Health Education East Midlands

*Derby Hospitals NHS Foundation Trust*

# Outcomes Report

## for healthcare, education and training

THE NHS CONSTITUTION
the NHS belongs to us all

| | |
|---|---|
| *Report For:* | Derby Hospitals NHS Foundation Trust |
| *Completed by:* | Suzanne Fuller<br>Karen Tollman |
| *Role and Contact Details:* | Quality Manager<br>Health Education East Midlands |
| *Date:* | 25/11/2014 |
| *Date sent to Local Education Provider:* | 26/11/2014 |

# 1. Executive Summary

Health Education East Midlands (HEEM) visited Derby Hospitals NHS Foundation Trust on 4th November 2014. The visiting team encountered a Trust which values and supports education and training of all professionals, and is fostering a culture that empowers learners and values the contribution they make to the Trust.

The Trust has engaged with HEEM in a positive, co-operative manner as the new approach to quality management has been implemented across the East Midlands.

The visiting team heard directly from trainee doctors and dentists, student nurses and allied health professionals, and those who deliver their education and training. They spoke of an open and supportive Education Management team and learners were generally very positive about their experience of training and educating within the Trust.

The Trust has made good progress in implementing HEEM's *East Midlands Multi-professional Quality Standards for local training and education providers* but there are some areas where improvement is required. Most notably concerns were identified in relation to the handover process for acute on-call medicine, and the provision of ultrasound training for, and workload of, Obstetrics and Gynaecology trainees. HEEM will work with the Trust to identify and support solutions in these areas. Other areas where improvements could be made are detailed in this report.

The visiting team also heard about areas of good and innovative practice, including the training environment and programmes for all learners in emergency medicine, the innovative model for delivery of diabetes care, Pharmacy led learning and the wide use of simulation activity, HEEM is supportive of the Trust sharing and promoting these initiatives.

# 2: Introduction

Health Education East Midlands (HEEM) 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 year of our new approach to quality management visits, which will look at the quality of education and training of all healthcare professionals within the region. This is to comply with our requirements to improve patient care through the effective management of the quality of healthcare education and training, for both Health Education England and the General Medical Council (GMC). This is a collaborative approach which utilises data from a variety of sources, including the Trust's self-assessment document, the GMC National Training Survey results and workforce intelligence, to inform discussions between HEEM 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.

HEEM would like to thank Derby Hospitals NHS Foundation Trust for the positive way in which they have engaged in this new process. During the conference call it was agreed that, based on the available data, the visit to the Trust should be Level 2.

A Level 2 visit means that there are risks to meeting the standards for training and education. This level of visit aims to understand where the risks are and provide support to reduce negative impact on learners and outcomes.

The visit to the Trust took place on 4th November 2014. The visiting team comprised:

James McLean – Deputy Director of Education Quality & Deputy Dean - Lead Visitor

Dr Nick Spittle – Foundation School Director, Trent Foundation School

Dr Owain Thompson – Foundation Training Programme Director, Kings Mill Hospital

Dr Will Carroll – Head of School of Paediatrics

Miss Sue Ward – Head of School of Obstetrics and Gynaecology

Miss Darly Mathew – Quality Lead (North), School of Obstetrics and Gynaecology

Dr Jonathan Corne – Head of School of Medicine

Dr Asif Malik – Head of School of Emergency Medicine

Stephen Dixon – Associate Postgraduate Dental Dean

# 2: Introduction (cont'd)

John Chater – Lay Partner
Peter Harris – Lay Partner
Khonzie Ndlovu-Gachengo – Workforce Development Manager (HEEM)
Jill Guild – Head of Quality and Regulation (HEEM)
Karen Tollman – Quality Manager (HEEM)
Suzanne Fuller – Quality Manager (HEEM)
Jo Wallis – Postgraduate Education Administrator (HEEM)

Derby Hospitals NHS Foundation Trust was represented by

Mr. Andrew Dickenson – Director of Postgraduate Medical Education
Sue James – Chief Executive
Dr. Nigel Sturrock – Medical Director
Alison Skinner – Medical Education Manager
Claire Kinnell – Practice Learning Support Manager
Jayne Dickenson – Assistant Director for Education and Organisational Development
Karen Martin – Director of Workforce Management
Cathy Winfield – Chief Nurse and Director of Patient Experience
Mark Wilson - Deputy General Manager
David Jones – Resuscitation and Clinical Skills Manager
Karen Hill – Senior Nurse, Clinical Practice Development Unit
Richard Parker – Library and Knowledge Service Manager
Steve Cresswell – Directorate Accountant
Dr. Stephen Hearing – Trust Lead for Corporate Induction of DiT
Dr. Gill McCulloch – Foundation Year 1 Tutor
Dr. Peter Cull – Clinical Simulation Lead
Ann Docker – Postgraduate Education Coordinator
Viv Longdon – GP Training Manager
Meryl Atkins – Medical Workforce Advisor

# 2: Introduction (cont'd)

During the visits the teams met with:

General Practice and Foundation Trainees

Core and Higher Trainees

Student nurses, midwives and allied health professionals

Educational and clinical supervisors

Nursing and midwifery mentors and trainers from allied health professions

We would like to thank all those from the Trust who participated in the visit. In particular we would like to thank the learners, trainers and others who joined the sessions and shared their feedback with the visiting team.

# 3: Progress since last year

The Trust have focussed a large amount of effort to strengthen induction with three induction sessions taking place each year which has culminated in the Trust reaching 100% compliance in August. The Trust provides the four day national shadowing period and has in addition paid for trainees to have additional shadowing days to support medical trainees to feel fully prepared to start work.

The Trust is very proud of the work they have undertaken to strengthen support for clinical and educational supervisors, with a wide range of programmes provided by the Trust for supervisors to take advantage of. This is a work in progress and the educational team at the Trust are keen to continue to develop recognition of trainers within the Trust.

There has been a focus on patient safety and following the regular reviews of the incident reporting forms at the Trust a focus on pharmacy errors was identified as a possible area for further teaching. The Trust has employed a Pharmacy Lead who reviews information relating to pharmacy errors and then attends medical trainee teaching in order to provide short teaching sessions concerning themes identified at that time. Initial evidence suggests the amount of pharmacy errors submitted via the “IPR” incident form reports has reduced.

