

Quality Management Visit Outcomes Report



Nottinghamshire
Healthcare NHS
Trust

Visit date: 2nd November 2015



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1. Executive Summary

Health Education England, working across the East Midlands (HEE-EM) visited Nottinghamshire Healthcare NHS Foundation Trust on 2nd November 2015.

HEE-EM encountered a vibrant Trust with dedicated educators and a clear ethos of listening to learners and educators.

The visiting team met with a large representation of different professions from different sites and was able to have open discussions with multi-professional groups and senior management.

HEE-EM would like to highlight the excellent showcase session which was presented in an innovative way. HEE-EM would like to thank those that organised and attended the session for their enthusiasm and acknowledge their clear commitment to education and training. HEE-EM recognises the amount of work that was undertaken to ensure this was a success.

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

- Nursing, Quality & Patient Experience - Tissue Viability Team
- React to Red: Pressure Ulcer Prevention Training for Care Home Staff
- Medical Education - Balint style case discussion groups for GP and Foundation Doctors
- National High Secure Deaf Service
- Health Partnerships, Lings Bar Hospital, Rushcliffe - Return to Practice

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

- Trust commitment to the value of education and training.
- The development of the multi-professional Education Charter.
- It is very clear the Trust has built on the outcomes of the HEE-EM Quality Management Visit in 2014.
- It is equally as clear that the Trust is listening to trainees and learners and making changes as a result of the feedback.

- Development of the handover system.
- Development of the mentor role for new Educational Supervisors.
- The pilot of the Balint groups for GP and Foundation trainees.

HEE-EM would like to thank all those from the Trust who participated in the visit. 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 England, working across the 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 which are available to view in the Multi-professional Quality Standards for local training and education providers.

This is the second year of our new approach to quality management visits and so has provided the opportunity to reflect on the progress from the last visit and also to develop the visit to reflect the strengthened relationships between all professional groups at the Trust and HEE-EM.

Once again the visit aims were to 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.

During the conference call it was agreed that, based on the available data, the visit to the Trust should be Level 2. A Level 2 visit means that there are risks to meeting the standards for training and education.

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This level of visit aims to understand where the risks are and provide support to reduce negative impact on learners and outcomes.

The visit to the Trust took place on 2nd November 2015 and the HEE-EM visiting team comprised of;

- Dr Ann Boyle, Associate Postgraduate Dean and Lead Visitor
- Dr. Dan Kinnair, Associate Postgraduate Dean
- Kirsty Neale, Quality Manager
- Jo Beckwith, Commissioning Manager
- Richard Marriot, Learning and Development Agreement (LDA) Manager
- Dawn Ritchie, Deputy Director Practice Learning, Faculty of Medicine and Health Sciences, University of Nottingham
- Suzanne Fuller, Quality Manager
- Sarah Wheatley and Lucia Chimenti, HEEM Quality Team Visit Administrators

Nottinghamshire Healthcare NHS Foundation Trust was represented by:

- Dr Neil Nixon – Director of Medical Education
- Mr Julian Eve - Associate Director of Training and Learning
- Dr Julie Hankin – Medical Director
- Dr Chris Packham – Associate Medical Director
- Mrs Sue Gubbins – Finance Director
- Elaine Hayes, Medical Education Manager

3. Progress since 2014

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

- Clear actions taken against the action plan following the Quality Management Visit in 2014 with metrics presented to evidence change.
- The education teams are clearly listening, particularly to trainee doctors with the use of surveys and acting on their feedback.
- Clear reviews of and evidence of learning from the General Medical Council National Training Survey.

4. Trust Presentations

Medical Education Update

Handover

Following the HEE-EM Quality Management Visit in 2014 the handover system has been reviewed. The Trust found poor usage of the recording system raising safety, governance, quality and audit issues. The Director of Medical Education developed a small working group and used existing Trust software to develop an in-house solution.

The new system enables the data to be exportable to a secure area and archived at regular intervals. Additionally, to overcome initial access issues reported, the team developed a desk top icon in order for trainees to access the system directly.

The new system was audited in August 2015 which showed an improvement in quality. The team also foresees how the system could be further developed to enable specialty trainee doctors and other professions to use the system.

The team also plans further changes to enhance usage following feedback received.

HEE-EM would commend the approach that the team took to address the issues raised, particularly the involvement of trainee doctors and the monitoring of quality and usage through audit. HEE-EM looks forward to hearing about further developments of the system.

