

# Quality Management Visit Outcomes Report



Nottingham  
University Hospitals  
NHS Trust

Visit date(s): 8<sup>th</sup> & 15<sup>th</sup> October 2015



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## 1. Executive Summary

Health Education England, working across the East Midlands (HEE-EM) visited Nottingham University Hospitals NHS Trust in October 2015. The Quality Management visit to Queen's Medical Centre took place on October 8<sup>th</sup> 2015 and the Quality Management visit to the City Hospital took place on October 15<sup>th</sup> 2015.

The visiting team encountered a vibrant Trust with dedicated educators. The team met with a large representation of different professions at both sites. The team was able to have open discussions with multi-professional groups in discussion sessions, update sessions with senior management teams, visits to clinical areas and two showcase sessions.

The multi-professional education team has engaged very positively with the Quality Management visit process, particularly in the planning of the visits.

**HEE-EM would like to highlight the impressive and vibrant showcase sessions at both visits. HEE-EM would like to thank those that organised and attended those sessions for their enthusiasm and acknowledge their clear commitment to education and training. For the second year the showcase sessions were very impressive and HEE-EM recognises the amount of work that was undertaken to ensure they were a success.**

There were a very large number of areas of innovative and good practice including:

1. Practice Development and Therapy Services Innovations and particularly the Playlist for Life Project
2. Nursing Development - Using Shared Governance to empower frontline staff
3. Redesigning the Pathway for End Stage Liver Disease Patients
4. Interventional Radiology - Practitioner Lead PICC Line Service
5. eObs
6. Emergency Department and Department of Research and Education in Emergency, Acute Medicine and Major Trauma (DREEAM)
7. Plans for the refurbishment and development of the City Education Centre

The Trust has made good progress over the last year and HEE-EM would particularly highlight:

- There is now a clear multi-professional education structure which HEE-EM believes is

positively impacting on education and training throughout the Trust. HEE-EM was also delighted to hear that the HEE-EM Quality Balanced Scorecard is being used to improve multi-professional working.

- The extensive work carried out and which continues around revalidation of nurses and trainer recognition.
- The development of Allied Healthcare Professionals (AHPs), Healthcare Scientists and Pharmacists.
- The considerable work that has taken place to disentangle funding streams.

At both visits HEE-EM met with multi-professional teams who are very busy and heard that staffing levels are not always as good as the Trust would like them to be. However, it was clear that all staff groups are working very hard and are dedicated to ensure, that despite staffing challenges patient safety is maintained and overall there is a good standard of education and training.

This report contains a number of recommendations that HEE-EM believes will further improve education and training at the Trust and the Trust must build these into an action plan and provide regular updates on progress made to HEE-EM.

Overall good progress has been made since the Quality Management Visit in 2014. However, there was some concern from HEE-EM during the visits that there appeared to be a lack of clarity around the aim of the update sessions and lower level of attendance at sessions from medical professionals. This meant that there could have been missed opportunities for the Trust to highlight good progress and share good practice.

HEE-EM would also like to take this opportunity to thank Dr Adrian Wills, Director of Medical Education, for his commitment to education and training over the last ten years and HEE-EM looks forward to working with his successor. HEE-EM would ask that the Trust shares the succession plans and process details as soon as possible.

HEE-EM is looking forward to visiting again in 2016 and seeing the refurbishment of the Education Centre at the City campus, the plans for which appear very impressive.

**HEE-EM would like to thank all those from the Trust who participated in the visits. In particular, HEE-EM would like to thank the learners, trainees, trainers,**

mentors and others who joined the sessions for their feedback.

## 2. Introduction

Health Education East Midlands (HEE-EM) 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 second 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 HEE-EM 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.

HEE-EM would like to thank Nottingham University Hospitals NHS Trust for the positive way in which they have engaged with this 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 visiting teams comprised:

Dr Dan Kinnair, Associate Postgraduate Dean (HEE-EM) and Consultant Psychiatrist – Lead Visitor

James McLean, Deputy Director of Education and Quality (HEE-EM)

Dr Nick Spittle, Director of Foundation Training (North)

Jim Coggan, Lay Representative

Dr Toby Delahooke, Gastroenterology Training Programme Director South (visit to City Hospital)

John Whittle, Teaching and Learning Manager, Faculty of Medicine & Health Sciences, University of Nottingham (visit to QMC)

Richard Marriott, Learning Development Agreement (LDA) Manager (HEE-EM)

Jo Beckwith, Education Commissioning and Development Manager (HEE-EM)

Sally Melling, Academic Lead for Child Health, Faculty of Medicine & Health Sciences, University of Nottingham (visit to QMC)

Jacqui Williams, Associate Professor, Faculty of Medicine & Health Sciences University of Nottingham (visit to City Hospital)

Nicola Ogden, Nottingham GP Training Programme Manager

Karen Tollman, Quality Manager (HEE-EM)

Simon Mallinson, Quality Manager (HEE-EM)

Kirsty Neale, Quality Manager (HEE-EM)

Sarah Wheatley, Postgraduate Education Administrator (HEE-EM)

## 3. Progress since last year

The Trust has made good progress over the last year and HEE-EM would particularly highlight:

- The extensive work carried out and which continues around revalidation of nurses and trainer recognition.
- The development of Allied Healthcare Professionals (AHPs), Healthcare Scientists and Pharmacists.
- The considerable work that has taken place to disentangle funding streams.
- There is now a clear multi-professional education structure which HEE-EM believes is positively impacting on education and training throughout the Trust. HEE-EM was also delighted to hear that the HEE-EM Quality Balanced Scorecard is being used to improve multi-professional working.
- Although the team did not visit the Neurology department following the visit in 2014, there have been visits throughout the year which

have demonstrated marked improvements for learners.

## Trust Presentations and Updates

As part of the visit process this year all Trusts were asked to provide updates on Trainer Recognition, Revalidation of Nurses, the Balanced Scorecard and tariff funding spend.

HEE-EM would like to thank the Trusts multi-professional Education Team for the breadth of information provided on these areas as well as achievements and challenges during presentations at the start of both visits which included:

## Finance and Tariff Funding

HEE-EM would like to thank the Trust for detailing the work carried out to unpick funding streams to ensure transparency about the amounts Directorates receive. Progress was reported with a specific secondment to analyse funding allocation. It was also reported that there is Trust impetus to support this work. The Trust also outlined the potential for internal service level agreements to drive quality, enable rewards and investment, underpin the education costing exercise and enable better allocation of tariff funding.

## Medical Education

The following **highlights** were shared:

- Approval of the development plans for the Education Centre at the City campus
- The Director of Medical Education and Deputy Directors of Medical Education have attended departmental meetings to discuss education and training which the team reported as helpful
- Work with the company MIAD to develop e-blended courses for consultants with 30-40 consultants undertaking the programme so far.
- Management of trainee doctor sickness levels with the introduction of a central point of contact to support trainees
- The Physician Associates Programme welcomed the first Associates to the Trust. The Trust is also welcoming students from Birmingham. HEE-EM heard that it is felt this workforce could be developed by region

wide recruitment with allocated funding, the development of a course locally and consideration of sponsorship

- There is a mature Trust Grade Programme with 43 Trust grades in post and a further 10 undertaking checks. The Trust has also centralised the Medical Bank in terms of covering rota gaps resulting in a significant movement from using locum staff to bank doctors. The pilot began in Acute Care and outcomes include better trainee experiences and considerable financial savings
- The Trust Grade doctors are supported by a small team in a number of ways such as an investment in time, continuity of contact, support to find accommodation, regular meetings and reviews resulting in minimal levels of sickness and attrition and doctors report feeling part of the Trust.

The following **challenges** were reported:

- Trainee doctor engagement declines over the year reflected, for example, in attendance at Junior Doctor Forums.
- Broadening the Foundation Programme.
- Reduction in trainee numbers and the impact on training and education when there are gaps in the rotas.
- Engagement with HEE-EM.
- Lack of communication about service reconfigurations.
- An overlap of teaching sessions, for example the GP VTS training and Core medical teaching happens on the same day.

## Trainer Recognition Update

The Trust gave up to date information confirming 75% of trainers are now fully recognised. To ensure they have all had appropriate training by July 2016 the Trust is communicating the requirements to all consultants and staff grade doctors through a number of mechanisms. The Trust has also developed a trainer newsletter and trainer recognition guide.

