

Northampton General Hospital NHS Trust

Outcomes Report

for healthcare, education and training



<i>Report For:</i>	Northampton General Hospital NHS Trust
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1. Executive Summary

Health Education East Midlands (HEEM) visited Northampton General Hospital NHS Trust on 15th October 2014. The visiting team encountered a Trust which is working in an environment of service change and high demand on those services. The Trust is proactively working to address those areas and whilst those developments were underway, embedding them will take time. The Trust is committed to providing a quality training environment despite these pressures.

Learners were generally very positive about their experience of training within the hospital, and there is a body of enthusiastic and dedicated educators at the Trust. Whilst it was apparent that the Trust Senior Team are working to develop to a system which is able to cope with the demands placed upon it, the messages articulated by this team were not echoed by the other staff and learners we met with during this visit, however the visit team concluded that this was due to the developments still being embedded.

There was little evidence of multi-professional education, but this appeared to be more of a matter of signposting the existing educational opportunities already in place to all groups of learners to increase multi-professional learning across the Trust.

It is important to note that the overwhelming feedback the visit team received from those they met with rated the Trust as a friendly place to work and the vast majority of learners would recommend Northampton General Hospital as a place to learn.

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 Northampton General Hospital NHS 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.

2. Introduction (cont'd)

The visit to the Trust took place on 15th October 2014 and the visiting team comprised of:

James McLean, Lead and Chair, Deputy Director of Education Quality Deputy Dean
Dr Jon Greiff, Associate Postgraduate Dean
Mr Andrew Dickenson, East Midlands Dental Dean
Dr David Mangion, School of Medicine Representative
Janet Champion, Lay Partner
Harjinder Bains, Education Commissioning Manager
John Keenan, LDA Manager
Tracey Carstairs, Workforce Planning and Development Manager
Mr Stephen Dixon, Associate Postgraduate Dental Dean
Peter Harris, Dental Lay Rep
Dr Richard Higgins, Quality Manager
Suzanne Fuller, Quality Manager (Dental sessions only)
Karen Tollman, Quality Manager
Sarah Wheatley, HEEM Administrator

Northampton General Hospital was represented by:

Dr Sonia Swart, Chief Executive Officer
Dr Michael Cusack, Medical Director
Dr Andrew Jeffrey, Director of Medical Education
Fiona Barnes, Deputy Director of Nursing, Midwifery & Patient Services
Dr Philip Pearson, Clinical Lead in Undergraduate Quality Improvement
Sandra Wright, Assistant Director of Workforce Development
Dr Brian Richardson, Foundation Training Programme Director

During the visit the teams met with:

Dental Trainees
Nursing Students including OU Students
OT Students
Physio Students
Paramedic Students
Medical Physician Associates and Students
Foundation, Core and Higher Speciality Medical Trainees
Nurse Mentors
Clinical and Educational Supervisors

3: Progress since last year

The Quality Management Visit in 2013 identified some specific areas for development particularly concerning workload pressure and the arrangement of work during medical on call shifts for general medicine trainees. Concerns were also raised about the numbers of outlying patients and the pressure this additionally placed on staff and trainees. The medical acute pathway has been changed significantly since the last visit and there are now four teams, which are colour coded and have an allocated Consultant, who will work in blocks of three and five days or in a row of eight days. The teams have a static structure with trainees always working with the same team. Patients are allocated to the teams led by the consultant who first reviewed them, which ensures that the consultant is likely to look after them for their whole stay (it is anticipated that if a patient has to move they will only do so once).

This system is designed to ensure that trainees get continuity as do patients, and the consultants will always work to the same team, with their on call coming round every three weeks. Those patients with a specialty need will move on to a specialist ward as soon as possible and when a patient arrives at their destination ward, that patient becomes the responsibility of that ward. The Director of Medical Education raised some potential impacts of this change to the base wards of Consultants during the Trust presentation part of the visit and confirmed that work was underway to assess this impact.

During the Trust Presentation the Senior Team discussed some of the key pressures faced during the last year, including a significant increase in emergency pressures. The Senior Team provided an update on how they are actively involved in the federated model of working to address these issues across Northamptonshire in conjunction other care providers including social care

3: Progress since last year (cont'd)

and mental health providers with one of the key areas of focus for the Trust being a reducing in delayed discharges.

