

Quality Management Visit Outcomes Report



Kettering General
Hospital NHS
Foundation Trust

Visit date: 6th November 2015



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1. Executive Summary

Health Education England, working across the East Midlands (HEE-EM) visited Kettering General Hospital NHS Foundation Trust on 6th November 2015. The visiting team encountered a Trust which has challenges with service load and maintaining staffing levels. However it was clear to the visit team that the Trust is investing in innovative solutions to address these issues. The visit team also felt that the Trust was one which was engaging fully in providing quality multi-professional education despite service pressures and HEE-EM looks forward to continuing to work with the Trust.

In the majority of areas, learners reflected a sense of being valued and invested in by the Trust, although in areas where balancing service and training was proving more difficult, this was less apparent. It was apparent to the visit team that areas such as the junior doctors' forum, which was still being embedded last year, were routine practice now at the Trust and that junior doctors valued this route to raise issues and gain feedback.

Once again the Trust arranged a wholly multi-professional visit, which provided ample opportunity to consider education and training provided as a whole to learners and staff at Kettering General Hospital NHS Foundation 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 the 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's 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 Kettering General Hospital NHS Foundation Trust for the positive way in which they have engaged in this new process and 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 6th November 2015 and the visiting team comprised of;

- Dr Diana Jolliffe, Associate Postgraduate Dean and Lead Visitor
- Dr Bisharat El-Khoury, School of Medicine Representative
- Dr Asif Malik, Head of School for Emergency Medicine
- Laurence Wilson, Lay Partner
- Naheem Akhtar, Education Commissioning Manager
- Richard Marriott, Learning Development Agreement Manager
- Karen Tollman, Quality Manager
- Richard Higgins, Quality Manager
- Jo Spurgin, HEEM Administrator

Kettering General Hospital was represented by;

- Dr Andrew Chilton, Medical Director
- Dr Harsha Bilolikar, Assistant Director of Medical Education
- Mark Smith, Director of Human Resources and Organisational Development
- Margie O'Connell, Associate Director of Learning & Education
- Claire Culpin, Director of Strategic Development

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- Dr Manjula Natarajan, Director of Infection Prevention and Control and Associate Medical Director
- Leanne Hackshall, Deputy Director of Nursing and Quality
- Margaret Theaker, Knowledge and Library Service Manager
- Lauren Fulton, HR Revalidation and Medical Education Support Officer
- Becky Dioh, Medical Education Manager
- Karen Birch, Lead Nurse
- Wendy Goode, Learning Environment Lead
- James McClean, Pathology Manager

3. Progress since 2014

The Trust is now into the second year of the current five year plan which will see a large amount of change and innovation for the Trust and its staff. There is work ongoing to look at streamlining pathways and working with close partners including work such as establishing a Clinical Oncology Federation with Northampton and Leicester. Work is underway developing streamlined services for patients and looking at strengthening relationships with other partners to provide integrated services including innovations such as providing food boxes to vulnerable patients upon discharge to ensure nutritional support in the days following discharge.

The Trust reports a well-established quality strategy based firmly on the “I will” campaign which HEE-EM heard about at the last visit. The next developments will consider opportunities to look at productive working, which should aid value based decision making at the Trust.

The Trust provided information around progress with the staff survey, all staff were surveyed in 2014 and the Trust focused closely on 13 definitive actions in order to have the biggest impact. Progress in these areas has been assured by working closely with Business Units in order to maintain progress. Future plans are regular surveys to enable a quicker response to areas requiring improvement. The Trust has a five year plan in place based on the five year forward view, CBU plans and the HEE-EM workforce plans.

The Trust development strategy also includes plans for increasing recruitment and retention. The Trust has been progressing EU recruitment and also invested in a three tier leadership development package. This is supported by additional leadership

forums and link listening events with a focus on all acting as leaders.

Patient safety continues to be a key focus for the Trust and features in Trust Induction, monthly junior doctor’s forums, patient safety lessons learned forum (which the Trust team were invited to attend as part of their visit) amongst a range of other patient safety focused activities.