Going forward, the Trust is developing a system including an electronic document to ensure the accurate capture of information about trainers (eg whether the training has been completed) through appraisal.

## Healthcare Scientists

The following **highlights** were shared:

- A significant multi-professional development detailed was the first Advanced Practice Forum, a successful multi-professional event with very positive feedback and outcomes of learning from each other and pulling knowledge together resulting in a number of work streams to learn from each other and reduce working in single professions. HEE-EM looks forward to hearing news of the development of the forum.
- College of Radiographers Doctoral Fellowship.
- First cohort of Higher Specialist Scientific Training (HSST).
- Elizabeth Garret Anderson Award – MSc.
- Two school leaver trainees completed 4 year training and graduated with BSc distinction.
- Two Practitioner Training Programme (PTP) trainees per year enrolled in Nuclear Medicine. This represents a significant development as prior to this there had not been trainees for several years.

The following **plans for the next year** were detailed:

- Increase the cohesion of the professions by developing the Lead roles for Healthcare Scientists and Allied Healthcare Professions. The roles are agreed within the new Trust structure with job descriptions and appointments to follow.
- The Trust is seeing the first Higher Specialist Scientific Training (HSST) going through the training. However, the majority of trainees come through the equivalence route and for this group the training modules are not well defined with funding not defined at all with no central funding.
- Continuing advanced practice in Neurophysiology.
- A large piece of work around improving resilience is being developed.

The following **challenges** were detailed:

- PTP training. Practitioner Training Programme. The Practitioner Training Programme (PTP) is an undergraduate training scheme that provides an accredited BSc in Healthcare Science. The Cumbria PGDip course is closing and this is the only course available to English practitioners.

Options are being discussed nationally and being evaluated for inclusion on an alternative course but funding is only proposed for the educational component.

- Contracted Learning Beyond Registration (LBR) does not often fit the needs of Health Care Scientists with lots of small specialisms with niche requirements and the Trust also feels that non-contracted LBR can be very limited as their on-going education is largely delivered through conference attendance rather than taught courses.
- Seven day working agenda presents challenges for small niche specialties.

## Nursing and Midwifery

The following **highlights** were shared:

- The annual Research and Education Festival took place in June 2015; this is now multi-professional and was expanded to include colleagues from Sherwood Forest Hospitals Foundation Trust and the community (Nottingham CityCare Partnership).
- ‘Evidence in Nursing’ course has been expanded. The course guides nurses and therapists how to complete evidence based reviews.
- Supporting staff members on Scholarships and PhD studentships.
- Advanced Nurse Practitioners; the Trust is working hard to standardise practice. ANPs are well established in Emergency Medicine and Acute Medicine with the largest cohort of ANPs nationally in the Emergency Department at QMC. The Trust is ensuring best practice is replicated across new emerging specialties.
- New Trust wide ‘Clinical Educators Forum’.
- New development sessions for Band 6 education leads on wards around clinical education.
- New Preceptor training with a standardised programme to achieve a consistent approach to Preceptor training.
- Acute Care Skills innovative project looking how the Trust can model out acute care skills into the community with a focus on hospital

avoidance. This is part of the Local Education and Training Council (LETC) programme of investment.

- Clinical Nursing Apprentices. The Trust is leading a cross-Nottingham programme for the LETC rotating apprentices across acute settings and care homes to ensure continuity of care.
- The Pre-Employment Academy was piloted in the summer and there is ongoing work with local colleges.
- The Trust has contributed significantly to the Shape of Caring Review consultation and led and hosted the national conference in July 2015.

The team also highlighted that they are working closely with University colleagues as there are difficulties teaching clinical skills to the large number of undergraduate nurses at the Trust. They are working hard together to ensure the relevant training is done with the University introducing a new placement so that all Trust undergraduate student nurses will complete an acute care placement to ensure acute care experience is included in their training.

The following **challenges** were reported:

- Vacancies and ongoing recruitment due to national nurse shortages.
- Concerns about the numbers of proposed nurse commissions for adult and child branch nursing.
- A lack of clinical skills training resources and teaching rooms within the Trust.
- Ongoing work with finance to improve transparency of tariff internally.
- A lack of an agreed national or regional approach to an eportfolio for revalidation.

### **Nursing and Midwifery Revalidation**

The Trust detailed the significant and impressive preparation for revalidation with a steering group established in December 2014 with three work streams (communication and awareness, workforce implications and education and training). There is a clear strategy to ensure staff affected are aware of the requirements and HEE-EM heard about awareness workshops, drop in sessions, time out days and a revalidation awareness week with a programme of events and social media. The Trust is

clearly promoting revalidation as an opportunity to celebrate excellence and for individuals to showcase their work.

The Trust also highlighted the need for the e portfolio to be standardised to facilitate working across healthcare communities and the Trust asked for advice about how to advance this.

### **Therapy Services**

The following **highlights and plans** were shared:

- Consistently good feedback from students is received and students are often recruited to the Trust on graduation.
- Trainees have been awarded places on the Masters in Applied Research Methods (MARM) for the sixth consecutive year.
- Silver and bronze awards for HEE-EM Clinical Scholarships for the second consecutive year.
- Ability to support a number of part time PhD student fellowships.
- The Roosevelt scholarship has been expanded to wider healthcare communities.
- Staff are undertaking Leadership Courses including the Mary Seacole programme and other East Midlands Leadership Academy (EMLA) courses.
- A PhD funded by Arthritis UK.
- Funding has been secured to support some of the administration and Clerical workforce to undertake Higher National Certificates (HNC). The Trust has a very successful apprenticeship programme with both Clinical and A&C apprentices with 90% of A&C apprentices going on to work for the Trust. The Trust advised this is a high calibre workforce but there can be challenges for a minority with preparation for the working environment.
- The Trust will develop the multi-professional coaching and development programme for Band 6 and 7 staff with a focus on business development, contracts and commissioning which has been well evaluated in the past.
- A Care Certificate for support staff has been developed based on the nursing framework;

it is presently being piloted with the aim of rolling out the programme to all services in April next year.

- The Trust is exploring innovative ways of senior staff both accessing and delivering training whilst supporting clinical demands. The Trust is also exploring supporting and improving experiences for preceptees through the use of technology e.g. podcasts, freeing senior staff and streamlining supporting administration.
- There is potential to extend the scope of and opportunities for very advanced practitioners with potential opportunities in Dementia and Health Care of the Older Person (HCOP).
- There are also opportunities to be explored for independent non-medical prescribing and how the Trust best supports that.

The following **challenges** were detailed:

- Recruitment for staff at Band 6 with limited responses to recruitment.
- Seven day working agenda.
- Format of the university calendar which does not align with the times of the year when the hospital is pressured.
- Ensuring graduates are “acute fit for practice” and there is potential to develop resources to support ‘blended’ learning opportunities such as on line learning packages.
- HEE-EM also heard that although the Trust is highly supportive of training and education the teams are finding that universities are expecting Trusts to take “private” students who are self-funding students from overseas who may require more support and supervision due to language, culture and expectations and this can impact on trainers.

### Balanced Scorecard Updates

HEE-EM would like to take the opportunity to thank all that presented to the visiting team at both visits. HEE-EM were very interested to hear how the balanced scorecard had helped the teams improve multi-professional working and working together and learning from each other where shared issues are identified.

The teams advised that a multi-professional team quality group has been established with a sub group focussing on the scorecards. It was also interesting to hear of the good practice and challenges highlighted through the balanced scorecard and that there were a number of areas of commonality such as:

- Improved learning from incidents with timely dissemination of information.
- Lay representation on the Learning Education Committee.
- Increased knowledge of Trust impact equality assessment policies.
- Increased multi-professional learning opportunities with opportunities to further explore this.
- Training resources are a challenge (reported by therapies, pharmacy and nursing and midwifery), this was highlighted particularly for clinical skills training.
- Capacity constraints and inconsistencies in funding.

### Progress Since Last Year: Update Sessions

The Trust has put in place a number of actions following the recommendations and requirements following the Quality Management visit in 2014. As part of this year’s visit HEE-EM was able to meet with some of the multi-professional management teams to understand the impact of actions taken and progress since the 2014 visit.

HEE-EM would like to thank all those that attended these sessions. Unfortunately the aim of these sessions may not have been communicated to those involved and therefore missed opportunities for some departments to showcase progress and outcomes of actions may have been missed.

