt there was “thin” medical cover at night.

Trainee doctors reported an appreciation of Consultant input at weekends we heard that the exact working arrangements were seen to vary Consultant to Consultant. It was felt there is an opportunity to clarify the working arrangements of Consultants at weekends to maximise training opportunities.

#### Recommendations

- Ensure staffing levels out of hours are appropriate and ensure all staff are aware of support available out of hours.
- Clarify and share Consultant working arrangements and times at weekends to maximise training opportunities.

**Radiology** Concerns had been raised previously relating to behaviours and communications with the department particularly when more junior trainees requested investigations. The visiting team met with Radiology trainers, the Divisional Manager and the Director of Medical Education to discuss staff levels and the recent implementation of outsourcing work.

## 5. Areas of improvement (contd)

We heard that due to Consultant vacancies the department is under pressure despite good attempts to improve the interface between the department and the rest of the hospital. It was reported that the effect of the ICE request system and outsourcing work on this pressure is not yet clear. We also heard of a recognition for undergraduate and postgraduate education needs to be better recognised in job plans and remuneration.

### Recommendations

- Continue to proactively recruit to vacant posts.
- Put in place a system to monitor the effectiveness of outsourcing work, ICE requests, the values and behaviours training and organisational development work undertaken with the department.
- Ensure there is recognition of education and training roles.

**Emergency Medicine** We heard concerns expressed in relation to:

- The quality of locum staff and the impact of the use of locum staff on handover, education and training and supervision of other team members.
- Other departments felt that the Emergency Department provides a triage only service, keen only to achieve the 4 hour target.
- Inconsistency of the quality and timings of handover resulting in some concerns for patient safety.
- The department does not run as smoothly as in other Trusts.
- Support for Foundation trainees.
- Informal WPBA training and assessments.
- Lack of feedback.
- Whilst all doctors get the opportunity to attend regional formal teaching, experiential learning opportunities for all staff could be improved.
- Trainee doctors would like more opportunities in minor injuries.

We also heard of the potential to expand the roles of Advanced Nurse Practitioners and Emergency Nurse Practitioners who presently do not work after midnight.

## 5. Areas of improvement (contd)

### Recommendations

- Review handover (timing, content and educational opportunities).
- HEEM would welcome the opportunity to connect the Trust with other Trusts to learn from good practice in terms of the smooth running of the department.
- Ensure the quality of locums is good to ensure good clinical supervision.
- Ensure staffing levels out of hours are appropriate and ensure all staff are aware of support available out of hours.
- Ensure there is a system in place with sufficient time and supervision for WPBA assessments to take place.
- Ensure all professionals have equitable access to teaching opportunities.

**Nursing – Practice Learning and Preceptorship** We heard that there is insufficient time to complete the necessary documentation. It is understood that the organisation is looking at potential solutions to this.

### Recommendations

- To continue to explore potential solutions to this issue.

**Allied Healthcare Professional Learning** It was reported that travelling to placement can pose some difficulty. However, we heard that some Audiology students stay with local family or at onsite accommodation. It was also reported that for study days Pharmacy students try to travel together to Leicester.



## 5. Areas of improvement (contd)

We also heard that the Audiology third year placement is a 40 weeks continuous placement without a break which was felt could lead to student fatigue. HEEM Education Commissioning team will look into this issue.

### Paediatrics

HEEM have acknowledged that there is a need for improvement regarding the lack of notification of gaps in the rotation.

The department recognise that a discipline is required to ensure the consistency of information input into the Badger IT system.

### Respiratory Medicine

The visiting team heard one suggestion to further improve the quality of training within the department which was to ensure new trainee doctors were aware of the processes involved to ensure the ward system works effectively and the prioritisation of ward tasks.

### Recommendation

- Consider including the above information (if not already included) at induction.

**Audit** We heard that it can be difficult to gain approval for audit and there could be more guidance on the process.

### Recommendations

- Ensure trainee doctors are aware of the processes and guidance on audit and promote knowledge of the departmental leads.