Themes relating to working patterns and hours monitoring formed part of the feedback from the previous visit, which the Trust team confirmed remains a focus of work, with guidance restated to all trainees and a continued focus on trainee engagement to increase monitoring response rates.

The Trust have worked to address issues resulting from a shared Ear, Nose and Throat rota with Nottingham University Hospitals Trust and in particular the inclusion of a FY1 trainee as part of that rota. HEEM thanks the Trust for the rapid resolution of this issue.

Finally, there has been a focus on strengthening handover and creating an effective handover for staff in all departments.

The HEEM team was interested to hear confirmation that 5 practitioners had been seconded into clinical educator posts for Nursing, Midwifery and AHPs. These roles are based with learners so that they are on hand to provide support and education. It is a positive development that these posts have been made substantive during 2014 with a part-time split between clinical work and their educational roles. It is important to note that the feedback for these roles has been very positive suggesting that they are highly valued by their colleagues and learners.

The Trust has undertaken a great deal of work delivering Human Factors Simulation training, particularly within Emergency Medicine which is being highlighted as an example of good practice to other Acute Trusts.

# 3: Progress since last year (cont'd)

**Diabetes and Endocrinology**

The GMC survey for 2014 flagged diabetes and endocrinology as an area of possible concern, in particular in relation to induction, and feedback. HEEM had also been made aware that some concerns about the department had been raised through Trust channels. In light of this, the visiting team asked to meet with medical trainees and other learners from this department.

The visiting team met with a multi-professional group. On the whole the group reported that they were generally happy and would recommend the department as a place to learn and train. There were no reported concerns relating to behaviours.

It was reported that the department is supportive and encouraging with a close, multi-professional team that has a good understanding of the role of each team member. In particular we heard that junior doctors find the expertise of nursing staff to be helpful. The morning ward round is multi-disciplinary, attended by both senior medical staff and the nurse coordinator. It was reported that consultants are supportive out of hours.

The medical trainees reflected that their induction to the department could be improved. We heard that they received no formal induction. This contrasted with nursing students who reported receiving a good induction to the department, including a handbook.

***Recommendation***
The Trust should review induction for medical trainees to the diabetes and endocrinology department, drawing on the information provided to nursing students where appropriate.

We heard that supervision for student nurses was good, and they felt able to meet their required competencies. It was reported that feedback for junior doctors was somewhat lacking, and the only way they knew they were doing a good job was because 'they didn't receive negative feedback'.

***Recommendation***
The Trust should review processes to ensure that learners receive timely feedback on their performance, both positive as well as negative.

# 4: Good practice and innovation

## Emergency Medicine Showcase Session

The visiting team received a tour through the Emergency Medicine Department, the design of the department is focussed on patient flow and creating a pleasant experience for those using the service. The Emergency Medicine team explained the roles of the Nurse and Allied Health Professional's (AHPs) in Minors and the winter GP service which helps to manage the front door at this time. The team discussed the other areas including the pit stop area, procedures rooms, resuscitation areas, isolation rooms and majors and the learners who were able to spend time within each of these environments.

HEEM were interested to hear about the developments with the Children's Observation Bay, which was created in response to the large number of zero length of stays for children and provides a comfortable environment for children to stay for short periods. Feedback so far from patients and staff has been very positive.

The Emergency Medicine team highlighted the Advanced Clinical Practitioners (ACPs) working within the department who are trained to Masters level and operate at a similar level to junior doctors. The HEEM team were pleased to hear of the partnership working with the University of Derby, which had delivered this to date and of the future ambition to continue this work with the aim of developing a stable workforce of ACPs for the future.

The visiting team experienced a trauma simulation whilst in the Department and it is encouraging to hear that these simulations are multi-professional and take place each month. There are plans to develop simulation training even further including installing network linked cameras and widening delivery of in-situ simulations. The team understood that an example of this was a planned Obstetrics and Gynaecology Department simulation using SIM Mom, which was planned to take place the following day.

The team also met with the Educational Leads from the department including those for Undergraduate, ACP, Nursing and Postgraduate Medical. It was clear that Derby Hospital has a positive reputation amongst learners with nursing placements regularly being oversubscribed and Medical Trainees recognising that the levels of supervision provided to them in their posts was superior to that they had received elsewhere.

The departmental induction for medical trainees had been tailored during the last 12-18 months to provide trainees with the knowledge they will need for working within the department. To date the induction has received good feedback from trainees and scheduled feedback is gathered at a bi-monthly minuted meeting. A recent example of improvement resulting from this meeting is the rota changing to longer shifts but containing more structured breaks which has been positively received by the trainees.

The supportive nature of the department was also apparent as newly appointed nurses are provided with an induction timetable which mixes theory and practice but also provides access to a range of activities to prepare them for starting work. Those activities include a week in minors, majors and pit stop with additional time readily available should it be required, with the aim of supporting nurses to feel prepared and confident to start work.

# 4: Good practice and innovation (cont'd)

Further to this, nurses also complete a number of individual objectives contained within the 'blue folder' within the first year, progress against which is discussed at regular meetings with mentors planned at three, six and nine months.

The visiting team also heard that plans were under development to have one Sister overseeing the development of up to three members of nursing staff whilst providing support to ensure they are well integrated into the department and providing high quality care.

The medical trainers discussed creating training the "Derby way" which represented the ethos of the department including changes to the middle grade rota to ensure that trainees are not alone at night and at weekends (there are often 7-8 adult staff overnight). The departmental team explained that the aim was to design rotas which enable the trainees to prosper rather than survive and again provided an example of the supportive environment in which training is delivered.

The medical trainees reflected the impact of this ethos by feeding back that Derby was a great place to work with lots of middle grade cover and a manageable level of service provision, which created space for increased amounts of educational opportunities. Trainees reflected that they felt much more supported at Derby and it was pleasing to hear that all of the trainees would recommend their posts to their colleagues and friends.