### Update Sessions – Queen’s Medical Centre

#### Neurosurgery

HEE-EM met with the multi-professional team and recognises there has been a lot of work undertaken with many changes implemented. The visiting team also heard from the team an acknowledgement of an imbalance previously in favour of service and it is anticipated that the following changes made and

discussed with the visiting team will seek to redress the balance with education and training:

- The department now has funding for two Physician Associates; unfortunately they have been unable to recruit to those posts thus far. The department has recruited to two Trust Grade medical posts.
- There is now a multi-professional teaching session each week and the department continues to deliver the Tuesday event teaching programme which is led by senior trainee doctors.
- Previous concerns relating to behaviours are being addressed.
- Members of the management team are undertaking “walk arounds” in the department and report “a significant difference in trainee experience”.
- Three Nurse Practitioners have been appointed who will pre-clerk elective admissions. The team reported that this should enable trainee doctors to attend theatre. A new Matron has also been appointed.
- A Neurosurgical simulation training course has been introduced.

HEE-EM looks forward to hearing further from the department and trainees about the impact the changes have made and would like to meet with trainees in Neurosurgery once the changes have had an opportunity to become embedded.

### Undergraduate Medical Education

The aim of this meeting was to discuss progress and developments in undergraduate education and training as unfortunately HEE-EM have not received an update since the Quality Management visit in 2014.

### Recommendations

- The Trust shares their updated Undergraduate Trust Strategy with HEE-EM and the University of Nottingham Medical School by April 2016.
- The undergraduate team must further engage with the Trust education team, provide regular updates and engage with the

HEE-EM quality management and visit processes.

- Lines of communication with the University of Nottingham should be improved, for example, by arranging regular meetings.
- Develop a protocol for the transfer of information in relation to students experiencing difficulty.

### Otolaryngology (ENT)

HEE-EM met with the multi-professional senior team to discuss progress and updates. Unfortunately the team attending had not been made aware of this and therefore there may have been a missed opportunity for them to showcase good practice and progress made in 2015.

However the Otolaryngology team felt that good support was provided by the ward sister and her team. The visiting team heard of good teaching opportunities in clinics and an encouragement for audit and research projects. The team was also justifiably very proud of their friends and family test score of 98.9% which is highly commendable.

The group discussed with the visiting team a previous concern raised about behaviours during the HEE-EM regional Programme Review in April 2015. HEE-EM Quality Team was able to confirm that they had shared as much of the information given during the session without identifying the trainee concerned.

Concerns were raised in relation to the support and equity of learning opportunities during “hot weeks”. HEE-EM would welcome the opportunity of following this up through a feedback session with trainees.

### Recommendation

- HEE-EM would welcome the opportunity to meet with trainee doctors in Otolaryngology and would ask that Trust Education team arrange that session at a convenient date in early 2016 to further discuss education and training.

### Clinical Radiology

The visiting team met with Clinical Radiology trainers who took the opportunity to highlight the actions they had taken since the 2014 Quality Management visit and the progress made.



The visiting team felt that good progress has been made. The team reported that following the reorganisation of the department there had been a very positive new start. The visiting team heard that there are challenges of workload and staffing issues, similar to other Trusts, but they are actively engaged in conversations about these issues.

The team updated HEE-EM that there was support for the development of quality assurance of educators and that good progress has been made against the Recognition of Trainers requirements. It was also reported that the department is developing Radiographers and other professional groups to meet the needs of service.

The Clinical Radiology team felt the department was a good and friendly place to work and advised that new staff members are invited to meetings so that trainee doctors know who the team members are.

HEE-EM congratulates the department on the progress made and look forward to hearing further developments and the impact on education and training feedback.

### Recommendation

- HEE-EM asks that the department provides regular updates through the action plan to enable further progress to be charted.

## Update Sessions – City Hospital

### Haematology

Although it was disappointing to meet with only two members of the senior team HEE-EM would like to thank them for attending and providing a considerable amount of information and updates. The visiting team heard of a number of actions taken to address the issue of workload previously raised by trainee doctors including:

- The employment of three staff grade doctors and the appointment of a Procedures Nurse.
- The department is seeking to secure a laboratory based Consultant to support trainee doctors in the laboratory.
- A newly appointed Consultant has facilitated conversations with trainee doctors to further improve education and training.

The visiting team also heard of the highly valued team of specialist nurses in the department whose experience and skills were felt to be of great value in the training of doctors.

The visiting team felt that a number of actions had been taken to address the challenge of workload and improve education and training which HEE-EM would commend the department for. HEE-EM looks forward to hearing of further developments.

### Recommendation

- HEE-EM asks that the department provides regular updates through the action plan to enable further progress to be charted.

### Plastic Surgery

Unfortunately the visiting team was not able to meet with representatives of the hand department and therefore were unable to secure a progress update from them. HEE-EM would therefore ask that a meeting with the relevant senior team be arranged as soon as is possible.

However the visiting team heard of many potential opportunities for multi-disciplinary learning which could strengthen education and training in the department.

### Recommendations

- A meeting is arranged with the hand department senior team to discuss progress made in 2015.
- Explore potential opportunities for multi-disciplinary learning.

## 4. Good Practice and Innovation

HEE-EM would like to highlight the impressive and vibrant showcase sessions at both visits. HEE-EM would like to thank those that organised and attended those sessions for their enthusiasm and acknowledge their clear commitment to education and training.

For the second year the showcase sessions were very impressive and HEE-EM recognises the amount of work that was undertaken to ensure they were a success. There were significant areas of innovative and good practice including:

### Queen's Medical Centre Showcase

**Emergency Department / Department of Research and Education in Emergency, Acute Medicine and Major Trauma (DREEM)** showcased:

1. **DREEM Educator Induction** An outline of the 2 week induction given to our new team of DREEM interprofessional educators.
2. **The DREEM website** will deliver information, eLearning and eResources, allowing public and staff access to information about DREEM. There will also be a dedicated secure login for staff to access eLearning and eResources for personal and professional development.
3. **Interprofessional Team Days** focus on a theme, the current theme is 'Transfer of the Sick Patient', addressing previous incidents around transfer. The programme includes A-E assessment, adult hospital life support and scenarios using simulated patients around hospital transfer and accountability handover. Staff can practise their skills in hospital life support, understand and practice (by aid of simulation) effective accountability handover and safe transfer. The aim is to embed good practice into their normal working in ED.
4. **Interprofessional Simulation (IPLS) Session** for Final Year Medical and Nursing Students.
5. **Paediatric Emergency Department / DREEM Assessment Recognition and Management of a Sick Child (ARMS)**

The Trust have ARMS days which provides education around the treatment for children which enables Clinicians to quickly identify a sick or deteriorating Child, safe effective transfer of

the child to other health care professions, improves patient and families experience and improves inter-professional learning and education thus ensuring all professionals are working to the same standard.

6. **Overview of Research studies in the Emergency Department and Intensive Care Unit** included individual project posters displayed that have been undertaken by staff in the Research Team. The team provide a resource regarding research to the wider ED and undertake screening, recruitment and follow up for patients in the department including drug and non- drug trials. They offer patients access some of the latest treatments that are being developed nationally and internationally.

### Therapy Services

HEE-EM were impressed with the Practice Development and Therapy Services Innovations including:

1. **The Playlist for Life Project** has brought the benefits of music to patients diagnosed with dementia. The mood, engagement, communication and responses of patients are positively impacted upon by this project, the first of its kind in an acute hospital. The visiting team was very impressed with this project which encourages the use of personally meaning full music on iPods in the care and treatment of people with dementia connecting music, people and memories.
2. **Multi-professional Reflective Practice Groups** have been trialled in Therapy services throughout 2014 and have been positively evaluated by preceptee new starters with subjective improvements in professional development and patient outcomes reported. The groups have continued throughout 2015.
3. Band 6 Therapists on a **Therapies Band 6 Leadership Development** programme have positively evaluated the course to date and are reporting skills development that will assist them to maintain and improve services for patients in a range of clinical areas.
4. The **Advanced Clinical Practice Forum** was run to engage staff in the process and identify key

components for the development of a successful pathway in the future.

5. **‘A Seven Day Service for Patients with Hip Fractures’** a six month Therapy project within therapy services has preliminary results showing a reduction in patients’ length of stay by 3.9 days and a higher percentage of patients returning home since the beginning of the project.
6. Many Therapy Services colleagues have had success gaining a range of **Scholarships** this year from Roosevelt scholarship to the Winston Churchill Scholarship, Silver and Bronze HEE-EM Scholarships and Successful MARM applicants.
7. The **Brain Injury Living Life (BRILL) team** is a project providing co-ordinated, specialist best-practice neuro-rehabilitation for children and young people admitted to Nottingham Children’s Hospital with an acquired brain injury. Positive patient outcomes have been measured including reduced length of stay.

