

Quality Management Visit Outcomes Report



Pilgrim Hospital

Visit date: 24th November 2015



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1. Executive Summary

Health Education England, working across the East Midlands (HEE-EM) visited Pilgrim Hospital, part of United Lincolnshire Hospitals NHS Trust on Tuesday 24th November 2015. HEE-EM would like to thank Dr Gurdip Samra and his team Kate Skip and Michael McCloud for their parts in organising the visit to Pilgrim Hospital.

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:

- High level of senior staff engagement;
- High level of understanding and detail of educational matters;
- High level of enthusiasm for pursuing educational excellence

HEE-EM would like to support:

- The combination of medical education and senior management roles;
- The growing sense of a cohesive community to improve education;
- The desire to educate and improve the Consultant body through the leadership and management programme;
- The high quality of the market place today

The visiting team were pleased with the education departments approach in understanding educational finances, and the pursuit of innovations, for example your strategies for recruitment, including the orientation programme and your “grow your own” approach.

Following on from previous visits, the visiting team was re-assured by improvements in the Hospital at Night handover, induction and trainee engagement in improving education.

The visiting team commiserates with the Trust on the loss of Leicester medical students and the very high number of training gaps, particularly in General Practice.

Going forwards, HEE-EM would encourage the Trust to continue to learn from trainee feedback (GMC survey data). HEE-EM would also like to offer the

Trust a new GMC education session to be delivered here early next year.

We would ask the Trust to learn from sharing handover experiences, with respect to converting patient safe and functional handovers, into Educational opportunities.

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, however, it was clear that all staff groups are working very hard and are dedicated. This is 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. The Trust must build these into an action plan and provide regular updates on progress to HEE-EM.

HEE-EM is looking forward to working with the Trust on the future challenges and to visiting again in 2016 to see 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, trainees, students, 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 Multi-professional Quality Standards for local training and education providers.

This is the second year of our new approach to quality management visits, which is 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 (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, 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 on 8th September 2015 it was agreed that the visit to Pilgrim Hospital should be a Level 2. This level of visit aims to understand where the risks are and provide support to reduce negative impact on learners and outcomes.

The visiting team comprised:

- Craig Smith - Lead Visitor
- Jill Guild - Head of Quality & Regulation
- Trevor Simpson - Principal Lecturer Lincoln University
- Simon Mallinson – Quality Manager
- Kirsty Neale – Quality Manager
- Ian Shaw - Lay Representative
- Richard Marriott - Learning Development Agreement (LDA) Manager
- Lucia Chimenti – Administrator

The Trust was represented by:

- Kevin Turner - Interim Chief Executive Officer
- Tina White - Deputy Director Operations
- Mr S Ikhenia – Director of Medical Education
- Dr S Kapadia - Medical Director
- Dr G Samra – Deputy Director of Medical Education
- Dr S Joachim - FY1 FPD/Clinical Director Anaesthetics
- Dr T Ashraf - FY2 Foundation Programme Director
- Michelle Rhode - Director of Nursing
- Mr J Mohan – Clinical Director Surgery
- Mr P Motkur – Clinical Director T&O
- Pauleen Pratt - Acting Chief Nurse
- Jennie Negus - Deputy Chief Nurse
- Anita Cooper - Clinical Lead Therapies & Rehabilitation
- Michael MacLeod - Pan Trust Education Manager

- Kate Skipp - Postgraduate Centre Manager

3. Visits to Clinical Handovers

Following a series of out-of-hours visits to the Trust in 2015 the Trust has been working to improve the handover of patients. The Trust has asked the visiting team to attend a series of morning handovers at the start of the visit. Craig Smith and Simon Mallinson attended a series of handovers. It was clear from all of the handovers that the hospital had been working hard to ensure the safe transition of patients from night team to the day team. These events were structured to maximise training opportunities in a productive and supported manner, which is sustainable.

Hospital @ Night Handover

- This is a professional and thorough hospital at night handover documented with handover sheets and clear patient prioritisation.
- Handover is well organised and overseen by the Foundation Training Programme Director, but it was felt that it could benefit from closer involvement of the acute physicians.
- It was felt that the hospital should aim to reduce the handover of tasks from day team, to night team.
- We would encourage the Trust to continue to pursue advances to technology to make this even better.

Emergency Department Handover

- This is a short but functional handover of key patient issues and bed status for the department.
- Unfortunately, the physical position of this handover limits wider group involvement, particularly for junior nursing staff and therefore limits its educational value.
- No obvious patient safety concerns

T&O Handover

- This was well attended, and demonstrated high quality teaching and structured management of service which provided good and supportive encouragement of junior doctors in their diagnostic and management skills.

- The style of this handover appears to be appreciated for its educational focus and still remains very effective clinically.