The visiting team had the opportunity to observe handover and use of the new system and the team's observations are contained later in this report.

Clinical Service Change

The Trust acknowledges that the key areas of clinical service change have been:

- Ward closures
- Enhanced Crisis Team
- Child and Adolescent Mental Health (CAMHS)
- Medical Psychotherapy

To begin to address the impact this can have on education and training the Trust is developing a multi-professional Education Charter aiming to inform strategy. The DME is also now a member of the Workforce, Equality and Diversity sub-committee of the Trust Board.

The aim of the Charter is to establish basic values and working principles across the Trust that will guide future practice. It is anticipated, once agreed, that

the Charter will be referenced in key Trust documents and lead to joined up service and training decisions, helping to reduce the impact of future service reconfigurations on training.

HEE-EM recognises the extent of this piece of work and looks forward to hearing of progress towards launching the Charter and the effects upon strategy development.

Lone Working and Alarms

Following the 2014 Quality Management Visit HEE-EM recommended that the Trust should ensure the multi-professional workforce is aware of the Trust Lone Worker Policy and responsibilities for personal safety.

The visiting team heard that awareness of the policy has been raised with trainee doctors at induction including the distribution of the policy. In relation to personal alarms, the Trust sought feedback from trainee doctors and alarms were distributed at Foundation, GP and Core trainee induction. Specialty trainee doctors have also been advised of their availability. The visiting team heard that the Trust will continue to monitor this. HEE-EM would welcome further information relating to awareness of the policy and access to alarms for non-medical members of staff.

Recommendation: Advise HEE-EM of the mechanisms to ensure non-medical members of staff are aware of the Trust Lone Worker Policy and how they are able to access personal alarms.

Child and Adolescent Mental Health (CAMHS)

At the Quality Management Visit in 2014 issues were raised in relation to out-of-hours procedures and supervision for more junior trainee doctors when assessing and discharging CAMHS patients. The Trust also reported challenges with recruitment to the specialty.

The Trust acknowledges that CAMHS provides a great opportunity for experience for trainee doctors but recognises that it can also be the area for greatest exposure to risk.

In the spring of 2015 the Trust reviewed supervision arrangements for trainee doctors out of hours and found that the majority of immediate supervision was provided by middle grade locum doctors who the Trust had little information about. The DME

discussed this with CAMHS Consultants and formed a working group meeting and carried out an options appraisal. The actions from that included:

- A quality assurance review process for Curriculum Vitae of non-specialist locum doctors.
- The non-specialist locum doctors have to agree to Continuing Professional Development to remain on the rota and this will be reviewed annually.
- “Cold supervision” case discussion groups run by CAMHS Consultants for GP, Foundation and Core trainee doctors. It is understood that this has evolved to include non-medical colleagues and is also a continuing professional development opportunity for locum doctors.

The Trust also advised that trainee doctors have fed back that the weekend CAMHS self harm assessments can take up a lot of time. The Trust therefore plans to have specialist self harm nurses at weekends from January 2016. The visiting team felt that this was another example of the Trust listening to trainees and acting upon their feedback.

The Trust also reported quality improvement work to help to address the challenges with recruitment including:

- A greater presence of CAMHS Consultants through local teaching.
- Encouragement of Out of Programme (OOP) activity.

Clinical Supervision

The Trust shared the results of a local survey in July 2015. Feedback from trainee doctors reflected very good feedback for setting and reviewing objectives with Clinical Supervisors. The Trust found that educational supervision was variable.

There were also specific areas of feedback that the Trust has listened to and acted upon including:

- Self harm assessments in CAMHS (See above)
- As a result of feedback advising that trainees would welcome more training with the Department of Psychological Medicine (DPM) the DME has engaged with the department lead who has agreed to undertaking some orientation with trainees on a voluntary basis.

The Trust is also aiming to address feedback from some Foundation and GP trainee doctors reflecting that they felt some work was of little educational value. As a result, as a pilot, these trainees have been offered Balint Groups for the next eight months.

Learning from Incidents

The Trust shared the following developments in learning from incidents:

- Educators are working with Pharmacy colleagues to develop the learning from prescribing errors with regular pharmacy presentations at local teaching.
- Although feedback is very good, the Trust is learning from feedback from local and national surveys to aim for 100% of feedback reflecting trainee doctors are not asked to consent without sufficient knowledge. The message that this should not occur was underlined at induction.

