

*Northamptonshire Healthcare NHS Foundation Trust*

# Outcomes Report

for healthcare, education and training



<i>Report For:</i>	Northamptonshire Healthcare NHS Foundation Trust
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## 1. Executive Summary

Health Education East Midlands (HEEM) visited Northamptonshire Healthcare NHS Foundation Trust on 24<sup>th</sup> 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, student nurses and allied health professionals, and those who deliver their education and training. They spoke of a nurturing multi-professional environment where learners felt part of the team. Learners were complimentary about their educators and the educational experiences they had received at the Trust. 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 with regards to the on-call arrangements with other Trusts, other areas where improvements could be made are detailed in this report.

The visiting team also heard about areas of innovative and good practice, which are detailed within the Good Practice section of this report. 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 Northamptonshire Healthcare 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 1.

A Level 1 visit means that the standards for training and education are in place and are being met by the local education provider. This level of visit aims to ensure the sustainability of the training and education plans.

The visit to the Trust took place on 24<sup>th</sup> November 2014. The visiting team comprised:

Dr Jo Jones – Associate Postgraduate Dean - Lead Visitor

Ruth Auton, Strategic Workforce Development Manager

Karen Adcock, Local Workforce Team Lead

Harminder Bains, Education Commissioning Manager

John Keenan, LDA Manager

Suzanne Fuller, Quality Manager

Karen Tollman, Quality Manager

Susan Edge, Lay Partner

## *2: Introduction (cont'd)*

Northamptonshire Healthcare NHS Foundation Trust was represented by:

Dr. Bryan Timmins – Director of Postgraduate Medical Education

Kate Howard –Head of Clinical Professional Development

Julie Brice - Head of Pre and Post Registration

Jenny Coles, Medical Staffing Officer

Vivian Crowhurst, CQC Administrator

During the visit 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 provided an update on activity and progress since last year. We heard from the Deputy Director of Nursing, AHPs and Quality that:

- The Trust covers a large geography, 12 service lines, 150 services provided
- There are 4143 placement weeks with diverse opportunities for a wide range of learners e.g. placements with chaplain
- Two key action points have arisen from the dashboard – placement capacity and training strategy which is ongoing work
- There is a need to understand Trust quality strategy which is in development, to ensure training strategy complements it
- Training and development is regarded by trust as a business critical activity with a view to future workforce needs and also developing individuals capabilities supported by a clear development pathway for all staff
- There are continuing challenges regarding the geographical spread (students actually getting to placements), moves towards mobile working and service reconfiguration
- Good practice is evident across the Trust including Care Maker events, Lean Working, Enhancement sessions, Mentor conference where awards are given to student mentors
- There is use of the training tracker to support the delivery of mandatory training including the mentor update via an e-learning platform
- The trust has purchased new equipment with tariff funding, including weighing scales, body parts and bodies for simulation and equipment to support mobile working

The Director of Medical Education also provided an update on medical education and training within the Trust. Areas highlighted included:

- A new team of educational supervisors and tutors are now in place – these include some from professional groups other than psychiatry, including dental and community paediatrics
- Induction has been strengthened and is delivered alongside mandatory training and sessions relevant to mental health settings e.g. STORM for all trainees
- Appraisal is provided at the start, mid-way through and at the end of placements. Trainees also have open-access to the DME
- An additional exit interview is also provided for GP trainees. The Trust are working on defining quality for this group, and provide additional bolt-on training to meet their educational needs
- The Trust has closely monitored compliance with working time regulations. Staffing levels on rota are an issue. Rotas are currently just sustainable but the Trust feel a knock-on effect arising from the difficulties in recruiting to GP training. Any further loss of trainee numbers will be problematic
- Progress had been made on handover with an IT-based solution identified.
- ECT training is provided within the Trust and recognised externally as excellent.
- The Trust currently have the highest number of Foundation Trainees they have ever had
- A Psychotherapy tutor has now been recruited after a gap following difficulties in finding a suitable candidate