AMU Unit

- This handover was trainee led, but supported by the Consultant who constructively assessed.
- The visiting team heard a good volume and patient mix to deliver teaching, however, the high volume led to a functional handover rather than a teaching opportunity.
- Room slightly small for the number of people attending.
- The department might wish to consider enhancing educational opportunity by teaching by review of showing x-rays or other test results.

4. Education Team Presentations

Dr Gurdip Samra, Deputy Director of Medical Education

Dr Gurdip Samra, Deputy Director of Medical Education presented to the visiting team. Dr Samra shared some of the historical background around education and training at Pilgrim Hospital and demonstrated the progress made since the Trust came out of special measures.

Dr Samra shared the current challenges faced by the hospital including the vacancies within the General Practice training scheme based at Pilgrim Hospital, which has nearly 50% of its posts not filled.

Dr Samra highlighted what the education team had been working on since the last visit in October 2014 and evidenced the improvements made and some of the many achievements implemented

Mr Sunday Ikhenya, Director of Medical Education

Mr Sunday Ikhenya, Director of Medical Education, provided an overview of the Trust and highlighted the Executive changes and new appointments since the last visit.

Mr Ikhenya shared the strategic overview and vision for 2016 and highlighted that education and training is high on the agenda and moving in the right direction, which was supported by the improvement

in the GMC National Training Survey results where areas of concern have decreased since last year.

Mr Ikhenya shared the current financial difficulties at the Trust with an end of year target is £40.3 million deficit. Mr Ikhenya also shared some projected costing regarding the cost of teaching while delivering patient care.

Jennie Negus, Deputy Chief Nurse

Jennie Negus, Deputy Chief Nurse shared with the visiting team the development of a clinical supervision policy, the delivery of workshops, and how the Trust had created an initial group of supervisors along with an on-going training programme.

Jennie also shared how the Trust is getting prepared for nurse revalidation by delivering introductory workshops and by providing information resources on the website.

The visiting team also heard that the Trust are running a ‘Return to Practice Course’ in Lincolnshire

Anita Cooper, Head of Allied Health Professionals

Anita shared with the visiting team that the United Hospitals of Lincolnshire Trust Paediatrics diabetes team won team of the year award.

Anita said that the majority of AHP’s within the Trust are within the Clinical Support Services Business unit. She outlined what students are taking for clinical placements and from which university they come from, which is outlined below.

Clinical Placements

Specialty	University
Dietetics	University of Nottingham
Occupational Therapy	Sheffield Hallam University, Derby & Northampton
Physiotherapy	Sheffield Hallam University & University of Nottingham
Radiography	Sheffield Hallam University
Radiotherapy	Sheffield Hallam University
Orthoptists	Sheffield, Liverpool & Glasgow

5. Visits to Clinical Areas

Trauma & Orthopaedics, Ward 3a & 3b

The visiting team were very impressed by the 'one stop shoulder clinic'. They heard that previous to the introduction of the pathway the patient would require up to four visits over six months. The team heard that since the introduction of the new multi-professional pathway the patient could meet with all the healthcare professionals in one visit.

The visiting team heard that the one stop clinic included a Surgical Consultant, Physiotherapist, Extended scope practitioner and a Radiologist. Trainees are also included in the team which we heard that they view as a great learning experience. Trainees also get live feedback from the healthcare team and see patient outcomes there and then.

Not only is this model better for training and education, but it is also very popular with patients. This is because it reduces the number of and therefore parking, and also the need for getting childcare on multiple occasions. From a management perspective, it also allows them to see almost twice as many patients.

Emergency Department

The department is keen to work with the School of Emergency Medicine to develop the multi-professional and education training programme.

There is a desire to introduce a rotating higher specialty training post in conjunction with Lincoln County Hospital, and the department welcome the upcoming visit from the Head of School in March 2016.

The department is a fore runner for multi-professional education at the hospital, and sharing of this good practice would help to facilitate other departments, who wish to pursue this innovative approach.

Elderly Care Wards, 6a & 6b

The visiting team heard from a Dietician about multi professional education and how it is enhanced across all departments, for example there is a dietician who works with student nurses and lots of opportunities to shadow staff.

From the medical staff they felt that the spontaneous teaching has been working well, particularly on ward rounds and handover, and

trainees were able to ask questions, which was perceived to be good.

The medical team said they were very proud of the support from the Physiotherapists, Occupational Therapists' and nurses.

The matron described how much more helpful it is having the Doctors on site since they moved offices onto the ward.

The visiting team heard that some staff felt that there was a lack of overall strategic planning for multi-professional education.

The visiting team spoke to some Student Nurses who were very positive about the nature of the opportunities for learning. They said that they felt well supported by all members of the team, in particular their mentors, and they also enjoyed the opportunity for inter-professional learning.

The visiting team spoke to the Ward Sister who said that they still have five vacancies for registered nurses and there has been a rolling advert since July 2015.