Discharge processes were raised by trainees as an area which could be streamlined to ease pressure on the system and reduce the amount of routine tasks trainees were undertaking. The Trust has invested in "VitalPAC" which is an electronic solution for the monitoring of charts anywhere in the hospital. This should facilitate the work between trainees and other groups of staff particularly during nights as the system will help trainees to prioritise tasks. The system is awaiting full roll out when Trainees will be issued with iPad mini's on which they will access the system.

The Trust has dedicated much effort on the Acute Medical Pathway and the pressures upon it due to high numbers of patients and a high rate of bed occupancy. This work has included a strong focus on the movement of patients through the system including a streamlined discharge process.

The Trust has sought to maintain a focus on patient safety and have implemented an innovative approach to this work by developing a number of fellowships to lead on key areas of patient safety work. The Trust is also seeking to instil a strong sense of ownership amongst learners by encouraging them to identify areas for improvement and then be part of the work to define solutions to improve those areas. It is an ambition that by being part of this process in the early stages of their career and working with Senior staff to identify and implement solutions, that this ethos will become ingrained in trainees throughout their training and future careers.

3: Progress since last year (cont'd)

Some trainees had previously raised issues around having allocated supervisors when they started work and also trainees in Core Medical Training posts had identified issues with attending clinics. Following the 2013 visit the Education Team worked to define post numbers for all trainee posts within the Trust, which was aimed to enable supervisors to be allocated in advance to those post numbers.

Finally, at the visit some trainers appeared to be unclear about the remit of their roles and their responsibilities, the Medical Education Team have strong links to the HEEM Recognition Project and have worked hard to strengthen their educational governance systems. Dr Jeffrey has developed and delivered a programme of lunchtime learning bites for educators, which have focussed on areas such as providing feedback. These sessions have been very well attended and the model has been recognised by the HEEM Recognition Team as an area of good practice. The Education Team have also created a Medical Education Handbook, which outlines the roles and responsibilities of all supervisors along with context about the education system at the Trust

4: Good practice and innovation

Ward Rounds

The visit team was able to shadow two of the Acute Medical ward rounds and speak with Consultants, Learners, Nursing staff and Physicians Associates during these sessions. We would like to thank the Trust for allowing us this opportunity and to the staff we spoke for taking the time to talk with us during these sessions.

Acute Non elective – Holistic approach Showcase Session

It was clear from this session that this provides a very valued route into nursing and that the learners with whom the visit team met with felt very well supported by their mentors.

Physicians Associates Showcase Session

The Director of Medical Education helped to deliver this session and it was clear that the Physicians Associates are fully embedded within teams. This was further evidenced during the ward round sessions where visit team members experienced the Physicians role in action and were pleased to note that on the job teaching involving both Physicians Associates and Medical Trainees was taking place.

Dental

The Dental Core Trainees were, on the whole, positive about the education and training they received at Northampton General Hospital. We heard that there is a formalised schedule of consultant-led teaching, which is recognised as good practice. In addition trainees alternate presenting cases at monthly mortality and morbidity meetings, which are attended by all available consultants.

4: Good practice and innovation (cont'd)

The visiting team were particularly impressed by the Trust providing a training post based in special care dentistry. This community facing post provides a valuable experience and we would encourage the Trust to develop and share this initiative with others.

Clinical Oncology

The visit team met with a selection of medical trainees from Clinical Oncology, who confirmed that the Consultants were extremely supportive and that they received good levels of supervision from a team which worked well together. The Higher Speciality Trainees particularly were complimentary of the education and training they had experienced at Northampton General Hospital. The trainees received good clinic exposure and were particularly impressed with the lab experience they were able to access. The trainees all fed back that they were released to attend Deanery teaching. Finally, the trainees confirmed that weekly meetings take place within the department where the multi-professional team gather together to discuss all patients, which was felt to be a valuable experience by all of the trainees.