Other actions reported as a result of the Quality Management Visit in 2014 included:

- A new centralised induction began in September 2015 to ensure orientation for Forensic Specialty trainees to the general environment they work in out of hours.
- The IT upgrade is now complete.
- Access permissions to IT are now requested as routine in the lead up to junior trainee doctor induction with no further concerns reported.
- Safeguarding is highlighted in all inductions and is part of mandatory training.
- The communication system at Highbury Hospital has been changed with no further concerns reported.

Medical Education Recognition of Trainers

The Trust reported 81% compliance of Clinical Supervisors and Educational Supervisors completing the mandatory training required for Trainer Recognition. This has been analysed by specialty areas to develop a strategy. Additionally, Supervisors have been contacted with a deadline to confirm their intentions.

The Trust advised that there is now good trainee feedback about trainers. This has been gathered through an online feedback mechanism and analysed to provide feedback over twelve months to preserve trainee anonymity. This feedback will form part of the appraisals for trainers.

The visiting team also heard about the development of an Educational Supervisor Mentor role for new Educational Supervisors as the Trust has a large number of new Educational Supervisors.

Finance and Tariff Funding

The Trust gave an overview of finances and the Reference Cost Exercise. The visiting team would also like to thank Sue Gubbins, Finance Director, for the opportunity to have further discussions about tariff funding during the course of the day of the visit.

HEE-EM received assurances about the expenditure of the non-medical tariff. A significant proportion of this supports a central team which is responsible for ensuring the suitability of placement environments, liaison with numerous universities, maintaining the mentor database and ensuring learners have appropriate IT access. It is understood that the remainder of the tariff budget is devolved to divisional level on a proportional basis; however during the visit some educators reflected that they were unaware of this.

Learning and Development for the Wider Workforce

The Trust outlined some recent developments at the Trust including:

- Foundation Trust status authorisation.
- Silver accreditation in Investors in People.
- Placed first nationally in Stonewall's 2015 Workplace Equality Index

The Trust detailed the Learning and Development Core Offer which covers all professions (clinical and non-clinical) with emphasis on integration and access. It is a blended offer which is delivered across the Trust geography. There are six areas of the offer:

- Leadership, Management and Team Consultancy
- Recovery Education
- Essential Training

- Clinical and Therapeutic Skills
- IT Training
- Skills for Work and Life

The Trust described established and engaged forums for the engagement of professions sponsored by senior management to facilitate meaningful discussions and consultation.

The Trust also outlined a considerable number of regional and national connections including:

- Nottinghamshire Nursing Cabinet
- Nottinghamshire Nurse Education Liaison Group
- Nursing and Midwifery Council (NMC) Revalidation Pilot site in Offender Health Services.
- Vanguard Sites
- Buddying with Norfolk and Suffolk Mental Health Trust

The Trust also acknowledged the following NHS uncertainties:

- National commissioning and local needs
- Wider consequence of Nursing and Midwifery Council Nurse Revalidation
- System Pressure (locally and nationally)
- Development of the Advanced National Care Certificate and the role the nursing profession (Band 4)

5. Good Practice and Innovation

Nursing, Quality & Patient Experience – Tissue Viability Team

React to Red: Pressure Ulcer Prevention Training for Care Home Staff

The visiting team felt this was an exceptional showcase realising great benefits for residents in care and nursing homes. The team showcased the training resources and initiatives being developed within the Trust to raise awareness of pressure ulcer prevention within the private care home setting. The visiting team heard of a significant reduction in pressure ulcer development within Bassetlaw care homes and that care home staff have more confidence in risk factors and preventative strategies. A robust link champion network with 55 link champions has been

developed across the Bassetlaw care homes and the care homes working together to share good practice. It is understood that this resource is now being rolled out across other parts of the country with over 6000 copies of the training package now on order.

Medical Education - Balint style case discussion groups for GP and Foundation Doctors

The Medical Education team showcased Balint style case discussion groups that are now being offered to GP and Foundation doctors during their four month post in Psychiatry. It is hoped that these groups will offer a safe and confidential space for doctors to reflect on their own thoughts and feelings evoked from interactions with patients they see either in their day to day work or on call. The visiting team heard that the groups help doctors with reflection and to explore the doctor patient relationship from a more holistic perspective.