### **Pharmacy Education and Training.**

HEE-EM was impressed with the excellent visual material produced to make clear career pathways based on the visual representation of an underground map. The visiting team felt the map and career descriptions made career options and pathways easy to understand and highlighted career opportunities in pharmacy.

### **Interventional Radiology (Vascular Access Service) Delivering Excellence: A Practitioner Lead PICC Line Service**

The team showcased the progress of the vascular access service at the NUH NHS trust since conception in 2012. It described the impact on patient and service outcomes, how audit results have identified areas for improvement and staff education and future aims. This service is dedicated to line placement ensuring accurate first time device placement which decreases waiting times, facilitates discharges home for patients.

### **Medical Physics & Clinical Engineering**

1. **The Impact of SPECT/CT on Clinical Workload in Nuclear Medicine and the Learning Outcomes**

The team explained how the purchase of a replacement gamma camera with a built in CT imaging facility has affected the workload in a nuclear medicine department and summarised the learning outcomes when introducing a new imaging modality into an existing service. With the introduction of hybrid imaging in nuclear medicine the radiologists have more information available to them (CT image), the nuclear medicine image quality is significantly improved and the radiologist can provide a higher quality report with greater confidence.

### **2. Health Care Scientist Training in Medical Physics & Clinical Engineering**

A poster presentation showed how the Trust NUH delivers healthcare scientist training producing high quality medical physicists and clinical technologists to optimise medical imaging and therapeutic treatment. This results in optimised diagnostics investigations and individualised patient treatments.

### **Nursing Development – Using Shared Governance to empower frontline staff**

The Trust explained shared governance as members of staff having collective ownership to develop and improve practice. Shared governance has been implemented by promoting and fostering a facilitative leadership approach and using Nurse and Midwife led councils as a vehicle to implement shared governance. There are currently 15 councils.

An example of one of the projects of the councils to improve patient satisfaction is ‘Noise at Night’. As a team they implemented a number changes including turning down the sound of phones ringing, working with ED, Transfer Team and Porter staff to change the way patients arrived onto the ward so other patients were not interrupted and offering ear plugs. Changes resulted in a significant reduction in complaints.

### **Children’s Hospital – Fortune Tellers’ and the CQC**

The team shared a number of training and educational tools developed to help staff understand the CQC standards for inspections using checklists, competitions and ‘Fortune Tellers’ to support this work.

Staff had a greater understanding of the required standards of care benefitting patients directly in the care they received.

### **Visit to Trent Simulation and Clinical Skills Centre (TSCSC) at Queens Medical Centre**

HEE-EM would like to thank the Trust for arranging a visit to the Centre to observe simulation based educational programmes and innovations including:

- Main Simulation Room with Sim-man, Sim-mom and Meti-man.
- Self-Directed Learning room with VR Laparoscopic simulator and Ultrasound simulator.
- MSc in Quality and Patient Safety Improvement (University of Nottingham).
- Incorporation of Simulated Patients into simulation scenarios and access to 'Patient Stories'.

### **Redesigning the Pathway for End Stage Liver Disease Patients**

This project set out to address a gap in service for ESLD patients with ascites by redesigning the ESLD pathway. By changing paracentesis procedure from medically led to nurse led:

- Waiting time is now averaging 17 minutes compared to more than 2 hours before.
- Increased access due to flexibility of appointments.
- Palliative care discussed early (complying with GOLD standard framework).
- Effective community links established.
- Increased patient satisfaction.

### **DDT- In House Liver Nurse Education**

The team showcased two in house courses delivered by liver specialist nurses for registered nurses and non-registered staff.

### **Initial Assessment Tools (IATs) & Initial assessment teaching in the Emergency Department**

The Trust showcased the tools and assessment teaching which uses flow diagrams to assist in initial assessment of patient and covers the common

presenting complaints in ED and how to approach each assessment. It is peer reviewed and provides evidence based information regarding investigations and assessment of patient. It also improves Inter professional working by ensuring all professions are working to the same standards.

### **Critical Care Specialist Support**

The team advised of a number of areas of good practice including induction and pathway for new starters in Critical Care, use of simulation in Critical Care and Learning Beyond Registration.

### **Critical Care Outreach Team**

CCOT Clinical Nurse Educator is a 12 month Pilot in support of NUH CCOT Team expansion and the team shared progress including the 5 Day CCOT Academy, Clinical Scenario training days and 1:1 Support to increase the skills and knowledge of the CCOT Team.

### **Health Care Assistant Training and Support**

The **MSKN Clinical Support Trainer** role includes inducting and supporting new HCA starters to the speciality, support and guidance, medical device training to all nursing staff and identifying and facilitating ongoing HCA development.

Clinical Support Trainer improves the skill set of HCAs within the Speciality enabling effective and caring interventions from the nurses. The increase in skill set of the HCAs in turn releases time to the Staff Nurses enabling them to provide more effective care.

### **MSKN Medical Devices YouTube videos**

The Medical device training clinical lead created Medical Devices YouTube videos which improve MSKN's medical device training levels and equips clinical nursing and auxiliary nursing staff to deliver timely and safe care for patients.

### **Neonatal Service – Family Health**

The visiting team learnt about:

- Increasing access to Nurse training in line with Cavendish Report to increase number of registered nurses.
- Clinical Scholar Bronze Award supporting change in clinical practice.

- Using research based evidence and expert clinical opinion in clinical practice to support reduction in central line infection and associated decrease in neonatal mortality and morbidity.
- Advanced Neonatal Nurse Practitioner Education and increasing the number of ANNPs within the neonatal service and supporting the expansion of our service to ensure more neonates are cared for closer to home.

### **Nursing Development How electronic rostering can influence practice learning.**

The team outlined a project to demonstrate the use of an electronic rostering system to gather data for student tariff and act as a “live” mentor register and how this enables development of roles within practice learning. This project was designed to have students listed on the eRoster alongside their mentor, therefore enabling them to feel part of the team. It also enabled the team to record the hours students work clinically to give a more accurate tariff calculation.

### **Gynaecology Pre-Assessment Clinic**

HEE-EM heard about the rotational programme delivered in house for staff to experience both emergency and elective Gynaecology. This programme develops staff experience and knowledge to enable cross-town working, improved team-working amongst staff and support of staff across campus, develop staff and patient satisfaction. HEE-EM also learnt about the use of patient stories to give an understanding of a patient’s perception and experience whilst in hospital.

### **Head and Neck- Education and Development initiatives**

The team shared information on the Head and Neck Foundation Programme, staff rotational programme to Eye Casualty and Advanced Nurse Practitioner Development in Ophthalmology.

## **City Hospital Showcase**

### **Education Facilities**

The City Campus Postgraduate Education Centre is due to start a major quality improvement and refurbishment programme to be ready for summer 2016. The programme aim is to improve the quality of teaching and learning environment. This will include the refurbishment of the facilities and will improve communication using a new AV hardware infrastructure to enable a multidisciplinary approach to the digital meeting spaces.

The new facilities will include:

- Live video links to operating theatres
- High definition projectors and screens
- Instant access Wi-Fi
- A dedicated website updated daily
- Video conferencing facilities.

### **Study Leave**

The Trust showcased the development of new links to the HEE-EM website and an information support video guide to support trainee doctors when completing study leave applications.

### **NUH Library Services**

The Trust shared an overview of the services offered by the library to support training and education at NUH to ensure clinicians have the skills and resources they require to make evidence-based decisions.

**Nursing Development** showcased a number of areas of good and innovative practice including:

### **Band 6 Deputy Sister Charge Nurse Clinical Leadership Programme**

The team outlined the six month clinical leadership programme to support professional development of band 6 deputy sister charge nurses with examples of work based projects including reduction in falls and improved hydration pre-operatively through the Think Drink Project.

## Educating Nurses and Midwives on Revalidation

With the new process of re-registering with the Nursing and Midwifery Council the Trust showcased how it has educated nurses and midwives on the changes and what it means for them. The team has developed education sessions, a clear and concise intranet link and working with frontline staff to engage their workforce on these new changes.