There have been some developments from these activities including a trainee developed e-mail ward based referral system, which has now been embedded within the Trust. There have also been safety culture surveys developed by a trainee who has since gone on to undertake a Fellowship. The aim of all of this work is to create an open and honest safety culture in an organisation which is a really good multi-professional learning environment.

The Education Team have undertaken a large amount of work including working with Trust management to identify £150k funding for the provision of education leads for CBUs alongside developing the simulation faculty.

There has been an increase in the numbers of undergraduate medical students and therefore the Trust is looking to provide department leads to work with medical students and have a pastoral focus over their placements at the Trust. The Trust are pleased to confirm that the Service Level Agreement for Dental training has been signed off and the Trust have a strong relationship with the Dental School which will aid the effective delivery of dental training at the Trust.

The Trust has a fully up-to-date spreadsheet for the Recognition of Trainers, which covers the GMC dataset and the Education Team are currently pursuing a supervisor e-portfolio along with the Trust provided local training and the promotion of MedWise. In terms of the GMC survey results it should be noted that the Education Team have been proactive about understanding the survey results and recently invited the Quality Team to meet with the education leads to investigate the results in detail. The Education team will also take a lead in promoting completion of the next GMC Trainers survey.

Library services have been a focus of improvement work with DynaMed Plus in place and being well used. Recent improvements with IT have ensured that staff can access a number of areas from home and the Library Team have purchased a wide range of new materials for the library including e-books. All of

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this work is supported by the library strategy which is now in place.

The strategy for staff development is being updated and is based on the "I will" work and there is a Trustwide Sister Development programme with Karen Birch looking at the impact on the individual and their practice by working alongside Sisters and coaching them. In terms of the future workforce there is lots of work including having paramedics in more areas and potentially including Pharmacy Technicians as part of multi-professional teams. EU recruitment has gone well and the induction programme has now been increased to 6 week with additional pastoral elements to help EU nurses feel more reassured and supported when they start work. The Team is also considering what experiences and developments might be useful for third year nursing students to ease their transition from students to staff nurses.

Quality improvement work continues with the main focus being listening to patients and listening to each other in order to make improvements to service. Work is also underway to look at new ways of working and delivering education and training and the Trust are working with the University of Nottingham on this.

There has been a lot of publicity around Return to Practice with key individuals at the Trust involved in the communications campaign across the East Midlands. Those who return to practice have a twelve month employment contract with an option to become substantive at the Trust. This has worked very well with 80% of individuals staying in the NHS and staying within the East Midlands. The Trust is now receiving enquiries from individuals who have previously left the UK to work abroad and are now interested in returning to work in the UK.

There is work to increase placements and commissions with work to try and provide more courses onsite. This is to reduce the need for students to travel and so reduce the financial and time burden on learners.

The visit team was interested to hear that feedback from mentors is being gathered online via the pebble pad and data should be available from March 2016. HEE-EM are keen to hear how this work progresses.

The "Being Brilliant" campaign commenced in 2015 and provides individual staff and teams with thank you cards where students have had a particularly good experience. The feedback received to date has demonstrated to those working on the project that

Kettering General Hospital is a caring organisation, which staff are proud to work within.

The "I will" work and 6 Cs based folder is in place to support preceptors and to date the feedback has been very positive although the team has challenges with creating more placements and being creative with the capacity available. Whilst there are peaks and troughs in capacity, work is ongoing to identify whether the demand could be regulated during the year. The Trust is experiencing staff shortages which impact on getting staff released for mentor training.

The Human Resources team is currently being consulted about a revalidation policy with a list of all staff revalidation dates including bank nurses and those not currently in nursing roles. Briefings have been provided to several different groups. There have been three events, including a roadshow, with drop in slots structured around using the paperwork for reflection purposes and electronic devices to enable nurses to sign up to the Nursing and Midwifery Council site. As there has been an underspend for workshops, the Trust is working to identify existing staff learning needs, which will be updated on a monthly basis in the future. The University of Northamptonshire is working on creating an accredited programme for non-accredited professionals.

4. Sessions

Emergency Medicine Educators

The visit team saw a small number of educators from the Emergency Medicine Department and were given a presentation around the developments in education and training since the last GMC Survey results in 2015.