Acute Medical Pathway

Team members met with two mixed groups of learners from the Acute Medical pathway and the following positive feedback was provided;

- Lots of pressure in Acute Medicine but provides good learning opportunities
- Pre-planned audits were offered to all medical trainees
- There were lots of opportunities for learning although accessing these could sometimes be an issue
- There had been an improvement to the workload pressures in Acute Medicine over the last year
- The majority of learners felt they had good supervisors / mentors
- The CESR route was felt to be positive

4: Good practice and innovation (cont'd)

- A majority of learners across the sessions would recommend their posts
- The Trust was described as friendly
- The Trust reportedly offered the same level of training to non-training grade doctors which was positively received

Team members also met with a mixed group of trainers from the acute pathway, who raised the following areas of good practice;

- The medical supervisors confirmed that they were engaged with trainer recognition and they have a database in place which contains details of their supervisors and training completed
- HEEM are very interested in the Quality Improvement initiative with Leicester Medical School which is being led by Dr Philip Pearson. We understand that quality improvement will be embedded into the curriculum by September 2015. We look forward to hearing more about this.
- An appraiser system is in place with a good quality appraiser leading the work
- Supervisors reported receiving good feedback from undergraduate students
- One college tutor discussed their moves to implement a method to inform them of development needs of trainees, which is an interesting development
- There appeared to be an appetite to develop the non-trainee workforce – e.g. LAS Doctors
- PACES teaching for core trainees – 5 out of 6 passes, which is an improvement in pass rate and there has been good feedback.

5. Areas for improvement

Dental

The visiting team heard that a new rota was having some impact on education and training at Northampton General. The rota had been redesigned following concerns raised last year that it was not compliant with EWTD and New Deal. However, the new rota, whilst compliant, resulted in three handovers a day and left trainees stretched. Both trainees and trainers recognised that the current arrangements were unsatisfactory, and the trainees were currently developing an alternative model. The team were encouraged that trainees were being proactive in finding a resolution, but would urge trainers and managers to provide support and leadership to ensure a solution is found that is both compliant with regulations and provides an optimal educational experience.

Clinical Oncology

The visit team felt it was clear that recent service changes and a loss of a number of Consultants to other Trusts, has placed pressure on the remaining Consultants within the department. Whilst it was apparent that the Consultant body were committed to their educational roles, which were being recognised within their job plans, the additional service pressure was having an impact.

The higher trainees discussed the provision of experience at the Trust which was on the whole felt to be of a wider range than that provided by other Trusts and that their relationships with the entire team were very positive. However, there were some aspects which appeared to not be covered i.e. Paediatric Tumours although the trainees did acknowledge these were not mandatory aspects of their training.

5. Areas for improvement (cont'd)

HEEM would like to receive clarification on the ward cover structure and clarification of the support available to juniors. There appeared to be variation of understanding of which ward rounds took place when and the available cover whilst Consultants are running clinics in Kettering or otherwise out of the Department. It would be reassuring for all staff and learners to have a clear understanding of the arrangements.

The department was reported to have outlying patients and without a clear ward round structure, HEEM were concerned about what arrangements were in place to ensure that these patients were reviewed appropriately. We were also concerned that cross cover be provided on a tumour site specific basis which may not prove to be robust.

Trainees reported that they were not aware of a process being in place to review Do Not Attempt Resuscitation (DNAR's), which was of concern to the visit team.

The Foundation Trainee was released for foundation teaching, but the ward workload did present some challenges towards that attendance, although the trainee expected to reach 70% attendance. The workload had also determined whether they could attend the joint training with Haematology and Dermatology, whilst this is not a mandatory requirement, this would be beneficial to the more junior trainees to be able to access this learning.

The trainees did raise the reduction in numbers of Consultants and that this along with the workload in the department had resulted in the time the consultants had being squeezed. This reduction appears to have impacted on the Departmental teaching provided and we would recommend that this needs to be reinvigorated.

5. Areas for improvement (cont'd)

It was clear to the visit team that there was a disconnect between the Consultant body and the trainees, with the trainees enjoying their experience. HEEM recognises that the Department is currently in a period of service reconfiguration and has also seen a reduction in the consultant body, with three posts currently vacant, which has impacted on the morale of the Consultant body.

Acute Medical Pathway

The two mixed groups of trainees raised the following areas for improvement;

- Staff shortages have impacted on learners being able to take advantage of learning opportunities, however learners felt there were a large amount of good educational opportunities available
- Student Nurses are unable to complete some routine tasks e.g. Blood sugars, draw up IVs, it is important to recognise that this is a national problem which affects all Student Nurses, however HEEM are keen to raise the profile of this issue and start to have a conversation about the possibility of changing this
- Students Nurses are not always offered opportunity to see situations as they can be restricted to dealing with routine tasks, it is important for departments to recognise that whilst Student nurses undertake a range of valuable tasks, they should be considered as supernumerary to enable them to experience all educational opportunities
- The out of hours workload is a challenge, with the perception of trainees being that a number of medical wards are covered by only one Higher level trainees. It is important that the Trust provide clarity around staffing levels and support arrangements for out of hours periods for trainees