### 3: Progress since last year continued

- There are a number of potential opportunities including a new liaison service, new or expanded services including Gender Clinic, Neuropsychiatry and shared MDT opportunities within the Trust
- A drop in participation rates for audit among trainees has been noticed. This will be monitored.
- The Trust would welcome the implementation of the Trainee Passport initiative
- A&E assessments are no longer carried out by trainees, therefore Educational Supervisors will need to monitor and encourage trainee involvement in emergency work
- The Trust continues to experience massive service change, which continues to impact on staffing levels, most recently resulting in a loss of experienced nurses
- The Trust is looking into an expansion of placements for undergraduate medical education and are considering how to further utilise technology to enhance practice and learning
- Work is planned to develop training posts to recognise that the Trust now have larger cohort of core, GP and Foundation trainees than previously. Hybrid posts could be developed. This less experienced cohort also makes it increasingly difficult to deliver services.

## 4: Good practice and innovation

### **Allied Clinical Professional Learners**

The visit team travelled to Cransley Hospice to meet with a group of learners from Occupational Therapy, Physiotherapy, Speech and Language Therapy, Hand Therapy and Nursing. Alongside this a number of mentors and trainers also took part in the session

Physiotherapy learners reported having a good induction supported by online training. Learners reported being supported by their mentors on visits by working closely with them initially and then moving to a more independent way of practicing. This was felt to be a supportive way of enabling the learners to develop.

This was also reflected by the overseas learners who had found the system very different and felt the educators provided a large amount of support to help them settle in. The learners have five week placements throughout their courses and find these have provided good opportunities for shadowing other professional teams. These experiences are also supported by a very good training package.

The Speech and Language student had undertaken placements in Paediatrics and then working with adults and reflected that there are really good experiences available in both settings. The supervisors were complimented as being knowledgeable and approachable with the student feeling confident to work independently but also confident to ask questions and seek further information. The learners felt that their trainers had realistic expectations learner's knowledge and were open to exploring new areas of learning together which was felt to be a mutually beneficial experience.

In Hand Therapy the student spends a large amount of time dealing with cases referred from fracture clinic and was able to arrange a short placement swap with the fracture clinic learner, which provided the opportunity for both parties to experience the opposite ends of the process. This was felt to be an excellent experience which was well supported by the mentors in each setting. Learners reported that there was a good range of resources in the Department including a resource box which contains current guidance for staff and students. Protocols were easily accessible and available to all.

The Speech and Language Therapy student reflected that whilst on the wards they referred to dietician notes regularly and so sought to spend time shadowing a dietician to expand their understanding of this role. As a result the learner felt their practice was strengthened and they were able to consider the content of their own notes and how they would be put into practice by other professional groups. This was alongside a developed understanding of the instructions with the dietician's notes and the impact upon the patient.

The learners reflected that as learners they move around the Trusts in order to undertake placements, but have to repeat mandatory training in each Trust, the learners reflected that being able to provide a passport containing evidence of that training would reduce duplication and be very beneficial to all parties.

## 4: Good practice and innovation continued

Indeed the learner group as a whole felt that with increasingly complex patient diagnosis becoming more frequent, closer working between professional groups would become increasingly necessary and so experience whilst training was invaluable.

All learners reflected that they felt inspired by their mentors and that this experience had made them interested in becoming Mentors in the future when they were qualified. There was also a feeling that following the experiences they had working at Northamptonshire Healthcare Trust the learners were interested in working at the Trust in the future and indeed one learner had already secured a post.

The learners were all aware of St Andrew's and had the potential to go there for placements, indeed amongst the gathered group a large number were hoping to take advantage of those placements and were planning to spend time there if possible in the coming years. The learners confirmed that they heard very positive feedback about these placements from their fellow learners which had therefore made them keen to experience working at St Andrew's themselves.

