NHS
Health Education England

Quality Management Visit Outcomes Report

Northampton General Hospital NHS Trust

Visit date: 29th September 2015

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1. Executive Summary

Health Education England, working across the East Midlands (HEE-EM) visited Northampton General Hospital NHS Trust on 29th September 2015. The visiting team encountered a Trust which is still experiencing challenges with service change and high demand, but which was seeking innovative solutions to adapt and flourish.

All learners were positive about the Trust and the teams they worked within, with the Trust consistently being described as being a friendly place to work. Learners also reflected that the educational opportunities available were varied and that they could access the majority of opportunities on offer.

Following on from last year's visit where it was noted that there was little evidence of multi-professional education, the Trust provided a showcase session on the Simulation facilities at the suite and the multi-professional training which was on offer. This demonstrated the wide range of opportunities available and provided the opportunity to consider how simulation will develop at the Trust.

2. Introduction

HEE-EM is responsible for managing the quality of multi-professional education and training across the East Midlands. We have specified the standards we expect providers to meet in East Midlands which are available to view in the Multi-professional Quality Standards for local training and education providers.

This is the second year of our new approach to quality management visits and so has provided the opportunity to reflect on the progress from the last visit and also to develop the visit to reflect the strengthened relationships between all professional groups at the Trust and HEE-EM.

Once again the visit aims were to 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 (HEE) 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 HEE-EM and the Trust about areas of good practice and concern. During a conference call between all key partners the data is assessed and the visit level and specific areas of focus are agreed.

HEE-EM would again like to thank Northampton General Hospital NHS Trust for the positive way in which they have engaged in this new process and the engagement of the key stakeholders from the Trust for developing such a comprehensive visit.

During the conference call it was agreed that, based on the available data, the visit to the Trust should be Level 2. A Level 2 visit means that there are risks to meeting the standards for training and education. This level of visit aims to understand where the risks are and provide support to reduce negative impact on learners and outcomes.

The visit to the Trust took place on 29th September 2015 and the visiting team comprised of;

- James McLean, Lead and Chair, Deputy Dean of Quality Educational and Environment
- Professor Sheona McLeod, Postgraduate Dean
- Mr Andrew Dickenson, East Midlands Dental Dean
- Danka Neuborn, Lay Partner
- Naheem Akhtar, Education Commissioning Manager
- Dr David Poll, Associate Head of GP Academy South
- Rosalind Maxwell-Harrison, Dental Lay Partner
- Richard Marriott, Learning Development Agreement Manager
- Kirsty Neale, 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
- Dr Janet Collinson, Assistant Director of Medical Education
- Dr Lindsey Brawn, Consultant Medicine and Divisional Director Medicine
- Sue McLeod, Divisional Manager Medicine
- Maggie Coe, Head of Nursing and Midwifery, Professional, Practice Development

- Dr Minas Minassian, Divisional Director Clinical Support Services
- Sandra Neale, Divisional Manager Clinical Support Services
- Dr Mike Wilkinson, Consultant Anaesthetist and Divisional Director Surgery
- Fay Gordon, Divisional Manager Surgery
- Matt Tucker, Divisional Manager Women's, Children's and Oncology
- Jane Bradley, Patient Safety Programme Director & Assistant to Medical Director

3. Progress since 2014

Since last year the Trust has experienced further changes to staffing and the management structure. The management structure now consists of four divisions, three of which are clinical and one which is clinical support, which is where Human Resources and Medical Education is placed. Other training support functions remain within the corporate level HR Department.

The visit team was interested to hear there has been a large investment into provision of places on the Francis Crick Leadership Training Programme for Senior Managers at the Trust to undertake.

The Trust team confirmed that the Accident & Emergency Department has been refurbished and the new FIT process implemented. An Ambulatory Care Unit is due to be opened in October 2015, which should further improve and strengthen urgent care provision within the Trust.

The Director of Medical Education provided and update about the progress with developing Out-of-Hours cover including issuing all trainee doctors with white coats with large pockets, which will be used to keep the new mini iPads they will be issued with. These mini iPads will enable the trainees to access jobs, patient histories and current details which will assist them to manage work effectively out-of-hours. The introduction of the white coats came out of a review of the last patient survey and was developed by Foundation Trainees as part of one of the quality improvement projects.

There are continued challenges around staffing numbers and the Trust continues to seek to fill gaps including using innovative solutions such as supporting the family members of staff already employed by the Trust from other countries who are working as HCAs through the system to become registered. There are currently 13 individuals selected to be part of this programme and HEE-EM are keen to have regular updates about how this initiative progresses.