## *6. Requirements*

1. The Trust must implement an urgent action plan to address the following:
  - a) Investigate the concern raised relating to lack of consent forms and site markings and implement an urgent action plan to address the concerns raised.
  - b) To ensure senior cover is consistent, specifically for Cardiology.
  - c) To ensure the ICE system is efficient and has the ability to adequately reflect the chronological order of blood results to ensure timely and accurate reporting.
  - d) To ensure the arrangements that have been put in place for senior cover at weekends are sustainable and do not rely on the goodwill of staff.
  - e) Review communications and the pathway between Trauma and Orthopaedics and the Emergency department to ensure they are working appropriately and efficiently so that patients receive the appropriate treatment.
2. The Trust builds the requirements and recommendations into an action plan which forms part of the Multi-professional Education and Training Strategy.

## *7. Action Plan*

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

## 8. Trust Response

### **TRUST RESPONSE TO HEEM QUALITY VISIT OCTOBER 2014.**

Sherwood Forest Hospitals NHS Foundation Trust consists of 3 hospitals, Kings Mill, Mansfield Community and Newark Hospital which covers the Mansfield/Sutton-in-Ashfield and Newark and Sherwood areas of Nottinghamshire. The Trust employs approximately 4,000 staff across these 3 sites.

On the 14<sup>th</sup> October 2014 HEEM visited the Trust to undertake its first multi-professional visit of training and education using the new HEEM quality standards. Foundation and higher trainees, student nurses, multi-professional educational leads and educational supervisors from a range of different areas were interviewed as part of the quality visit. HEEMs approach to this quality visit was clear, supportive and interactive. We found the HEEM team to be extremely helpful in working with us to plan the visit and they were all very approachable and friendly during the visit itself.

The visit was also an opportunity for the Trust to demonstrate areas of best and innovative practice, promote our educational achievements and share our plans for the future. The informal verbal feedback at the end of the visit was particularly helpful and allowed us an early opportunity for us to respond immediately to some of the more pressing issues that were identified during the visit.

Following the visit the Trust received a detailed outcomes report which highlighted areas of best practice as well as some issues that needed to be addressed. In response to the issues identified in the report the Trust has taken immediate action to investigate these issues and drawn up a comprehensive action plan.

There were some unsubstantiated concerns including issues raised relating to lack of consent forms and surgery site markings which has prompted an immediate detailed investigation by senior clinicians and on the face of it appears to relate to the outcomes of an audit which has been misunderstood and taken out of context.

Issues around the ICE IT system and the way it displays patient test results were raised which in reality was actually around the user friendliness of the system and has now been reformatted to display the results more clearly. Concerns over senior staffing cover at the weekends and the effectiveness of communications and pathways between the Emergency Department and Trauma and Orthopaedics Department were also raised and both of which have been

## *8. Trust Response (contd)*

addressed in our enclosed action plan. This action plan will be monitored on a monthly basis by the Trust's Workforce and OD Committee which is a sub-group of the Trust Board.

The report also highlighted many areas of good practice in training and education such as our pre-registration nursing and Preceptorship programmes, our patient safety reporting systems and follow through by our patient safety teaching fellow, the introduction of VitalPac system using tablets and smart phones designed to trigger an instant response at providing care for deteriorating patients and the overall quality and provision of our educational facilities.

Sherwood Forest Hospitals NHS Foundation Trust is totally committed to the delivery of high quality safe patient care through a highly skilled and trained workforce. Training, education and development are a key driver for the organisation and are embedded into all that we do. The Trust has a dedicated and highly skilled Training and Education Department that ensures that our workforce, trainees and students receive excellent development and training during their time at the Trust. We promote the use of best practice in patient care and ensure that our workforce benefits from access to this in order to deliver high quality patient care.

The Trust also welcomes the new HEEM Quality Standards as an opportunity to ensure and improve the quality of training and education for our workforce, trainees and students. We enjoy a very strong and positive working relationship with HEEM and look forward to continuing to work with them in the future to help improve the quality of patient care.

**Lee Radford**  
**Deputy Director of Training, Education and Development**