The visit team felt particularly impressed by the enthusiasm of this group of learners particularly as some groups were aware of the scarcity of qualified roles, which would be likely to affect them once they had completed training.

The learners were all aware of the process should they have any concerns and confirmed that they have good contact with University Tutors throughout the course. These tutors were felt to be very supportive and able to guide the learners professionally.

Lisa Gammon was particularly highlighted as being helpful and we were asked to forward thanks for this assistance.

### **Daventry OPT – Learners, Mentors and Trainers**

The visiting team met with a multi-professional group of student nurses and occupational therapists, and their trainers and mentors. This included colleagues working in the community learning disabilities service, adult mental health and child and adolescent mental health services (CAMHS). We heard that those working in CAMHS valued the experience of working in two differing care settings, one of which is a secure unit at Berrywood Hospital.

The group was largely very positive about their experiences of learning and training within the Trust. We heard from those on placement in the learning disability service that they enjoyed the multi-disciplinary nature of the team, and had had opportunities to shadow psychiatrists, physiotherapists and other colleagues which the learners particularly valued. We heard that this was partly due to the make-up of the team, but similar opportunities would be welcomed by learners in other services. We heard examples of informal arrangements, such as a day swap between students. These were considered beneficial and facilitated by trainers. The Trust may wish to consider how it can formalise these useful learning opportunities for all.

## 4: Good practice and innovation continued

The learners were content with the induction they had received. They told us that it comprised a Trust induction package, some of which was delivered online and some face to face. This included practical topics about being on placement with the Trust, such as health and safety. They reported that they received a welcome pack and had an opportunity to meet the team they would be working with and discuss and agree their goals for the placement with their mentor. We also heard that the Trust have good links with the office which allocates placements, with students encouraged to attend pre-placement visits.

We heard that learners have formal supervision sessions once per week, but informal supervision and support takes place daily.

The learners we met with told us they felt able to raise concerns as they arose on placements, and would generally raise this with their mentor or trainer in the first instance, or with a Tutor at the University. They also told us that they felt able to give honest evaluations of their placements. These are generally completed online. However, the students we met with reflected that their evaluations were not also gathered in a timely manner. An example was given of a day-long session for reflection and evaluation which was held eight weeks after the placement had ended, which may have limited its usefulness.

The mentors and trainers we met reported that the Trust was supportive of them, for example they have the opportunity to increase or decrease student capacity and the Trust are supportive of their views on this, and do not force them to take on additional students. We heard that the Trust is very proactive in ensuring that Mentors have completed their updates.

We heard from the mentors in the Learning Disability team that previously they only had third year students. They now get a mix, including second year students, which has meant they have had to change the way the work and respond to the differing needs of their students.

We heard that there have been attempts to bring together a multi-professional group of trainers and mentors, but this had fizzled out somewhat, in part due to the restructuring of the organisation. The mentors told us that recent changes in the organisation had put pressure on staff morale, but they had tried to ensure this did not have an adverse impact on the educational experience of their learners. The students we met with confirmed that they did not feel the restructure had had an impact. The visiting team were particularly impressed to hear from one mentor who said they had tried to use the organisational change as an educational opportunity for their student, to help them understand the realities of working within the NHS. The mentors and trainers reported that things were beginning to 'pick up again' as the new structure is now in place.

It was reported that the Trust encourages outreach activity. We heard examples of students participating in home visits, visits to prisons and other settings. We heard how patients are asked whether they are content for students to participate in these visits, which prepares the patient and how mentors brief students prior to those visits. Some of the more experienced students are provided with their own static caseload.

## 4: Good practice and innovation continued

### **Old Age Psychiatry and Palliative Medicine Higher Trainees**

The visiting team met with a group of higher trainees, based in Old Age Psychiatry and palliative Medicine. The trainees were, on the whole, positive about their experiences of training in Northamptonshire Healthcare. The trainees reported working with very supportive consultants who are flexible and open and encourage the trainees to develop and pursue their interests. The trainees told us they felt valued and supported by their colleagues. We heard that consultants in old age psychiatry were particularly supportive of trainees wishing to undertake audit or become involved in service improvement activity.

