

Quality Management Visit Outcomes Report



Derbyshire Community
Health Services NHS
Foundation Trust

Visit date: 10th February 2016

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healthcare

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1. Executive Summary

Health Education England Working Across the East Midlands (HEE(EM)) visited Derbyshire Community Health Services (DCHS) NHS Foundation Trust on 10th February 2016. The visiting team encountered a Trust that demonstrates a culture which truly values education and learning and is keen to train students and support the continuous development of existing members of staff. This culture was evident across all levels of the organisation. DCHS was consistently described as ‘supportive’, ‘welcoming’ and ‘friendly’ by the learners and educators we met.

The Trust demonstrated that they are being proactive in transforming its workforce to meet the future needs of its service users. We would encourage the Trust to consider how this innovative approach can be implemented in its Learning Disability Services, to address the challenges in securing the high quality workforce of the future, as well as supporting the existing, highly committed workforce.

The visiting team heard about several areas of good practice and innovation: in particular the training of staff in using the University of Stirling’s ‘Best Practice in dementia Care’ training package, the ‘Quality Always’ programme of ongoing audit and development and a new face to face forum for students.

We would encourage DCHS to further enhance its relationships with Higher Education Institutions, to help ensure consistent levels of communication and support across the Trust and professional groups. Other examples of good practice and areas for improvement are outlined in this report.

We are grateful to all those who participated in the visit and shared their feedback with us.

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 first time we have visited Derbyshire Community Health Services NHS Foundation Trust (DCHS) since establishing a multi-professional approach to quality management in 2014.

The aim of visit was to look at the quality of education and training of all healthcare professionals based within the Trust. This is a collaborative approach which utilises data from a variety of sources, including the Trust’s self-assessment document, 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 colleagues from DCHS who took the time to meet and share their feedback with the visiting team. We are also appreciative of the time taken by colleagues from across the Trust in helping to plan and deliver the visit.

During the conference call it was agreed that, based on the available data, the visit to the Trust should be Level 1. A Level 1 visit means that the education and training standards are being met by the local education provider. The visit is to ensure the sustainability of the training and education plans.

The visit took place on 10th February 2016. The visiting team comprised:

- James McLean – HEE (EM) Deputy Dean of Quality, Education (Lead Visitor)
- Chrissie Bedwin – Lay Partner
- Suzanne Fuller – HEE (EM) Quality Manager
- Richard Higgins – HEE (EM) Quality Manager
- Richard Marriott – HEE (EM) Contracts and Quality Manager
- Naheem Akhtar – HEEM Education Commissioning Manager
- Jo Wallis – HEEM Quality Visit Administrator

Derbyshire Community Health Services NHS Foundation Trust was represented by:

- Tracy Allen – Chief Executive
- Amanda Rawlings – Director of People and Organisational Effectiveness
- Carolyn White – Chief Nurse & Director of Quality
- Bola Owolabi – Clinical Director
- Helen Clarke – Practice Learning Lead

- Donna Wilson – Acting head of Workforce Development & Education
- Karen Scott – Lead for Workforce Planning
- Jackie Rawlings – General Manager, Vanguard

3. Trust Presentation

Trust Overview

The visiting team received a presentation from the Trust's senior team.

Derbyshire Community Health Services is one of twenty community services in England. It serves a large geography with a diverse population. The Trust delivers integrated community based services, with approximately 2 million patient contacts per year, and a workforce of 5,000 distributed across the county. The Trust works with a wide range of partners, including acute and mental health trusts, primary care providers and local authorities.

The Trust articulated 'the DCHS way' as a 'quality service, quality people and quality business'. The Clinical strategy is focused on developing integrated care, advanced clinical practice and multi-professional teams as well as its capability as a learning, teaching and research organisation. They aspire to be a centre of teaching excellence with 'first class opportunities to ensure staff acquire the requisite knowledge and skills to provide high quality care and are able to practice at the top of their license'. The Trust has recently appointed a non-executive director, Professor John Coyne, who was previously vice-chancellor of the University of Derby. The workforce development sub-group has oversight of education and training and reports to the Board.

We heard that some of the key activities already taking place to underpin this aim include delivering a return to practice programme, developing staff in Bands 1-4, Developing a North Derbyshire Learning Community (CEPN), and participating in an ESR2 pilot and enhancing technology learning. The Trust are also working towards improving mentor compliance each year, developing an induction pack for learners that reflects the staff handbook and a student forum, and are looking to increase placement capacity for OT and physiotherapy.

