

Lincolnshire Partnership NHS Foundation Trust

Outcomes Report

for healthcare, education and training



<i>Report For:</i>	Lincolnshire Healthcare Partnership NHS Foundation Trust
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1. Executive Summary

Health Education East Midlands (HEEM) visited Lincolnshire Partnership NHS Foundation Trust NHS Trust on 20th November 2014.

The visiting team encountered a Trust which values and supports learning and has embedded education and training of all professions in an open and listening culture; a Trust that responds well to listening and puts improvements in place. Health Education East Midland's visiting team felt that visit was positive and interactive.

The Trust has engaged with HEEM in a very positive way as the new approach to educational quality management has been implemented across the East Midlands.

The visiting team met and engaged with a variety of staff who work across a number of sites. We were able to have conversations about service reconfiguration, delivery of training and education, educational resources and the support and development of learners, mentors and trainers, research and innovation.

The visiting team heard about a number of areas of innovation and good practice.

In educational matters, the Trust has made progress over the last year and has also made good progress in implementing HEEM's East Midlands Multi-professional Quality Standards for local training and education; however there are some areas where further improvement is required. The Trust must implement an action plan encompassing the recommendations to address the areas where improvement is required. HEEM will work closely with the Trust to support the implementation of the recommendations.

The Trust is well placed to maximise opportunities to integrate medical, nursing and allied healthcare professional training. HEEM looks forward to seeing how multi-professional training and learning has been further developed by the Trust at the next Quality Management visit.

Health Education East Midlands 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 mentors and others who joined the sessions and shared their feedback and good news stories with the visiting team.

We would also like to thank the Education team for the warm welcome received.

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 Lincolnshire Partnership NHS Foundation Trust for the positive way in which they have engaged in this new process.

During the conference call it was agreed that the visit to the Trust should be a Level 1 visit. This level of visit means that the training and education standards are in place and are being met by the local education provider. This visit was to ensure the sustainability of the training and education plans.

The visit to the Trust took place on 20th November 2014 at The Point, Lions Way, Enterprise Park, Sleaford, Lincolnshire.

The visiting team heard from learners and trainees that they had had a good experience at this Trust.

The visiting team was pleased to be shown through a demonstration of supervision how the patient experience is embedded throughout.

The HEEM visiting team comprised:

Dr Ann Boyle, Associate Postgraduate Dean (HEEM) and Consultant Psychiatrist

Mrs Jill Guild, Head of Quality and Regulation (HEEM)

Mr John Peet, Lay Partner

Mr Richard Marriott, Learning Development Agreement Manager (HEEM)

Mrs Jo Beckwith, Education Commissioning and Development Management (HEEM)

Mrs Helen Smith Workforce Lead for Lincolnshire) (HEEM)

Miss Kirsty Neale, Quality Manager (HEEM)

Karen Johnston, Practice Lead, Lincoln University

2: Introduction (cont'd)

Simon Mallinson, Quality Manager (HEEM)

Mrs Rhonda Bradbury, Postgraduate Education Administrator (HEEM)

The Trust's team comprised of:

Dr John Brewin – Chief Executive

Dr Saeed Nazir – Medical Director

Jon Tomlinson – Director of Operations

Professor Sami Timimi – Director of Medical Education

Sue Broadhead - Education Centre Administrator

OT Students, Trainee doctors all grades, Nursing Students

David Knight – Head of Workforce & Development

Kay Gilman – Learning & Development Centre Manager

Dr Carol Brady – Psychologist

Jane Tuxworth - Lead OT

Caroline Francis – Nurse Mentor

3: Progress since last year

Since our last visit HEEM has implemented a new process for Trusts to self-assess their progress in implementing the East Midlands Multi-professional Quality Standards for local training and education providers, using a balanced scorecard.

The Trust updated the visiting team on the balanced scorecard and reported progress against the quality standards with improvements made since the introduction of the scorecard and no major issues reflected against the quality domains.