The trainees reported that handover was generally working well. For old age psychiatry this is done over the phone and the trainees felt it was effective. For palliative trainees working in the hospices, SystmOne is used, which also worked well. We heard that if further information is needed then they will call the hospice, as it is not always possible to access these records whilst offsite. It was suggested that palliative trainees who are not based within the hospice but providing on-call cover may have some issues with accessing the records. The option of providing laptops for remote working was suggested as a possible solution for ensuring that doctors have access to relevant information.

### **Medical Trainees (Foundation, Core and GP) Old Age and Palliative Medicine**

All trainees received an induction although Palliative Medicine trainees noted that the content was largely Psychiatry trainee focussed. There were some elements of the planning which mean that palliative trainees needed to attend the first part of the induction and then had to return for certain parts of the training during the next two days. The trainees reflected that with some slight amendments to the induction, all of the mandatory sections which all trainees needed to undertake could be undertaken during the first day, which would be less disruptive.

The Palliative trainees reported that they had access to SystmOne up and running very quickly and access to EPEX was provided although the system was felt to be a complicated one to use initially.

Palliative Medicine trainees reported that Cynthia Spencer Hospice was an excellent place to train. The staff were reported as being very supportive and approachable and often received very positive feedback also from patients and carers.

The consultants in both Palliative and Old Age were felt to be excellent and very supportive, in particular they were always visible and were perceived as being very approachable with trainees feeling they could ring them for advice at any time.

Trainees also confirmed that currently the Crisis team see the cases in A&E and so the Core trainees did not get the chance to undertake some of the decision making which goes along with this experience. The trainees do however get access to all new admissions which provides valuable experience.

## 4: Good practice and innovation continued

It should be noted that the trainees in this session were very complimentary about their posts and all would all recommend their posts to their friends and colleagues.

The visit team met with a number of Medical Trainers from the Old Age and Palliative Care Departments, the Palliative Medicine Supervisor was extremely complimentary about the trainees whom had recently been placed within the departments. The Trainees were reported as being incredibly enthusiastic and knowledgeable.

It was apparent that some of the educators have time for their educational roles recognised, although this was not the case for all. This was particularly challenging for those trainers who were dealing with trainees in difficulty where finding additional time to manage those trainees was difficult.

The educators reflected that they were unsure about where information concerning trainees in difficulty should be shared and whether they were able to share this information between Trusts, this is an example of where good liaison between the Trust and TPD/School would enhance management of such situations.

The educators also reflected that there was associated pressure for trainees who have no psychiatry experience as inducting them into mental health took much more time to supervise and required a more supportive approach to assess competence.

The Palliative Medicine trainer raised the good practice example of a newly appointed consultant who had recently been a trainee and who had devised a presentation for educators about how to get the most out of the e-Portfolio. This was incredibly useful and could be transferable to other settings.

### **Undergraduate Trainees**

The visit team met with the current group of Undergraduate students. They reported being provided with a timetable for their time at the Trust, with some spaces in which to arrange other activities. The students so far had been able to access clinics including Gender reassignment although this cohort were relatively new to their placements and so planning was still underway.

The students reflected that the teams they worked with were incredibly friendly and more than willing to let trainees experience opportunities. One student asked if they could shadow a doctor doing on calls therefore stayed until 1am, which was felt to be an incredibly valuable experience.

The trainers confirmed that students attend teaching at the University but these sessions are usually planned to take part on a Friday or Monday, which is when trainees would usually be travelling back to the University and therefore prevents additional travelling for the students. Regular tutorials take place at the Trust and Higher trainees have the opportunity to take part also. The visit team heard that there is an ongoing process to work out what is the best range of experience to provide whilst they have these students for such a short time.