## Improving Dementia Care

An outline of dementia training the Trust and initiatives to improve dementia care. The team explained that through training staff feel are more confident and empowered to deliver person centred care which can make a real difference to the experience of patients with dementia when they are in hospital. Initiatives were discussed such as coloured crockery to improve nutritional intake and “About me” which is used to collect personal biography and support person centred care.

## Clinical Apprenticeships

The Clinical Apprenticeship pilot links with Nottinghamshire Healthcare Foundation Trust to provide community placements for apprentices helping to provide an educated and skilled non-registered workforce to improve the quality of care for patients.

## Supporting Open University students

This includes support given by the trust to HCAs accessing nurse training opportunities, development of an Open University support group within the Trust enabling peer support and identification of learning opportunities and investment in HCAs to develop into registered nurses

## Pre-Employment Academy (PEA)

The Academy was which was set up as a pilot to better prepare apprentices to be being ready for the work environment. This 8-week programme has combined work experience and classroom study to prepare six young people for the workplace.

## Therapies

A wide collection of **Therapy Service practice innovations** to improve the ability of Therapy staff located on the City Campus to meet service needs were showcased including:

- Critical Care Early Mobilisation project at City Campus: a successful bid to the Dragon’s Den to increase rehabilitation input to patients on Critical Care led to improvements in patient care and functional outcomes.
- 7 Day Service for Patients with Hip-Fractures: All patients rated the quality of the Therapy pre-op service as “Good or very good” which led to them feeling safe on discharge.
- A service evaluation of patient satisfaction with video link exercises following subacromial decompression: Patients’ post-op rehabilitation was enhanced by a web-based exercise resource.
- Physiotherapy Respiratory Late Shift At City Campus: the number of emergency weekday call outs were reduced significantly improving quality of care to patients and cost effectiveness of the service.
- Evaluation of a physiotherapists diagnostic shoulder ultrasound practice: a physiotherapist with training in ultrasound can achieve a level of competence in keeping with the literature. This work has implications for enhancing patient care pathways and improving service delivery models.
- Evaluation of patient symptoms improvements following seeing a FODMAP-trained dietitian. (A low FODMAP diet is a diet that is low in Fermentable Oligo-, Di-, Mono-saccharides and Polyols).
- Dragon’s Den supported a project to increase the involvement of the renal dietician in the assessment and treatment of dialysis patients resulting in a reduction in use of phosphate binders and an improvement to patients’ quality of life.

## Innovative Therapy Training Solutions

Therapies showcased a collection of multi-professional Therapy training solutions based at the City Campus including:

- Developing an Inter-Professional stroke-specific educational programme.
- A series of anatomy dissection workshops to enhance Therapists knowledge and advance their clinical reasoning skills for patient treatment sessions.
- The Multi professional Nutrition and Hydration Workshop for non-registered staff is designed to increase knowledge to help deliver appropriate, safe and individualised patient care.
- The Burns and Plastic Surgery Competency package is designed to learn more effectively with an interactive computer package enabling learners to engage in their training and test their knowledge.

## Education and Support for new nursing staff Adult Oncology

The local induction programme for new nursing staff into the Oncology Unit has recently been expanded to give the new nurse a more multidisciplinary induction and this is being piloted on Gervis Pearson ward. The team also showcased the role of the Oncology Clinical Educator, support for nursing staff on the wards, and the Oncology Foundation Course.

## Oncology Ward Round Standard Operating Procedure

This was designed for an Oncology Ward as part of a Masters module and in conjunction with the RCN Leadership Course and has been developed by including the thoughts and wishes of patients, their carers, doctors and nurses.

The aims to maximise and improve the patients experience on the ward, increase the quality of patient care through better communication between multidisciplinary team (MDT) and patient. It provides a teaching tool for both nursing and medical staff and a recognised quality standard that meets the recommendations made by the Royal College of Physicians and Royal College of Nursing.

## Palliative Care improving adult end of life care

The team showed posters highlighting the work that the Hospital Palliative care team has been undertaking over the last eighteen months to improve the care and service for end of life patients and their families whilst in the acute trust and at home.

## Wider Workforce Development

The Wider Workforce Development is aimed at bands 1-4 across the Trust and there have been opportunities which help the learning of this staff group, to enable them develop within their role. This includes:

- The BKSB Learning Tool that offers a diagnostic of current levels of Mathematics, English and ICT.
- Development Directory – information on the directory of courses available.
- Apprenticeship Educational Framework and information sessions.
- Trolley Dashes which advertise and promote available/upcoming courses and skills across the Trust.
- Offering courses to bands 1-4 enables to help the Trust with their 'growing our own' approach.

## Maternity Professional Education and Development

Training and education activities include the provision of emergency training within a multi-disciplinary team, additional training to develop specialist skills and specialised training and support programmes for new starters. Reflection sessions and innovative workshops reinforce the importance of the caring and compassion within maternity care. There are also opportunities for clinical academic midwives to develop midwifery research activities and promote evidence based practice.

## Education and Development Opportunities within Clinical Haematology

The team showcased recent developments in the education and professional development including:

- Induction packs for registered and non-registered nurses.
- Local induction timetables and coordination of insight visits.
- Development of a package to assess registered nurses' knowledge of caring for a bone marrow transplant patient.
- Timetable of regular weekly micro teaching sessions.

## Elective Orthopaedics 'Stay with us and Learn'

The team shared information about effective induction and on-going learning promoting elective orthopaedics as a speciality and enabling better retention of staff.

## Paediatric Nephrology (Children's Hospital) Simulation training in Paediatric Nephrology

Training in peritoneal dialysis has been provided to staff in paediatric nephrology for several years. However use of simulated patients to run scenarios has not been used. The first simulation scenarios were used this year. Scenarios were run based on common questions or difficulties reported from staff on the unit. Staff evaluations stated increased confidence in managing patients.

## Renal Unit

The team showcased the advanced renal course, how research funding has had an impact on patients' with diabetes and the importance of patients being involved in their own haemodialysis treatments demonstrating the importance of sharing care with patients through patient education and awareness.

## Theatres Clinical Support Division

The team explained they scoped and identified what is currently included in their induction packages and where the gaps were currently in specialist education to set a core standard of competence for NUH theatre practitioners.

They are now on their 6th cohort learners and building on this success have implemented a shortened version for support workers. The feedback from both has been extremely positive and is well supported and valued by the team leaders

## Tissue Issue Viability Pressure Ulcer Prevention

The team shared information about a number of initiatives including SSKIN bundle documentation, 'Take the pressure off' and 'React to red' campaigns and Podcasts. The team explained that In the 2014/15 period there were no Stage 4 pressure ulcers and significantly fewer stage 3 pressure ulcers reported.

## 5. Visits to Clinical Areas

The visiting team was also able to visit clinical areas to meet with the multi-professional workforce to discuss education and training and for the Trust to showcase good practice.

### e-Obs

The Trust invited HEE-EM to observe the e-obs system in a clinical setting as an example of innovative practice. HEE-EM would like to thank the team on Nightingale 1 ward for showcasing the system.

The visiting team was very impressed with the system which is now used on 69 inpatient wards with over 400 mobile devices (i-pods and i-phones) distributed to members of staff.

The system records patient observations and enables team to instantly share patient information anywhere across the Trust using mobile technology. One member of the team on the ward neatly summarised this as "getting the right information in the right place". An example given was a team can look a patient's information before they arrive on the ward, ensuring they are fully briefed and securing the safe transfer of the patient.

The visiting team were shown how the system would and how it allows members of staff to see trends in observations and receive alerts.

During our discussions it was clear that the Trust acknowledges that training is key to also ensure clinical judgement is not eroded and ensure less



experienced team members do not rely solely on the system rather than clinical judgement.

It is understood that there are plans to further develop the system and HEE-EM would like to congratulate the Trust and development team involved on this innovation.

### **Hayward House - Palliative Medicine**

HEE-EM was delighted to be invited by the Trust to visit Hayward House at the City Hospital to showcase their good practice, particularly following good trainee feedback through the General Medical Council National Training Survey.

This was a very positive visit and the HEE-EM team were able to meet with trainers and trainees and learnt there is a lot of work being sustained to further strengthen the teaching opportunities of trainees which the team, should be congratulated upon. Very good senior support, including during out of hours, was reported along with good pastoral support.

The visiting team also had the opportunity to meet with a physiotherapist who felt well supported by their university.