The ward round spilt remains a challenge and in order to address some of these issues the Trust have two Physicians Associates already in post and will have a further two appointed by October. In addition to this, the Trust has taken on the training from Birmingham which will provide further Physicians Associate students all of which should help to increase the Physicians Associate workforce.

Dentistry training was one of the highlights of the last visit in October 2014. Unfortunately there have been some changes in the Department with some associated staffing issues, which have resulted in deterioration in the satisfaction levels of the trainees placed at Northampton General.

Clinical Oncology was also a focus of last year's visit and progress has been slow against the actions identified at that visit, again with additional service changes and a resulting impact on staff numbers creating additional pressure. However, there are now three new consultants within the Department and Dr Janet Collinson (Assistant DME) has been working with the Clinical Lead to look at developing plans for improvement. In conjunction with this, HEE-EM has highlighted that Clinical Oncology has received poor feedback across a number of sites in the GMC 2015 Trainee Survey and as such the Quality Team will be undertaking a programme review of those sites including a visit to Northampton General Hospital in early 2016. This visit will aim to provide further support to the department and education team.

The team discussed the recent triple red from the GMC survey for Cardiology, the Director of Medical Education has met with trainees who provided positive feedback, but there seems to be some mixed messages from various sources of feedback. Therefore, the Quality Team and Education Team will undertake some further investigation to understand the cause of this feedback.

At last year's visit it was highlighted that whilst there were multi-professional opportunities for training available, they were not well signposted and not happening across all settings. The Trust has continued to develop Simulation facilities based on real safety concerns from departments and the provision of multi-professional simulation learning activities, some of which were showcased during the visit.

The GMC Recognition of Trainers project is progressing well at Northampton General Hospital

with 83% of the Consultant workforce fully recognised in their roles as educational or clinical supervisors and of the remaining 17% the majority of which are newly appointed. There are therefore plans in place to ensure this group will undertake appropriate training over the coming months. There is also time for educational activities included within Consultant jobs plans, which is currently allocated on the assumption of education activities. The future will see a move towards targeting named educators and targeting funding towards them whilst being clear about the expectations for those roles.

The Trust also identified a number of areas where they required assistance from HEE-EM including:

- Confirmation on who should be providing supervisor training, which the visit confirmed could be provided either by undertaking the MedWise online training, London Deanery training, HEE-EM Clinical Supervisors course, Specialty School training all of which can be supported by the Northampton General Hospital learning bites and other locally provided training.
- Clarification that sign off for Educational and Clinical Supervisors should lay with the Trust (as opposed to the Specialty School).
- The Trust would like an aligned Medical Workforce strategy supported by HEE-EM.
- NTS – further clarity on how CMT trainees identify themselves to deliver accurate results for specialties and out of hours, which the visit team confirmed the GMC are currently considering further to their recent DME feedback survey.
- Clinical Oncology, which will involve a visit as part of the Programme Review and will likely take place in January 2016.
- Dentistry – requires further support from the Trust and School to ensure the quality of education in the department and that educators are supported to undertake their roles.
- College Tutors – help with the development of College Tutors within their roles. HEE-EM will be delivering some developmental sessions for College Tutors.

The Nursing and Midwifery educators confirmed that the balanced scorecard was discussed on a monthly basis at the professional forum and was considered against action plans and student placement feedback.

There has been an investment in Turning Point to use at student forums in order to enable the Trust to regularly gather feedback from learners as the Trust team acknowledged that whilst the Trust receives attrition data, the quality information on placements is not provided. The balanced scorecard references clinical supervision which has a somewhat different meaning within nursing and also 360° feedback is not used within Nursing and Midwifery. IT access is provided to the University via NILE and Trust IT access is provided to students also.

The Trust also gets the attrition rates for Learning Beyond Registration courses, but do not get qualitative information. The Trust team reflected that they are disappointed with last year's underspend in LBR and how this has been managed to date, but are busy looking at strengthening access to feedback.

The Teams discussed the ways in which Quality Management visits link with University visits and then how both feed in to face to face quality management, the outputs of this discussion will be progressed with the Education Commissioning Team.

The Trust has an action log for revalidation supported by a revalidation policy. The topic of Revalidation is included in core brief monthly and as part of the weekly bulletin on the Trust intranet. There is also a dedicated page on the Professional and Practice Development Intranet site. The Trust has developed a governance process for those not revalidating in a timely manner.

Proud Mentor badges have been created and the Trust is passionate to identify and recognise individuals who are providing outstanding mentorship. This is reflected by the presentation of mentors awards at each Annual Conference.

The Trust team fed back that they had found the process to be open and honest and very supportive and raised the benefit of being involved in the process where IT access for all students was secured as a result.