## 4: Good practice and innovation continued

The students all would happily recommend the Trust and the experience they had and felt that they would consider psychiatry in the future based on what they have seen.

### **SHOWCASE**

#### **Community Paediatric Nursing**

The main role of this team is to support patients and parents in the community to avoid acute admissions to A&E. Since June 2014 the team have taken over the Children's Continence Service. This has required rapid upskilling in some areas of practice. The team have seen immediate benefits to patients by avoiding further referral to the specialist service. The team reported a positive impact on their professional practice. We heard from a student nurse who was complimentary about the diversity of placement opportunities. They felt well supported and reported real benefits from being able to deal with the full range of continence issues.

#### **Trust Code of Conduct for Non-registered Practitioner Staff**

We heard about the Trust's code of conduct for healthcare assistants and other non-registered staff. This has been well-received by staff and already had a positive impact on morale and the practice of this group. The code is presented to staff as part of their Trust induction, with staff asked to sign up to its principles. We heard that there is a real demand for training opportunities among this group. The visiting team commends the Trust for its investment in supporting healthcare assistants.

#### **New Equipment**

The Trust showcased new equipment purchased with Tariff funding that has enhanced the training and patient care within the Trust. It was reported that this equipment was being well used and provided a valuable bridge between theory and practice. We heard the benefits were not just felt by students, as it is also useful for CPD. Equipment demonstrated included:

- A neurothesiometer for use by podiatrists in the assessment of diabetic patients. We heard that this piece of equipment is not widely available, but enables more rapid assessment of a patient's risk of ulceration.
- Dental Equipment – this included text books and skulls. We heard that these resources were not just beneficial for student dental nurses but also for existing nurses and mentors, as they enable staff to refresh their theoretical knowledge.

The visit team also heard about;

The active promotion of research at the Trust, the visit team heard about the work focussing on dementia research and the Trust also runs mental health research. The group heard that learners are invited to take part via colleagues and a workshop was

## *4: Good practice and innovation continued*

recently run on clinical research for second year students. The Trust is working with the University of Northamptonshire to make this workshop mandatory.

The involvement in Care Makers with the six Ambassadors within the Trust promoting the 6 C's, which is currently focussed in nursing working with pre-registration nurses

Finally, the Team were pleased to speak with the Service User representative who had been involved in the research project in crisis services which was presented to the Trust Board. The service user had also acted as patient lead in the assessment of the care environment, which took the format of acting as secret shopper, which they would recommend. The Service User did raise the Service User Group, which unfortunately seemed to have lost some momentum recently.

## 5. Areas for improvement

### **Allied Clinical Professional Learners**

Whilst there were a number of good experiences where learners and mentors had identified specific opportunities for shadowing and cross working, this could be strengthened by providing a guide to the services offered and the contacts in each area should learners wish to access an experience.

#### **Recommendation**

The Trust should consider whether a list of educational opportunities with other professions and teams could be included as part of induction.

Access to the different systems in the Trust had been problematic with some learners having problems getting access to Systmone. Some learners in particular had experienced issues in getting access to smartcards, which prevented access to SystmOne. Learners felt that having smartcards issued at the start of placements would be hugely beneficial.

EPEX, the system used primarily for psychiatry at the Trust, did have training sessions planned, but learners reporting feeling the system was complex and variations in usage between different staff groups both in the forms used and the content inputted added additional complexity.

#### **Recommendation**

The Trust may wish to consider working with the University to develop some training sessions on EPEX and SystmOne to prepare learners for using the systems in advance of working within the Trust.

The group discussed the timeliness of information received concerning students due to be placed with the Trust and nursing mentors reflected that this was not always timely with details received only weeks before learners arrived on some occasions. This created challenges planning for trainees arrival particularly planning access to systems, smartcards etc. This experience was reflected also by Occupational Therapy Mentors.

#### **Recommendation**

To support the provision of a strength educational experience, the Trust should encourage the University to strive to provide accurate and timely information on students due to be placed at the Trust.

