

# Quality Management Visit Outcomes Report



Lincoln County  
Hospital

Visit date: 13<sup>th</sup> October 2015



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for health and  
healthcare

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## 1. Executive Summary

Health Education England, working across the East Midlands (HEE-EM) visited Lincoln County Hospital, part of United Lincolnshire Hospitals NHS Trust on Tuesday 13<sup>th</sup> October 2015. HEE-EM would like to thank Dr Mathew Dolling and Caroline Dennet and their team for the roles they played in organising the visit to Lincoln County Hospital.

The visiting team were encouraged by the progress made against the educational standards and the commitment to the education and training agenda across the Trust. HEE-EM were impressed by the quality of the presentations delivered throughout the day and the evidence based approach used during each of the presentations.

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

- Development of a specialty induction programme
- A holistic approach to patient safety

During the visit, 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. It was clear, however, 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.

HEE-EM is looking forward working with the Trust on the future challenges and to visiting again in 2016 and seeing the progress made against the action plan since this visit.

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, students, 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 the 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 (HEE) 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, this is 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 United Lincolnshire 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 Lincoln County Hospital should be a Level 3. This level of visit means that there are serious concerns about the Local Education Provider being able to provide a sustained safe environment for patients and learners. 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:

- Adrian Brooke, Deputy Postgraduate Dean & Secondary Care Dean & Lead Visitor
- Prof Sheona MacLeod, Postgraduate Dean
- Gerry McSorley, Independent Chair
- Nick Spittle, Deputy Foundation School Director
- Jill Guild, Head of Quality & Regulation - Lead Visitor
- Simon Mallinson, Quality Manager

# 2015 QMV Report – United Lincolnshire Hospitals NHS Trust – Lincoln County Hospital

- Kirsty Neale, Quality Manager
- Susan Wilkinson, Lay Representative
- Karen Johnston, Lead for Practice Learning Lincoln University
- Richard Marriott, Learning Development Agreement (LDA) Manager
- Lucia Chimenti, Administrator
- Jo Wallis, Administrator

## Dental Team

- Andrew Dickenson, Dental Dean
- Stephen Dickson, Dental Associate Postgraduate Dean
- Rosalind Maxwell-Harrison, Lay Representative

The Trust was represented by:

- Mr Kevin Turner, Deputy Chief Executive
- Mr Suneil Kapadia, Medical Director
- Dr M Dolling Deputy Director Medical Education-Lincoln
- David Pratt, Director of Finance and Corporate Affairs
- Mr Paul Boocock, Director of Facilities
- Michelle Rhodes, Director of Operations
- Andrew Prydderch, Deputy director of Operations
- Ian Warren, Director of HR
- Pauleen Pratt, Acting Chief Nurse
- Liz Ball, Deputy Chief Nurse
- Anita Cooper, Clinical Lead, Therapies & Rehabilitation Medicine
- Andy Brammer, Head of Diagnostics
- Paul Hinchliffe, Senior Business Manager W&C
- Lisa Vickers, Senior Business Manager Intergrated Medicine
- Tom Ridgeway, Business Manager Medicine
- Vic Townsend, Rep: Senior Business Manager Surgery
- Beck Shaw, Business Manager TAC
- Bridy Clark, Head of Nursing - Surgery
- Mr David Cleave Head of Nursing
- Katherine McMillan, Advanced Clinical Pharmacist
- Dr Aditya Mandal, FPTD
- Dr A DeSilva, FPTD
- Dr David Flynn, Consultant Emergency Medicine
- Mr Rajan Asirvatham, Clinical Director -T&O
- Dr Sudhakar Rao, Clinical Director- W&C

- Dr Adam Wolverson, Clinical Director-Theatres
- Mr Nazeer Dahar, Clinical Director –Surgery
- Mr Kandeepan Saravanamuttu, Clinical Director -Urology
- Caroline Dennett, Postgraduate Centre Manager
- Michael MacLeod, Medical Education Manager

## 3. Trust Update

Dr Matthew Dolling, Deputy Director of Medical Education started the day by welcoming the visiting team to Lincoln County Hospital. Dr Dolling said he wanted to highlight that they are an innovative establishment that embraces technology as an instrument to maximise learning.

The visiting team heard that the hospital has been subject to a series of visits from HEE-EM for surgical specialties, which is well documented. We heard that the Trust was part of the Keogh review ([keogh-review](#)) because of the high levels of mortality.

Dr Dolling highlighted just some of the achievements the Trust has made since the last HEE-EM visit twelve months ago including:

- Being a pilot site for Curriculum Study Leave project.

Dr Dolling described the historically Trust induction as 'monolithic'. The Trust had listened to the academy of colleges and to the trainees. As a result they have shifted the balance of induction to focus more on individual specialties in an effort to make doctors safer in their own working environments. The Trust has completely redesigned their induction process and continues to evaluate and improve the process. The Trust is aiming to deliver the specialty induction on day one of their placement and is working towards that goal.

The Trust has introduced name stamps for new doctors starting at the Trust, which provides clarity; as the stamps clearly identify the trainee by General Medical Council registration number.

The Trust is holding regular clinical supervisor and educational supervisor meetings to promote networking. Dr Dolling described how many of the challenges they face are similar and these meeting give them an opportunity for peer support.

Dr Dolling explained that, as an educational department, they were increasing using social media as a medium of communication to trainees in this digital age. 'Facebook', 'twitter' and 'WhatsApp' are now increasingly being used as a conduit for educational learning. Dr Dolling described the historical view of doctors using their phones at work as being viewed negatively, however there are an increasing number of reference and support documentation using smartphones as a platform to provide up to date information.