6. Market Place

The Trust were given an opportunity to showcase good practice, projects and new innovations developed

The quantity and quality of the stands was impressive 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.

HEE-EM would like to congratulate and thank those who took part in the showcase for their hard work and dedication in putting this together. Each of the stands will be included in the compendium of good practice produced by HEE-EM in early 2016. The visiting team was very impressed with the market place of good practice.

Those members of the visiting team who had been on a number of visits felt that this was one of the best they had seen in the two years that the new process has been in place.

Included in the presentations were:

Epiphany Project	Andrew Baines
Accountability Improved Performance	Craig Spencer
Frailty Unit Project	Dr S Zubiaga
International Nurses Recruitment	Liz Ball
“See It My Way”	Jenny Negus
Rehabilitation Medicine Community Outreach Project	Michael MacLeod
Clinical Orientation Project	Anita Cooper
Boston Medical School Project	Dr G Samra
FY1 Patient Feedback Project	FY1
IPL	Dr A Rizvi
Medicine Presentation	Dr K Jacob
Discharge Planning Project	Steve Hewitt / Maxine Skinner
IPL Project	April Buckthorp

7. Foundation Training Programme

The visiting team met with a group of Foundation year one and two doctors who were working in various specialties across the hospital. As a group the trainees felt they had approachable and supportive supervisors.

Trainees said that although they are very well supported during the week, they said that the teams can be stretched at weekends due to the number of doctors on duty.

Trainees described teaching at handover and ward rounds as being variable, depending on which Consultant was attending.

All are able to attend the weekly teaching and the Foundation mandatory training sessions. Trainees highlighted Mr Anwar because they felt he is a very good teacher.

Trainees described variability in the end of life care for those patients receiving palliative care.

8. Anaesthetics

The visiting team met with a group of anaesthetic trainees who reflected that they felt they did not have enough exposure to medical emergencies.

Trainees said they would like more consistency with their involvement in the arrest calls. The trainees told the visiting team that they are not called because they feel the Trust do not want them called out of theatres.

Formal teaching was described by trainees as brilliant and helps with exam preparation; they also said that their Consultants are very supportive and that daytime teaching is very good.

Trainees said that winter pressures have had an effect on the cancelling of operations and trainees felt that this was reflected in the GMC National Trainee Survey results.

The visiting team heard from trainees that the level of clinical supervision was appropriate and is tailored to the needs of the trainee.

Trainees said that the Consultants went the extra mile and were committed to education and delivered weekend teaching prior to the exams

Trainees reflected that if there was one thing that would improve their training experience that they would welcome more Consultant delivery of the teaching programme.

9. Care of the elderly

The visiting team met with a group of doctors in training who described the environment as both challenging and a great place to learn.

Trainees said that when they rotate into the post they could start on nights which made it difficult to attend the Trust and departmental induction on the first day if they were also expected to work the first night.

The visiting team heard from the group that they had not all received safeguarding training and trainees felt this was essential because of the nature of the patient group they were looking after.

Trainees said that felt there are good and clear pathways of escalation and they all felt able to access middle grade and Consultants at any time if they needed to.

Trainees said they enjoyed the range of teaching offered both on and off site and found the monthly forum in Nottingham very helpful, however, they did say that they found that travel is challenging.

10. Requirements & Recommendations

Recommendations

1. HEE-EM would encourage the Trust to review the current handover arrangements at Pilgrim Hospital in an effort to reduce the number of handover events. This may require the change of some shift start and finish times to provide consistency across all specialties involved in the Hospital @ Night handover.
2. HEE-EM would encourage the Trust to review where the Emergency Department board round takes place, and how it would be possible to increase its educational value.
3. HEE-EM would encourage the Trust to learn from the Emergency Department for their innovative approach to deliver multi-professional education to help to facilitate other departments, who wish to pursue this.
4. HEE-EM would encourage the Trust to share their strategic multi-professional education policy with all departments to provide an overarching vision for the Trust.
5. HEE-EM would encourage the Trust to review the pathway for end of life care for those patients receiving palliative care, to ensure all patients are treated in a holistic and supportive manner.
6. HEE-EM would encourage the Trust to review the amount of Consultant delivery for the anaesthetics teaching programme in order to further improve their excellent reputation and share their vast experience.

Requirements

1. HEE-EM would ask that the Trust reviews the level of exposure to medical emergencies and arrest calls to ensure they are meeting the requirements of the curriculum for all levels of anaesthetic trainees.
2. HEE-EM would ask the Trust to review how trainee doctors are inducted into the Trust and departments when starting on night shifts to ensure that patient safety is maintained during this transition. This concern was identified within care of the elderly but should be considered to provide a whole Trust solution.
3. HEE-EM would ask the Trust to ensure that all staff are provided with safeguarding training.

11. 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.