4. Sessions

Introduction to the Developments in Technology for OOH

The visit team had a meeting with representatives from the IT department to discuss some of the new developments being rolled out and to learn more about the service and the impact on trainees.

The key developments included roll out of iPhone 6 plus phones for Consultants to provide access to Voice Recognition software, access to emails,

VitalPac and will enable access to the intranet in order to access guidelines.

The Trust have a new data centre to ensure that the provision is safe and secure and have also replaced the Trust network and improved access capabilities. These improvements in infrastructure have paved the way for VitalPAC and electronic prescribing.

Work is currently underway in order to replace the current PAS system. SYMPHONY is in place presently and there is access to Ascribe for pharmacy and prescribing. There will be access to the Health Access Portal whilst the Trust are out to tender for the replacement PAS.

Work is required to improve some aspects of IT induction as learners are likely to need longer to ensure they have the appropriate level of training to access the new systems. Currently there are handbooks on the intranet and drop-in sessions provided but the take-up for those sessions has not been as good as hoped. As a result, the team has looked at induction and made changes to reflect a patient journey, this provides the Medical Trainees with real scenarios alongside an extra week of shadowing.

The Trust raised the lack of standardisation across induction and James McLean agreed to take these issues forward as part of the streamlining work being undertaken across the East Midlands.

Inpatient areas now have access to Ward Workspace, which displays inpatients and outpatients via a timeline and also can provide a view of the ward areas including each bed and the details of the patients currently situated within those beds. Electronic Prescribing and Administration System (EPMA) is also being rolled out and will include a single sign on. This will also link up to Picture Archiving and Administration System (PACS) for imaging, Integrated Clinical Environment (ICE) for results and links to e-discharge. Archived records have been scanned and there is a project underway to look at scanning on discharge. VitalPAC provides a patient view, ward view and can provide a whole hospital picture if required.

The Outreach Team find this level of information is very useful and enables them to identity which patients are requiring attention easily. When doctors sign in for out-of-hours shifts they mark themselves on duty for a group of specific patients, then when the nurse undertakes the observations for those patients, the early warning score (EWS) is created and then escalated via messages to the doctors, which they are required to respond to. This system also provides a continuity of information as the doctor logging in at the start of a shift sees the same data as the doctor logging off shift, which in turn supports handover. There is a face-to-face handover at shift change, but Ward Workspace provides a list of jobs which are outstanding.

VitalPAC Nurse has been rolled out on a ward by ward basis and this contains basic observations and pain scores and provides the Early Warning Score (EWS). The system is accessed via iPod and the wards also have Computers on Wards (COWs) for staff to use.

The Trust is also reinvigorating Hospital at Night including some associated Quality Improvement work being led by Dr Philip Pearson. Trainee doctors will provide feedback on their experience working at out-of-hours (via forums and other activities) which in conjunction with the other work will help to address some of the issues which have been raised.

VitalPAC Doctor is very new at the Trust and therefore at this stage only Foundation Year 1 trainees are using the system. The trainees have identified some teething problems with areas such as the escalation pathway and the need for relevant tolerances to be inputted to accurately calculate EWS's. Also there is perception amongst staff that VitalPAC doctors is the FY1s machine with the more senior trainees asking the juniors to use the system on their behalf, which suggests there may be a need to do further work to ensure that seniors are engaged. This work is ongoing with implementation starting in August, although those consultants who have used the system have been positive to date as they can access patient monitoring information from home and therefore feel more informed when supporting trainees working on call.

The team confirmed that trainee doctors have been included on working groups concerning VitalPAC and the Chief Executive and Medical Director both hold "unscripted conversations" with Medical Trainees in order to get them involved in raising and addressing the issues, and provide a feedback loop on action taken.

Finally, the Trust IT Team are working closely with Nottingham and Kettering as part of the Emergency Medicine Radiology Database (EMRaD) project.

Meeting with Staff providing and Support Out-of-Hours at NGH

This session included a range of trainees from Foundation to Higher and also included

representatives from the Trust Outreach team. The session was well attended and promoted some healthy discussion about the impact of the new IT developments along with sharing experiences of working out-of-hours at the Trust.

There were some teething problems identified by some trainees including Core trainees being locked out of their iPads and having to wait for them to be unlocked by IT as the trainees were unaware that super users on the wards could help. The trainees also raised that Locums working at the Trust are unable to access VitalPac as they don't have access to an iPad.

The visit team heard that the roll out had focussed on the Foundation trainees, which seems in some areas (Orthopaedics) to be creating a perception that there was a dependence from more senior levels of doctor of the Foundation trainees for access to systems.