Finally, medical trainees reported feeling incredibly well supported leading up to their exams particularly in respect to getting time off and getting support for viva practice which was very helpful. This was supported by the education team who confirmed that subject specific teaching led by Dr Boden is delivered to prepare for the exam and to date the department has a 90% first time pass rate

Nursing educators confirmed to the visiting team that good multi-professional team working is in place with a wide variety of educational opportunities available including portfolio assessments, shop floor teaching, teaching ward rounds and simulation days. Students are required to undertake a number of clinical assessments which are delivered using scenarios with feedback provided to Portfolio Assessors.

The department has an allocation for Emergency Nurse Practitioners (ENPs) facilitation, which has been in place for 15 years and currently has 16 individuals in post ranging from full to part time. The shift patterns for the ENPs reflect patient flow and are designed to create a consistent team. The visiting team were interested to hear how development areas were identified by using the self-assessment grid to identify needs in specific areas i.e. head injuries and Ophthalmology, which then have to be signed off when competency is reached. Developmental areas are identified where practitioners can safely expand their practice in relation to the patient flow and where the workforce can most effectively improve the service. Although, one pressure noted was the ease of accessing medical support for sign off for supervision, which could be a challenge when the team is busy and ENPs are trying to sign off a competency.

# 4: Good practice and innovation (cont'd)

There were challenges arising from ENPs being included within nursing numbers and therefore being used on occasion to fill gaps, but the unique roles of both EMPs and ACPs were noted. As EMPs cannot be pulled into majors this provides a stable workforce and as their skills are specialised they only see a certain range of patients. The team did reflect that this could provide access to a range of additional educational opportunities for all learners to work with EMPs.

A recent positive move to support the work of ENP Facilitators is the recent agreement to provide an allocation to support the educators to undertake these roles.

Medical trainees attend a weekly teaching, which is rota'd to enable them to attend. The educators provide e-learning snippets to the trainees in preparation for the teaching and to provide a more interactive learning experience. The department has also started a 'case of the week' session, which is run by teaching fellows based on an interesting case, which are subsequently published on the College of Emergency Medicine e-learning site. Alongside this, the department also provides an Evidence Based Medicine Group, which is considered to be a valuable way of keeping all staff in the Department up to date.

The visiting team were interested to note that developments in simulation continue with one of the new trainees working on mobile simulations, which can been taken out to run in departments with an aim for 26 sessions to run across the year. In addition the department offers a wide range of educational opportunities including human factors and transfer training, mock OSCIs and ultrasound. There is discussion currently around the possibility of providing a finishing school for ultrasound for Emergency Medicine trainees as the London course is expensive and requires travel to London in order to complete.

The education leads confirmed that Certificate of Eligibility of Specialist Registration (CESR) and middle grade staff have massively increased in numbers from 8 to 21, there are currently two CESR Doctors along with ample middle grade staff to cover the rota. Chesterfield colleagues have attended the CESR teaching at Derby, as have University Hospitals of Leicester colleagues and the department has ensured that the teaching is aligned to the FCHEM curriculum. The groups discussed whether opening this training up to ENPs and ACPs might be considered as a potential development.

The nursing educators highlighted the ambitions to offer a Foundation programme which would be aimed at Band 5s, developed in conjunction with the University of Nottingham and containing a major, minors and resuscitation module. This course would have 20 credits at degree level and could even be developed to Masters Level. The overall ambition is to look at building up credits to devise a Degree in work based learning and this is currently being developed with a view to being produced by next year. Development for Band 6 and 7 staff is based around leadership and is focussed to meet their needs at those levels, whilst development for all levels also incorporates Learning Beyond Registration the educators acknowledged the limitations around planning around LBR.

# 4: Good practice and innovation (cont'd)

It was clear that there is a strong educational ethos within the Emergency Medicine Department underpinned by a very supportive culture. There are a vast range of educational opportunities available and a group of educators who are striving to continue to develop the experience for all staff and learners.

**Clinical Oncology Learners**

The visiting team met with a range of level of medical trainees and a Physiotherapy student along with one of the staff grades working within the departments. The staff grade doctor reflected that in their time working within the department the last twelve months had seen developments which had resulted in the reduction in pressure on the trainees compared to that experience at the time of the last visit.

The department structure is one ward (303) with 10 further beds on ward 313. There are three Foundation Trainees and three Higher Trainees. The ward support is primarily a staff grade doctor who is ward based with the trainers confirming that Oncology is a largely outpatient based speciality with consultants spending 80% of time based in clinics.

There are three teams with a foundation trainee on each team. The staff grade doctor oversees the foundation trainees and also fills gaps between teams when the need arises. There are eight Consultants in the department, currently the higher trainees work for 6 of these consultants. Each SpR is attached to a pair of consultants.

The visiting team were interested to hear that plans are in place to expand the consultant number to ten, the trainees had discussed the cross cover between site specific consultants and the issues caused by long standing vacancies. It is important to acknowledge that the appointment of Dr Shankland has positively impacted on the workload and increased the educational opportunities available to trainees.

The physiotherapy student reported feeling well supported and prepared to work in the department whilst being provided with good supervision whilst placed there all of which had provided an easy integration into the department. The physio trainee reflected that Clinical Oncology is a more emotionally demanding environment but provided good opportunities to develop the skills necessary for working within such a department.

Dr Ebi Emeledor was singled out for praise for his levels of knowledge and approachability and it should be noted that all of the trainees and learners felt confident in approaching their seniors as they perceived them to be approachable and supportive.

The Trainers discussed the proactive approach they had taken over the past year to ensure that the hours worked by the trainees are appropriate, which was reflected by the trainees we spoke with who confirmed that they are able to finish on time.

# 4. Good practice and innovation (cont'd)

Teaching is shared with Haematology and Palliative Care and is planned each week on a Tuesday and whilst the trainees felt the training was beneficial there were occasions when they were too busy to leave the ward. However, there was good experiential learning on the job provided by the higher trainees and the staff grades. This was particularly pertinent for higher trainees as they reported being unable to sustain local teaching due to the small numbers of trainees in the department. All trainees felt they would reach all of their competencies and the trainers were hopeful that the imminent increase in Acute Oncology Consultants would increase the consultant presence on the ward and therefore create increased opportunities for experiential learning.