### **Daventry OPT – Learners, Mentors and Trainers**

All of the students said they would recommend their placement to a colleague, with one saying 'this placement has been the best'. The nursing students were particularly positive about the enhancement sessions that are provided by the Trust. A session on Parkinson's

## 5. Areas for improvement continued

received good feedback. However, the OT students and trainers would welcome the opportunity to be involved in these events, as they are currently only for nursing colleagues. We understand that this is because the Trust are piloting these sessions with nursing students. There is clearly an appetite for these additional educational opportunities across the workforce, so we would encourage the Trust to make them available to others.

### **Recommendation**

The Trust should ensure additional learning opportunities, such as the enhancement sessions, are available to all health professionals on placement in the Trust.

### **Old Age Psychiatry and Palliative Medicine Higher Trainees**

The trainees working in old age psychiatry told us that they have some concerns about their work on-call out of hours. We heard that the trainees are included on a rota for Leicestershire Partnership Trust. There is a 'step down' model in place, whereby the on-call higher trainee will cover the work of a core trainee when there are gaps in the rota. The trainees told us that they are regularly providing step-down care, and are often called into the Trust several times a night. They are not provided with any accommodation whilst on call so this can mean driving to and from the hospital several times a night, or paying for accommodation themselves. It was reported that trainees often work until 3 or 4am and then have to attend clinic the following morning. We heard from these trainees that this did at times have an impact on the care they provided the following day as they are often very tired, but did not want to have to cancel clinics at short notice. We heard one example of a trainee who took the decision not to come into work the following day because their workload overnight had been so heavy they did not feel safe to drive. The trainees told us that they felt on-site accommodation at LPT would help to address these concerns. We also heard that the trainees sometimes found it challenging working in two different Trusts, as policies and procedures vary across sites.

The visiting team heard that the Trust were aware of this and sympathetic but felt that they could provide more support to the trainees, particularly in terms of helping to facilitate discussions with their counterparts at LPT to find solutions to the trainees concerns.

### **Recommendation**

The Trust should support higher trainees in discussions with LPT to identify potential solutions to concerns arising from rota gaps and lack of accommodation whilst on call. HEEM will liaise with Leicestershire Partnership Trust to ensure that the Trust is aware of these issues and will assist both Trusts to identify solutions.

It was reported that there are also some rota gaps for the Palliative Medicine trainees which can lead to increased workload.

The trainees told us that there had been some impact on their workload arising from the recent service reconfiguration at the Trust. They reported that as there has been some attrition in the number of consultants this has resulted in an increased workload. However, they told us that at present this was manageable for them.

## 5. Areas for improvement continued

They also told us that there had been other unintended consequences, such as a loss of private office space. It was reported that the trainees are now based in an open plan office area which makes undertaking some work, such as dictating confidential patient letters difficult.

### **Recommendation**

The Trust should ensure that trainees have appropriate office space available, and communicate this to them.

The trainees working in old age psychiatry reported they have regular teaching sessions on Monday afternoons, and they also have the opportunity to teach medical students. We heard that in Palliative medicine the teaching was less structured. In the past there had been joint teaching days for trainees based at NGH and Kettering Hospices. However, this had been changed to separate teaching sessions. We heard that these did not always take place, with as few as three having happened since July. We also heard that palliative trainees had valued these joint sessions not just for the teaching, but also the opportunity they afforded for peer support.

### **Recommendation**

The Trust should review arrangements for formal teaching for Palliative Medicine trainees to ensure an appropriate programme is in place. The Trust should also consider how opportunities for peer support can be provided for this group of trainees.

### **Medical Trainees (Foundation, Core and GP) Old Age and Palliative Medicine**

The trainees raised concerns about not having access to the ICE system at NGH when undertaking on-calls and also to the system at Kettering. The visit team were concerned about the trainees not having access to these systems as this not only created unnecessary delay in accessing results but also meant trainees could not access incident reporting systems.