The trainees also noted that whilst they were aware they needed to log on at the start of their shift, some of their colleagues had not done so resulting in all jobs being sent to all doctors. This had been raised to the Trust and it was pleasing that one of the Foundation trainees who was part of the focus group, could confirm the solution to this issue to their colleagues. It was also noted that the incidences of this happening are reducing and so it appears this solution is starting to work.

The Higher Speciality Trainees working within Paediatrics raised a particular issue about problems accessing shared folders which has been ongoing for four weeks. The trainees provide cross cover and this lack of access was reported to be having a considerable impact. The trainees also raised the lack of IT support at weekends, which might be useful to have in place whilst new systems and hardware are being introduced.

Trainees also raised the lack of consistency around the location of printer labels and access codes, which were easy to understand / locate on some wards and not on others. Standardisation of these items would be very beneficial to any staff working across Departments.

The trainees reflected that whilst it is likely that improvements are underway and developments taking place with IT, they may not be aware and therefore improved communications around the developments for those not directly involved in the work would be useful.

The trainees felt the Nurse Practitioners were excellent and in conjunction with the HCA's made a huge difference to their experience working out-of-hours as they were free to see the sick patients are were confident that the other jobs would all be completed. The Site Management Team confirmed that the Nurse Practitioners at the Trust were very experienced Band 7 staff and were on shift every evening. Whilst there are not currently enough HCAs to provide the same level of cover, work is underway to increase those numbers and also to possibly provide that cover at weekends also.

There was a lack of understanding amongst trainees about how the geographical split of cover had been designed with the current structure resulting in time being spent getting from one part of the site to another, which in turn resulted in work stacking up. Also this created additional complexity when trying to ensure that they were handing over at the end of their shifts. Some clarity on the geographical areas trainees should cover along with the rational for that split would enable trainees to understand the system. Whilst weekends were noted as times when workload was particularly busy, trainees also felt this was a time when they obtained very useful experience.

Recommendation: That the Trust ensure that the rationale behind the geographically arranged out-of-hours cover be clearly communicated to those Medical Trainees working out of hours.

It was confirmed that the Doctors covering EAU carry the arrest bleeps and there were difficulties on occasions hearing where they needed to go. The trainees had some ideas of how this might be addressed, particularly considering the challenges presented by the geography of the site.

Recommendation: The Trust should work with Trainees affected by the problems hearing bleep messages to understand the issues and identify potential solutions.

It is important to note that trainees reflected on the Nervecentre system used at the University Hospitals of Leicester NHS Trust a number of times particularly with regards to the effectiveness of handover and it may be that the trainees can share some of this positive experience to aid the ongoing developments at the Trust both in terms of IT and the out-of-hours cover structure.

The trainees reported a positive feeling about working within Northampton General Hospital and confirmed that they could always escalate when they

required support and regularly received positive feedback. There was a strong sense of team working at the Trust with a recognition that nursing staff managed the workload very effectively and dealt with jobs where they could before raising to the trainees.

The trainees reported some difficulties finding particular pieces of Gynaecological equipment including speculums and sponge holders in the A&E Department along with not having a working lamp. This increased delays in examining patients whilst these items were located. The trainees praised the Sonographers at the Trust, but felt that including Sonographers at weekends and considering having a scanning Gynaecology clinic for emergencies could reduce the length of patient waiting times on the ward over the weekend and in A+E.

Recommendation: For the location of equipment required to undertake gynaecological examinations to be confirmed to trainees.

There were some concerns raised about the length of time for Fracture Clinic appointments for check review as there was a perception that they are later at Northampton General Hospital than other Trusts and so this may be an area which the Trust should investigate in more detail.

Finally, some ideas where shared about how the practicalities of flow of patients from A&E could be more streamlined for example organising an X-ray on route is very difficult and adversely affects care, as they either can't move the patient or can't get a later X-ray.

Undergraduate Learners Feedback Session

The visiting team met with a wide variety of Learners including pharmacy, pathology, physiotherapy, midwifery, nursing and medical students and physician associates, physiologist and HCA. No significant concerns were raised and it was reported that there are good opportunities but with a recognition that learners had to seek them out.

Some issues were reported by nurse learners concerning a lack of information before they started their placements along with the induction process and the allocation of mentors. There were also some incidences where wards seemed unaware of why learners were there.

The majority of others learners praised the organisation of their placements and the support they received from their tutors. The learners confirmed that there was good access to educational opportunities and support, which was particularly highlighted in pharmacy and pathology.

There are mechanisms in place for trainees to feedback and some of the learners at the session provided some clear examples of where their feedback had affected change.