The learners felt the multi-professional team meeting was a very valuable experience which gave the opportunity to discuss all patients in an MDT setting. The trainees praised the multi-professional team in the Department particularly the Specialist Nurses. The trainees felt that overall this was a really good job with the only suggestions to improve the posts being increased higher trainee numbers to allow regular local HST teaching and an additional FY. The Foundation trainees however, felt it would be important to ensure that any additional FY1 role was educationally valuable. The departmental team fedback that at the point when Dr Shankland started the trainee doctor workload consisted of three FY2 trainees and one FY1, which was subsequently reduced as the FY1 was removed from the department and it became apparent that the previous rota structure was no longer sustainable. As a result the department appointed a Clinical Fellow in August who will take up substantive post in January 2015. In the interim period a locum has been in place.

Finally the trainers confirmed that a Junior Doctors' Handbook has been developed for Clinical Oncology and Haematology, which was felt by the group to be a good investment in terms of time and had resulted in positive feedback from trainees.

## Paediatrics

The visiting team met with a representative group of medical trainees, nurse practitioners and clinical and educational supervisors.

We heard that there is a supportive consultant body, who are recognised as exceptional role models. Trainees told us that they felt listened to by the consultants, and that they work well together.

There is a resident consultant on duty in the evening. In addition there are three site practitioners for night cover, spread across the neonatal unit, paediatrics and children's emergency department.

It was reported that there is a thorough departmental induction day, with a separate session for the neonatal unit.

# 4: Good practice and innovation (cont'd)

The GP and specialty trainees reported feeling well supported, with the vast majority saying they would recommend the post to a colleague. We heard that some of the trainees had actively chosen to return to train in Derby due to previous positive experiences. The trainees told us that they were pushed to do more with good exposure to varied procedures, support for their portfolio and lots of opportunities to learn. It was also reported that there is a lot of peer learning, especially in safeguarding.

## Poster Showcase Session

The Trust provided an excellent showcase session with stalls provided by:

- Pharmacy Led Learning
  - Which uses IR1 information to design and deliver focussed regular short weekly teaching alongside themed communications including regular newsletters.
  - Evidence suggests that pharmacy related incidents reported via the IR1 route have decreased following the introduction of this innovation.
- Education Learning Team
  - Showcases the work of the team in delivering patient focussed development which has recently won an award. The Learning & Education team won the Chairman's Team of the Year Award in the annual Celebrating Success Awards, for having delivered new and innovative initiatives, leading Trust-wide strategies for both cultural change and clinical outcomes.
- Training Passport and Learning Hub
  - The Trust has developed a package to enable all staff to manage key information and training via a web based system. This features on-line learning for staff with an onus on giving responsibility to individuals to manage their learning in a way which suits them.
- Appraisal and Talent Management
  - Participation in the Talent Management programme is compulsory for Band 7 staff and above and optional for Band 6. This is behaviours led and is based on the leadership framework. There is a pool of coaching staff running sessions to develop managers to have conversations with staff around the Talent Grid which identifies areas for development.
- Clinical Skills
  - The Team displayed some of the simulation activities provided for learners including Paediatric simulations and the simulation training in Dialysis Emergencies. The Team are also presenting a poster at ASPIH in November concerning the change in perceptions of human factors in participants taking part in "Critically Ill Patient" simulations.

# 4: Good practice and innovation (cont'd)

- Clinical Library
  - The Clinical Library provides an outreach service where librarians are embedded within teams. This enables Librarians to spend time in departments, on ward rounds and taking part in multi-disciplinary team meetings. This enables information to be gathered and shared rapidly to support learners and staff. The team also undertake regular surveys in order to gather feedback and are currently developing the DynaMed e-tool and also looking to provide e-books.

The visiting team found the opportunity to talk to all of the staff involved in this innovative work very interesting and all of the staff enthusiastic and knowledgeable. The team would like to thank all those involved in delivering information stands and taking the time to provide an introduction to their work and answer questions. HEEM will be developing a good practice and innovations report which will gather together examples of good practice.

**Obstetrics and Gynaecology – Medical Trainees and Trainers**

The visiting team met with a representative group of specialty trainees from Obstetrics and Gynaecology (O&G) and separately with a group of their educational supervisors. The trainees were broadly positive about training in the Trust. They described it as a busy department with a wide case mix, which meant they had good opportunities to see the full range of obstetric and gynecological conditions. They also reported that there were several consultants with particular sub-specialisms which they considered to be beneficial to their training.

The trainees told us that their consultants were very supportive and enthusiastic. They perceived there to be a 'pro-trainee' ethos within the department. The trainees told us that it was difficult to have a team-relationship on ante-natal ward as there was no ward round. However, the trainees said the midwives were individually supportive and they got on well with them. There were no reported concerns about bullying or undermining behaviour.

The trainees reported that the new college tutor had made a big effort to meet with each trainee and understand their individual needs. Whilst they were new and did not always have an answer, the trainees said they were keen and were already making changes. For example, we heard that they now have a lecturer in place to deliver the Friday teaching sessions, and have a forum for case based discussions.

The trainees told us they were able to access study leave and had 'fantastic' medical staffing who try very hard to meet requests.

Handover

The trainees reported that handover generally worked well. On labour ward it is consultant to consultant, and lasts around thirty minutes. Consultants are not involved in handover for Gynae patients, but they lead a ward round half an hour after the shift has begun.

# 4: Good practice and innovation (cont'd)

Support for Trainers

The trainers we met with told us they felt well supported by the Trust and the School of Obstetrics and Gynaecology. They said they felt well briefed on what was expected of them in their educational role. They reported that there was always support available for trainers, and fed back that they particularly valued the clinical supervisors forum that runs within the Trust.

The trainers reported that there are eight consultants acting as educational supervisors within the department. They have 0.25 PAs within their job plan for this activity. The trainers we met with were not familiar with the detail of the Recognition of Trainers project, but reported that they were all up to date with their training. They reflected that the Trust was supportive of them attending training for their educational role.