Dr Dolling explained how the education team had been proactively engaging and listening to the trainees at the hospital. The team have held a series of cyclical meetings inviting trainees and college tutors from each of the specialties to discuss their experience as a trainee within the department. Good practice and concerns raised are used to improve the experience of future trainees. The department also has an open door policy to trainees who are encouraged to raise concerns locally.

 The department has designed a series of branding for undergraduate, postgraduate and dentistry, to better promote the successes of the department. Each of them has a new logo which will be added with the Trust logo to clearly identify Lincoln County Hospital.

Dr Dolling described how the hospital had managed the changes brought about by the broadening of the foundation programme, which they felt was like "a game of Russian Squares where you have to move all the pieces around and you are still left with a space when the whole picture is revealed". There were lots of complaints initially, but people are coming to terms with the national drive to provide more community facing posts.

## Emergency Department

Dr Dolling explained that Emergency Medicine was a big problem for the hospital, as they had one Consultant retire and two Consultants leave to work at other hospitals. The hospital has gone from two to seven Consultants, three of which are substantive. There are two acting up middle grades going through the article 14 route to specialist registration

and a long term NHS locum. Consultant staff are provided cover over the extended day up till 10pm.

Ben Lorryman, a consultant in the Emergency Department, has been involved in developed a master's programme with Lincoln University. There are two senior nurses doing a master's degree through Lincoln University, supported by the emergency department. Intake was 17 last year and 22 this year.

## Out of Hours Working

Medical and clinical care out-of-hours was highlighted as struggling by the Keogh review of United Lincolnshire Trust. The Trust found that a system created to address junior doctors hours (Hospital @ Night) had begun to work outside its terms of reference. Additional jobs had been given to a group of nurses who were working more and more in isolation overnight. The Trust had noticed an increase in patient safety concerns.

The Trust produced a new business case to drive change.

The current team provides what the Trust describes as 'a council of excellence'.

The Hospital @ night team has been rebadged as Hospital out-of-hours and they now work with Critical Care Outreach Team (CCOT). They both have differing roles, as Critical Care Outreach Team provide 24 hour cover. This has proven to increase the response to high acuity patients.

The introduction of the modified early warning score (mews) has increased the number of patients being reviewed by over 100%.

The CCOT team have been actively supporting the foundation doctors with their learning out-of-hours. The team have been asked to take the foundation doctors to see their sick patients.

A working party has been set up to make foundation doctors' experience better in the out-of-hours environment and to look at how handover can be improved.

Nurses have been supported to develop their skills and have been attending the prescribing course, which means that some of the prescribing jobs can be taken over by the nursing team. There have been new appointments to the team and they have just appointed a new coordinator.

Dr Dolling described the vision for the education department which he feels will deliver excellence in education.

**Key Message** “There is lots more to do but we are getting there and it will be great.”

## 4. Pharmacy – Trust wide presentation

Katherine McMillan, Training and Development Pharmacist delivered a presentation to the visiting team entitled ‘Pharmacy and Medicines Optimisation Developments’.

Katherine explained that in the last twelve months, the department has completed many achievements including:

- Achieved the Medicines Safety Commissioning for Quality and Innovation (CQUIN).
- Recruited to vacant posts within the department.
- Reviewed skill mix of the department and are developing a responding departmental structure.
- Developed new posts to meet ULHT’s needs within the new structure.
- Increasing the training to junior Doctors.
- Establishing a medicines optimisation committee.

Katherine told the visiting team that they had used international recruitment to fill some of their vacant posts and that they had successfully recruited seven pharmacists from Spain to come to work at ULHT. Katherine went on to explain that this group of pharmacists have a unique set of skills and knowledge, and that the Trust are helping them to develop themselves further.

Katherine shared the exciting news about two additional appointments made in the trust. An “accountable aseptic lead pharmacist” and an “antimicrobial consultant pharmacist” which the department felt was an exciting development for ULHT.

The visiting team heard about the internal education developments within the department including:

- The increase of pre-registration pharmacists to provide six in total across the Trust.

- The achievement of seeing all 2014-15 pre-registration pharmacists cohort successfully qualified.
- The appointment of two apprentice technicians.
- Two of the independent prescribers are due to qualify shortly.
- The department is supporting another eight pharmacists to undertake the independent prescribers qualification within the next 12 months
- Starting year two of the University of Lincoln school of pharmacy hospital placements
- One of the pharmacists is undertaking the Newcastle Oncology Diploma.
- The department is supporting one pharmacist with the Pharmaceutical and Technology Quality Assurance Diploma.

The Department is supporting their technicians to undertake the London Pharmacy Education and Training Accreditation in Medicines Management course.

Katherine explained that there are also two major projects being implemented:

### The ePIFFany Project.

This is a HEE-EM funded project which is being delivered by pharmacy team in conjunction with a project team from University Hospitals of Leicester. The project has already shown a reduction in prescribing errors and improvements in prescribing practice for doctors in training.

### Diabetes e-referrals

This project has been developing the skills in the pharmacy workforce to improve the patients’ journey and clinical outcomes as well as improving referrals to specialists.

Katherine was very excited about the future developments within the department including:

- Delivery of the Antimicrobial CQUIN
- Continuing with development of the ePIFFany Project
- Recruiting to a new teaching post.
- Supporting more pharmacists to undertake the independent prescribing qualification
- Development of a Stopp-Start prescribing rationalisation tool

- Further involvement with multi-disciplinary teaching

## 5. Respiratory – ward visit

The visiting team were encouraged to hear about the 'Time to talk' sessions introduced by Ian the ward manager. The visiting team heard that these sessions provide a briefing about patient concerns, staffing levels, recruitment and an opportunity by a walk around the clinical areas. We share the staffs concerns that even though they have a good training environment, their ability to build on this and maintain this is constrained by staffing worries.