HEEM would like to thank the Trust for the positive way in which they have engaged with the new process.

In the General Medical Council National Trainee Survey 2014, Lincolnshire Partnership NHS Foundation Trust was ranked third in the East Midlands for overall satisfaction in the experience of trainee doctors that had trained and worked there. The Trust should be congratulated on this.

The Trust currently has around 2,200 staff and covers the 2nd largest county in England. Presentations from the Chief Executive and managers gave an over sight of multi-professional agenda how they are adapting to the changes in the NHS i.e.

- Staff engagement roadshows
- Expansion of services
- New contracts for services
- Research and innovation
- Leadership programme
- International collaboration
- The use of tariff funding and cross training opportunities linked to enhancing the clinical placement
- The development and formalising of a Multi-professional Training and Education strategy
- Impact assessments re: service reconfiguration plans and training and education

Progress has been made in many areas such as:

- Relocation of staff into the learning centre
- Mandatory training and reviewed on line e-learning material
- 2 day face to face induction
- Internal intranet - SHARON
- Junior Doctor steering group
- Introduction of SMART phones
- Handover – adopting the Derbyshire model
- On call booklet guide
- NVQ programmes
- Higher Care Certificate
- Annual training plan linked to beyond registration

3: Progress since last year (cont'd)

- Development of an apprentice model
- Expansion of occupational therapy students
- Occupational Therapy Coordinator role to enhance placement capacity and quality
- Relationships with Royal Air Force and education and training
- Use of Turning Point for educational purposes

The visiting team heard from all grades of trainee doctors, nursing and therapy students. They gave the team a view of what works well on placement at LPFT and what requires improvement.

Listed are some of the comments from current and previous learners:

- 'I had a very good experience, I will be sad to leave'.
- 'If anything this placement has made me more interested in a job in psychiatry'.
- 'Lots of audit opportunities'.
- 'Very supportive environment'.
- 'Regular supervision and very approachable'.
- 'Attending clinics was a really good learning opportunity'.
- 'Supervised to autonomy'.
- 'A good mix of placements'.

The Trust organises weekly meetings for the medics: consultants, trust doctors and trainees. This forum gives them very good opportunity to discuss cases, attend the journal club; there are invited speakers who attend the sessions.

Junior Doctor Perspectives

The visiting team heard that the Foundation doctors were able to attend clinics which they felt was a very good learning experience. This enabled them to think about their future career move. They have lots of opportunities to carry out audits and we heard of one audit with a consultant and a pharmacist which the trainee found useful. They have opportunities to attend meetings and patient reviews and report that teaching is good in clinic settings. We heard from a trainee who said that they will be sad to leave; they have had a very good experience.

The visiting team heard that GP trainees were positive about areas such as: induction and access to clinical supervision. They had access to study leave and had protected teaching time. There were plenty of opportunities to undertake audits and presentations.

3: Progress since last year (cont'd)

Higher Grade Trainee Doctor Perspectives

The visiting team heard that the job is varied and has good opportunities in the community, inpatient care and forensics. Information was given before starting in post and during time in post has had regular good quality supervision within a supportive environment. We heard from one trainee who has experienced attending special interest clinics and spent time with a geneticist as well as experiencing tribunals and court reports. The trainee told the visiting team that they have had a 'very good experience' and would 'recommend the post'.

Nurses, occupational therapists and psychologists in training

The visiting team heard that the preparation for students starting on placement was 'commendable'. Student nurses have an individual training plan which gives training across the patient journey. We heard that the training for 'acute inpatient' is rated best in the country. Students get involved in military cases and have visited RAF bases to gain further insight. Students get community experience which is based on risk management. They are supervised at all times on this placement. We heard that the students hope to gain employment with Lincolnshire Partnership Trust once completed their training.