National High Secure Deaf Service

The visiting team met with a very informative and enthusiastic team who showcased an excellent innovation based at Rampton Hospital. The Trust is the only provider of High Secure Deaf Services in England and Wales.

The service provides assessment, treatment and rehabilitation for deaf male patients and offers specialist expertise within a multi-disciplinary clinical team and aim to enhance engagement with the patients and maximise their skills for re-entering the world of hearing.

The visiting team also heard the team has provided a specialist placement for a deaf nursing student to facilitate her learning needs and the visiting team felt there is potential for this environment to be showcased for students with hearing impairments.

The team also outlined a number of other interesting services they deliver including Deaf Awareness Training for Trust staff and for hearing patients at Rampton Hospital.

Health Partnerships – Lings Bar Hospital, Rushcliffe

The Older Peoples Rehabilitation Unit specialises in the rehabilitation of complex frail elderly people, self-care and recovery, palliative and last days of life

care. The team showcased the learning environment for Student Nurses Occupational Therapy and Physiotherapy students, Open University students, apprentices and work experience students.

The visiting team were impressed with the innovative approach to return to practice. The team explained if they are unable to recruit to a Band 5 Nurse post, they have offered a 12 month fixed term contract at Band 3 with an opportunity to complete the return to practice programme. The visiting team learnt that this has resulted in Return to Practice students being retained within the trust. The expansion of the nursing workforce has enabled the team to better fill vacant posts.

The team also showcased a programme for Out of Practice (OOP) nurses. This enables a nurse who has retained their nursing registration to gain skills and competency to work within the clinical setting.

Quality Improvement Project for Out-of-hours Clinical Handover

Following recommendations made about the system at the HEE-EM Quality Management visit in 2014 the Trust assessed the system using a mixed methodology, including local surveys and audit.

Significant problems were identified in the previous handover recording system and a new handover system was created and successfully implemented, with re-audit showing significant improvements in quality across all measures. The new recording system has been able to address the issues with information governance, including lack of data archiving processes, potential for copying and exporting data and potential for amendment of recorded data.

The visiting team learnt that the new system will be further evaluated and upgraded. HEE-EM looks forward to hearing of further developments to the system.

Promoting the Services that Allied Healthcare Professionals (AHPs) Offer

The team explained the services that AHPs offer to patients alongside nursing and medical staff. The team very clearly articulated to the visiting team the multi-professional and multi-agency approach they have to services they provide with patients at the

centre. The visiting team learnt of an interesting joint placement with the Fire Service for students.

The team shared that they link closely with the Intensive Recovery Intervention Service (IRIS) in the County and Mental Health Intensive Recovery Service (MHIR) in the City. They reflected that they enjoy working in a multidisciplinary team. They also discussed potential links and services that could be developed, for example, with care homes and the Alzheimer's Society.

The visiting team heard that AHPs, as a smaller profession, would also welcome more engagement in the commissioning process.

Medical Education – Feedback from Trainee Doctors

The visiting team would like to thank Neil Nixon, DME for sharing the outcomes of the trainee doctor feedback survey from July 2015 relating to the supervision, guidance and opportunities in training. The visiting team was impressed throughout the visit of the approach of the medical education team and the ethos of listening to feedback to facilitate improvements.

Communication Skills Teaching

The team showcased the communication skills teaching for Core Psychiatry trainees. The visiting team heard that the teaching is developed to fulfil the training needs of the trainees (e.g. supporting the trainees with RCPsych CASC examinations).

Undergraduate Medical Education

The visiting team was able to gain an overview of the involvement of the Trust in the education of undergraduate medical students. The visiting team learnt about the delivery of teaching, support for students and trainers and future development plans. The visiting team were impressed by some of the materials shared such as the guidance notes for Consultants providing ideas for effective and creative clinical teaching with suggestions for the involvement of and learning for medical students in inpatient, outpatient and community settings. The visiting team were also very interested in the involvement of service users in 'The Story Shop' which enables students to ask someone about their personal experiences in an informal and relaxed way.

Medical Education Conference

The HEE-EM Quality team would like to thank the Trust for the invitation for a second year to the annual Medical Education Conference which took place on 16 October 2015 with a focus on Change and Wellbeing. The conference included presentations on Vulnerability and Resilience in Medicine, Managing stress through Mentoring and how Balint case discussion groups can help clinical medical students to learn about the doctor patient relationship. The day also included poster viewing and prize giving for leadership, innovative practice, audit and research.