The newsletter was reported to be a very good means for information sharing across the Trust, specific reference was made to this by the Physicians Associates. The Physician Associates reported having a formal teaching programme and felt treated as part of the medical team.

Apart from pharmacy and pathology, learners reported access to systems i.e. ICE and digital imaging was not always available. This was not universally available with some reporting that they had to wait for someone to log them on. It would be useful to have an update from the Trust to confirm if the developments in Information Technology are likely to address some of these issues.

The learners discussed whether all clinicians were suitable to be mentors and reflected that this suitability could impact on their clinical learning experience. However, it was clear from the learners that they knew how to raise issues with their mentors and were aware of the process that would follow should they raise a concern of this nature. There was also an acknowledgement of the structure for career progression and that Mentorship was a key part of this.

Trainees also raised issues with accommodation particularly when commuting longer distances and car parking charges, as concessions are no longer available.

Recommendation: The Trust should seek to continue to improve communications with nursing learners prior to them starting placements at NGH. HEE-EM will support the Trust and University with this work.

Recommendation: The visit provided an update on the vast amount of work underway to improve clinical systems and access across the Trust, it would therefore be useful to consider all groups of learner requiring access to clinical systems and how they are linked into the improvement work and how they will obtain the correct level of access to clinical data systems.

Dental Core Training

The visiting team met with a group of Dental Core Trainees based at the Trust. The team also met with two Educational Supervisors, one of whom is based in Special Care Dentistry at Northamptonshire Healthcare (one of the DCTs will spend six months of their NGH post on placement in special care). Dr Andrew Jeffery, DME, joined the session with the educational supervisors.

The DCTs informed the team that they had not received a Trust induction when they commenced their posts. This is the first year that all DCTs commence their training year in September. Medical Staffing at the Trust were made aware that the DCTs would now commence their posts a month later than medical colleagues, however it appears this information was not shared within the Trust, most notably the Postgraduate Medical Education team who are responsible for delivering corporate induction.

The DCTs advised the team they had been given a list of e-learning modules that formed part of the Trust corporate induction. They had been advised that they had one month to complete the package and present the certificate to their educational supervisor. However, they had not been provided with more practical information such as the location of the library. They were also unclear how completion of mandatory training was monitored.

The intention of the School of Dentistry was that all DCTs would participate in a three day regional induction prior to starting the programme, and would then spend two days shadowing their predecessor in their Trust post. The team heard from this group of trainees that they only shadowed on the final day of the week. This was described as helpful by the DCTs. It was not clear how the DCTs had spent the Thursday of this week.

The trainees told the team that nursing colleagues had been very helpful in providing informal support when they commenced work on the wards. The visiting team were provided with a copy of a handbook which had been updated by the outgoing DCTs.

The trainees appeared unfamiliar with formal Trust policies on escalating concerns, however they told the team that if they had any patient safety concerns they would first approach the Sister on their ward.

Induction, both corporate and departmental, is particularly important for this group of trainees. All DCT1s will have limited or no knowledge of the hospital environment and require a comprehensive orientation to the hospital setting.

Recommendation: Ensure that appropriate corporate and departmental induction is provided for the next cohort of DCTs. The School is happy to discuss supporting the Trust in ensuring the trainees are informed that they can attend the full Trust corporate induction on the first Wednesday of August.

Recommendation: The School will liaise with the Postgraduate Medical Education team in future regarding trainees joining the Trust, as it has been policy to inform the Medical Staffing Unit.

The trainees explained that day-to-day supervision was largely provided by the specialist maxillofacial registrars. There is always a second on-call whom the DCT can contact should they require further advice or support. There were no concerns raised about accessing this support. The trainees advised that whilst working at Kettering General Hospital, they were supervised by staff grade colleagues, who also provided good support.

All the DCTs the team met knew who their named educational supervisor was and felt able to contact them if needed. In some cases the DCTs had already met with them, whilst others had meetings planned.

The DCTs explained the process for handover and confirmed that the DCT1s have been issued with iPads, however, as other colleagues (DCT2 and above) within the department are yet to receive these, a verbal handover is still supplemented by a written handover sheet. The DCTs advised that information governance training was one of the mandatory topics which they were required to complete within their first month in post. However, there was no requirement to complete this training prior to making use of their iPads.

The trainees explained that they had been given some basic training in the use of their iPads by colleagues in IT. Thus far they are mainly using the iPads during ward rounds, and were unsure how else they could use them day-to-day. This was in part due to the being the only members of the team who have been issued with them.