The Trust recognises that there are areas for future development. These include: maximising the use of Tariff monies to enhance the quality of placements,

developing face-to-face support for students, which can be a particular challenge whilst on placements in the community; and tightening audit processes, as well as developing the relationship with HEIs.

The Trust team acknowledged that Learners can play a key role in ensuring high quality as they bring 'fresh eyes' to the clinical environment.

New Workforce Models

The visiting team received a presentation about the new Vanguard initiative based in Erewash. This is a Multi-specialty Community Provider project between the local CCG, DCHS, Derbyshire Healthcare NHS Foundation Trust, Derbyshire Health United and Erewash Health.

The aim of the vanguard is to provide integrated community services that are responsive and inclusive and support self-care. GPs remain at the centre of this, but with easily accessible specialist care. In order to deliver this, a flexible workforce is required.

DCHS aim to develop their own workforce to support this aim. This includes developing those in roles Band 1-4, but with support to enable them to move onward into the registered workforce. Work is also required to enable practitioners with advanced skills, and improve recruitment of GP trainees.

With support from Derbyshire LETC, the Trust have undertaken a workforce planning process to model the workforce required to support Frail Elderly future workforce requirements. This process will inform education commissioning decisions and influence learning and development within the organisation.

Primary Care and Developments in the Medical Workforce

The visiting team received a presentation on developments in primary care services at DCHS. The Trust was approached by a CCG to provide a rapid rescue package for Hardwick GP practice. Since then the Trust has been approached by two further GP practices both of which are current GP training practices.

A significant challenge facing primary care is the recruitment of GP trainees and the retention of the existing GP workforce. However, we heard that this

presents new opportunities including developing an innovative multi-specialist workforce, including placements for Advanced Clinical Practitioner roles and Practice Pharmacists, and the provision of GP Mentorship for non-medical prescribers. The Trust is also looking to expand medical student placements and offer GP fellowship placements.

Cresswell Surgery has also signed up to be a spoke placement to the Community Education Provider Network based at Moss Valley.

4. Multi-professional Students

The visiting team met with a group of students from a range of professional groups, including nursing, physiotherapy, speech and language therapy and occupational therapy.

Overall the students were very positive about their time on placement at the Trust. They described the environment within the Trust as friendly and supportive. The students commented that they were well informed by their mentors and trainers about how each week would run, and had opportunities to ask questions and receive feedback. All of the students that we met had a named mentor or trainer, who the students regarded positively. We heard that students were encouraged by their educators to be proactive and identify other learning opportunities. Students felt well supported whilst undertaking home visits, and for those who were lone-working they felt this was safe and well-managed. The students told us they felt supported to raise concerns and we heard examples where students had done so with a positive response.

On the whole, students felt they had received enough information about their placement prior to starting the post; however, some had received more information than others.

Some students said they had had issues with gaining timely access to computer systems, and this had impacted upon being able to undertake activity such as writing up patient notes. Some also reported that they were unable to access their University email accounts via Trust computers: we understand that this is because accounts, such as google mail, are blocked. This may have an adverse impact on students' ability to keep in touch with their university.

Recommendation: The Trust should review how students are able to access IT systems whilst on placement in the Trust. This should include access to clinical systems and university email accounts.

The students commented that for some it had been a challenge to be given a community placement, due to travel expenses being paid in arrears via the bursary system. In some cases the delay in expenses being paid was causing difficulties. We recognise that the Trust are not responsible for administering this system, but would encourage them to continue dialogue with the Universities to try to ensure that the system works as efficiently as possible, and to minimise the impact on students.

The students generally felt that they were able to achieve the required learning outcomes from their placements. However we heard that for those with a hub placement on MIU, the workflow could be variable. This meant that at times students were not as fully occupied as they could be, however colleagues working on the unit made an effort to find alternative activity for the student during quieter periods.

Overall the students described the Trust as an open and friendly environment, and would recommend their posts to colleagues. We heard that some of the students have already applied for jobs at the Trust at the end of their degrees.

5. Multi-professional Mentors and Educators

The visiting team met with a group of multi-professional mentors and educators, including Nurses, Physiotherapists, Occupational Therapists and Speech and Language Therapists.

We heard that there was mixed experience of accessing Learning Beyond Registration resources to fund learning and development opportunities. Some in the group had been able to access this, whilst many others were unaware of it. Similarly, the educators did not have a clear understanding of how tariff money was utilised.

Recommendation: The Trust should clarify how LBR funding can be accessed and ensure that this is communicated across all teams within the Trust. Similarly, information about how tariff monies have been utilised should be communicated.