6. Sessions

Out of Hours Handover

HEE-EM would like to thank the Trust for arranging for members of the visiting team to observe handover and follow up on developments of the system since the HEE-EM Quality Management Visit in 2014.

The visiting team heard that handover is usually face-to-face unless the night doctor is off site (e.g. attending a patient at Wells Road) in which case handover will take place by telephone and the on line tool should also be completed.

The handover system can be accessed when trainee doctors are not on site. The visiting team observed that in general the items that are logged on the system are tasks that the night doctor has not had the opportunity to complete but it was also good to see entries with a nil return where there were no tasks to handover ensuring a transparent audit trail.

HEE-EM was impressed that the development of the tool had involved trainees and that feedback had been actively sought. HEE-EM would highlight the work of Dr Deepa Krishnan, a trainee doctor at the Trust and Dr Neil Nixon, DME in developing the new system. Dr Krishnan also shared details of this Quality Improvement Project at the showcase session.

The trainees the visiting team met with felt the tool is easy to use and confirmed that there had been a presentation about the new system included at induction. Additionally, trainee doctors reflected their appreciation for the provision of an on call room.

It is acknowledged that such an undertaking requires significant time to become embedded into routine

medical practice and the visiting team observed many occasions when entries had not been completed. There were also concerns on behalf of the visiting team that there could be potential for patient safety issues if locum doctors carry out tasks and cannot access the system to handover.

HEE-EM would recommend the development of the new system and would strongly recommend further audits to monitor usage and quality of entries.

Recommendations

- **Ensure there is a robust handover mechanism for locum doctors.**
- **Promote further the use of the system, including responsibilities and expectations.**
- **Re-audit, monitor use and share regular updates about the further development of the system with HEEM at interim review meetings.**

Meeting with Students

The visiting team had the opportunity to meet with students from Occupational Therapy, Nursing and Physiotherapy who all reflected positive feedback about their experiences. They said they are well supported and were welcomed by the Trust. They also reported good learning opportunities from other professional colleagues and good support from and contact with their universities.

The visiting team heard of “nurturing” staff and a supportive environment encouraging learners to develop and move towards independent practice. Learners described good communication, approachable colleagues and felt that their opinions are valued and listened to.

Students advised that they had received a brief outline of the Trust as a whole and an induction to the ward when they started, but did not receive a formal induction to the Trust but it is understood that this is being developed.

Recommendation

- **Ensure students receive an appropriate induction to the Trust.**

Meeting with Trainees and Learners from Mental Health Services for Older People (MHSOP)

The visiting team met with trainee doctors and nursing students who raised significant concerns about safe staffing levels at both Highbury Hospital and Millbrook Unit. They reflected the potential risk to patient safety and discussed the impact on their education and training. Whilst this feedback is not isolated to this Trust, HEE-EM would ask the Trust to reassure itself in terms of appropriate staffing levels in Mental Health Services for Older People.

Overall, the group reflected that the teams are working very hard but cannot give the care they would wish to. Additionally, the pressure of clinical service can be a barrier to effective learning.

Student nurses discussed with the group the impact of staffing levels and time pressures on their learning opportunities. The students reflected a clear appreciation for how busy the nurses are and this can mean that there is insufficient time for them to sit with a student and share a learning opportunity. Nursing students felt the reflective sessions are very helpful but again these were reported to be impacted upon due to staffing levels.

Trainee doctors welcomed and gave very positive feedback about the Balint groups for Foundation and GP trainee doctors. However there were reports that usual attendance was between four and five trainees and the visiting team felt the sessions should be further promoted and attendance maximised. Trainees also provided very good feedback about the monthly Communication Skills Course which they clearly valued.

Core trainee doctors reported good support and good training experiences with inpatient and community teams. Specialty trainee doctors also reported good support to meet their training needs.

When asked about induction trainee doctors reported that the main Trust induction had been very good but there had been some issues with the release of rotas at the Millbrook unit which had not been received by the trainees until the day after they had started their post. Also in relation to experiences at the Millbrook Unit trainee doctors advised:

- There can be difficulties in getting annual leave approved.
- The switchboard does not always know who is on call.

- Rotas are felt to be generally less “robust” with more locum doctors used.

HEE-EM was disappointed to hear feedback about the lack of clarity about CAMHS for trainee doctors at Millbrook as this feedback had been received previously. The visiting team heard that trainee doctors had received conflicting advice about whether they should clerk in CAMHS patients.