The visiting team heard about multi-disciplinary teaching on Fridays that everyone is able to attend. There was also very positive feedback about the communication skills training course. HEE-EM would very much welcome the opportunity to observe this if that would be convenient for the department.

Further training on the e-portfolio was reported as being welcomed for trainees and trainers.

### **Emergency Medicine- DREEAM Facility**

HEE-EM visited the (Department for Research and Education in Emergency and Acute Medicine and Major Trauma) facility where a considerable amount of good practice was highlighted. The visiting team felt it was a welcoming, warm and very friendly area. Also the Emergency Department team spoke very highly of the DREEAM project. It was felt that the relationship between DREEAM and the Emergency Department is key to the success of the facility along with sustained funding and succession planning.

The team advised that there are a number of practice development staff now in post to support teaching and development who are able to retain clinical credibility by working both in the Emergency

Department and DREEAM. The visiting team heard about the faculty of education and plans to streamline with education teams integrating with research teams to provide evidence based multi-professional working. It is also understood that a large cohort of newly qualified nurses very recently started in the Emergency Department and are supported through an extensive programme of education and training.

Good support at the highest level was reported including at Trust Board level and there is recognition of the need for long term financial support to develop and ensure sustainability.

Sue Haines, Assistant Director of Nursing and Alison Dinning, Interprofessional Education Lead for Nursing Development were particularly highlighted by the department team for their work and support.

Departmental support was reported as excellent and the team explained how serious untoward incidents (SUIs) are used to strengthen feedback with outcomes audited thus developing a clear link from DREEAM to governance.

Learners that the visiting team spoke with confirmed they were aware how to report a concern and understood their role around escalation.

The visiting team heard about the clinical education forum which looks at sharing skills and resources across the organisation which is an opportunity to share good practice.

The visiting team learnt about a cohort of simulation patients who are particularly trained in acute condition presentations. Good cross over with the simulation centre and opportunities to increase this were also reported.

Learners within the department praised the welcome of the department. Some medical students did express the feeling of being unsure who to link with if the person they were assigned to shadow was not on shift and it was felt this could be overcome by ensuring the medical students have a point of contact and responsibility in these circumstances.

HEE-EM would like to thank the department for the welcome received and congratulate them on the development of DREEAM.

### **Urology**

The visiting team was able to meet with Foundation level trainee doctors on the ward who talked about

having very busy jobs but reported that since the Trust had actioned that they no longer had to attend the pre-operative clinic this had had a positive impact on their workload. The trainee doctors described this had made “a huge difference” and had “really helped”.

All trainees confirmed they would recommend their posts and they would be happy for members of their family to be treated in the department.

Trainees advised that there are supportive seniors who are accessible. Trainees also gave very positive feedback about their nursing colleagues, with one trainee describing them as “amazing”.

Despite early issues trainees reported they are now able to attend teaching sessions.

Trainees discussed one issue with the visiting team relating to the patient list system where it appears they are having to use three systems (a ward board, the electronic bed state and a paper list) to ensure they know where all of their patients are. It is understood that the department had tried to use the Nervecentre system but have reverted to using a ward document. It was felt that although no patients had been missed there was potential for a risk of a patient to falling between the systems.

### Recommendation

- Review the patient list systems to ensure patient locations are known without duplication of work.

## 6. Sessions – Queen’s Medical Centre

HEE-EM would like to thank all of the learners, trainees, mentors and trainers that attended these sessions at both sites. The aim of the sessions was to explore examples of good practice and areas for improvement.

### Trainee Doctors in Acute Medicine

HEE-EM met with a large group of trainee doctors. Trainees reported that they had not had a Training Programme Director since July 2015 and there had been a lack of communication about this. Although it is understood that a Consultant from Derby is presently supporting the trainees. They also told the visiting team that the IMT teaching days are not taking place. Trainees said that they had not had an introductory session to the curriculum. HEE-EM will

raise these specific issues with the Head of School of Medicine to be addressed.

Trainees reported that they have supportive Educational and Clinical Supervisors who are accessible. However, there is a lack of clarity as to whether trainees would keep the same Educational Supervisor when they rotate which the Trust will need to clarify. Trainees also reported that there are weekly teaching sessions which are open to all training grades.

Trainees discussed the safety huddle which takes place in the morning which some felt is an opportunity for some to highlight errors made and lay blame for them which had led to some trainees feeling demoralised. Trainees felt that in principle the huddle was a good idea but the quality of the huddles depends on their leadership. Trainees recognised that the huddle is an “opportunity to frame the day” and that they could be used more positively. One suggestion heard was that the huddle includes a “learning point of the day”.

In relation to out of hours working trainees felt well supported and said that consultants are easy to access. Trainees also felt the i-phone system works well.

Workload was felt to be manageable and depended on staffing levels and the patient cohort. However, trainees felt there could be issues at weekends and out of hours as reported in other Trusts.

Trainees reflected that ward B3 works well with good staffing levels and senior support. Ward D57 was felt to work less well with some reporting they had not enjoyed working there as there are fewer consultants and the senior specialty trainee carries the bleep.

The visiting team also heard that ward rounds were felt to be variable as they are felt not always to be an educational opportunity for more senior trainees.

In relation to Foundation training, there appears to be a lack of clarity around attendance at mandatory teaching which must be clarified. HEE-EM also heard that Foundation years 1 and 2 teaching sessions are held on the same day which can further challenge the ability to attend.

HEE-EM was reassured to hear that trainees have been able to raise concerns through the Junior Doctor forums and some issues have also been raised with the Deputy Director of Medical Education outside of the forum.

### Recommendations

- HEE-EM will ask the School of Medicine to address the issues relating to a lack of Training Programme Director, IMT teaching and curriculum.
- The Trust should revisit the structure of the safety huddle and consider further training if appropriate.
- The Trust must formally clarify for all Foundation trainees expectations in terms of attendance at mandatory teaching.
- The Trust organises a discussion session for HEE-EM to meet with Foundation and General Practice trainees in Obstetrics and Gynaecology, Paediatrics and Surgery as soon as is possible.
- Assess whether the issues relating to orientation are also a theme in other specialties and ensure all trainee doctors have the opportunity for orientation/ induction as well as additional requirements such as prescribing courses.
- The Trust clarifies with rota co-ordinators expectations in terms of attendance at formal teaching sessions.
- The Trust investigates the late notice of rotas.

### Foundation and General Practice Trainee Doctors

HEE-EM had asked to meet with Foundation and General Practice Trainee Doctors at Queen's Medical Centre from the specialties of Obstetrics and Gynaecology, Paediatrics and Surgery. HEE-EM were disappointed that only three Foundation trainee doctors attended the session.

The trainees that the visiting team met with all said they would recommend their posts and spoke warmly of their experiences. All reported no issues in meeting with Educational and Clinical Supervisors.

Some issues were reported relating to attending teaching and a perceived lack of clarity on behalf of those drafting rotas about education teaching attendance requirements. The visiting team heard that protected time for academic studies was not always taking place. There were also some reports that induction/ orientation had not always taken place as planned if other educational requirements needed to be met e.g. e-portfolio and prescribing training. This was reported as a particular challenge for non UK doctors and the original issue was reported from trainee experience in Paediatrics.

The visiting team also heard that rotas in surgery can be issued only on the Friday proceeding the rota'd week. Not only is this late notice but trainees reported it did not afford them the time to shadow or have an introduction to that ward. Trainees also felt that this could impact on developing team relationships and good team working.

All said they were generally happy for a member of their family to be treated at the hospital although some concern was reported around times for patients to be seen by specialties. However, all said they would recommend their post.

### Recommendations

### Learners and Trainees Doctors in Gastroenterology

HEE-EM met with a multi-professional group of trainees and learners who felt the department is well led and have ready access to senior support.

In relation to workload, this was reported as being high but not so high that they are not able to access teaching sessions. However it was felt it could impact on "on the job" ad hoc training opportunities.

The group was very clear that it is an extremely safe environment and there appears to be a strong team ethos.

Nursing students reported very good feedback about their placements and confirmed that their objectives had been agreed on their first day. They reported that they are very well supported and there are lots of learning opportunities. One student nurse, in discussing her placement said "it is one of the best I have been to".

Trainee doctors also highlighted the senior nursing teams on wards F21 and F22 as very good.

Trainee doctors were asked about their Educational Supervision and they described their Educational Supervisors as engaged, supportive, engaged with the e-portfolio and providing good pastoral support.