Based on other psychology trainee's feedback they said that LPFT is a 'great place' for trainees with a training programme that spans across child, adult and older adult specialities with valuable team and co working. The Trust has good links with the universities and those links enable relevant experience from each placement. There is excellent supervision and on some placements the trainees have access to two supervisors. We also heard that they have 1.5 hours built into their rota for formal supervision each week. There are audit opportunities such as service evaluations and these are fed into the commissioning process. Trainees informed us that there are reference books also to aid their learning opportunity.

Collaboration, learning together and overseas projects

The visiting team heard how the Trust proactively uses research and evidence to inform improvements. They learn, not only from each, but from others regionally, nationally and internationally. They have strong links with Arizona, Italy and Melbourne and this continues to improve education and training and patient care. The Trust explained about their future plans for research, innovation and training and it is hoped to see resources committed to this agenda within the Trust's new training and education strategy.

3: Progress since last year (cont'd)

Leadership

This year the Trust has appointed a new lead to take forward the leadership programme. Using a framework for success and the principles of emotional intelligence HEEM looks forward to hearing the outcomes of this programme. This programme engages all levels of leadership for grades of staff within the organisation as the Trust believes that there are leaders at every level.

4: Good practice and innovation

Value Based Recruitment

The Human Resources (HR) team displayed their process of Values Based Recruitment (VBR) and why it is used. The visiting team heard how the Trust had used the outcomes of the Francis report to ensure that the NHS has “the right people in posts with the right behaviours, personality and values”.

The Trust uses value based recruitment to ensure that the future and current workforce is selected again the organisation’s values and behaviour framework, as well as the NHS Constitution.

Benefits of VBR can have the following effect:

- Ensure patient’s get the best of care possible
- Boosting staff morale
- Creating a more positive work environment
- Staff feel valued
- Reducing sickness absence
- Reducing agency spends and recruitment cost.

HR use the VBR for non-clinical staff too and provide guidance and core VBR interview questions for all managers in the Trust to ensure there is a diverse approach to recruitment.

Staff Well Being

The Staff Well Being service provides staff with the opportunity to have early access to individual psychological therapy, this can be for work or non-work related difficulties, which are recommended by the National Institute for Clinical Excellence (NICE).

Regular workshops are organised on subjects including stress awareness and management, self-esteem and communication skills. The service also offers bespoke workshops for all teams.

The service is offered as improvements to staff wellbeing can help with:

- Meeting the staff pledge in the NHS constitution “provide support and opportunities for staff to maintain their health, wellbeing and safety”
- Delivering the four elements of the Quality, Innovation, Productivity and Prevention programme (QIPP)
- Staff can access the services either by self-referral, line management referral or occupation health and appointments can be offered in: Boston, Lincoln, Louth, Skegness and Sleaford.

4: Good practice and innovation (cont'd)

Outcome Orientated Practice Tracker – training linked to improving patient outcomes

OO Tracker is a secure, web-based automatic feedback and data management system that supports the practical application of an Outcomes Orientated Approach to the delivery of Mental Health Services (OO-AMHS). It has been recognised by the National Institute for Health and Clinical Excellence as an example of Quality and Productivity in Health and Social care (QIPP).

OO-AMHS is a whole service model, drawing on a large international evidence base that has consistently shown certain extra-therapeutic factors and intra-therapeutic factors are most likely to influence clinical outcome and seeks to engage service users and promote recovery thinking at the same time as respecting the challenges front line clinicians face.

OO Tracker has a built in early warning system that alerts clinicians to those individuals at risk of poor clinical outcome and that can help identify those who have reached likely maximum expected benefits from services received. This helps to avoid individuals being in long term treatment with little change or benefit and to avoid early drop out from treatment and did not attends.

OO Tracker aggregates outcomes data into reports enabling clinicians and supervisors/managers to monitor therapeutic outcomes by individual clinician case-load, team, or services as a whole.

During the visit the Trust gave a live demonstration of supervision with a Consultant Supervisor and Core trainee in Outcome Orientated Practice which is well established in CAMHS service. The visiting team understands that the model works on maximising the quality of the relationship between patient and therapist. Scores are plotted on a graph for the trainee/consultant to monitor progress and suggest future plans.