The DCTs advised the team they had not yet undertaken their own Minor Oral Surgery (MOS) lists at Northampton General Hospital, but hoped these would take place soon. They have been able to undertake MOS at Kettering General Hospital, but

the trainees felt this was in part because the cases seen in Kettering General Hospital were of a less complex nature than those in Northampton General Hospital. The trainees reported that at present they were covering other work so were unable to shadow MOS lists. However, the trainees were optimistic that exposure to this work would increase in due course.

The trainees told the team they have assisted in main theatre lists. Some had experienced particularly long cases, which had been tiring, but were considered interesting and valuable training opportunities. The visit team heard that they were allowed to have a break during these long cases, although they are expected to stay to the end of the operating list.

The trainees told the team that, so far, they have had one monthly teaching session and attended one Mortality and Morbidity meeting. The trainees were positive about both of these learning opportunities. We heard that the registrars had provided support to the DCTs preparing cases to present at the M&M meeting. The visiting team was pleased to receive a copy of the planned teaching for the year.

Prior to the visit, the team were already aware of concerns from trainees based at this Trust that they would not all be able to attend their regional teaching. Due to wider recruitment challenges, there are a larger number of DCT1 trainees than previous cohorts. This does not allow the equitable split between DCT1 and DCT2 that was originally planned. The Trust feel that to release all DCT1s to attend their regional teaching sessions would destabilise the service. However, the School of Dentistry is concerned that trainees will miss out on vital educational opportunities.

Recommendation: The Trust should continue to work proactively with the School of Dentistry to identify a workable solution that maximises attendance for DCT1s at regional teaching, whilst minimising any adverse impact on service delivery.

The trainees confirmed that they currently work on a 1 in 8 rota. The team heard that when not on-call they are rostered to work from 8am to 4.30pm and they often worked beyond these hours, however the trainees reported that this was generally a personal decision, rather than because they were told they should stay. Whilst it is admirable that trainees feel a personal responsibility to complete work, the Trust should ensure that trainees do not regularly work beyond their hours and remain compliant with their rota.

The DCTs reported an awareness of the role of HEE-EM. They said they felt there were good channels of communication with the School of Dentistry, which was described as responsive and supportive. The trainee reported that they valued the regional induction.

The visiting team was aware, prior to the visit that the consultant who has traditionally held responsibility for planning and managing the DCT programme was currently away. In discussion with the trainees and the educational supervisors and DME, it became apparent that this absence has impacted on the provision of induction and support provided to the new intake of DCTs. The visiting team was provided with the teaching timetable for DCTs at Northampton General Hospital, and it appears that a large proportion of this is to be delivered by colleagues based in special care. It is understood this may be to fill gaps arising from the absence of the educational lead. Whilst HEE-EM values highly the contribution of special care dentistry, it is vital that DCTs receive teaching on a variety of topics and that expertise from across the department is utilised and shared.

The School of Dentistry is concerned about the risks to education and training that arise from responsibility for planning and co-ordinating resting with one individual. It is apparent that these risks have been realised this year, to the detriment of the DCTs. At the Quality Management Visit last year, the visiting team was impressed by the high level of teaching and support available to DCTs, so it is disappointing that it has not been possible to maintain this high standard.

Requirement: The Trust must develop a robust plan for co-ordinating and delivering education and training for DCTs, which draws upon the expertise of a range of colleagues, both within the department and the medical education team. It would not be appropriate to continue with the current arrangement, whereby sole responsibility rests with one individual.

The School of Dentistry will work with the Trust to deliver this, including identifying pragmatic solutions to DCTs attending corporate Trust induction.

Showcasing Sessions

Supporting Nursing Graduates Dissertations using Tariff Funding

Northampton General Hospital rewards active, supportive mentors with dissertation funding, which is allocated following an agreed application process. The Trust has a standard operating procedure relating to the process regarding funding dissertation costs in place. The application process for this is linked to Learning Beyond Registration (LBR) which will fund 50% of the dissertation costs and, in addition, for those learners that are mentors, the remaining 50% of the course costs will be funded from the student placement tariff monies, following successful application.

To date the Trust has funded three dissertations for 2014/2015. The visit team got the opportunity to meet with one of the recent successful applicants, who had just submitted their dissertation for marking. It was excellent to hear how the individual had been supported through their dissertation by their colleagues and to hear that there were regular opportunities to report progress and to seek guidance.

Dedicated Mentor Time

The showcase stand on mentor support confirmed the commitment the Trust has to ensuring that whilst at Northampton General Hospital students have a positive experience. In the current challenging climate the Trust are investigating ways to provide dedicated time to mentors. The team have considered whether the models of protected learning time for other disciplines might have some processes which could be shared with Mentors.