Trainee doctors felt that there are good educational opportunities in clinics but raised an issue in relation to access to endoscopy lists. HEE-EM heard that the majority of endoscopy lists take place at Circle Nottingham also located on the Queen's Medical Centre campus. Trainees described experiences

where they had attended Circle to undertake a training list but when they attended, possibly due to miscommunication between the two sites, the list did not exist or a Circle member of staff was undertaking the list.

It is understood this has already been highlighted to the Training Programme Director and Clinical Director. There appears to be a clear need for very close liaison with those planning trainee job plans and those organising endoscopy lists at Circle to ensure there are clear and up to date communications to enable trainees to fully participate in endoscopy lists to meet their training needs.

All trainees and learners agreed Nottingham University Hospitals Trust is a good place to learn.

### Recommendation

- The Trust needs to address the issues raised by trainees about endoscopy list access in Circle.

### Mentors and Trainers in Gastroenterology

HEE-EM was disappointed that only one medical trainer attended the session but would like to thank that trainer for their time. However, nurses reported a very cohesive team and spoke very highly of the department where it is felt there is good investment in training and education reflected in good levels of staff retention.

The visiting team heard positive feedback about training courses for nurses but it was felt these can be impacted upon by workload. A number of opportunities for staff development and training were discussed including a healthy liver course for non-registered staff members and “time out” days.

The group reported good feedback from students and an excellent relationship with the University of Nottingham. Dietetics reported good learning opportunities for students which are linked closely to the ward.

### Learners and Trainees Doctors in Geriatric Medicine

The visiting team met with a group of physiotherapists, occupational therapists and nurses who spoke very positively of their experiences and spoke highly of their mentors and preceptors. HEE-

EM was disappointed that no trainee doctors were able to attend the session.

The Occupational Therapists highlighted the work around preceptorship of Jane Harrison-Paul, Practice Development Occupational Therapist. One of the group highlighted the Preceptorship Programme as the reason for working at the Trust.

Concerns were raised, when talking with nursing students, about the arrangements for the staffing of cohort bays in Healthcare of the Elderly with reports shared of being left in charge of a cohort bay for long periods of time. The visiting team also heard of the need for more preparation and training in caring for patients with dementia and patients exhibiting challenging or violent behaviour.

### Recommendations

- Review the staffing arrangements of cohort bays in Healthcare of the Elderly in light of the concerns raised.
- Review the preparation and training for learners on specific areas relating to working in Healthcare of the Elderly eg caring for patients with dementia and patients exhibiting challenging or violent behaviour.
- Ensure there is a named individual for all learners to raise and discuss issues with and ensure this is communicated to learners.

### Mentors and Trainers in Geriatric Medicine

HEE-EM met with a group of very positive trainers and mentors in a well-attended session. The group was very positive and discussed the development of new and innovative plans such as developing opportunities for placements in Community Geriatrics. One trainer described the department as having “no shortage of an appetite to innovate”. The team was also very proud of their Advanced Nurse Practitioner (ANP) programme with six ANPs already enrolled on the programme and potential to recruit a further four.

The group discussed the five week acute medicine block that trainee doctors undertake and the tension this can create between the acute block of training and the base ward, This raised concerns for the team in terms of staffing levels of junior doctors within the department.

Therapy services also raised a concern about their capacity to take more students and that they were being asked to take more students. This had resulted in a locum supervising a student. It was also reported that there are vacancies for supervisors. HEE-EM is aware that this has been raised through the University of Nottingham triennial review with Jo Beckwith, HEE-EM Education Commissioning Manager, attending the Nottinghamshire Physiotherapy Placement Capacity Meeting on November 18th 2015 to discuss this further. This challenge is also documented in the triennial review action plan.

Some of the group also felt retention of staff is a challenge and the visiting team was disappointed to hear that most felt their role as an educator was an expectation rather than being valued by the Trust. However, trainers and mentors said they did feel valued by their trainees and learners.

### Recommendations

- Continue to work with HEE-EM and HEIs to resolve placement capacity challenges.
- Explore the promotion of the value of trainers, mentors and educators.

### Pharmacy and Healthcare Scientists Trainees

The visiting team met with trainees in Pharmacy, Audiology and Healthcare Sciences who reported overall a very good learning environment and all that attended the session said they would recommend their posts. They also highlighted good support and good training courses which they enjoy.

The group discussed inter-professional learning opportunities and said they would welcome more of these training opportunities with other professional groups. An example given of where this may be of real benefit was around discharge and achieving a better understanding of expectations, roles and responsibilities for all professionals involved thus reducing tensions and improving communication.

Pharmacists particularly talked about the need for some advanced communication skills in terms of breaking bad news and managing difficult conversations.

### Recommendations

- Explore further opportunities for inter professional learning.

- Explore the provision of advanced communication skills training for Pharmacists.

### Pharmacy and Healthcare Scientists Trainers

The visiting team met with a very well represented group of trainers who discussed good inter professional training however this was reported as variable depending on which department you worked in.

The group also raised challenges relating to the Practitioner Training Programme and discussed how this might impact on services in the future. The visiting team also heard there had been a shortfall in funding in Pharmacy this year.

### Recommendation

- Explore further opportunities for inter professional training.

### Trainees Doctors and Trainers in Rheumatology

The visiting team was delighted to meet with a large group of trainees and trainers in Rheumatology. The group had been invited to be a part of the visit by the Trust to showcase and share good practice following excellent feedback from trainees about their experiences through the General Medical Council National Training Survey.

The visiting team met with a team with an enthusiastic, supportive and open culture where training and support for trainees is individualised and person centred. It was very clear that this embedded within the department and was described as part of the team's "day to day business".

Trainers and trainees also shared:

- There is a clear induction which also takes place where a trainee rotates out of synchronisation with their peers.
- There is continuity of consultant support with consultants rotating to provide better continuity of training.
- There are "fantastic" Discharge Co-ordinators in the department who also support the trainee doctors.
- Trainees are well supported in clinics and on call.

- There is an “expectation” that trainees attend teaching sessions and trainees also reported that teaching is easy to attend as there is cover for workload built in.
- There are “fantastic” training opportunities with examples given of ultrasound experience and complex cases given.
- There is an approach of “making things work” from consultants with an example of clinic arrangements given.
- There is very good exposure to research opportunities.

Trainees reflected that key to their very positive training and education experiences is the support from and interest in them from the consultant team. HEE-EM heard that this cohesive, open and friendly environment makes it easier to learn.

HEE-EM would like to thank all those that attended this session and shared such positive feedback about such excellent teamwork, departmental culture and training opportunities.

### Royal College Tutors

HEE-EM met with a very small but committed and enthusiastic group of Royal College Tutors at both sites with whom the visiting team was able to discuss roles, responsibilities, links to the Royal Colleges and support for trainees.

HEE-EM felt there is an opportunity for the Trust to harness the enthusiasm and commitment of the Royal College Tutors to further enhance the training and education at the Trust.

### Recommendation

- Identify where the Royal College Tutors are supporting trainees and explore their roles, support they receive and the potential to further develop that role across the Trust.

### Sessions- City Hospital

HEE-EM would like to thank all of the learners, trainees, mentors and trainers that attended these sessions at both sites. The aim of the sessions was to explore examples of good practice and areas for improvement.

### Trainee Doctors and Learners in Renal Medicine

Trainees raised concerns about how staffing levels might impact on patient safety. Trainees also reported that they are working so hard it impacts on their work-life balance. The visiting team also heard that staffing levels are impacting on their ability to take breaks and result in trainees working beyond their contracted hours.

However, trainees felt that working in the department is a good experience and they are enjoying it. Induction and clinical supervision were reported to be very good and the group felt that there are good teaching opportunities but more multi-professional opportunities would be welcomed.

Nursing students reported having no access to computers or IT and learners from other professions also reported struggling to gain access eg poor remote access to e-journals. The visiting team also heard of good support from the university.

### Recommendations

- The Trust is to reassure itself that staffing levels are not negatively impacting on patient safety and care.
- Explore further multi-professional learning and teaching opportunities.
- Identify and resolve the barriers to accessing IT and computers for all professions within the department.

### Trainers and Mentors in Renal Medicine

The visiting team met with a team of mentors and trainers who are clearly dedicated to delivering a high quality of patient care and training. However, they did say that they were concerned they were not doing “the best possible” for their trainees because they are so busy and that vacancies at middle grade level are impacting on their workload and therefore in turn on education and training. The visiting team also heard of a strong team working ethos within the department.