The Department has recruited 5 more Consultants which has enabled the team to work on the priority areas raised in the 2015 GMC survey. The Department had previously lacked a lead for education, which had resulted in a less structured approach to delivering teaching. The Educators also acknowledged that the lack of staff had made allocating Clinical Supervisors a challenge.

The Department now has a named Educational lead with time in their job plan (1PA) to support the delivery of education in the Department. Each trainee is allocated a named Clinical Supervisor, with whom they have formal meetings at the start, middle and end of their placements. At the beginning of

their placements trainees are encouraged to discuss their training requirements and their curriculum. This provides the opportunity for clinical supervisors to work closely with trainees to plan their placements with a shared knowledge of their needs and aims, supported by a formative assessment at the middle of the placement to provide time for reflection and planning. This is particularly useful for GP trainees as it is important to consider their curriculum and what they might achieve from their time in A&E. This is also an opportunity to identify struggling trainees to ensure that they receive the support they require. The educators in the department are able to contact Educational Supervisors easily using the information contained on the e-portfolio.

The visit team were pleased to hear that the Educational Supervisor and all Clinical Supervisors have completed the training required to be fully recognised.

A teaching programme has now been organised, consisting of 17 sessions supported by simulation case presentations and bedside teaching. The sessions are strengthened by ensuring that attendance registers are taken and feedback gathered from each session. The teaching sessions have been planned to allow maximum attendance and this has so far worked well with the majority of trainees able to attend most sessions. A consultant lead for simulation has also been identified for the Department.

GP trainees have a half day release for their teaching and, whilst this was problematic to arrange, all trainees are now released to attend.

The department has secured the return of a higher trainee who has been in post since August. This additional trainee has made a big difference to the department and the support available to more junior trainees.

All trainees are now involved in an audit during their time in the department and there is teaching for middle grades, Advanced Clinical Practitioners and Nurses, which focuses on developing leadership skills and team working.

There is protected teaching time for middle grades and their activities are mapped to the Emergency Medicine curriculum. The Department has ambitions to use simulation more but recognise that to do this would need a suitable area and a manikin.

The visit team met with enthusiastic educators who have started to implement a structured approach to the delivery of education and training for all learners and staff within the Accident and Emergency Department.

Showcase Session - Practice Development Hub visit and Learner Experience

Mentor capacity is reducing, especially as existing mentors reach retirement age, with a delay before new mentors can come on line (i.e. new nursing staff need to meet certain criteria before they can become a mentor).

Members of the visit team had a chance to meet a group of overseas nurses who had been recruited from countries such as Italy, Romania and Greece. These nurses are undertaking Nursing in the UK induction, which is a six week programme. During this they undergo a language programme, learn about culture and diversity in the UK, review the documentation involved in Nursing in the UK and evaluate each session. Once the training is complete they will be registered with the UK's Nursing and Midwifery Council and work on the wards at the Trust.

The visit team took the opportunity to speak with the group who had recently arrived in the UK. The group shared their first impressions which were all very positive. They were looking forward to working in the UK.

The visit team met with a group of nursing mentors from Kettering General Hospital who enjoyed their roles as mentors. They highlighted that their current workload did have an impact on the time they were able to spend with the learners on placement. The nursing mentors shared with the visit team that the Trust is exploring a new model of supporting the role of mentors in the Trust, and also confirmed that the introduction of pebble pad was very positive for both mentors and learners.

Revalidation of Nursing was discussed and the nursing mentors shared that the communication regarding revalidation has been well publicised, which the staff have found useful and informative. The Trust has also put on revalidation sessions where members of staff can ask about what they are required to do, which has been received positively by all members of staff.

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The members of the team also met with a group of Occupational Therapists who felt well supported by the Trust in the roles as educators. The group shared that they had recently implemented a forum for the Occupational Therapy educators where they could share good practice and support each other in areas of development. They had also implemented a forum for students to meet on a regular basis to highlight areas of concern, share good working practice and provide peer support. There are plans to develop a forum with other professional educators to develop multi-professional networks within the Trust.