We heard that there were some concerns about the challenges being faced in recruitment, particularly in physiotherapy and OT. There was a perception that those leaving university were not fully ready for practice in a community setting once qualified. The reasons for this were not clear, but it was felt that in some cases the curriculum may not address this area of clinical practice as fully as other settings. With the focus on community based care, this should be addressed to ensure curricula equip students with the skills they need once qualified. The Trust should work with relevant education providers and it may be that there is scope to further develop feedback mechanisms to universities, to ensure that this type of information is shared. HEE (EM) can support the Trust with this.

Recommendation: Colleagues at DCHS should work with HEE (EM) Commissioning Managers to develop and enhance communication with Universities.

6. Visit to Clinical Areas

The visiting team was able to visit a range of clinical areas across the Trust. We are grateful to those who took the time to show the team around and speak with us about their experiences of working and training at DCHS.

Oker Ward, Whitworth Hospital, Matlock

Oker Ward is a 24 bed rehabilitation ward. Patients are generally referred from acute hospitals following surgery. The ward can accommodate up to 3 student nurses, an occupational therapy student and have also had a trainee ANP.

The staff we spoke to viewed the presence of students positively, and described them as valuable members of the team.

We heard that staff were encouraged to access professional development opportunities, although limited funding could be a barrier to taking up opportunities. We heard that staff on the ward had received training in end of life care.

The Trust has supported the training of a cohort of facilitators to deliver the University of Stirling training package in dementia. We were able to observe a training session, involving nursing, HCA and therapy staff, which was taking place on the ward at the time of our visit and speak to another

Health Care Assistant who had already completed the training. We heard that staff are supported to spend time on self-study, and those who had been involved felt the training was making a real impact for patients.

The visiting team observed that colleagues from the 'Quality Always' team were undertaking an audit on the ward at the time of the visit. More information about 'Quality Always' is included in the Showcase session below.

Minor Injuries Unit and Out-patients, Whitworth Hospital, Matlock

The visiting team was able to meet with educators based on the MIU and in Out-patients.

In Out-Patients we met with a physiotherapist trainer who told us they felt well-supported by the Trust in their role as an educator. They also had good support from the University, who provide regular updates. The trainer told us that the practice learning team at the Trust is very supportive and available to trainers who need support and advice.

They felt that students were generally well prepared for their placements.

We heard that DCHS have recently launched a student page on their website. This enables students to access information and, also, provides feedback locally about their experiences. Students are also able to access online learning resources. This setting also provides opportunities for students to learn with those from other professional groups, as well as shadow other professionals.

MIU provides care to both adults and children, which creates the potential for a wide range of learning experiences. Staff within the department are dual trained. Work is ongoing with East Midlands Ambulance Service, on a pathfinder project to help increase the footfall through the department. Staff in the department includes non-medical prescribers. The visiting team observed that there is scope within the department to provide an excellent learning opportunity, including on a one to one basis. Feedback from students earlier in the day suggested that variation in patient flow meant that students weren't always as busy as they could be. The Trust should review how to ensure students placed in the department, whether as a hub or spoke placement, can access all the potential learning opportunities.

Recommendation: The Trust should review placements in MIU to ensure that they fully utilise the educational opportunities available within the department. This should include consideration of MIU as both hub and spoke placements.

Rowsley Ward, Newholme Hospital, Bakewell

The visiting team met with staff based on Rowsley Ward, to discuss managing struggling learners. We heard that there have been examples where students have arrived on the ward for their final placement having not previously done night shifts, or the fact that they were struggling had not been formally identified. This is concerning as it places significant responsibility on the mentor on the final placement. We heard that when this was raised with the University of Derby, some action was taken on the points raised.

We heard that the DCHS Practice Learning team is supportive of staff when dealing with struggling students, and the practice learning team also have good relationships with the University. However, colleagues felt that there could be better communication with, and support from the University for dealing with struggling students. A regular forum between mentors and the University may be helpful to improve communication between the University of Derby and DCHS, and ensure issues are identified as early as possible and appropriate action taken.

There are also close relationships between DCHS and other Derbyshire Trusts. This gives rise to the potential for pan-Trust initiatives. We heard that previously there has been the development of a common sign off process for mentors; however this is now less unified.

We heard that Personal Tutors have not had much of a presence on the ward. We understand that the process for communication with Link Tutors has recently been reviewed and strengthened. We would urge the Practice Learning Team to monitor how this is working in practice, to ensure communication between mentors and tutors is improved.