The visiting team heard that out of 350 patient cases; 76% saw significant clinical improvements and patients dropping out of treatment reduced by 50%. The Trust has collaborated internationally with Higher Education Institutes and has published an article on this topic.

Project Management Office – PMO

The PMO was launched in April 2012 to assist with the delivery of the Trusts projects and local staff innovation.

The PMO co-ordinates the successful delivery of projects and ensures that only projects that meet the organisations priorities and objectives are taken forward and monitors progress throughout the planning and delivery process.

4: Good practice and innovation (cont'd)

The team uses Project Vision an on-line project management tool to enable the project managers and teams to monitor elements of the project using GANTT charts and workforce planning tools.

The PMO hold regular training and educational workshops on the principles of project management which are open to all staff and covers topics including:- the role of the project manager and an overview of key project planning and delivery skills.

PMO is used to manage organisational change in particular paying attention to impact on education and training.

Safeguarding

Like all public sector organisations, the Trust has a legal duty to protect children and vulnerable adults from harm. The visiting team heard how all staff are educated and trained to recognise the signs of abuse and know how to report any concerns that we may have.

SHARON – Internal Intranet

SHARON (Staff Hub and Resources Online), is the Trust's intranet system, a share point system. It is accessible by the whole Trust and Medical Education use the system to upload files including induction papers, instructions for the in house medical education programme, study leave, articles on critical appraisal and minutes from meeting and presentations that the trainees can download for later reference.

Student Nurses in LPFT

The visiting team heard how the student nurses gain experience working within RAF Cranwell as well as on an acute ward, working alongside the crisis team where they see the whole patient journey from admission to discharge.

Quote from a Core Trainee

"I find the both clinical and education al support at Lincoln outstanding in particular we get the opportunity to do a diploma in brief systemic therapy. I chose to come to Lincoln because of the reputation of supervision, and I can discuss all patients with Sami Timimi and achieve the diploma".

4: Good practice and innovation (cont'd)

Interview with CT2 in Psychiatry

The trainee does not feel any detriment being less than full time with the Trust; she has had a very good experience at Lincolnshire would recommend the placement to other trainees.

Psychiatry was a new experience for the trainee but during the induction with LPFT she and her colleagues were made to feel very welcome. Consultants introduced themselves and gave information about what the trainees could be offered in psychotherapy and ECT training.

The trainees were also given the opportunity to speak to Registrars and other CT2s/CT3s about their experiences; they shared telephone numbers and were able to contact them for help if needed.

The trainees were given a really helpful information pack, including information on the non-residential on call rota.

A positive aspect for the trainee has been the fact that the Trust listens. Following the induction the trainees gave feedback on what could be changed to make improvements e.g. including more practical information regarding on-calls, and where possible the changes have been made.

The trainee also has good feedback for the Clinical and Education Supervisors; the supervision is very supportive, helpful and hands on. The Clinical Supervisors not only help the trainees understand about making diagnosis and prescribing appropriate medications etc., they also discuss other variables that affect the patients' e.g. social factors and personality. Issues that are as important for Junior Doctors to understand and take into account as much as traditional treatment.

The trainee would recommend the Trust to others due to the supportive environment, not only from the Clinical and Educational Supervisors but also medical and non-medical staff; there are very positive working relationships.

The Trust encourages study, to take study leave and attend courses. The trainee manages to attend all of the teaching and training sessions, through Health Education East Midlands, that are now held at the offices at Ruddington where North and South trainees come together and can share experiences and knowledge.

5. Areas of improvement

On call and the decommissioning of the Hospital Inpatient Psychiatric Service

The visiting team understands that a service was developed with United Lincolnshire Hospitals Trust at Lincoln County Hospital site.

- Due to the service no longer being commissioned there is a requirement that Lincolnshire Partnership Trust have a clear understanding about the on call arrangements; whom and what this impacts on and the risks associated with this arrangement.
- Lincolnshire Partnership together with United Lincolnshire Hospitals must agree what is contracted and what is not so that risks are mitigated before any adverse negative impact.