It was highlighted that the Trust recognises the role of the mentor / educator with the 'Smile Awards' and the 'Exceptional Mentor' award. The Trust is also working towards sharing learners' evaluations of their placements to ensure that all the areas that host learners get to see their feedback.

Ophthalmology

Members of the visit team met with trainees and trainers from Ophthalmology as part of HEE-EM's wider programme review of this speciality and a separate report of this session will be produced. Trainees gave positive feedback about their training and the visit team were impressed with the range of educational opportunities, in particular the support and development of staff grade doctors.

The trainees reported an excellent education and training experience, with good theatre and clinic experience as appropriate for their level of training. The GP trainee is supernumerary and their training is tailored to their curriculum needs and so they spend the majority of time in clinics (where they simply observe for the first month).

The department has plenty of capacity to deliver training, with six Clinical Supervisors (one of these is the College Regional Adviser). As trainees are not attached to a single Clinical Supervisor, they are exposed to a range of ways of working. The Department also delivers teaching for medical students.

There is a wide range of teaching opportunities within the department, including a weekly journal club which all staff members are encouraged to attend.

Non-training, Trust-grade doctors are afforded exactly the same education and training opportunities as their trainee colleagues. One of the Consultants is the Trust's lead for SAS training. The

Trust provides funding to top up the normal staff study leave budget, which helps the non-training grade doctors to access the same opportunities as specialty trainees. This is a positive step in terms of developing the future workforce and also for patient safety.

There is a very comprehensive departmental induction in place.

The College Tutor is available on a weekly basis to meet one-to-one trainees for any advice and guidance they may require. There is a monthly clinical governance meeting.

Currently, the department contributes to the weekend on call rota at Northampton General Hospital. Trainees are therefore unable to follow-up patients admitted to Northampton General Hospital at the weekend and this is a lost training opportunity. However, the team was told that a separate weekend rota is planned for Kettering General Hospital. This should deliver benefits to training and HEE-EM would encourage the Trust to support this change. However, the department needs to be mindful of the impact on training if, as a consequence of the change, trainees are working more weekends. Trainers confirmed that they felt well supported by the DME and the Trust and had time allocated within their job plans for their educational roles.

Showcase Session

Multi Professional Leadership and Development Work

The Trust showcased their leadership and development programmes, developed in conjunction with the East Midlands Learning Academy. The Strategic Leadership Programme and the Advanced Leadership Programme are aligned with the Trust's new management structure. They will create a network of leaders and result in service improvement projects that will impact to the quality of patient care. The Trust has a leadership conference planned to share the outcomes and learning from these programmes and hopes to identify and support future leaders and align leadership profiles to the Trust's workforce profiles.

Department Induction

The Trust has undertaken a large amount of work following the 2015 GMC survey where induction was

identified as an area for improvement. Ophthalmology was highlighted as an area of good practice for local induction and so this was used as a basis for work in the areas displaying red flags on the GMC survey (Paediatrics, Core Medical Training and Emergency Medicine).

This work has included identifying an induction lead in each department, who has developed a departmental induction document based on the Ophthalmology Department's template. Key contacts for the department have been listed in the pack so the trainees have this information to hand. The Trust has also undertaken local surveys following induction to assess trainee feedback and provide further areas of focus.

Simulation Lead and Facilities Management

The visit team heard that the Neonatal and Paediatric Departments have been running regular bi-monthly simulation sessions. These are multi-disciplinary sessions designed around clinical cases and internal investigations and consider the needs of the participants. They are created to develop greater confidence and build team working skills.

The simulation leads ensure that feedback is gathered and all attendees receive attendance certificates.

General Internal Medicine Core Trainees General Discussion Session

The visit team met with a group of Core Trainees to gather feedback about their experiences at Kettering General Hospital Foundation Trust.

The Endocrinology and Diabetes Department appeared to provide a very supportive structure with trainees able to access support from higher trainees and Consultants.

Trainees mentioned that Core Medical Training took place each week on a Tuesday and the content of these sessions was valuable. They also gave examples of when they had attended other teaching sessions (e.g. Endocrinology and Diabetes trainees had been encouraged to attend the Elderly teaching). Trainees felt that their workload occasionally prevented them from accessing these opportunities, but they worked together to try and ensure equal access to educational opportunities.