The benefits including improving learning experience are:

- Positive impact on HEE-EM quality scorecard and annual visit;
- The initiative meets the trust values of 'We reflect, we learn, we improve';
- The initiative meets NMC requirements;
- Encourages staff to become mentors as they are made aware of the support that can be offered.

The team will seek to evidence the quality outcomes of this initiative via:

- Student evaluations;
- Mentor evaluations

HEE-EM are very interested to hear more about this work and how it progresses, particularly the impact on quality outcomes.

Midwifery Simulation

The Trust provided a stand looking at the Midwifery Simulation, which was an excellent opportunity to learn procedures / management of obstetric emergencies with a manikin. A resource book supporting the simulation work was also displayed showing how comprehensive and well thought out the training opportunities are. It was a great opportunity to hear more about this specific simulation training from an enthusiastic and knowledgeable lead.

Multi-professional Simulation

The team met with the Clinical Simulation Manager, who provided an enthusiastic view of the simulation activities offered at Northampton General Hospital. The Simulation team has recently looked to further develop the Simulation Faculty by asking trainees for expressions of interest to join the Faculty during August. This will give trainees the opportunity to undertake training to become simulation facilitators and those selected will also undertake training in writing simulation scenarios.

The Faculty continues to develop a wide range of simulation activities including:

- Major Obstetric Team Days
- Anaesthetic Critical Incident Training
- PHEMS Neonatal and Obstetric
- Undergraduate Simulation and clinical skills

GP Trainees in Obstetrics and Gynaecology

The Quality Team met with current GP Trainees placed in the Obstetrics and Gynaecology department outside of the visit and previous trainees during the visit. It did seem across the two meetings that there had been some variation in experiences within the Department. Although it is positive to note that the current cohort of trainees were, on the whole, positive about the experience they were having.

The trainees reflected that they received a good amount of information when they started work

including a trainee handbook and whilst there are a number of Departments for them to cover, which could be a challenge to get to grips with when they started, felt that the induction process provided as much support as possible.

The trainees reflected there was an expectation when they joined the department that they would have a standard level of experience, which for GP trainees may not be the case. It would be worthwhile for the department to consider whether as part of induction, some standard regular procedures (particular for Gynaecology) could be covered to ensure that all GP trainees felt prepared and confident and the department are reassured all trainees have standard exposure. It would also be useful to highlight the variation in experience to Nursing and Midwifery staff so they are aware of the various levels of experience of GP trainees, Trainees occasionally felt that Nursing staff felt that GP trainees were lacking in knowledge and had made this clear to trainees.

Recommendation: The Department should consider whether as part of induction, some standard regular procedures (particular for Gynaecology) could be covered to ensure that all GP trainees felt prepared and confident and the Department are reassured all trainees have standard exposure.

The trainees felt that gynaecology handover could be strengthened as the current arrangements appeared informal. The trainees reflected that obstetrics had a more formal multi-professional handover (FY1, SHO, Senior Nurse, Anaesthetist, Senior SHO) which could perhaps be a model for gynaecology. There is a process in place which does make it clear which Consultants look after which patients, but the trainees felt that if this were supported by a meeting it would be much more robust.

The trainees reflected that the opportunities they got to attend a Consultant clinic as supernumerary was excellent and something which they hadn't had the opportunity to experience in other posts. There were some logistical issues with covering the Gynaecology Emergency Clinic on a Friday which was reportedly always booked up, but as the trainees also covered the A&E bleep at the same time could on occasions be called away for up to 50 minutes, this then in turn makes the clinic run late. The trainees discussed possible solutions and confirmed that the department would be welcoming of these suggestions and that they felt confident raising them.

Recommendation: For the Department to work with staff and trainees to consider whether there are solutions to improve the cover for and running of, the Gynaecology Emergency Clinic.

Out-of-Hours cover was felt to be an issue as covering A&E meant taking time to get to that department and whilst also covering other areas including obstetrics, gynaecology and labour wards, shifts could at times feel incredibly busy. Patients were well looked after as A&E doctors managed patients until the trainees based in O&G arrived, but the journey time meant trainees could be away from both departments for some time.

Labour ward was felt to provide an excellent experience with the Midwives being described as very friendly and GP trainees reflecting that the Midwives had taught them a large amount whilst they had been placed in the Department.

Gynaecology Emergency Clinic was felt to be an area which provided excellent exposure to a wide range of cases that trainees could clerk and gave the trainees the opportunity to work with the knowledgeable and experienced nursing staff who worked in the clinic. The trainees felt that spending time in this clinic was particularly beneficial to GP trainees as the cases seen in this clinic are very relevant to GP trainees' future careers.