**Obstetrics and Gynaecology – Nursing, midwifery and AHP learners and mentors and trainers**

The visiting team met with nursing, midwifery and AHP learners from O&G, and separately with their mentors and trainers. The students reported that their induction was generally good. They reported that the staff from across the department took time to support them and they were all assigned mentors at the beginning of their placements.

We heard positive feedback about the role of the practice facilitator in supporting newly qualified midwives.

The learners reported that handover is not multi-professional, but this was due to different shift-patterns. However, it was reported that ward rounds are multi-professional. The student midwives told us that they liked working 12 hours shifts as this enabled them to build good relationships with both colleagues and patients. Some concerns were raised about the effectiveness of handover for the on-call pharmacist. It was reported that this could be more effective to ensure that requests are received and processed by the pharmacist in a timely manner.

We heard that there are several opportunities for inter-professional learning. The learners reported that they are able to attend the peri-natal morbidity meetings, which provided an opportunity for multi-disciplinary discussion of case management. Pharmacy colleagues also provide joint teaching sessions with medical undergraduates. An example of good practice is the joint sessions with 2nd and 3rd year student midwives and 4th year undergraduate medical students. In these day-long sessions learners are put into multi-disciplinary teams to discuss and role-play case scenarios, including emergencies.

Those we met with reported a positive change in the culture of the department over the last 18 months, saying that 'things are getting better'. The visiting team heard examples of supportive initiatives such as a weekly communications email that promotes opportunities for development.

# 4: Good practice and innovation (cont'd)

The visiting team met with supervisors and mentors who were very positive about the department. They told us that they are "so proud of our students as they are so passionate about care". They also told us that "this hospital feels vibrant" and similarly reported that the culture had changed positively in the last 18 months towards education and training.

The supervisors and mentors reported feeling supported in their role, with the practice facilitator being described as a 'huge help', particularly with signposting opportunities and support with completing the assignment stage of the mentoring course.

**Diabetes and Endocrinology – community provision**

During the visit we met with a multi-professional group to discuss the community-focused provision of diabetes care in Derby. We heard that an innovative funding structure enabled specialist medical and other clinical services to be delivered in a community setting.

Nursing and allied health professional students placed within community settings are provided with a bespoke induction package, which in addition to generic information provides information about the area in which they will be working. We also heard that there is a student support forum which acts as a support network for students and their mentors/trainers, which enables concerns to be identified early on.

We heard that the Practice Facilitator links with colleagues working in the community and provides additional support, whilst also linking students across the Trust. We heard that the Trust provide 'hub and spoke' placements, based around themes. The visiting team heard student feedback which was highly positive about learning in the Trust.

The visiting team were impressed to hear that, whilst community care is not a mandatory requirement of the national curriculum, all diabetes and endocrinology medical trainees based at Derby, are required to undertake a community placement. We heard that this gives trainees the opportunity to work closely alongside GP and other colleagues. Whilst there are at times issues with IT access in community settings, this exposure to and involvement in MDT working is considered to be good practice. In particular, the team felt it would provide trainees with valuable insight into the structure and funding of community and primary care services and the challenges faced when working within these settings.

The visiting team heard that the Trust have an aspiration to roll out this model of care to other areas, such as dementia. We would encourage the Trust to develop the educational opportunities arising from this innovative way of delivering care to patients. In particular, the Trust may want to consider how they can embed multi-professional education and training opportunities. Given the exposure to NHS funding and contractual arrangements, and wider issues related to service delivery, the visiting team felt these placements afforded a valuable opportunity to develop leadership and management competences for medical trainees.

# 4: Good practice and innovation (cont'd)

***Recommendation***

The Trust should consider how it can further develop the education and training opportunities arising from its innovative provision of diabetes care, with a particular focus on maximising multi-professional learning and developing leadership and management competencies.

# 5. Areas for improvement

**Diabetes and Endocrinology**

It was reported that this is a large, busy department, with eight consultants and many specialist nurses. The medical trainees we met with reported that it was not always possible to be released for educational activity due to low staffing numbers. The rota was described as 'quite tough' due to the work load and frequency of on-call shifts. We heard the rota also negatively impacted on opportunities to attend out-patient clinics. It was reported that the rota has improved for the junior doctors, but not for registrars. We were told that late cancellations by bank staff also had a negative impact.

It was reported that the structure of the ward also had an impact on the delivery of care. Consultants change each month, and management of care plans can change mid-way through the week. It was reported that this led to some difficulty in identifying a patient's 'parent' consultant.

Trainees told us that access to educational resources was adequate for their needs.

It was reported that it was not always possible to be released to access learning due to low staff numbers (e.g. due to late cancellation of bank staff) and high patient numbers. It was also reported that there has been a timetable clash between departmental teaching and foundation teaching. However, the medical trainees reflected that they felt confident they would meet their learning outcomes by the end of their placement. The visiting team was encouraged to hear that all members of staff, including student nurses are able to attend grand round teaching sessions.

***Recommendation***
The Trust should review teaching schedules to avoid clashes between Foundation and departmental teaching wherever possible.

**General Medicine**

During the session with trainees from Diabetes and Endocrinology, the visiting team heard that there were concerns about the general medicine on call rota. It was reported that when on call for acute medicine, registrars were very busy and are away from their wards. The team on call in MAU has to see all patients admitted within a specified time period, and these should not be handed over at the end of a shift. We heard that the result of this could be that doctors were working very long shifts – an example of 13 or 14 hours was reported – in order that they can see all patients. While no specific patient safety concerns were identified, the visiting team was concerned about the potential for concerns to arise. Similarly, the impact upon trainees arising from fatigue was also a concern.

# 5. Areas for improvement (cont'd)

***Requirement***
The Trust should review the on-call arrangements for acute medicine to ensure that trainees are able to handover patients in a safe and efficient manner and are not required to work beyond their hours.

**Emergency Medicine**

Emergency Nurse Practitioner Facilitators raised the lack of study areas for ENPs which would help to support the education of this group, if provision of facilities could be considered for the future.

***Requirement***
Provision of space for learners is a challenge, but it may be worth considering whether there are any areas that could be made available for learners to use as study space.