The visit team heard that PACES teaching had been arranged but had not been particularly consistent, but trainees felt they had had the opportunity to feedback. The visit team heard about other courses which had been provided, including the chest drain course which was considered to be very valuable. Currently this is only run twice a year. The trainees had requested additional sessions, which the Consultants had been very happy to look at arranging.

Workload is heavy particularly covering wards out-of-hours. Trainees reflected that weekends had been particularly busy and this had been further exacerbated by a known gap on the rota. It was encouraging to note that trainees had raised concerns with Consultants about rota gaps and the pressures of out-of-hours working. The visit team also heard that the weekend ward cover could be very busy and trainees had been proactive about raising concerns at the Junior Doctors' Forum around how this cover is planned. Whilst trainees reflected they had been advised to complete Datix reports, they felt was a one way process with little feedback and were unsure of what to expect once a Datix has been raised. Trainees also reflected that they were often too busy to complete a Datix report whilst on shift. It is encouraging to note they were aware that changes were being made to ensure that there would be additional support in place although this was acknowledged to be in the early stages of development.

RECOMMENDATION – The Trust Medical Education Team to consider whether there could be a briefing session on raising and investigating Datix reports. The Junior Doctors Forum could be an ideal meeting to provide feedback to trainees on Datix reports raised and action taken.

The trainees discussed their experiences working on MAU and whilst this was a heavy workload they felt that there was greater staffing on the unit. Trainees felt the practical experience they gained on MAU was very helpful but they largely learnt on the job informally from their senior trainee colleagues rather than by formal teaching on escalation and raising issues. Guidance on prioritising is potentially something which could be included in a Junior Doctor Forum session and could involve the Simulation Faculty.

RECOMMENDATION – The Trust Education Team to consider provide a session at the Junior Doctors

Forum on escalation routes and raising issues for trainees.

All trainees felt comfortable and supported to escalate concerns to Consultants and to raise issues with a feeling that Consultants encouraged them to do so, and felt that those concerns were listened to. It was clear to the visit team that the Junior Doctors Forum is well-known and well-used by the trainees to raise issues and gain information, and is well embedded into the system at Kettering General Hospital. Trainees did acknowledge that there were different approaches to running sessions and that they would welcome the opportunity to feedback on those approaches.

Trainees discussed the management of outlying patients and confirmed that each of the Medical Wards have areas to which they are linked. Whilst these outlying patients are seen by Consultants, there can be occasions when patients were unsuitable to be on outlying wards and getting these patients seen by seniors and moved to an appropriate ward could be challenging. Trainees felt this took a large amount of time, but confirmed that it only happened occasionally.

It was noted however, that Cardiology outlier cover could form as much as 60% of the role which impacts on the level of Cardiology specific experience trainees gain. Similarly due to the numbers of medical patients on the Gastroenterology wards, trainees reflected that the majority of their experience was focused on managing medical patients rather than specific Gastroenterology experience. The trainees in Gastroenterology did get to go to clinics at the beginning of their posts but this had become increasingly difficult since team members had taken leave and therefore the full team was not available for ward work.

The Trainees in Stroke highlighted that the Consultants were proactive and provided a list of potential clinics for trainees to attend, but rota gaps meant trainees struggled to get away from the ward to the clinic. Other specialties might benefit from providing timetabled clinic experience for specific aspects of training which could be achieved by linking with the Training Programme Directors.

RECOMMENDATION – To look at identifying specific educational opportunities and clinics and where possible, timetabling these for Core level trainees in Gastroenterology and Cardiology.

Trainees on Gastroenterology, Cardiology and Stroke reported difficulties getting SLE's and ACATs

completed, which was compounded by the level of work the trainees were undertaking whilst on call in MAU.