The visiting team heard that the department have submitted a bid to the Trust to develop a treatment area and student area. This is to provide a better physical environment to meet the educational needs of the students and learners.

The feedback from the team on the ward was positive and they felt the senior staff were trying to support education and training within the department.

The visiting team heard that the department welcomes learners within the department and receives good feedback from student nurses who have been on placement on their wards.

The visiting team heard of good examples of multi-disciplinary learning and HEE-EM looks forward to seeing the timetabled multi-disciplinary teaching programme, which the department has told the visiting team they hope to aim to have January 2016.

### Respiratory – Medicine Trainees, Students & Learners

The visiting team met with a group of trainees, students and learners to discuss how education and training was delivering within the department.

The group explained that they have had a good experience with a wide range of clinical exposure, which addresses the core learning requirements for the general internal medicine curriculum.

The group reflected that respiratory medicine requires a lot of practical clinical procedures and

that they get good exposure to them which helps to complete work based assessments.

The visiting team heard from the group that the doctors in training are often very junior and sometimes find respiratory medicine a challenge.

The visiting team heard from the medical trainees that they are well supported by consultants when faced with patients with complex clinical scenarios. Medical Trainees reported a high level of consultant presence on the wards providing appropriate levels of supervision.

Student nurses told the visiting team that they are included in a weekly meeting where they are able to raise any concerns about patients, followed by a ward walk around led by the matron. All the feedback received from student nurses working in the department was positive.

The group explained that on Tuesday lunchtime there is a multi-disciplinary team (MDT) training session. We also heard that there is an imbedded culture of ward based teaching which is delivered to foundation doctors by both the senior medical team and nursing staff.

### Respiratory – Trainers / Mentors

The visiting team met with a group of clinical supervisors and mentors.

Both medical and non-medical trainers said that they feel valued and supported in their roles as an educator. The medical team said that education is recognised within their job plans.

The team explained that they are implementing different ways of delivering education and training. They were encouraged by the support they received and feel that the Trust allows them flexibility to be creative.

The department highlighted that they feel they have further capacity for medical, allied healthcare professionals and nursing learners / trainees.

## 6. Anaesthetics – Higher Specialty Medical Trainees

The visiting team met with a group of medical trainees to discuss how education and training was being delivered within the department.

The visiting team shared the results with the trainees of the General Medical Council '2015 national trainee survey' which indicates several negative indicators. Trainees said they were shocked at the red flags and found it really hard to believe because their experience did not reflect that, as they felt that Lincoln County Hospital is very popular amongst trainees.

Trainees said they had had a very good educational experience working in the department, they felt that consultants knew what to expect in terms of their level of experience and their requirements for completing their competencies.

Trainees reflected that they had excellent educational and clinical supervisors. Trainees felt the department fosters a very empowering culture and all staff are very supportive.

Trainees described working in the Intensive Therapy Unit (ITU) as a very good experience and as having a great reputation.

Trainees said that the dates for the regional teaching programme were set out late. Trainees explained that by the time they had received the dates the rota had been created, and they said this has impacted on their ability to attend as they are already rostered off On-call.

Trainees said that they felt that the trust induction was thorough; however, they felt it could be made leaner.

### Anaesthetics – Trainers

The visiting team met with a group of clinical supervisors who were aware of the results of the General Medical Council 2015 'national trainee survey' negative indicators. Trainers reflected on a range of issues that they felt had led to the negative feedback and they said they were working hard to make improvements.

The Trainers reflected that as a specialty, they had had higher levels of trainee at ST6 and ST7 and that at this high level of trainees, they had found it

difficult to find learning opportunities. However, they went on to explain that this had now been rectified by working closely with the School.

Trainers said that they have improved departmental induction which now includes the departmental administration team who are able to provide more detailed information and support.

The visiting team heard about the department's commitment to delivering quality education and training and the process for getting regular feedback from trainees about their learning experience and satisfaction.

The trainers said that they feel supported by the trust for their educational roles and that the time is reflected in their job plan. However trainers said they are concerned about the trusts cap on twelve programmed activities for each consultant and the potential effect on education.

Trainers also said they are concerned about reconfiguration of services.

## 7. Foundation Trainees – Years 1 & 2

The visiting team heard from the trainees that they were happy they were completing their foundation year at Lincoln County Hospital. Trainees said they would be happy for a friend or member of the family to be treated at the hospital.

Trainees described handover as safe due to the professionalism of the doctors, but only because the system relies on good will and them staying late. The visiting team heard from trainees that there is a mixed model of handover between paper and nerve centre, and the trainees reflected that they are running parallel systems and their concern is the interface of the electronic and paper systems.

Foundation trainees said that they felt specialty induction is good; however they reflected that they felt a lack of induction regarding their role when working as part of the hospital @ night team. Trainees described working at night as 'chaotic'.

Foundation trainees in medicine were very clear how they could escalate patient concerns. In surgery, trainees said there are supportive consultants who they could raise patient concerns with, but they reflected that there is some confusion about which middle grade to contact. Trainees described playing 'telephone-tag' to get hold of the

right middle grade which meant at times they were not getting timely support.

The visiting team heard that there was a feeling of inconsistency across the hospital as to whether the trainees were getting the constructive feedback regarding their performance. Some trainees also said they were having difficulty in getting tags for Supervised Learning Events assessments (SLEs) back for their e-portfolio's.