### Trainee Doctors and Learners in Stroke Medicine

The visiting team only met with a group of two learners/ trainees and would like to thank them both

for their time and feedback. However HEE-EM would ask that another session is arranged with a representative group of trainees and learners is arranged.

### Recommendation

- Arrange a further session for HEE-EM to meet with learners and trainees as soon as possible.

### Mentors and Trainers in Stroke Medicine

The visiting team heard of a very strong multi-disciplinary team ethos with many opportunities for learning, both formally and on an ad hoc day to day basis. However, vacancies and their impact were reported particularly creating pressures in nursing.

Physiotherapy was described as “completely embedded” within the department with a well delivered model with education at its heart.

Opportunities for medical trainees to get more involved in education and teaching were shared and examples of whole team involvement in education, including the Discharge Team, were given. However, it was reported that teaching for nurses could be more ad hoc and there could be an opportunity to strengthen this.

Medical educators also reported that there is no time in their job plans for training and education.

### Recommendations

- Review the teaching provision for nurses and explore if this could be further strengthened.
- Ensure education and training is embedded in job plans for medical trainers and communicated to trainers.

### Foundation and General Practice Trainee Doctors

The visiting team met with a group of Foundation and General Practice Trainee Doctors representing a broad range of specialties who were overall positive about their experiences.

However, issues were raised about experiences in Trauma and Orthopaedics and Cardiac Surgery. The visiting team heard that trainees in Trauma and Orthopaedics felt they are not receiving any training. Further trainees in Cardiac Surgery reflected long days and a lack of job planning. Trainees in Cardiac

Surgery also reported feeling isolated on the ward and not feeling well supported.

Trainees reflected positively about their experiences out of hours and felt it was well co-ordinated, they are well supported and tasks are triaged well. But they did raise the size of the geography of the site they have to cover.

The visiting team heard of committed educators in the medical specialties and trainees highlighted experiences in Stroke medicine with the TIA (Transient Ischemic Attack Clinic) as a “stand out opportunity”.

In relation to experiences in Obstetrics and Gynaecology, it is understood that the GP trainee gains experience in Obstetrics and the Foundation trainee gains experience in Gynaecology whilst both posts are thought to have opportunities to deliver experience in both areas which trainees felt would be more beneficial.

### Recommendations

- Review the training and education opportunities in Trauma and Orthopaedics.
- Review the training and education opportunities in Cardiac Surgery.
- Review opportunities for to gain experience in both Obstetrics and Gynaecology during the same post.

### Meeting with Nursing and Allied Healthcare Professional Education Leads

The visiting team learned of robust mentorship with quality assurance around mentors. Good relationships with Higher Education Institutes (HEIs) were reported.

Challenges were also discussed with IT access and resources (eg computers and physical space) highlighted. It was also felt by the group that standardisation of hours and documentation for student nurses across HEIs would be welcomed.

The visiting team were interested to hear that nurses at the Trust have been actively contributing to the Shape of Caring review. The team also explained that reorganisation is presently taking place within the Trust with a nurse lead for each division.

In relation to Allied Healthcare Professionals the visiting team heard that every educator has undertaken an educator course with appropriate service support to complete accreditation, although this is not a statutory requirement. The visiting team

was impressed by their reflections that they take a “gold standard approach” and want to ensure potentially through research that this approach is correct (eg examine recruitment and retention) and therefore warrants investment in Practice Development positions to work towards the posts being represented in the establishment numbers.

The visiting team heard from Practice Development leads that they are confident in the quality of placements and they are attractive to students from out of area.

Concerns were raised around physiotherapy capacity as they are currently being asked to support students from two HEIs along with international students. It was reported that the number of Band 6 vacancies, who are usually the educators, has had an impact on this and therefore the number of people to support students is reduced. HEE-EM will support the Trust and HEIs to move this forward.

### Recommendations

- Continue to work with HEE-EM and HEIs to resolve placement capacity challenges.

## 7. Recommendations

### Undergraduate Medical Education

- The Trust shares their updated Undergraduate Trust Strategy with HEE-EM and the University of Nottingham Medical School by April 2016.
- The undergraduate team must further engage with the Trust education team, provide regular updates and engage with the HEE-EM quality management and visit processes.
- Lines of communication with the University of Nottingham should be improved, for example, by arranging regular meetings.

Develop a protocol for the transfer of information in relation to students experiencing difficulty.

### Otolaryngology (ENT)

- HEE-EM would welcome the opportunity to meet with trainee doctors in Otolaryngology and would ask that Trust Education team arrange that session at a convenient date in early 2016 to further discuss education and training.

### Clinical Radiology

- HEE-EM asks that the department provides regular updates through the action plan to enable further progress to be charted.

### Haematology

- HEE-EM asks that the department provides regular updates through the action plan to enable further progress to be charted.

### Plastic Surgery

- A meeting is arranged with the hand department senior team to discuss progress made in 2015.
- Explore potential opportunities for multi-disciplinary learning.

### Urology

- Review the patient list systems to ensure patient locations are known without duplication of work.

### Trainee Doctors in Acute Medicine

- HEE-EM will ask the School of Medicine to address the issues relating to a lack of Training Programme Director, IMT teaching and curriculum.
- The Trust should revisit the structure of the safety huddle and consider further training if appropriate.
- The Trust must formally clarify for all Foundation trainees expectations in terms of attendance at mandatory teaching.

### Foundation and General Practice Trainee Doctors

- The Trust organises a discussion session for HEE-EM to meet with Foundation and General Practice trainees in Obstetrics and Gynaecology, Paediatrics and Surgery as soon as is possible.
- Assess whether the issues relating to orientation are also a theme in other specialties and ensure all trainee doctors have the opportunity for orientation/ induction as well as additional requirements such as prescribing courses.
- The Trust clarifies with rota co-ordinators expectations in terms of attendance at formal teaching sessions.
- The Trust investigates the late notice of rotas.



## Learners and Trainees Doctors in Gastroenterology

- The Trust needs to address the issues raised by trainees about endoscopy list access in Circle.

## Learners and Trainees Doctors in Geriatric Medicine

- Review the staffing arrangements of cohort bays in Healthcare of the Elderly in light of the concerns raised.
- Review the preparation and training for learners on specific areas relating to working in Healthcare of the Elderly eg caring for patients with dementia and patients exhibiting challenging or violent behaviour.
- Ensure there is a named individual for all learners to raise and discuss issues with and ensure this is communicated to learners.

## Mentors and Trainers in Geriatric Medicine

- Continue to work with HEE-EM and HEIs to resolve placement capacity challenges.
- Explore the promotion of the value of trainers, mentors and educators.

## Pharmacy and Healthcare Scientists Trainees

- Explore further opportunities for inter professional learning.
- Explore the provision of advanced communication skills training for Pharmacists.

## Pharmacy and Healthcare Scientists Trainers

- Explore further opportunities for inter professional training.

## Royal College Tutors

- Identify where the Royal College Tutors are supporting trainees and explore their roles, support they receive and the potential to further develop that role across the Trust.

## Trainee Doctors and Learners in Renal Medicine

- The Trust is to reassure itself that staffing levels are not negatively impacting on patient safety and care.
- Explore further multi-professional learning and teaching opportunities.

- Identify and resolve the barriers to accessing IT and computers for all professions within the department.

## Trainee Doctors and Learners in Stroke Medicine

- Arrange a further session for HEE-EM to meet with learners and trainees as soon as possible.

## Mentors and Trainers in Stroke Medicine

- Review the teaching provision for nurses and explore if this could be further strengthened.
- Ensure education and training is embedded in job plans for medical trainers and communicated to trainers.

## Foundation and General Practice Trainee Doctors

- Review the training and education opportunities in Trauma and Orthopaedics.
- Review the training and education opportunities in Cardiac Surgery.
- Review opportunities for to gain experience in both Obstetrics and Gynaecology during the same post.

## Meeting with Nursing and Allied Healthcare Professional Education Leads

- Continue to work with HEE-EM and HEIs to resolve placement capacity challenges.

## 8. Action Plan

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

## 9. Trust Response

We are grateful to HEE-EM for their input and recommendations.

We will work closely with HEE-EM to ensure that the resulting action plan is enacted rapidly to ensure the best possible training environment for all our learners including medics, nurses and allied health professionals.