When questioned about the jobs trainees were undertaking it was clear that they perceived that the nurses were incredibly busy and the Health Care Assistants spent a lot of their time managing confused patients in areas such as Stroke. There was a perception that the nurses were not trained to do bloods, so the trainees had to spend a reasonable proportion of their time taking bloods, inserting cannulas and arranging scans, with a reported instance of a trainee chasing supplies (i.e. a PICC line). The visit team were aware that the Trust is looking at increasing the numbers of Advanced Nurse Practitioners and there is the opportunity to look at upskilling other groups of staff to undertake some of these jobs. This, in conjunction with scheduling some speciality specific opportunities, would benefit the experience of trainees in these departments.

RECOMMENDATION – To engage with trainees in Stroke, Cardiology and Gastroenterology to assess the tasks Core Trainees are undertaking and identify those where specific work could be supported by the wider team.

It may also be helpful for the Trust to consider the structure in Endocrinology and Diabetes as this team is ward based rather than team based. The trainee felt that this was very supportive with opportunities to develop strong working relationships with the Consultants. Gastroenterology had also worked to develop a similar system although trainees reflected that their time with Consultants was limited.

Trainees raised the dilemma of being asked to stay late after the end of their shifts. They were prepared to do this but there was nervousness about whether they would be protected should an incident take place. The Trust should be aware of the potential implications of asking trainees to work additional hours.

Trainees reflected on their experience of being on call for MAU. The Core Trainees felt that they had less ability to undertake clerking as the majority of this was undertaken by Higher Trainees. Core trainees did get to take part in a ward round but reported only being able to do clerking when Higher trainees were busy elsewhere. They felt they were losing out on this very valuable experience on call.

There did appear to be occasions where the trainees could be called from wards to cover MAU, which impacted on their ability to undertake relevant tasks.

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It is important to consider that a number of trainees felt that their training experiences as Core Medical Trainees had not varied vastly from those they had experienced as Foundation Trainees. This is concerning.

Focus on Scientist's Education in Kettering General Hospital

In this session the Trust provided several presentations highlighting what is happening and how HEE-EM could support these areas. The team did not meet any learners and there was no discussion of learners' experiences.

Pre-registration Pharmacists

The Trust provides 1 year fixed term training opportunities for learners on the Pre-Registration Pharmacy Programme. The Trust currently hosts 3 learners a year and hopes to add an additional post next year. For the registered pharmacy workforce, the Trust is supporting staff to undertake post graduate learning opportunities through the Learning Beyond Registration route. The Trust is also exploring where they may be able to utilise Advanced Clinical Practitioners.

Radiographer Workforce Sustainability

The Trust has difficulties in recruiting Diagnostic Radiographers despite providing a positive clinical learning environment with a committed team to support learners. The modern equipment is utilised on a daily basis and there are various learning opportunities due to the busy workflow of the Department. The Trust has recently recruited 2 of the 3 learners who were on placement with the Trust. Alternative opportunities are being explored such as overseas recruitment, but it is still proving difficult to recruit. Developing the support workforce to a qualified level would be useful, but this would still take eighteen – twenty four months. Support from HEE-EM in this area would be welcomed.

Biomedical Sciences

The team described the pilot placement of two BSc Biomedical Scientists from Nottingham Trent University. As a result of hosting these learners, one has secured a post at Kettering General Hospital. The

Trust highlighted that they were to explore the scope and capacity for learners on the PTP (Practitioner Training Programme).

Surgery FY1 Session – Foundation Trainees placed in Surgical Specialties

In general, the FY1 trainees working in surgical specialties at Kettering General Hospital feel unsupported, particularly when working at night and over the weekend. It was reported that, whilst on paper, the FY1s are supported by a core level doctor, a higher level doctor and a consultant, in reality these individuals are often in theatre and not accessible. Of particular concern within this environment were reports of some FY1s starting working nights before being familiar with the hospital.

The trainees felt that support and on-the-job training from higher level doctors and Consultants was extremely variable. Some seniors were considered very highly (Mr Taylor was singled out for praise), whereas others were felt to be unsupportive and in some cases undermining. It was felt that the senior clinicians do not take collective responsibility and rely on the FY1s to deal with patients who do not fall under the responsibility of their team. This leads to situations where, for example, FY1s are seeing paediatric surgical patients and taking GP referrals. The trainees were particularly critical of the Urology team which they claimed has a poor reputation among trainees.