Trainees reported that they sometimes have difficulties in arranging to attend mandatory foundation training courses.

## 8. Geriatric Medicine – Medical Trainees

The visiting team met with a group of trainees, students and learners to discuss how education and training was delivering within the department.

The group said that the department provided a good environment in which to learn, with keen consultants who support and encourage higher specialty trainees to develop their own projects and plenty of learning opportunities,

Trainees said they welcomed and appreciated the opportunities in areas of special interest that the consultants offered, for example Parkinson's outpatient clinics. Trainees also said they get lots of exposure to acute medicine.

Trainees reflected that they felt there was a good induction and that they felt the consultants within the department are committed to education and training. Trainees also reported that they receive lots of good feedback on their performance.

Trainees described a busy daytime on call, but trainees said they are usually able to finish on time. Trainees said that there is a noticeable improved structure and organisation in the department over the last twelve months.

Higher specialty trainees reflected on the structure of handover which they all attend both morning and evening.

Trainees said there is a monthly teaching session which they can attend if they are not on-call which is well attended.

Trainees reflected that they can identify areas of improvement and feel encouraged to be part of the solution. Trainees also said they would be happy to

return for a consultant appointment on completion of their training.

## Geriatric Medicine – Mentors & Trainers

The visiting team met with a group of clinical supervisors and mentors and heard some very positive feedback.

The departmental team felt they had been able to move things forward since the last visit and had secured room space in clinics for trainees and are now exploring multi-professional training opportunities.

The team reflected that they are disappointed about the loss of medical students from Leicester University and there seemed to be a lack of explanation why those students had been withdrawn.

The Team shared the development of an induction booklet for foundation trainees and its efforts to try and protect the foundation teaching programme.

The department shared that they have been working with Lincoln University to develop a master course in frailty to provide a better personal development for the nursing team.

## Stroke Unit

The visiting team visited the stroke unit to see how education and training is supported in the clinical environment. The visiting team talked with student nurses, nurse mentors, foundation doctors and consultants within the department.

The general impression heard by the visiting team was that Lincoln County Hospital was great place to be trained. The students and trainees said that there is time to learn and that they feel well supported.

The visiting team heard that there is a vision and plans for the developments of new roles with the department to meet the needs of the ever changing clinical presentation of patients.

The department said they welcome students to their department and view the role as training their future workforce. We heard that they have been successful with the recruitment of nurses from Lincoln, Sheffield and Liverpool.

The visiting team heard that Student nurses have some limited acute experience and the department is working with the students to build up their confidence.

Members of the department expressed disappointment with the decision about Leicester medical school who they say will be taking students out of Lincoln County Hospital.

## **Burton Ward – Elderly Complex Needs**

The visiting team visited the Burton Ward to see how education and training is supported in the clinical environment. The visiting team heard that the ward environment was calm and organized, and excellent to train and educate in.

The department is committed to developing their staff and we heard examples of how the team were supportive in development post registration.

The ward was described as friendly and welcoming with a good skill mix of supportive professionals underpinning education and training requirements.

Staffing ratios were described by staff as “feeling to be good”, The visiting team heard that the ward had embedded an excellent culture for ulcer care.

## **9. Paediatrics Trainees, Students & Learners**

The visiting team met with a group of trainees, students and learners to discuss how education and training was delivered within the department.

The group said that they feel well supported and that this facilitates the running of an educationally focused department with protected time for on the ward teaching.

Trainees reflected that they would be happy to deliver teaching to the emergency department team and primary care colleagues on common paediatric problems.

Trainees reflected about their experience and said they would welcome paediatric resus simulation training in the Emergency Department. Trainees felt that this would help to refine their competencies and acclimatise them to the clinical setting in a safe environment.

Trainees said they were keen to do more, but recognise that nursing capacity is a barrier.

## **Paediatrics – Mentors & Trainers**

The visiting team met with a group of clinical supervisors and mentors and heard some very positive feedback. It was clear that the trainers underestimated the effectiveness of the training environment they had created

The group reflected on the challenges of managing rota gaps within the department. HEE-EM is happy to support the unit and review current working arrangements if and when required.

The visiting team heard that the department has additional education capacity and would welcome the opportunity to showcase the learning opportunities they have to offer.

Trainers reflected that a further improvement could be made facilitating greater dialogue between the trainers and the trainees.

## **10. Acute Medicine – Trainees, Students & Learners**

The visiting team had requested to see a group of acute medical trainees, students and learners. Unfortunately none of them were able to attend.

## **Acute Medicine – Trainers**

The visiting team met with a group of clinical supervisors and mentors. They felt that trainees and students were giving them positive feedback regarding their posts. We heard that the department has implemented a new system where trainees are being deployed in blocks from the wards. We heard that in Oncology, Haematology, and ICM are finding it difficult to release trainees from base wards.

The group reflected on the supportive feedback regarding the development of nurse Practitioners going through the master’s course. This was viewed as very positive, as it has created a clear career structure.

## **11. Cardiology – Trainees, Students & Learners**

The visiting team met with a group of medical trainees, to discuss how education and training was delivered within the department.

We heard from the group that higher specialty training is well received and that the department gets excellent feedback regarding the programme. The group shared that the posts are very popular in the training programme and that trainees request to come to Lincoln County Hospital because they get all the experience they need.

The visiting team heard that ward rounds are an educational opportunity and that they are supported by good consultant presence.

The group highlighted some difficulties with the Wednesday afternoon teaching programme as they reflected there is limited number of trainees attending, which led to consultants not turning up for the teaching.