Trainees all reported that they had been released to attend all their GP teaching sessions and their work was covered whilst they were away. They confirmed that the whole department knew they had to attend this teaching and therefore never felt pressure to stay. The trainees confirmed that leave booking was excellent with clear rules.

Previous trainees had experienced some challenges getting assessments completed whilst in the department, but the visit team heard that the department had recently introduced a Registrar Mentor system, which the current trainees felt was excellent. Trainees reflected that having a named individual to go to for assessments to be signed off, made getting assessments completed far easier and also those mentors had been proactive in identifying opportunities during shifts. The visit team recognised this as good practice.

The trainees confirmed that their clinical supervisors were all easy to meet with and approachable. Senior support was generally available to the

trainees, although whilst there was variability as to whether there was a register attached to the particular clinic they were working in, the trainees confirmed that there were always consultants who could be easily contacted.

Trainees raised the fact that they felt they did not have an allocated space to keep bags and personal belongings, which meant they had to carry things around from wards to clinics. They had been using the Registrars room recently which had helped and the visit team wondered whether this arrangement might be formalised.

Finally, trainees discuss the issues that Pharmacy closes at 1:00pm on Saturday and does not open on a Sunday, which creates a bulge in workload for trainees trying to get discharge letters finished in time. The Trust may wish to consider this feedback and whether the Pharmacy opening hours also impacts on workload in other areas across the Trust.

Introduction to the new management structure and the roles of Clinical Divisions – Focusing on the Support Division and in particular Scientists and AHPs

The Trust discussed the introduction of the new management arrangements at the Trust which consist of four divisions, three of which are clinical and one which is clinical support and contains Medical Education and Scientists and Allied Health Professionals. The structure is still in its infancy having only recently been introduced.

The team working within the division recognised that they had the opportunity to be more innovative about the way that education is signposted across the Trust. There is work underway to make educational activities more multi-professional and the team discussed the need for strengthened communications across all four divisions. There is an existing work group already in place, which will be the forum to use for ensuring a multi-professional approach to education is embedded.

The visit team was pleased to hear the discussion around running a focused session on the GMC National Training Survey, which Dr Jeffrey has committed to run and HEE-EM have offered to provide some support with the analysis of the National Student Survey also.

The Trust welcomed the opportunity to work with HEE-EM around workforce planning and still have worked to do on how LDA funding is utilised which is ongoing.

5. Recommendations & Requirements

OOH RECOMMENDATION: That the Trust ensure that the rationale behind the geographically arranged out of hours cover be clearly communicated to those Medical Trainees working out of hours.

OOH RECOMMENDATION: The Trust should work with Trainees affected by the problems hearing bleep messages to understand the issues and identify potential solutions.

OOH / O&G RECOMMENDATION: For the location of equipment required to undertake gynaecological examinations to be confirmed to trainees.

UNDERGRADUATE RECOMMENDATION: The Trust should seek to continue to improve communications with learners prior to them starting placements at NGH. HEE-EM will support the Trust and University to support with this work.

UNDERGRADUATE RECOMMENDATION: The visit provided an update on the vast amount of work underway to improve clinical systems and access across the Trust, it would therefore be useful to consider all groups of learner requiring access to clinical systems and how they are linked into the improvement work and how they will obtain the correct level of access to clinical data systems.

DENTAL RECOMMEDATION: Ensure that appropriate corporate and departmental induction is provided for the next cohort of DCTs. The School is happy to discuss supporting the Trust in ensuring the trainees are informed that they can attend the full Trust corporate induction on the first Wednesday of August.

DENTAL RECOMMENDATION: The School will liaise with the Postgraduate Medical Education team in future regarding trainees joining the Trust, as it has been policy to inform the Medical Staffing Unit.

DENTAL RECOMMENDATION: The Trust should continue to work proactively with the School of Dentistry to identify a workable solution that maximises attendance for DCT1s at regional teaching, whilst minimising any adverse impact on service delivery.

DENTAL REQUIREMENT: The Trust must develop a robust plan for Co-coordinating and delivering education and training for DCTs, which draws upon

the expertise of a range of colleagues, both within the department and the medical education team. It would not be appropriate to continue with the current arrangement, whereby sole responsibility rests with one individual.

GP TRAINEES IN O&G RECOMMENDATION: The Department should consider whether as part of induction, some standard regular procedures (particular for Gynaecology) could be covered to ensure that all GP trainees felt prepared and confident and the Department are reassured all trainees have standard exposure.

GP TRAINEES IN O&G RECOMMENDATION: For the Department to work with staff and trainees to consider whether there are solutions to improve the cover for and running of, the Gynaecology Emergency Clinic.