They expressed concerns about unsupportive behaviours and also the clinical care provided (although some seniors were praised). This reflects recent local Foundation School survey results.

RECOMMENDATION – The Trust Medical Education Team to explore the experiences of foundation trainees in Urology to identify areas for improvement in conjunction with the educators within the Urology Department.

The trainees reported occasions when they had been coerced into representing the surgical team at MDT meetings, in the absence of their senior colleagues. They felt that this was inappropriate for their level of training and experience and could have consequences for patient safety.

The trainees were unhappy with receiving late rotas and the impact this had on organising their personal lives (e.g. planning annual leave). Moreover, they felt that the rotas were sub-optimally designed (currently

undertaken by two higher level doctors). The trainees had ideas for improving the FY1 rota and it may be worth encouraging greater FY1 input into the design of the rota.

RECOMMENDATION – The Trust should work with the Foundation trainees to enlist their help to design a more satisfactory rota.

Advanced Nurse Practitioners were considered to be extremely helpful, supportive and highly skilled. The FY1s regarded this staff group as key to their support and supervision. They also regarded other Allied Healthcare Professionals as helpful.

The trainees complained of delays in receiving their contracts of employment and CRB checks. These delays could place the Trust at risk in some circumstances.

The FY1s feel that the workload leads them to regularly work significantly above their contracted hours. This has been reflected in hours monitoring, although the trainees have not received any feedback on the exercise and are suspicious that the Trust is avoiding having to pay a higher banding supplement.

The trainees felt unable to hand over tasks in order to leave on time as they feel responsible to their fellow FY1s on nights who would have to pick up any unfinished jobs.

RECOMMENDATION – The Junior Doctors Forum would be an ideal way to provide updates on hours monitoring exercises, which would help to reduce trainee unease around the process and should help to increase participation in monitoring exercises.

Showcase session

The Trust provided the visit team with a chance to meet a range of learners from various settings including Midwifery, Pharmacy Apprentices, Bands 1-4 staff and staff who had taken advantage of workplace training opportunities.

We heard about the Midwifery Learners and how there is a live mentors database in place and that the Trust includes a dedicated mentors slot on the mandatory training. The Trust undertakes outreach to the University, where a Matron meets with students to highlight the professional expectations prior to starting at the Trust. There is a keen focus on identifying students in difficulty and supporting them to succeed.

The Midwifery Education Team works closely to develop the curriculum and to plan appropriate opportunities for students during their training. The Team also support the preceptors. Recent developments include the development of a new preceptorship pack, which contains orientation information for each area where they will work and details about the job roles, management structure and the training they are required to complete.

The Team enable students to work as HCAs whilst they are awaiting their pin. This prevents them from becoming deskilled in the interim period and, by allowing them to undertake clinical work, ensures that they are confident to start work when they receive their pin.

There is a programme of continuing professional development for midwives. This includes examination of the new born and other mandatory training including obstetrics skills updates and guidelines. Midwives have access to K2, an information package covering scenarios which all midwives are expected to complete. The team heard that third year students had also been given access to K2. There is an agreement that if staff complete training at home they can claim the hours back.

The mentors highlighted that they had sent a midwife to Manchester to undertake a mental health course as it appears that there is nothing available locally. This is potentially an area of need across the East Midlands and HEE-EM agreed to consider whether something might be negotiated with local universities and will feedback.

Pharmacy Apprenticeship Scheme

The Trust has two Pharmacy Apprentices at both first and second year level. The learning is facilitated by using the Buttercups Distance Learning system, which is online and has twenty four hour support. There are planned nine week reviews and a designated named assessor for students, which has helped to make the relationship much closer, despite being a distance learning package.

The Apprentices will complete a BTEC qualification and gain competencies by working in specific areas which are closely linked to the curriculum.

The Trust used Open Days to recruit to the most recent cohort and, following expressions of interest, potential candidates were invited for a departmental tour. Ten candidates were shortlisted and the interview process included an aptitude test.

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Second year apprentices have extra developmental projects and some recent examples included antibiotic audits supporting junior pharmacists. All apprentices are encouraged to attend all the available learning events.