Trainees also reported that they can have problems attending clinic sessions.

### **Cardiology – Trainers**

The visiting team met with a group of clinical supervisors and mentors who reflected that education and training is fully supported within the department.

We heard from the group that the department have introduced a number of new initiatives and that a programme of in-house training sessions they have developed.

We heard that the department have been piloting an e-obs system on the unit and staff have quickly adapted to making use of this.

The department reflected on the massive junior nursing workforce and that they have developed in-house training opportunities. They said that they recognise they have a lot of mentors in place and are planning on upskilling some to become sign off mentors for nursing students.

The department discussed the very positive student and trainee feedback they had received. They currently have a rolling recruitment advert out for nurses, and we heard that they have managed to retain two overseas nurses from last year.

We heard from the department that there is a lack of clarity regarding how the funding for learning beyond registration is administrated.

We also heard there is a perception that there is an unfair allocation of junior doctors across the East Midlands.

## **12. Dental – Overview**

Extremely positive visit. Evidence provided of capital building project to redesign the orthodontic and maxillofacial unit within this year's financial allocation, which is seen as a very supportive move by the Trust.

Trainees said they are very pleased with training exposure and level of supervision. The School welcomes the Trusts support to develop the three incumbent associate specialists as educational supervisors.

The lead educator has not had formal recognition of educational supervisor status within job plan. This was highlighted in last year's report and the School would reiterate their support for this educator.

No patient safety issues identified. Overall a very different visit to last year and the School welcome continued engagement with the Trust.

### **Dental – Meeting with trainees**

The visiting team met with a dental core trainee (DCT) and an orthodontic trainee based within the department. DCTs based in this Trust undertake regular week-long placements at Boston hospital as part of their rota.

Overall, the trainees were positive about their experiences of training within the Trust. The visiting team heard that the new intake of DCTs, who took up their posts in September 2015, had received both a corporate and local induction.

The visiting team heard that day to day clinical supervision is undertaken by the Staff grade and associate specialists within the department. The trainees we met were positive about the supervision they provided. All trainees in the department had a named educational supervisor, whom they had met. We understand that the DCTs have predominantly been using a log book, rather than the e-portfolio. It is important that DCTs utilise the portfolio as it

facilitates reflective practice and acts as evidence of what trainees have learned and how they have developed, rather than simply recording the activity they have undertaken.

Handover within the department was reported to be safe: this is face to face and is supplemented by written record of patient information. There were no concerns raised about working patterns. A monitoring exercise has recently been undertaken, but feedback has not yet been received.

We heard that there are good clinical training opportunities within the department, which has a relatively large amount of paediatric work, including trauma cases. Trainees are also able to attend adult trauma and suture clinics. The trainees reflected that the workload in the department is well-suited to an early-years trainee, with ample dentoalveolar and minor oral surgery work. However, the case-mix may not be as well suited to a trainee with a particular interest in oral and maxillofacial surgery.

The trainees did not have any issues with being released to attend regional teaching, and they reported that they had internet and library access at the Trust. The orthodontic trainee reported that they were gaining management experience as they approached their CCT; however, there was a need for additional orthognathic training.

The trainees reflected that at present there is no access to digitalised radiographs within the department. It was felt that this could deter trainees from joining the department.

## Dental – Meeting with Trainers

The visiting team met with a group of trainers from the department. The Head of Estates at the hospital also joined the group.

The visiting team were disappointed to hear that as of yet, the educational lead within the department still did not have formal recognition within their job plan for their educational activity. This has been identified as a concern at the QMV in 2014, and at an interim visit in April 2015. This represents a real risk to the provision of education and training, and whilst there is clearly a real enthusiasm for and commitment to education and training amongst colleagues within the department, the Trust must not rely solely on the goodwill of individuals to deliver this activity. This must be addressed as a

matter of urgency, and is vital to safeguarding educational provision within the department.

The visiting team were pleased to hear that the Associate Specialist within the department are keen to become further involved in education and training. In addition to the clinical supervision they provide, we heard that they intend to formally train as educational supervisors. This will have the additional benefit of ensuring that the responsibility for education is shared more widely within the department.

The visiting team were delighted to hear that work to upgrade the department will be completed this financial year. These improvements will greatly enhance the patient, learner and educators' experience. It is hoped that a second phase of development will improve office space for trainees in the department. The visiting team also heard that, following investment from the School of Dentistry, the full upgrade of the clinical skills centre was due to commence a few days after the visit. The School of Dentistry looks forward to visiting both the department and the skills centre when these works have been completed.

The visiting team discussed with the educators how HEEM could support the Trust in delivering dental education and training. HEEM is committed to supporting the Associate Specialists within the department achieve specialist status via the article 14 route. Subsequent to this, HEEM are keen to explore opportunities to develop an oral surgery specialty training post. Working with the Trust, the School of Dentistry are also keen to explore developing training opportunities in restorative dentistry, sedation and increasing capacity for practical training courses in the clinical skills centre.

## 13. Showcase

As Part of the visit to Lincoln County Hospital, the trust are given an opportunity to showcase good practice, projects and new innovations developed since the previous visit in a market place style event.

This year the quantity and quality of the stands had both increased and there was excitement and a real buzz in the atmosphere as the visiting team met with stand holders to gain an understanding of their projects. It was encouraging to see other members of the trust attending the showcase which provided

a great opportunity to network and share best practice across directorates and hospitals.

HEE-EM would like to congratulate and thank those who took part in this year's showcase for their hard work and dedication in putting this together. Brief summaries of the stands can be found below. Each of the stands will be included in the compendium of good practice produced by HEE-EM in early 2016.