Riverside Ward, Newholme Hospital, Bakewell

The visiting team met with staff and students based on Riverside Ward at Newholme Hospital. This ward

provides care for elderly patients with mental health issues.

We met with two occupational therapy students who were positive about their placements on the ward. They felt well supported and felt they were having a good experience. We heard that given the staff mix on the ward, which includes mental health colleagues as well as a range of therapists, there was scope for multi-professional working and learning: for example we heard that students were able to shadow other professionals. Students from other areas are also able to visit the ward on insight visits.

The students we met told us that DCHS has recently implemented a student forum, which provides an opportunity for students to come together and feedback about their experiences. This is a positive development and an important initiative for students who are dispersed over a wide geographical area. We look forward to hearing how it develops.

The visiting team was also able to speak with an OT trainer based on the ward. They reported that the Trust Practice Learning Team was very supportive. Student evaluations are shared with mentors when received. They also reported good support from HEIs, who offer educator days for trainers. We heard that there is a desire to increase placement capacity in the future. It was felt that there could be better communication about how placement tariff is utilised across the Trust.

Community Nursing Team – Imperial Road Group Surgery, Matlock

The visiting team met with a district nursing team based at Imperial Road Group Surgery. The district nursing team is co-located within a GP practice, and covers a population of around 9,000. There are 6 nurses based at the practice, who are all mentors.

This is a very supportive and positive environment, with a real focus on the importance of education and training. The nursing student we met with was able to access a range of learning opportunities including insight visits (e.g. to Ashgate Hospice). There were no concerns about achieving the required learning outcomes.

The mentors were also able to access development opportunities from DCHS, such as a tissue viability course and training in end of life care.

The supportive and welcoming environment we observed is of critical importance when students are on placements in remote teams: we heard that students felt part of the team, and did not feel isolated. The student we met was able to access the DCHS website from the clinic, so was able to obtain information.

We heard that communication with and contact from Link Tutors from universities was not as frequent for community teams. It was felt that mentors and students would be able to contact the university if required, however there was no proactive contact from the tutor. We understand that a new process has been in place since January, whereby Link tutors should be contacting students at the beginning of their placements, however this does not appear to have been fully embedded. We would suggest the Trust continue to monitor this and work with universities to ensure those lines of communication are put in place.

Recommendation: The Trust should monitor communication with Link Tutors, to ensure that contact is being made as agreed.

7. Learning Disability Workforce

The visiting team met with a group of learning disability nurses, based in community teams.

We heard that placement of student nurses with them can be patchy: the team had not had a nurse with them for several weeks. The group was concerned about what the impact would be once De Montfort University takes over as the provider of Learning Disability education in September 2016. In particular, there is concern around how to ensure those on the course will want to train, and ultimately work in Derbyshire. This concern is particularly acute given that the current workforce is experienced and approaching retirement within the next few years.

There was an appetite amongst the group to mentor students and train them. We would encourage the Trust to utilise their placement capacity wherever they can, including placing students from other universities within the Trust. There may be opportunities to work with other universities to develop innovative posts within the Trust that make it an attractive place in which to host students, and to work in the future.

We heard that there is a committed HCA workforce within the Learning Disability service. There may be opportunities to look at how these roles could be transformed to support the workforce in the future, and further develop these members of staff. This might include apprenticeships, and other models, to provide a through-put of staff into registered roles.

Recommendation: The Trust should review the opportunities to develop and enhance education and training in Learning Disability services. This could include developing innovative posts and hosting nursing students from a range of HEIs, as well as developing opportunities for career progression for existing HCA staff.

The group told us that there is a separate budget for the Learning and Disability team. They felt that this was adequate to meet their training needs. The nurses told us that they felt well-informed about and were ready for the implementation of revalidation. There had been good communication from the Trust about what was required and felt they were supported to achieve this.

The group discussed timing of training newly qualified nurses in mentorship. The visiting team emphasised that it is important that nurses have the opportunity to embed themselves in their new role before requiring the completion of the mentorship course.

8. Health Visitor and District Nursing Students

The visiting team met with a group of student health visitors, and health visitor and district nursing tutors.

Health visitor students have two days per week in academic learning, two days per week out on placement and one day of self-directed study. Placements last for one year.

The health visitor tutors have time set aside, with a reduction in their clinical caseload, to undertake their educational activity. However, district nursing colleagues do not have an equivalent reduction in caseload, which can impact on the time available for students.

Both groups reported good relationships with universities. We heard that tutors visit placement areas and students felt well supported. There is also a preceptorship programme which last between one and two years, which supports the transition from

student to qualified practitioner. The tutors reported that they felt supported by the Trust to develop their own learning.