5. Areas for improvement (cont'd)

- Whilst learners felt their experience of their mentors had been very good, they were unsure what process they should follow if this were not the case, it would be useful to confirm this process with learners
- Car parking charges have recently increased for student nurses which could be a significant barrier for learners

Team members also met with a mixed group of trainers from the acute pathway, who raised the following areas for potential improvement;

- A Nurse Mentor suggested that it would be beneficial to look at having some method of visible recognition for those undertaking mentor roles
- Time to perform the role of mentor is challenging and is something which mentors make happen during the working day. Whilst this is working currently, an increase in workload may impact on delivery
- There does not appear to be any forums for mentors in place currently and it may be beneficial for this group to have a forum where they can meet with their colleagues and share good practice
- There was a lack of clarity on the methods learners use to feedback on their experiences with Mentors, which could be strengthened
- One Educational Supervisor reported not having a PA allocation for their educational role in their job plan, which was disappointing as this individual showed a passion and commitment to the education agenda
- ACCS Training is something we need to consider at HEEM as there appears to be a lack of clarity around the curriculum, ACRP and e-portfolio requirements for these trainees, amongst their supervisors.

6. Recommendations and Requirements

Ward Rounds

- An update of how the new Acute Medical Team Structure has impacted on the cover provided to Consultants “home” wards would be appreciated along with detail of how any unforeseen consequences have been mitigated.

Dental

- The Trust should remind trainees of the process for raising concerns about patient safety
- The Trust should ensure that new rota arrangements for DCTs are put in place which are compliant with relevant requirements and provide trainees with appropriate educational opportunities
- The Trust should consider how it can promote and further develop training posts within special care dentistry
- The School will arrange appropriate training for educational supervision of dental trainees and inform the Trust of the arrangements.

Clinical Oncology

- Confirmation of the Team structure in Clinical Oncology, including arrangements for ward rounds, on-call cover, cross cover between consultants and arrangements for reviewing outlying patients.
- Strengthening of the formal teaching provided by the department
- Consideration about how the workload is managed within the department and whether this unduly affects the ability of more junior trainees to take advantage of educational opportunities
- To consider the planning and management of the outpatients clinics in Kettering and whether they could be streamlined to create a more satisfactory experience for patients and staff

6. Recommendations and Requirements (cont'd)

- Strengthening the process for reviewing Do Not Attempt Resuscitation and communicating this process with all learners

Acute Medical Pathway

- Ensure departments are aware that learners should be made available to undertake learning opportunities, including experiencing ad-hoc learning opportunities
- Ensure that on-call cover and support arrangements are clear to learners working those shifts
- Strengthen awareness of the process for learners who wish to raise concerns about their experiences with their Mentors
- Consider developing a method of recognising the roles of mentors and developing a forum for those undertaking Mentor roles to meet together

7. Action plan

The Trust has submitted a full action plan alongside a response to the draft report.

8. Providers response

We are pleased to note the recognition in this report of the efforts being made to ensure that NGH is a good learning environment for learners from all professions. It is also good to know that our innovative practice in terms of education and training is being recognised. Inevitably, given time constraints there are further initiatives within the organisation which do not feature in the report that we also view as enhancing our learning environment, many of which involve non-medical staff. Overall the report focusses heavily on medical training and for the future we would like to see the process developed to reflect better the broad range of staff training undertaken by the organisation.

It would be helpful to know how this report integrates with the designated quality visits from the NMC for all pre and post nursing & midwifery including the OU.

There is a recommendation to establish a forum in which nurse mentors could meet together. This already exists with a biannual county wide mentor conference and established Mentor forums. In terms of student feedback on Mentors there are already mechanisms in place for this with the results reported at the Educational Contract review Meetings.

A number of the issues raised are around the interface between service and training. From January 2015 we will have a new governance structure in the Trust and the issues will be highlighted to the new Divisional Directors for their attention. Firm action plans beyond this will need to be drawn up by the new teams once they are in place.

8. Providers response (cont'd)

Financial and service pressures remain high and will do into the next financial year placing constraints on what will be possible, however we will endeavor to maintain our focus on high quality staff development as a means of supporting best possible care for patients both now and in the future.