Nursing students reported some initial difficulties with a lack of departmental induction at Highbury Hospital.

The visiting team was able to discuss the development of the new handover system which the trainee doctors said they welcomed and they clearly recognised an improvement in the system since last year. Trainees did identify that locum doctors cannot access the new system.

Trainee doctors discussed local teaching, in particular the journal club sessions which were felt could be of variable educational value depending on the level of training the trainees had reached. The visiting team also heard that some trainee doctors based at the Millbrook unit could not attend due to clashes with clinic commitments. Trainees said they would welcome more senior input in these sessions and gave an example of the potential to undertake presentations jointly with more senior colleagues. The group also reflected there are missed opportunities for multi-professional learning.

Requirement

- ***The Trust must reassure itself that there are appropriate staffing levels in Mental Health Services for Older People.***

Recommendations

- ***Further promote the Balint group sessions for Foundation and GP trainee doctors to maximise attendance.***
- ***HEE-EM Quality team would like to meet with multi-professional groups of learners/trainees and trainers/mentors at the Millbrook unit to discuss education and training. HEE-EM would ask that the Trust organises these meetings and would invite members of the Trust education teams to be part of those meetings.***
- ***Departmental induction for nursing students at Highbury Hospital***

- *Clarify duties, roles and responsibilities for CAMHS patients for trainees at the Millbrook Unit and ensure consistent advice is disseminated.*
- *With the input of trainee doctors, review the local teaching journal club sessions to ensure they are of good educational value and ensure trainees are able to attend where possible.*
- *With input from trainee doctors and learners explore potential opportunities for multi-professional learning.*

Meeting with Trainers and Mentors from Mental Health Services for Older People (MHSOP)

The visiting team met with a large group of trainers and mentors. The team heard that nursing teams work well with the University and the hub and spoke model allows the team to see students develop over time and also enables the team to “get to know the student as a person”.

The Allied Healthcare Professionals team shared that there had been considerable work around the recovery principles which they were very proud of and they felt this had attracted students to the Trust.

The group discussed many opportunities for integrated multi-professional working and learning such as the Dementia Outreach Service. However, the group discussed opportunities for the further development of this which due to the geography of the Trust were not always maximised.

The visiting team heard that the relationship with Geriatric Medicine differs across sites within the Trust. The teams at Millbrook reported that members of the Geriatric team attend the wards whereas at Highbury Hospital there has to be a formal referral. It is acknowledged that integrated mental and physical healthcare on a community site such as Highbury Hospital away from an acute Local Education Provider can be challenging. The Trust needs to consider how best to improve access to specialist review and support teams to navigate the healthcare system to ensure high quality care.

Trainers and Mentors discussed the impact of service pressure and service reconfiguration on education and training particularly where opportunities can be missed for true multi-professional learning.

The visiting team heard of a lack of knowledge of tariff funding and would recommend further promotion of understanding of this for trainers and mentors.

Recommendations

- *Explore potential further opportunities for multi-professional learning.*
- *Consider how best to improve access to specialist review and support Trust teams to navigate the healthcare system to ensure high quality care.*
- *Promote the understanding of tariff funding for trainers and mentors.*

Meeting with Trainers

The visiting team met with a large group of medical trainers who overall felt supported, valued and recognised. The trainers advised there are many opportunities for multi-professional learning which are mostly informal and shared the following good examples of multi-professional learning:

- Forensic Psychiatry Trent study day and academic event.
- Clustering teaching in Learning Disabilities.
- Facilitation of learning on wards for trainee doctors with speech and language therapy and nursing colleagues.

Again, the visiting team heard of the challenge of service reconfiguration training with education often being overlooked when services are redesigned or recommissioned. Trainers discussed the lack of overall office space, not only on wards, but a lack of confidential space available for supervision and appraisal.

The visiting team was pleased to hear from new and more experienced Educational Supervisors about the development of Mentor roles for new Educational Supervisors which were valued and reported as working well.

Meeting with Crisis Team

The visiting team had the opportunity to meet with some members of the Crisis team and learnt that Foundation doctors and medical students have the opportunity to be part of the team with many

opportunities for home visits and learning opportunities whilst being appropriately supported.

The Crisis team feels they offer good exposure to mental health learning opportunities and good multi professional team working. No issues were reported relating to release for attendance at local and Foundation teaching with protected time for the same. The team also discussed the potential for developing Academic Foundation Year 2 posts and they would welcome the opportunity to discuss this further.