## Electronic Clinical Observations (e-OBS)

- Elimination of arithmetic errors during observations
- Auto alerting of deteriorating patient
- Audit trail on observations
- Medical Handover (improved communication)
- Order entry for diagnostic requests
- Linked to pathology reports
- Reduction in length of stay
- Harm reduction
- Reduction in sepsis admission to ICU
- Part of a Digital Road Map as the Trust moves towards Electronic Patient Records (EPR)

## HR&OD.

HELEN NICHOLSON, ASST DIRECTOR OF ORGANISATIONAL DEVELOPMENT

ULHT SENIOR LEADERSHIP DEVELOPMENT PROGRAMME

An outline of ULHT's new multi-disciplinary Senior Leadership Development programme which started in April 2015

## Lincoln Integrated Medicine Business Unit

Stand focusses on training/education and support provided to trainees within Medicine. It also focuses on improvements made following the previous HEE-EM Visit.

Academic Poster detailing changes to acute medicine on call rota and how a new rota is piloting mapping junior doctor staffing numbers with the peak activity times.

"You said, we listened" Board which demonstrates service changes made following comments from our junior medical staff.

Copies of individual specialty induction booklets and Medicine Induction Pack provided to trainees.

Induction presentations will be on a laptop running on a loop for people to view.

Improved junior doctor coverage on MEAU at peak activity/admission times.

Better informed junior doctors with improved teaching and education opportunities which will reflect in the patient care they give.

## MSc. In Advanced Clinical Practice

Alun Roebuck – Consultant Nurse/ Associate Chief Nurse

A2 Poster displaying the development of this new course in partnership with University of Lincoln.

- Increased availability of staff who meet appropriate national standards for post registration education
- Improved access to staff with appropriate knowledge and skills
- Shorter treatment waits
- Improved access to care
- Picture illustrates first patient to go through a new nurse led service

## NMC Revalidation

Stand includes an introduction to revalidation and its requirements, NMC templates for revalidation and various ULHT produced materials used to support revalidation within the Trust.

Revalidation aims to improve public protection and professional standards by encouraging a culture of reflective learning.

This process seeks to improve the confidence of the public in relation to the quality of care received during any aspect of treatment.

The revalidation process will ensure that NMC registrants are current in their practice and encourages sharing of best practice which will ultimately benefit the patient.

## Occupational Therapy Services in Oncology and Haematology Out-Patient Clinics

Helen Fieldson

### Macmillan Occupational Therapy

#### Development of Service to Oncology and Haematology Out-Patient Clinics

Includes:

- Vision & Case of Need
- Development
- Delivery – including Enhanced Recovery sessions for individuals preparing for Radiotherapy Treatment
- Evaluation
- Outcomes

Emphasis is on quality, accessibility, integrated working, admission avoidance and reduced length of stay through early interventions, enhanced recovery principles, preventative and self-management measures

- Excellent patient and carer satisfaction
- Experience of an approach which focuses on rehabilitation and health and well being
- Improved experience; contributing to shorter stays in hospital and more rapid return to as much normality as is possible
- Improved occupational performance/engagement
- Enhanced quality of life and tolerance of treatments
- Shift towards self- management rather than clinically led approach
- Use of patients and their families as an appropriate resource in planning their own recovery and care
- Patients and families well informed and prepared for consequences of treatment; helps reduce stress and anxiety.

Supports admission avoidance



## Lincoln Postgraduate Medical and Dental Education Centre

Information on the following:

- Doctors Toolbox: Introduced by doctors for doctors, provides up-to-date information.
- Trainee engagement: A variety of in-house feedback and evaluations of external feedback.
- Junior Doctors Forum: On-line forum for junior doctors to voice opinion.
- Career Drop-in-sessions: Consultant led drop-in session to learn a specialty career pathway.
- Quality Improvement projects: Trainees based at Lincoln County Hospital working on QIP.
- Foundation Buddy system: To support F1 through first year at Lincoln County Hospital.
- Foundation Prize: Awards outstanding Foundation trainees at Lincoln County Hospital.
- Induction: Post Induction drop in sessions.
- High quality, safe patient centred care delivered by a well -trained individual who feels supported, listened to, and valued within the hospital.

## Pharmacy and Medicines Optimisation Developments

Katherine McMillan

Showcasing developments within pharmacy and medicines optimisation in the last twelve months, including recruitment, additional training and other initiatives.

Improvements to patient outcomes through developments of skills, use of international recruitment and through enhancing clinical roles.

## Lincoln County Hospital Physiotherapy Department

Sean East

The stand demonstrates 3 areas of innovative working and one where the Physiotherapy department has established extremely positive patient feedback relating to a service that they have streamlined.

MSK Patient experience: feedback from patients implying very good/excellent experiences, with the service.

Work out at work day: Health promotion for deskbound staff, aiming to keep active at work and reduce workstation musculoskeletal issues.

Staff self-referral scheme: Quick access to staff to Physiotherapy services aiming to keep staff at work.

Assisted exercise bike: Improves circulation / Sustains muscle power and flexibility/ stimulates metabolic process / improves bladder/ bowel function / decreases fluid retention. Provides active assisted exercise and visual feedback for patients. Shown to improve strength/flexibility/endurance and motivation, in patients who find it difficult to exercise.

Plus sized equipment: Central storage and cataloguing of equipment aimed at providing the correct equipment at the right time, which allows the establishment of rehabilitation more promptly.