Medical Trainees reflected that a more formal handover is beneficial when it takes place although on occasions the handover is more ad-hoc.

***Recommendation***
The Department should consider whether handover could be strengthened to provide a consistent formal handover.

**Clinical Oncology**

Consultants within the department specialise by tumour site and this arrangement had caused some issues for the department in terms of a long term vacancy and also an apparent lack of robust cross cover arrangements for when consultants were away from the department. The trainers confirmed that cross cover had proven to be difficult to arrange. However, there was a hope that when two new consultants join the department during the next month this will provide strengthened cover. Job plans for those consultants are currently being finalised and the hope is that this will provide additional cover to allow robust planning for annual leave etc. The trainers also confirmed that when major periods of leave are planned this must be arranged in conjunction with other consultants to ensure that cover is in place.

***Recommendation***
The HEEM team would be interested to understand how educational roles are split between the team including the new members of staff and how cross cover arrangements will be strengthened to ensure that levels of supervision are maintained.

# 5. Areas for improvement (cont'd)

The arrangement of consultant ward rounds provided some concerns for the trainees who felt that there may be a chance that a patient admitted on a Tuesday and then being discharged on a Friday might not be seen by their own consultant but may instead have most contact with a foundation trainee. This was challenging as these patients would want to know information concerning chemotherapy and radiotherapy and on occasions they wanted a prognosis which foundation trainees found challenging. The visiting team heard that an Acute Oncology ward round takes place most days run by Dr Shankland, which provides a great opportunity to see all new patients and any patients who have particular problems. Unfortunately, when Dr Shankland was unavailable these arrangements sometimes broke down. The HEEM team understand that cover is being identified with another consultant providing cover on one day and a higher trainee undertaking the round twice a week. This arrangement may benefit from additional consideration to ensure that cover is robust.

***Recommendation***
The HEEM team would like to understand how cover for ward rounds will be strengthened and what the arrangements for senior review of patients are. It would also be reassuring for trainees to understand when consultant ward rounds and senior reviews should take place to enable them to feel reassured.

Trainees reflected that clinic bookings were not routinely changed in reaction to consultant availability and whilst trainees felt they were able to manage the clinics without exceeding their clinical competence, there was an increase in patients having to return for follow-up appointments for them to speak with their consultant.

***Recommendation***
The department should also consider how clinics are administered and whether cross cover for clinics could be strengthened. This would improve the experience of patients by ensuring that appropriate cases are booked into clinics when the consultant in charge is not in attendance.

The trainees all felt that it would very beneficial to allow foundation trainees the opportunity to attend clinics, whilst they recognised this may provide challenges due to the ward workload. The trainers were hopeful that the move towards a more multi-professional approach would create additional educational opportunities including attending clinics. The current structure of staffing numbers makes allocating clinic slots to foundation level trainees problematic, however the trainers recognised the value of trainees getting the positive outpatient experience.

***Recommendation***
The consultant body should work with trainees to identify where there might be opportunities for trainees to attend clinics; this may be more achievable once there are new consultants in post and may require some innovative solutions. The trainees made it clear that this would be extremely useful to improve the experience of trainees and encourage them to consider a career in Oncology.

# 5. Areas for improvement (cont'd)

Ensuring attendance at regional teaching was a challenge as there are only three higher trainees in the department. Therefore it may be worth considering whether the rota can be planned to provide additional cover by extra staff groups to enable trainees to attend regional teaching.

It was also felt to be useful to have regular support for cannulation and to take bloods, as when the department is fully staffed these tasks are all done routinely, however when there are gaps these tasks fall to the medical trainees. The departmental group confirmed that there are plans to develop the role of ACPs in the department, but acknowledged that this work was in its very early stages and would therefore take time. The department has had Clinical Support workers out of hours since August, which has helped to reduce the amount of work for trainee doctors overnight to some extent.

***Recommendation***
The department should consider whether staffing could be strengthened to include greater roles for other staff i.e. ACPs and Clinical Support workers to release trainees to take advantage of more educational opportunities.

The foundation and core trainees did not perceive that they received regular feedback and assumed that they would be told if they had done something wrong. The visiting team discussed the provision of feedback with trainers who acknowledged that feedback could be variable. The visiting team discussed different options for strengthening this area using HEEM courses and the Royal College 'Train the Trainer' course. It was also highlighted that training on the e-Portfolio and various curricula including that for foundation training would help to strengthen the educational experience provided to learners.

***Recommendation***
The Department may wish to consider planning additional developmental activity for educators within the Clinical Oncology Department to further strengthen these skills.

The learners raised the lack of a quiet room on Ward 313, which proved problematic when sensitive conversations were necessary. The trainers confirmed that they were aware of this issue and were working on solutions to resolve this. Trainees also raised the lack of computers within the department and those which were there did not work effectively, which delayed work.

***Recommendation***
The HEEM team were made aware that a plan was already in place to address the issues raised for Ward 313. HEEM look forward to hearing how this plan is implemented to ensure that private space is provided. HEEM would also recommend that the department consider how additional computers could be provided to increase access for all staff.

# 5. Areas for improvement (cont'd)

It was clear to the HEEM team that there had been progress in improving the experience trainees received whilst in the department and that the multi-professional learners were also having a valuable experience.

However, there still appears to be a lack of robustness to the arrangements in place with a majority of support falling to the staff grade doctor and the educational opportunities on the ward to Dr Shankland. There are obviously developments still underway and the increase in consultants will further strengthen the educational opportunities available to learners.

**Obstetrics and Gynaecology – Medical Trainees and Trainers**

Induction

The trainees reported that they had attended the Trust wide induction. We heard from some trainees that they had found this to be a long day that had at times felt like 'ticking boxes'. In particular, the trainees commented that the session on IT was unhelpful, as it took the form of a long video that was difficult to see and at the end were told that it did not apply to those working in O&G as they use a different IT system.