### **Recommendation**

The Trust should ensure that trainees undertaking on-call shifts at both NGH and KGH have access to reporting systems, it is imperative that this be secured as soon as possible.

The Old Age trainees had access to teaching three times per week including Psychotherapy sessions, case presentations and also had access to a journal club and case presentations. This cohort also has a regular Balint Group which runs each Tuesday afternoon in Kettering. There were some issues however, for trainees based in other locations as the time taken to travel to the Balint Group is prohibitive, particularly currently

## 5. Areas for improvement continued

as there are some rota gaps which increase the workload on remaining trainees making time away from the ward a challenge.

### **Recommendation**

The Trust are considering how technology could be used more widely to support the delivery of education and therefore both the Balint Group and regular teaching i.e. monthly regional teaching could be potential areas which could be considered for videoconferencing or skyping.

The trainers within the Old Age Department were aware of the issues with gaps and whilst the trainers usually got good prior notice of gaps, unfortunately the current gaps had only recently been identified and therefore the department had to rely on agency cover.

The supervisors were unsure about the teaching requirements for Core Trainees and whilst they were aware that the sessions were provided at the Acute Trust there didn't appear to be the contact with the Core TPDs.

### **Recommendation**

The visit team felt that the links between the Foundation and Core Programme and the departments could be strengthened, this would enable more regular information sharing and this would enable the Educators to have clear information concerning the curriculum requirements of these trainees. The role of the DME should also be incorporated within this to ensure that a triangle of support both practical and structural is in place for the educators in the Trust.

The Old Age trainees also raised the issue of a number of the extended discharge summaries not being finalised, these had been outstanding since the previous cohort of trainees had left, which was in August. Trainees were uncomfortable about taking these over as they were unfamiliar with the patients, but also recognised that they should be completed.

The trainee gaps in the Old Age Department impacted upon the trainees ability to get the required rest following on-call shifts. It was reported that trainees are expected to leave work at lunchtime if they have not be able to have at least 5 hours sleep, however this had not happened on a number of occasions due to short staffing on the ward. This did not appear to be a problem at Cynthia Spencer Hospice where the trainees had a manageable number of calls.

The trainee's working in Palliative Medicine discussed the provision of some psychological teaching to support trainees with the impact of dealing with bereavement very useful. This could be useful at the beginning of these placements to help support trainees working within Palliative Medicine.

### **Recommendation**

The Palliative Medicine Department could consider whether there could be some training provided for trainees to cope with the psychological aspects of working within Palliative Medicine.

## 5. Areas for improvement continued

Core trainees reflected that it would be beneficial for trainees at this level to have access to clinics as this would provide additional educational opportunities and a wider experience for the trainees.

Finally, there is currently no forum for trainers. The group confirmed that there was a Consultants away day which took place regularly and this could provide some opportunity for this type of activity.

### **Recommendation**

The Trust should consider arranging a regular forum for educators to strengthen the educational structure in place at the Trust and also provide a forum for updates, training and other sharing of good practice.

There appeared to be variation in the recognition of supervisors roles across the specialities. The visit team met with (Old Age, Palliative, and Undergraduate). The visit team are aware that the Trust are actively engaged with the Recognition of Trainers project and would encourage the Education Team to consider how all roles can be appropriately recognised to maintain the commitment of those educators.

## 7. Action plan

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

## 8. Providers response

Thank you for your draft report following the Quality Management Visit to Northamptonshire Healthcare NHS Foundation Trust on the 24<sup>th</sup> November 2014. I thank you for your kind comments in the executive summary, it is encouraging to all those involved in the delivery of education and training within the Trust to know that their efforts are appreciated by learners and particularly that they have experienced a nurturing environment and report that they feel part of the team.

Dr Bryan Timmins, FRCPsych, MRCP(UK)  
Consultant Neuropsychiatrist