## Lincolnshire Interprofessional Practice Learning Unit

Dianne Charysz

First partnership Lincolnshire Return to Practice Course, funded by Health Education East Midlands and provided by University of Derby. Outline of the course which started at the end of July 2015 and showcasing preparation for practice and student experiences within Lincoln County Hospital.

The Trust has significant nurse vacancies and this is one of the many initiatives to develop a sustainable high quality workforce. The students are from Lincolnshire and will be seeking employment within the county on successful completion of the course. All of the students have been given conditional offers of employment from the three Lincolnshire Trusts and their employment as registered nurse will improve nurse staffing levels having a direct benefit on patient care.

## Developments at Lincoln Undergraduate Medical Education Department (LUMED)

Showcasing the work of our Clinical Teaching Fellows and students on placement with us. Much of this work is secondary to projects related to the Medical Education Masters projects our teaching fellows have fully funded as part of their post. By investing time and resources, in our Teaching Fellows, we have created an environment that encourages

educational excellence. Not only do the students enjoy and benefit being part of, but also have opportunity to become involved in delivering extracurricular teaching. Students can the benefit from personalised feedback, from teaching fellows that have been on the masters on medical education, aimed at improving their teaching style.

- Is conducting masters research on communication skills, his project is now in its second year and a cohort of students on placement in secondary care have benefitted from enhancing their communication skills. This training has traditionally been the reserve of teaching and training delivered in primary care.
- An off shoot from this project is the ethics court that he has recently launched – exposing medical students to scenarios they may face as junior doctors. Working in conjunction with the BBC, a series of ethical discussions aired on BBC Radio 4 form a vital component of his course.

Dr Benjamin Gray

- Is conducting masters research on professionalism, his project is also in its second year and is writing up his dissertation.
- Other work Ben has been instrumental in setting up include breakfast clubs, and a mock ward round, with students taking responsibility for a bay for a week and then meeting to discuss at the end of the week.
- The mock ward round has been instrumental in giving students responsibility in a safe and controlled environment. Students have found this empowering and very enjoyable.

Dr Kishan Rees

- Dr Kishan Rees is now in his third year as a Clinical Teaching Fellow, has completed his medical education masters and is due to graduate, with Honours, in December 2015. He is currently being sponsored in reading for a Master's in Business Administration at the University of Nottingham.
- Lincoln UMED has witnessed the birth of a new style of teaching, focussed on active learning and not only the holistic care of the

patients, but through an integrated curriculum. This innovation is termed (PBL-SGT)-fusion and the methodology is currently being written up with a view to publishing in a medical education journal.

- Kishan is also interested in delivering Mock Objective Structured Clinical Examinations (MOSCE) to clinical students from both Leicester and Nottingham – Medical Schools. Keen to move away from a purely check list approach when it comes to preparing students for finals examinations.
- Kishan’s teaching resources have all been badged as “Prepare4fy1” and he has been keen to involve and mentor students in developing educational materials.
- A previous Nottingham 5<sup>th</sup> year Dr Emma Cameron, who has recently started an academic foundation programme, was involved in making some unique clinical examination videos which have amassed over 10,000 views in a year. These videos are freely available on the Prepare4fy1 YouTube channel.
- Systems for interpreting chest and abdominal radiographs which have also been created, voiced by Dr Matthew Dolling Deputy Director of Medical Education, which are also freely available on the Prepare4fy1 YouTube channel.
- Other resources that have been created include the Mini-guide PDF series that have been distributed at the Royal Society of Medicine and will also be distributed at the Acute and General Medicine Conference. We are particularly proud to be able to mentor students and give them the opportunity to distribute educational resources at major national conferences. These are freely available for download at [www.watmed-educational.com/pdf](http://www.watmed-educational.com/pdf)
- Students involved in published educational materials include Mr Rishi Vastanthan and Mr Jonathan Fox. Several more PDF guides are in the process of being designed.
- Working in partnership with WatMed educational, Lincoln UMED can be responsive to students needs and deliver innovations in Medical Education a district general ordinarily may not be able to achieve. The most recent example of this is the delivery of the CPD accredited teaching

to medial students – we believe Lincoln UMED is the first undergraduate medical education centre in the country to deliver this. Encouraging students to engage in the process of continuing professional development is vital in terms of supporting students and making them ready for life as a junior doctor and their future appraisal and revalidation processes.

Access to Medicine can also be promoted and we are planning a mock MMI course for students that have applied to medicine this year – this will be turned into an education resource in partnership with WatMed educational.

Communication skills are vital to ensuring high quality effective care. Research into this field has shown that while core knowledge, technical skill and extracting information from patients are important, the manner in which this is done is equally vital. Improvements in communication have been shown in the literature to improve safety, efficiency, satisfaction, adherence, and physiological outcomes in addition to reducing medico legal burden. Good communication can be broken into discrete skills which can be learnt and retained by students who go on to use them in clinical practice.

Ethical questions are being faced by Junior doctors on a daily basis in clinical care, particularly in acute care. Issues surrounding end of life care, DNA-CPR orders and media coverage of euthanasia in particular are some of the hardest issues in modern healthcare. With the support of the BBC’s programme “Inside the ethics committee” Dr Kynaston-Pearson has created a course which delivers real world ethical cases, discusses these using ethical and legal principles and provides students with practical information on where to seek help in the future.

We believe by delivering a positive experience to students during their undergraduate careers they are more likely to return as foundation doctors. The impact of this on patient safety cannot be underestimated in terms of preventing rota gaps as far as possible. Recruitment to the region is at times a challenge and education is a vital tool at our disposal in terms of making the region attractive to the next generation of junior doctors.