The trainees also felt that their departmental induction was not particularly useful. They reported that it did not really teach them the daily practicalities of how the department ran or prepare them for their first day on the ward. As all trainees of all grades receive the same package it was not responsive to their needs at differing levels of seniority. The trainees told us that the focus was wrong, and covered issues that were not the best use of time. An example given was a long talk on the benefits of breastfeeding, but nothing on child protection issues. The visiting team was encouraged to hear that the trainees were willing to contribute to the development of a more appropriate induction package. The trainers we met with welcomed the feedback on the departmental induction and were appreciative of the trainees offering to contribute to improving this.

***Recommendation***
The Trust should work with trainees to review its departmental induction for trainees working in O&G to ensure that it is appropriate for all level of trainees, covers suitable topics and better prepares them for working within the department.

Workload

The trainees described their workload as being very heavy, particularly when second on call. We heard from the trainees that bleeps go off constantly and they spend a lot of time travelling between ward, clinics and assessment units. We heard one anecdote of a trainee wearing a pedometer which indicated they had walked 8 miles whilst on shift.

# 5. Areas for improvement (cont'd)

The trainees reported that the department was heavily driven by policies and protocols which relied on more senior registrars for decision making. This had a negative impact both in terms of empowering other colleagues, such as midwives, to make decisions (as happens in other Trusts), and limits the training opportunities for more junior trainees as there is less time to talk through cases with senior colleagues. The trainees told us that as decisions have to be signed off by senior registrars it resulted in patients waiting a long time, and in some cases being kept in hospital overnight, as it was not possible for them to get through the work in a timely manner. The trainees clearly stated that they did not believe there was a patient safety issue, but were concerned about how satisfied patients were due to long waiting times.

The trainees also told us that the level of service delivery required had at times prevented them from attending educational meetings, with some coming in on their days off to attend these sessions. The trainers also commented that electronic systems had slowed down processes. They told us that it was hard to meet Trust targets for service delivery and provide valuable training opportunities.

The trainees told us that they have raised their concerns with their supervisors, and the trainers we met with were aware of these concerns. They explained that part of the issue may emanate from the amalgamation of two services, one of which was driven by protocols which supported those patients who want to stay in a midwife led setting to do so where possible.

We heard from the trainees that there is currently no FY1 in the O&G department, which means that the more routine work usually carried out by a doctor of this grade was being done by others. The trainers we met told us they are currently exploring the option of having an FY1 within the department. The trainers felt that this should not only help with the workload within the department but may help improve recruitment to O&G within the East Midlands.

We heard from the trainers that many of the department's policies and protocols were due for renewal and there is a new head of midwifery in post, which may provide an opportunity to explore these issues.

***Recommendation***
When reviewing departmental policies and protocols within Obstetrics and Gynaecology the Trust should take account of the potential impact on education and training.

<u>Supervision</u>

The trainees told us there is a good consultant presence on labour ward. The trainers confirmed that there is usually a consultant on the ward until 10pm each day. However, this was not the case on Gynae ward, as they are very busy and do not have this time within their job plans. The trainees reported that it is much easier to complete workplace based assessments on labour ward than on the gynae ward. The trainers we met acknowledge that it can be a challenge to find time to sign off assessments due to the other pressures on their time, but they endeavoured to complete these whenever possible.

# 5. Areas for improvement (cont'd)

Ultrasound training

We heard from some trainees that they have significant concerns about meeting the required competences in ultrasound training, as there is not adequate provision for this within the department. We heard from some trainees that they were concerned that the lack of training in this area may have an adverse impact on their ARCPs.

The trainers we met with were aware that this is an issue, and reported that there are insufficient sonographers in the Trust to deliver the training. They have identified a potential workaround with two consultants supporting the delivery of ultrasound scanning of gynae patients with midwife sonographers providing support within obstetrics. However, this was recognised by the trainers as not being a sustainable solution and training from sonographers is required. We heard that one of the causes of the problem is a lack of ring-fenced funding for this training, so the ultrasound team is not willing to provide this. The trainers said they would welcome HEEM's support in trying to identify an appropriate solution.

***Requirement***
The Trust must work with all relevant partners to develop a sustainable action plan for the delivery of ultrasound training for medical trainees, with an urgent focus on trainees who may be at risk of an adverse ARCP outcome due to the lack of provision.

Educational Resources

The trainees we met with reported that there are difficulties in accessing computers. They told us that there are only two available computers which are often broken. However, the trainers reported that there are many more computers than this available for use by trainees so were unsure why they perceived there to be only two available. We heard from the trainers that an option for increasing office space for trainees had been discussed with them but rejected as it would have meant reconfiguring the common room.

***Recommendation***
The Trust should clarify with O&G trainees which computers are available for their use.

Support for Trainers

The trainers reported that they feel less well-supported in the delivery of training, as they are not always available for sessions, such as the Tuesday lunchtime teaching sessions. They reported that they are under pressure in terms of delivering the clinical service which is having an impact on their ability to sign off assessments.

# 5. Areas for improvement (cont'd)

**Obstetrics and Gynaecology – Nursing, midwifery and AHP learners and mentors**

A concern was raised that the 10 day mentor course at Sheffield Hallam for Operating Department Practitioners is only funded for 5 days, with the remainder having to be completed in their own time. A possible solution that was suggested could be for SHU to deliver this course locally. HEEM is willing to work with the Trust to explore options for enabling ODPs to participate in mentoring courses.

***Recommendation***
The Trust should explore with HEEM, options for facilitating ODP participation in the mentor training course provided by Sheffield Hallam University

We heard from pharmacy trainers that time is an issue as support for their role as educators is not as formal or robust as it is for nursing and midwife colleagues. They provide weekly teaching sessions for FY1 doctors and develop a weekly prescribing newsletter which goes to all doctors. Ideally they would like to provide one to one sessions with doctors who make prescribing errors. We also heard that the educator role is not built into appraisal for pharmacists, as it is for nursing staff.

***Recommendation***
The Trust should explore how it can formalise and recognise the role played by pharmacists as educators.

It was suggested that consideration should be given to succession planning for mentors, and that there may be some benefit in establishing 'lead' or 'associate mentors' in particular areas of practice.