On call clinical supervision

Whilst the visiting team heard positives about both clinical and educational supervision; 'on call' clinical supervision was articulated as a 'negative' by some trainees.

- It is recommended that all trainees have absolute clarity about expectations when on call. The outcomes of the decommissioning of the HIPS service meeting needs to inform the trainees and consultants of what is now expected from them.
- The Trust ensures that all grades of trainee doctors have good clinical support when on call.

On call facilities

The trainees told the visiting team that they felt the facilities when 'on call' was not suitable.

- The Trust review this to ensure a sustainable solution is in place.

On call impact on rota

The visiting team heard that trainees would like the rota to be re-visited to ensure that on call duties do not negatively impact on working days

- The Trust revisit the rotas to ensure compliance

5. Areas of improvement (Cont'd)

Making 'on call' part of mandatory training

The visiting team heard that to enrich the experience of this training post that the 'on call' should be covered as part of mandatory training. This would ensure that roles, responsibilities and expectations were clear from beginning in post.

- The Trust to ensure that on call is part of mandatory training

Handover

It is acknowledged by the visiting team that the Trust has improved the method and process of handover by introducing the use of SMART phones.

- The Trust carries out an audit to understand the impact of the new way of working

Foundation Trainees

The visiting team heard from Foundation trainees that the communication is a 'nightmare' between the Foundation School and United Lincolnshire Hospitals trust.

- The Trust to explore fully the issues
- Improve the communication links between the organisations and the Foundation school
- The Trust considers a Foundation Coordinator
- Review the Thursday teaching sessions to ensure that it will meet the needs of the Foundation doctors
- Potential increase the acute medical take on call so that trainees gain confidence for next rotation in the acute sector

GP Trainees

- Trust to ensure that the content of inpatient posts are relevant to GP Trainees to ensure that they get the next learning opportunity.

5. Areas of improvement (Cont'd)

Teaching sessions

The local teaching programme is well established and valued by trainees in the format of a single half day per week promoting the whole faculty approach and maximising attendance for trainees and trainers.

- The Trust reviews the contents of the training session to ensure that it meets to the needs of all learners that attend i.e. GP and Foundation doctors

Trainee Psychologists

Placements are sometimes felt too short by trainees

- The Trust to explore this in line with the educational and training needs of these trainees.

Nurses, occupational therapists and psychologists in training

- The Trust to help existing staff fully understand that students are there to work and learn – this will enhance the development of students/trainees on placement.

6. Recommendations and Requirements

The Trust takes all the areas of improvement and builds these into an action plan which forms a Multi-professional Education and Training Strategy.

The Trust to work with their partners to ensure that Foundation Trainees are not disadvantaged in their placements due to lack of communication.

The Trust gives immediate attention to the decommissioning arrangements of the HIPS service to ensure mitigation against negative impacts on trainees and patient care.

7. Action plan

An action plan has been received by HEEM from the Trust. The action plan reports the issue, action needed, impact, lead action by, due by time and evidence of completion. The Quality Manager from HEEM will monitor and support the Trust to produce positive outcomes from this visit.

8. Providers Response

Health Education East Midlands (HEEM) visited Lincoln Lincolnshire Partnership NHS Foundation Trust on 20th November 2014.

The visiting team reported that “they encountered a Trust which values and supports learning and has embedded education and training of all professions in an open and listening culture; a Trust that responds well to listening and puts improvements in place. Health Education East Midland’s visiting team felt that visit was positive and interactive. The Trust has engaged with HEEM in a very positive way as the new approach to educational quality management has been implemented across the East Midlands.”