Professionalism has become a buzz word in recent years. It’s importance in the making of a good doctor is paramount. However the ability to actually

teach it has been often elusive. The research Dr Gray is undertaking looks at students perception of professionalism. If we understand how they perceive it maybe we can come a step closer to understanding how to teach it effectively. We don't want students, who will be doctors, to just understand the principles of it we want to actually see tangible changes in behaviour that impact the culture of the NHS.

As well as research professionalism Ben also encourages students to engage more in their clinical environment. This occurs through ward inductions, individual meetings to decide what they want to achieve in the placement, allocation of base wards where they are able to feel part of a team and a weekly breakfast club to discuss patients seen through the week and take part in ward based teaching that allows them to start to think like doctors and take responsibility. Their increasing engagement in this improves their knowledge as they have experiences to back it up and base it on. It also means they hit the ground running when they are FY1 doctors, being used to the ward environment, knowing how to take initiative and having learnt to take responsibility.

## United Lincolnshire Hospitals NHS Trust – Talent Academy

Information regarding the Talent Academy, objectives, and its respective careers and education services:

- School engagement
- Centralised Work Experience programme
- School Careers Events and Site Open Days
- Apprenticeship Programme development and implementation
- Development of Lincolnshire NHS Work Experience Hub (joint ULHT, LPFT and LCHS project)

Also details of ULHT involvement in the Lincolnshire "Get into Lincolnshire" project, working in collaboration with LPFT and LCHS.

The Talent Academy has been developed to inform and raise the aspirations of young people regarding careers within the Health Sector.

By forging positive links with our local schools and colleges, we are able to create talent pipelines to assist in our future Apprenticeship programme

recruitment, and development of young people within the Trust through a "Grow our Own" approach. We are also able to support and guide students with other aspects of their career progression.

The inclusion of Apprentices within the workforce will assist our staff development and succession planning, ultimately ensuring we have the staff and skills required to ensure positive patient outcomes throughout the organisation.

## 14. Requirements & Recommendations

### Requirements

#### 1. Hospital Wide

The Trust should ensure that the safe handover of patients is completed at the end of every shift and that the process is robust, fit for purpose and is not reliant on good will. The trust may also wish to reconsider the timing of handovers to prevent unnecessary repetition. HEE-EM will revisit Lincoln County Hospital in early 2016 to ensure systems have been put in place.

#### 2. Hospital Wide

The Trust should review the current induction regarding working as part of the hospital @ night team to ensure doctors in training feel prepared and supported in their role. HEE-EM will revisit Lincoln County Hospital in 2016 to ensure safe induction systems have been put in place.

#### 3. Surgery

The trust should ensure that there are clear lines of escalation for foundation trainees when they require senior support and that this information is easily accessible accurate and up to date. HEE-EM will monitor feedback through the General Medical Council National Training Survey, Regional Foundation Survey and by visiting surgical foundation trainees at the hospital in 2016.

#### 4. Paediatrics

Health Education East Midlands would support trainees in their request for paediatric resus simulation training to be delivered in the Emergency

Department. Health Education East Midlands will monitor feedback through the General Medical Council National Training Survey, Regional Paediatric Survey and by visiting paediatric trainees at the hospital in 2016.

## 5. Acute Medicine

Health Education East Midlands will revisit Lincoln County Hospital in 2016 to meet with acute medical trainees, students and learners who were unable to attend the visit and meet with the visiting team.

## 6. Dental

The Trust must provide a specific timescale for reviewing the job plans of those who undertake educational activity for dental trainees. Formal recognition of this activity must be included at the earliest opportunity.

## Recommendations

### 1. Respiratory Medicine

HEE-EM looks forward to seeing the timetabled multi-disciplinary teaching programme in January 2016.

### 2. Anaesthetics

The Trust and HEE-EM to work with the school of Anaesthesia to ensure that the dates for the regional teaching programme are published as early as possible to enable the trust to ensure as many trainees as possible are able to attend.

### 3. Trust Wide

HEE-EM would encourage the trust to engage trainees in the ongoing review of all induction programmes at the trust.

### 4. Trust Wide

The trust should work with their educators to ensure that the cap on twelve programmed activities for each consultant does not impact negatively effect on education and training.

### 5. Trust Wide

HEE-EM would encourage the trust should work with educators when reconfiguring of services to ensure that changes to service do not negatively impact on education and training.

### 6. Foundation

HEE-EM would encourage the Foundation Training Programme Directors to work with each of the departments to ensure there is capacity and understanding regarding the need for foundation trainees to complete Supervised Learning Events assessments (SLEs) for their e-portfolio's.

### 7. Foundation

HEE-EM would recommend reviewing the process for approval of mandatory foundation training courses. The trust may wish to consider pre-allocating these dates for trainees.

### 8. Paediatrics

HEE-EM would encourage the Trust to support trainees in the delivery of training in common paediatric problems to the emergency department team and primary care colleagues.

### 9 Paediatrics

HEE-EM would like to support the trust in hosting a multi-professional departmental showcase to highlight the additional education capacity learning opportunities they have to offer at Lincoln County Hospital.

### 10. Cardiology

HEE-EM would encourage the department to review the current provision of the Wednesday afternoon teaching programme. The department may wish to consider how they can best maximise attendance to enhance the current programme. This could include a multi-disciplinary approach.

11. Cardiology

HEE-EM would recommend reviewing the requirements for trainees to attend clinic sessions during their placements.

12 Dental

The dental department should discuss with colleagues within the wider directorate what scope there may be for upgrading to digitalised radiographs. In particular it is recommended that trainees should be exposed to surgical planning using Dolphin software.

**15. 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.