**Dental**

The visiting team met with dental core trainees and separately with their trainers. The team encountered a department endeavouring to provide a positive training experience and no serious concerns were identified. Trainees reported some frustrations arising from the lack of hands on surgical work, particularly in relation to minor oral surgery. The trainers we met reported that they had put in place a phased introduction to this work to ensure that trainees had developed the basic surgical skills necessary. In light of the feedback from trainees, the department may wish to review this phased introduction to ensure it continues to strike the right balance between patient safety and providing educational opportunities for trainees.

The trainers reported that they would welcome the support of HEEM's new Postgraduate School for Dentistry in a number of areas, such as training on the ePDP and joint development opportunities with colleagues from across the region.

The Postgraduate School of Dentistry has produced a separate detailed report of its visit which will be shared with the department.

# 5. Areas for improvement (cont'd)

## Paediatrics

During the session with Paediatric trainees we heard that there were concerns with the sustainability of the night rota in its current form. This was in part due to issues related to less than full time training, and it was suggested that a two tier rota might be useful

***Recommendation***
The Trust should review the sustainability of rotas in Paediatrics

We heard from trainers that they would welcome support with using the e-portfolio. They also reported that it can be challenging to find time to meet with trainees.

Some concerns were raised as to the impact of a consultant-led service on the training opportunities for Foundation year 1 doctors. For example we heard that this limits exposure to clerking patients and there was a concern raised that this might impact on preparedness for moving into adult medicine.

***Recommendation***
The Trust should review the role of FY1 doctors within the department to ensure it provides appropriate learning opportunities.

It was reported that there are 5 ANNPs in post, with a further one in training. The site practitioner role is an evolving role, as currently all are in training. We heard that at times it is difficult to get sufficient study time to fulfill course requirements.

# 6. Recommendations and Requirements

## Requirements

1. The Trust should review the on-call arrangements for acute medicine, to ensure that trainees are able to handover patients in a safe and efficient manner and are not required to work beyond their hours.

2. Provision of space for learners is a challenge, but it may be worth considering whether there are any areas that could be made available for learners to use as study space.

3. The Trust must work with all relevant partners to develop a sustainable action plan for the delivery of ultrasound training for medical trainees, with an urgent focus on trainees who may be at risk of an adverse ARCP outcome due to the lack of provision.

## Recommendations

1. The Trust should review induction for medical trainees to diabetes and endocrinology department, drawing on the information provided to nursing students where appropriate.

2. The Trust should review processes to ensure that learners receive timely feedback on their performance, both positive as well as negative.

3. The Trust should consider how it can further develop the education and training opportunities arising from its innovative provision of diabetes care, with a particular focus on maximising multi-professional learning and developing leadership and management competencies.

4. The Trust should review teaching schedules to avoid clashes between Foundation and departmental teaching wherever possible.

5. The Department should consider whether handover could be strengthened to provide a consistent formal handover.

6. The HEEM team would be interested to understand how educational roles are split between the team including the new members of staff and how cross cover arrangements will be strengthened to ensure that levels of supervision are maintained.

# 6. Recommendations and Requirements (cont'd)

7. The HEEM team would like to understand how cover for ward rounds will be strengthened and what the arrangements for senior review of patients are. It would also likely be reassuring for trainees to understand when consultant ward rounds and senior reviews should take place to enable them to feel reassured.

8. The department should also consider how clinics are administered and whether cross cover for clinics could be strengthened. This would improve the experience of patients by ensuring that appropriate cases are booked into clinics when the consultant in charge is not in attendance.

9. The consultant body should work with trainees to identify where there might be opportunities for trainees to attend clinics, this may be more achievable once there are new consultants in post and may require some innovative solutions. The trainees made it clear that this would be extremely useful to improve the experience of trainees and encourage them to consider a career in Oncology.

10. The departmental should consider whether staffing could be strengthened to include greater roles for other staff i.e. ACPs and Clinical Support workers to release trainees to take advantage of more educational opportunities.

11. The Department may wish to consider planning additional developmental activity for educators within the Clinical Oncology Department to further strengthen these skills.

12. The HEEM team were made aware that a plan was already in place to address the issues raised for Ward 313, HEEM look forward to hearing how this plan is implemented to ensure that private space is provided. HEEM would also recommend that the department consider how additional computers could be provided in the department to increase access for all staff.

13. The Trust should work with trainees to review its departmental induction for trainees working in O&G to ensure that it is appropriate for all level of trainees, covers suitable topics and better prepares them for working within the department.

14. When reviewing departmental policies and protocols within O&G the Trust should take account of their potential impact on education and training.

15. The Trust should clarify with O&G trainees which computers are available for their use.

16. The Trust should explore with HEEM, options for facilitating ODP participation in the mentor training course provided by Sheffield Hallam University.

# 6. Recommendations and Requirements (cont'd)

17. The Trust should explore how it can formalise and recognise the role played by pharmacists as educators.

18. The Trust should review the sustainability of rotas in Paediatrics

19. The Trust should review the role of F1 doctors within the department to ensure it provides appropriate learning opportunities.

# 7. Action plan

A comprehensive action plan has been received by HEEM from the Trust. The action plan reports the issue, and action needed. The Quality Manager from HEEM will monitor and support the Trust to produce positive outcomes from this visit.

# 8. Provider's response

'Overall this felt a more valuable review process than previous quality visits due to the extended planning process which enabled comprehensive preparation prior to the visit. In particular the conference call enabled the Medical Education team to prepare effectively.

The feedback session was succinct and focused which was appreciated.

Whilst we welcome the comprehensive, constructive nature of the report, the Medical Education team found it difficult to navigate and identify areas for further scrutiny. Previously the Quality Team has generated a RAG rated spreadsheet which clearly set out areas of good practice or those which required further development or review. We appreciate that HEEM wish to adopt a narrative approach rather than a scoring system, however the previous RAG rating approach was helpful.

The Trust are encouraged by the HEEM's emphasis on multi-professional visits and have attempted to engage fully in this, but acknowledge that this process still requires further attention. Whilst we appreciate it is the first year that NMET have been involved in the Quality Visit agenda, we would hope that moving forward more time could be spent reviewing some of the non-medical education activities.

The Trust would also ask how HEEM intend to incorporate the NMET student voice in terms of their feedback on placements moving forward, and how this will be incorporated and used to inform future visits.'