Recommendation

- ***HEE-EM would like to strongly encourage the Trust to explore the potential for developing Academic Foundation Year 2 posts with Trent Foundation School. The organisation is well positioned to deliver a high quality learning experience in clinical research or medical education. Such a post could be helpful in recruitment to CT training in psychiatry in the region.***

Meeting with Foundation Year 1 Trainee Doctors

The visiting team was keen to hear about the development of the Foundation Year 1 out of hour's rota.

Overall trainee doctors reported that they are enjoying their posts all would recommend their posts. Trainees highlighted their nursing colleagues and described them as "really, really good".

Trainee doctors reported no issues relating to getting assessments signed off and advised they are always released to attend teaching, both local and Foundation teaching sessions. Trainee doctors also appreciated the facilities at the Trust, for example, the junior doctor room.

Trainee doctors shared their experiences of their first few weeks of their posts including:

- Those trainees based at sites other than Highbury were not issued with swipe cards ahead of their first on-call weekend which meant that until mid-September it was difficult for them to navigate around the building independently.
- There had been some initial issues relating to senior support at Thorneywood due to Consultant leave and a middle grade doctor

vacancy. However, the visiting team heard that support was provided by the on call Consultant and nursing staff and there had been a thorough handover from the previous GP trainee.

The trainee doctors felt the Trust induction had been helpful, particularly the psychiatry specific sessions and RIO induction. However there had been no particular local induction other than their shadowing period which on the whole was felt to be beneficial but where the previous Foundation Year 1 doctor has left there can be no one to provide information about that specific post. It is understood that in these circumstances the Trust organises for the trainee doctor to shadow another post, although this was felt to be not as useful as shadowing the post they would take up.

Trainee doctors confirmed that at weekends Foundation Year 1 trainees cover 9am to 5pm at weekends twice during their four month placement. Overall, the visiting team heard that Foundation Year 2 and Core trainees are supportive however concerns were heard around support and supervision. The trainee doctors shared examples of where the Foundation Year 2 / Core trainee had been called to another site leaving the Foundation Year 1 trainee on their own for extended periods of time. It was felt that Foundation Year 2 / Core trainee are not contactable when they are attending Wells Road.

An example of the concerns given was for a Foundation Year 1 trainee's first weekend on call and the Foundation Year 2 / Core trainee had been called to Wells Road and was not contactable, leaving the Foundation Year 1 trainee with no-one to handover to and having subsequently to contact the Registrar on call. The visiting team heard that the following weekend the Foundation Year 1 trainee proactively made an arrangement with the Foundation Year 2/ Core trainee for the potential of them being called off site however this is not a robust process and must be reviewed urgently.

Another example shared with the visiting team was a Foundation Year 1 trainee being asked to attend a different site during a weekend to review medication that they were not wholly familiar with and the Foundation Year 2 / Core trainee was already off site undertaking seclusion review.

Trainee doctors also raised some concern around medical knowledge and gave examples of where more senior trainees had not always been sure what to do and suggested referral to Accident and

Emergency. Trainees did reflect that there had not been issues where they worked with a GP trainee and confirmed they can also contact relevant doctor on-call at Queen's Medical Centre.

HEE-EM was disappointed to again hear trainees concerns about the lack of medical equipment on wards which had been previously reported to HEE-EM. The visiting team heard examples of medical equipment not always being available on wards and having to borrow from other wards (e.g. blood bottles and butterfly clips), examples of ECG machines not functioning due to pads being ineffective and Ophthalmoscopes not working at Thorneywood.

Trainee doctors reported mixed feedback about the use of the new online handover system and reflected that use of the new system did not appear to be consistent particularly at the beginning of their rotation. It was disappointing to hear feedback that a more senior trainee had advised a Foundation trainee that "no one ever uses it".