The report details a number of areas where LPFT were asked to respond. These were:

1. In response to on call issues at Lincoln hospital following the decommissioning of the Hospital Inpatient Psychiatric Service, we responded by explaining that the issue has been raised at the Medical Staff Committee in early December and guidelines circulated to LPFT consultants to remind them of their obligation to support juniors. On-call monitoring is taking place of all incidents/calls from Lincoln County hospital and is on-going. The findings will feed into meetings/correspondence between senior LPFT and ULHT medics (Medical Director level) to ensure that juniors are not being called and asked to see and manage inappropriate referrals. Thus far the monitoring appears to be finding that the issue of juniors being contacted for inappropriate referrals is subsiding. There is also now a new 24-hour nurse led service for all CAMHS patients presenting with self-harm based at Lincoln County hospital and that commenced on the 6th of January.
2. In response to issues of adequate on call clinical supervision, we responded by explaining that we will reaffirm in induction and through email the on-call protocols and the importance of using consultant advice as set out in the on-call protocols. The monitoring seems to confirm that currently the on-call is working well.

8. Providers Response (Cont'd)

3. In response to issues about on call facilities, we responded by explaining that we have undertaken a review as to whether to continue with 'non-resident' on-call that we currently have, or whether to make on-call accommodation available for those who require it when needed (for example by agreeing to reimburse for pre-agreed hotel costs). We are now proposing changing the on-call in the South of the county due to the Boston on-call becoming busier and the Grantham on-call becoming very quiet following closure of an in-patient unit there. We are now proposing combining the two south rotas into one on-call rota (About 1:10) with availability of an on-call room at Boston starting in February (the change has been approved at our Trust LNC and we are discussing this with the effected trainees). There will be an on-call room on-site at the Pilgrim hospital available for use every evening, which we will be renting. All on-calls will now be followed with having a day off the following day. At Lincoln we are proposing to maintain the non-resident on-call, however we will provide a budget to enable on-call trainees who do not live within 30 minutes to book a hotel room when on-call and then reclaim their expenses.
4. With regards on call impact on rota we responded by explaining that we have extended the day off after on-call to both the Lincoln and Boston rotas (see response to 3 above) and this now includes Monday off after being on-call on Sunday. The on-call rota is regularly monitored for compliance with policies.
5. In response to making sure 'on call' issues are covered as part of the mandatory training, we responded that on-call is covered in the induction, which is mandatory. In the on-call session we have trainees who have previously been on-call attend to answer questions. All the on-call policies and protocols are available at all times through our intranet.
6. In response to issues about on-call handover we responded that the on-call Rota and handover is regularly monitored by HR. We have a record of both the calls made to the on-call doctor and the handover emails, which are regularly reviewed and seem to be happening consistently now.

8. Providers Response (Cont'd)

7. In response to Foundation Trainee issues, we responded that the DME is meeting shortly with the foundation school to review the current arrangements and placements. In addition a new paid Associate DME (ADME) post is in the process of being created with the job description completed and is due to be advertised soon and start in the new financial year. One of the new ADME's responsibilities will be to act as coordinator for Foundation trainees.
8. In response to GP Trainee issues, we responded that we will review existing GP VTS posts prior to new rotational year (i.e. prior to August 2015) to see if any posts can be changed to enhance the learning opportunities. In addition a new paid Associate DME (ADME) post is in the process of being created with the job description completed and is due to be advertised soon and start in the new financial year. One of the new ADME's responsibilities will be to act as coordinator for GP VTS posts.
9. In response to looking at the content of the local teaching programme, we responded that a new ADME post will include responsibility for Foundation and GP trainees placed in our Trust. Our programme for this academic year is already complete. We will review our programme for next academic year (September 2015 – July 2016) to include more specific content relevant for Foundation and GP trainees.
10. In response to Trainee Psychologists placement issues we responded that we will look into this and review placements through discussing with both the university and internally within the Trust.
11. In response to issues for nurses, occupational therapists and psychologists in training, we responded that placements for nursing students is now a key feature of the work of the Nurse Council. Recently the Trust has been involved more fully with the University to build relationships and collaborative working. The trust will be working with the university to develop plans for future workforce development and also with the IPLU to develop capacity and improved experiences of nursing students.

Sami Timimi

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