9. Showcase of good practice

In addition to the planned sessions with learners and educators, the Trust also displayed a number of stands which showcased areas of good and innovative practice across the Trust. We heard about the work of the placement support team, who support learners and educators across the Trust, many of which have already been referred to in this report. We also received information about how DCHS are preparing for and supporting Nursing staff for the roll out of revalidation later this year. The Trust have been working collaboratively. The visiting team would like to thank all those who took time to showcase their work and discuss it with us.

Quality Always

This initiative is focused on driving up standards on wards and within teams across the Trust. Wards are audited against quality standards by a dedicated team who undertake unannounced visits to clinical areas, with areas for action and improvement identified. Quality and Safe Care champions have been appointed to help drive forward improvements. Clinical leads on each ward are supported to make change through leadership and development training. Training is also provided by specialist practitioners. Re-audits have demonstrated improvements.

Preceptorship

The Trust has recently developed a new preceptorship programme for newly qualified nursing and AHP staff. The purpose of this is to support their transition from student to qualified practitioner. The preceptorship period lasts a minimum of two months, and a database captures all those who are going through the process. Regular updates and refreshers are available.

Return to Practice

An initiative to encourage qualified nurses back into practice is being implemented. The aim is to refresh

the skills of these experienced professionals as they return into practice. Thus far, 11 are going through the programme and 6 have been employed. The intention is to increase the capacity of the programme in future, and extend it to AHPs.

Patient Safety

A cross-Derbyshire team of 5 (which includes a risk manager) review all patient incidents. The most serious are logged on the risk register. All incidents are logged on Datix. In each case a root cause analysis takes place, with the aim of learning lessons to prevent repetition in the future. The underlying approach is helping staff to understand what has happened and support them, and not around apportioning blame. The team has a slot on the induction programme and can provide risk training to teams or on a one-to-one basis, tailored to meet individual needs.

Safeguarding: Mental Capacity Act and Deprivation of Liberty

Following the Trusts last inspection by CQC, a programme of training has been undertaken to improve knowledge and understanding of the Mental Capacity Act and the requirements related to the Deprivation of Liberty safeguards. This training helps to ensure that staff are aware of the key principles underpinning the MCA and when and how to access advice and support where an application for the deprivation of liberty may be required. This is an ongoing training programme across the Trust.

Patient Experience / AHPs

DCHS are capturing feedback from patients about their experience of the Trust. Feedback forms are provided to patients, which quote the 8 promises the Trust make to patients regarding their treatment and care. Feedback is generally positive. We heard that a recent complaint had quoted one of the eight promises, which the team were pleased about, as it demonstrated an awareness of these. Patients are provided with the forms at the end of their treatment, for example when they are leaving MIU or being discharged. Further refinement may be required to capture this treatment for those in the community who are under the care of DCHS for longer periods.

Swipe Modelling

The Trust has used this process to model the workforce requirements for frail elderly services. This looks at activity undertaken, the demographics of the local population, and the skill mix required to deliver the service. The results have identified where resource needs to be focused and will impact commissioning decisions.

acknowledges their hard work and contribution. We are also pleased to see that the positive culture of learning and development has been recognised. Our staff are hugely positive and committed to developing the workforce of the future and provide placements of the highest quality. We will address the recommendations as per the action plan and this will help us to improve the quality of Practice Learning even further and assist us realise our vision to be a Centre of Teaching Excellence

10. Recommendations

1. The Trust should review how students are able to access IT systems whilst on placement in the Trust. This should include access to clinical systems and university email accounts.
2. The Trust should clarify how LBR funding can be accessed and ensure that this is communicated across all teams within the Trust. Similarly, information about how tariff monies have been utilised should be communicated.
3. Colleagues at DCHS should work with HEE (EM) Commissioning Managers to develop and enhance communication with Universities.
4. The Trust should review placements in MIU to ensure that they fully utilise the educational opportunities available within the department. This should include consideration of MIU as both hub and spoke placements.
5. The Trust should monitor communication with Link Tutors, to ensure that contact is being made as agreed.
6. The Trust should review the opportunities to develop and enhance education and training in Learning Disability services. This could include developing innovative posts and hosting nursing students from a range of HEIs, as well as developing opportunities for career progression for existing HCA staff.

11. Trust Response

We welcomed the Quality Management Visit and the opportunity it gave us to showcase good work within DCHS as well as raise the profile of Practice Learning in the Trust. We are very proud of all our staff and learners and are pleased that this report