Requirements

- ***The Trust must implement clear and sustainable out of hours support for Foundation Year 1 trainee doctors to ensure they are not left on their own unsupported.***
- ***The Trust must urgently reassure itself of the appropriate levels and quality of medical supplies and equipment in the inpatient areas and shares those findings with HEE-EM.***

Recommendations

- ***Re-audit the use of the handover system and further promote the system and the role and responsibilities of trainee doctors.***

Discussion Session Focussing on the Impact of Service Change on Learning

One of the recommendations of the Quality Management visit 2014 report was to review the potential impact on education and training within service reorganisation across the Trust. The Trust has confirmed that the DME is now a member of the Workforce, Equality and Diversity Sub-Committee of the Trust Board and the Trust is developing a multi-professional Education Charter. The aim of the Charter is to establish basic values and working principles across the Trust that will guide future

practice. It is also anticipated that the Charter will lead to joined up service and training decisions; helping to reduce the impact of service reconfiguration on training and education.

During this session the team had the opportunity to discuss transformation of services with a shift from inpatient to community services.

The visiting team shared their concerns about the long term impact on patient care and future mental health workforce resulting from commissioning intentions around medical psychotherapy. HEE-EM is concerned about the sustainability of psychotherapy training following a proposal to reduce consultant medical psychotherapy sessions. Currently there are two dual CCT trainees, both majoring in psychodynamics and it is unclear at present whether services are sufficient to provide enough work to meet trainee requirements. The Trust provided the visiting team with immediate reassurances of the Trust commitment to Core and Specialty training. However, HEE-EM remains concerned about the consequences of the commissioning intentions and the long term impact on patient care and the future workforce. HEE-EM will raise this issue with the Postgraduate Dean.

Requirements

- ***The Trust must provide updates to HEE-EM relating to psychotherapy commissioning and training no later than April 2016.***

7. Recommendations and Requirements

Requirements

- The Trust must reassure itself that there are appropriate staffing levels in Mental Health Services for Older People.
- The Trust must implement clear and sustainable out of hours support for Foundation Year 1 trainee doctors to ensure they are not left on their own unsupported.
- The Trust must urgently reassure itself of the appropriate levels and quality of medical supplies and equipment and shares those findings with HEE-EM.
- The Trust must provide updates to HEE-EM relating to psychotherapy commissioning and training no later than April 2016.

Recommendations

- Advise HEE-EM of the mechanisms to ensure non-medical members of staff are aware of the Trust Lone Worker Policy and how they are able to access personal alarms.
- Ensure there is a robust handover mechanism for locum doctors.
- Promote further the use of the system, including responsibilities and expectations.
- Re-audit, monitor use and share regular updates about the further development of the system with HEE-EM at interim review meetings.
- Ensure students receive an appropriate induction to the Trust.
- HEE-EM would like to strongly encourage the Trust to explore the potential for developing Academic Foundation Year 2 posts with Trent Foundation School. The organisation is well positioned to deliver a high quality learning experience in clinical research or medical education. Such a post could be helpful in recruitment to CT training in psychiatry in the region.
- Further promote the Balint group sessions for Foundation and GP trainee doctors to maximise attendance.
- HEEM Quality team would like to meet with multi-professional groups of learners/trainees and trainers / mentors at the Millbrook unit to discuss education and training. HEE-EM would ask that the Trust organises these meetings and would invite members of the Trust education teams to be part of those meetings.
- Departmental induction for nursing students at Highbury Hospital
- Clarify duties, roles and responsibilities for CAMHS patients for trainees at the Millbrook Unit and ensure consistent advice is disseminated.
- With the input of trainee doctors, review the local teaching journal club sessions to ensure they are of good educational value and

ensure trainees are able to attend where possible.

- With input from trainee doctors and learners explore potential opportunities for multi-professional learning.
- Explore potential further opportunities for multi-professional learning.
- Consider how best to improve access to specialist review and support Trust teams to navigate the healthcare system to ensure high quality care.
- Promote the understanding of tariff funding for trainers and mentors.
- Re-audit the use of the handover system and further promote the system and the role and responsibilities of trainee doctors.

8. Action Plan

A comprehensive action plan has been received from the Trust. The Quality Manager from Health Education England, working across the East Midlands will monitor and support the Trust to produce positive outcomes from this visit.

9. Trust Response

The report has been identified as an accurate reflection of the quality of learning experiences of Nottinghamshire Healthcare Foundation Trust staff. We are grateful to HEE-EM for the time spent in preparing this document and have sent assurances as requested. From a Trust perspective we look forward to continuing our work with HEE-EM in the lead up to the 2016 Quality Visit, planned through the department of Postgraduate Medical Education along-side the Medical Director, Dr Julie Hankin; the Associate Clinical Sub Dean, Dr Daniel Tsoi; and the Associate Director of Learning and Development, Julian Eve.