There are challenges with the recruitment and retention of Band 4s within Pharmacy and the Trust is working towards growing their own Pharmacy staff. This has been successful and apprentices have been appointed to permanent posts in preference to external candidates. This is a demonstration of the quality of the training the students receive.

A student discussed with the team the projects and audits they had been involved with, stating how beneficial they had found working with colleagues from other groups.

Paediatrics Unregistered Workforce

The visit team met with a trainee Assistant Practitioner, who attended a 2 year paediatric specific course delivered by the University of Northampton. The visit team felt the learner's story highlighted the support offered by the Trust and were interested to hear about the educational opportunities they had experienced.

The visit team also met with an Apprentice in Nursing Care and heard that their apprenticeship journey enabled them to grow as a person whilst developing a good insight into the care of sick children. They felt they had developed skills whilst feeling very supported. This apprentice had been awarded "Apprentice of the Year" by the Trust and has since obtained a position to study Children's Nursing.

The Trust arranged for the visit team to meet with one of their New Born Hearing Screening staff who, until recently, had been a HCA at the Trust. When a vacancy arose they had applied for this position which included mandatory training in order to become an independent practitioner. It was a privilege to meet such a committed team member and hear their story and experiences of moving to a new career.

5. Recommendations and Requirements

CORE MEDICAL TRAINEE RECOMMENDATION – The Trust Medical Education Team to consider whether there could be a briefing session on raising and investigating Datix reports. The Juniors Forum could

be an ideal meeting to provide feedback to trainees on Datix reports raised and action taken.

CORE MEDICAL TRAINEE RECOMMENDATION – The Trust Education Team to consider providing a session at the Junior Doctors Forum on escalation routes and raising issues for trainees.

CORE MEDICAL TRAINEE RECOMMENDATION – To look at identifying specific educational opportunities and clinics and, where possible, timetabling these for Core level trainees in Gastroenterology and Cardiology.

CORE MEDICAL TRAINEE RECOMMENDATION – To engage with trainees in Stroke, Cardiology and Gastroenterology to assess the tasks Core Trainees are undertaking and identify those where specific work could be supported by the wider team.

SURGERY FY1 SESSION RECOMMENDATION – The Trust Medical Education Team to explore the experiences of foundation trainees in Urology to identify areas for improvement, in conjunction with the educators within the Urology Department.

SURGERY FY1 SESSION RECOMMENDATION – The Trust should work with the Foundation trainees to enlist their help to design a more satisfactory rota.

SURGERY FY1 RECOMMENDATION – The Junior Doctors Forum would be an ideal way to provide updates on hours monitoring exercises, which would help to reduce trainee unease around the process and should help to increase participation in monitoring exercises.

6. Action Plan

A comprehensive action plan has been received by the HEE-EM from the Trust. The action plan reports the issue and action required. The Quality Manager from HEE-EM will monitor and support the Trust to produce positive outcomes from this visit.

7. Trust Response

Dear Jill and Karen

Quality Management Visit to Kettering General Hospital NHS Foundation Trust – 6th November 2015

Thank you for your letter dated 8th December 2015, sharing the draft report from the Quality Management visit on the 6th November 2015. I am pleased to learn that the Trust is in general meeting

2015 QMV Report – Kettering General Hospital NHS Foundation Trust

all mandatory education and training quality standards and we aim to continue to do so whilst also acknowledging the points raised as part of the visit and undertaking the appropriate actions.

The draft report has been shared with the necessary parties to review the document and make any comments. I have enclosed the report outlining the comments made which are generally centred around factual accuracy. I would be grateful to receive a copy of the final report, which will then be presented to our relevant Trust Committee meetings and shared more widely within the Trust.

I have also enclosed the action plan which has been developed in response to the report, including action owners against each area which will be reviewed internally at our Learning and Education Group meetings and at subsequent Quality Management visits.

Should you require any further information or have any queries or comments regarding the enclosed documents please do not hesitate to contact me.

Yours sincerely

Mark Smith

Director of Human Resources and Organisational Development

Cc: Leanne Hackshall – Director of Nursing & Quality

Dr Syed-Fayyaz Hussain – Director of Medical Education