

Quality Management Visit Outcomes Report



Sherwood Forest
Hospitals NHS
Foundation Trust

Visit date: 23rd November 2015



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1. Executive Summary

Health Education England working across the East Midlands (HEE-EM) visited Sherwood Forest Hospitals NHS Foundation Trust on 23rd November 2015.

HEE-EM would like to thank the Trust for hosting the Health Education England working across the East Midlands Quality Management Visit.

At the visit HEE-EM had the opportunity to hear from trainee doctors, trainers, Allied Healthcare Professionals and nurses about their experiences of education and training and working within the Trust.

HEE-EM would like to thank those who organised and attended the showcase sessions for their enthusiasm and acknowledge their clear commitment to education and training. There were a number of areas of innovation and good practice.

The area that remains a significant concern for HEE-EM is the Emergency Department. This area has been subject to the General Medical Council (GMC) enhanced monitoring and this was the third visit since June 2015.

In conclusion, HEE-EM recognises the hard work already undertaken by the Trust and will continue to work with the Trust with improvements, innovative practice and workforce transformation.

This report also contains a number of areas of improvement that HEE-EM believes will further improve education and training at the Trust and the Trust must build these along with the requirements into an action plan and provide regular updates on progress made to HEE-EM.

HEE-EM would like to thank all those from the Trust who participated in the visits. In particular, HEE-EM would like to thank the learners, trainees, trainers, mentors and others who joined the sessions for their feedback.

2. Introduction

Health Education England working across the East Midlands (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.

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 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.

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. It is to be noted that after the conference call and before visit took place HEE-EM decided to change the level of the visit to a level 3; this was due to further intelligence that had become available. This means that HEE-EM has serious concerns about the Local Education Provider being able to provide a safe and sustained environment for patients and learners.

The visit to the Trust took place on 23rd November 2015 and the HEE-EM visiting team comprised:

- James McLean, Deputy Dean of Quality, Education and Environment and Lead Visitor
- Craig Smith, Associate Postgraduate Dean
- Dr Bisherat El-Khoury, Palliative Medicine and School of Medicine Representative
- Dr Nick Spittle, Foundation School Director (Trent)
- Dr Asif Malik, Emergency Medicine Consultant and Head of School for Emergency Medicine
- Annie Nelson and Danka Neuborn, Lay Partners

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- Kirsty Neale, Quality Manager
- Jo Beckwith, Commissioning Manager
- Richard Marriott, Learning and Development Agreement (LDA) Manager
- Suzanne Fuller, Quality Manager
- Simon Mallinson, Quality Manager
- Stephanie Kelsall, Trainee Support Service (TSS) Case Manager (Observer)
- Sarah Wheatley and Lucia Chimenti, HEE-EM Quality Team Visit Administrators

Sherwood Forest Hospital NHS Foundation Trust was represented by:

- Karen Fisher, Acting Chief Executive
- Mr Graham Briggs, Interim HR Director
- Dr Giles Cox – Director of Post Graduate Medical Education
- Mr Eduardo Villatoro – Foundation Year 1 Director
- Dr Ben Owens, Clinical Director for Emergency Care & Medicine
- Mr Richard Clarkson, Emergency Department Head of Service
- Mr Lee Radford – Deputy Director of Training, Education & Development
- Rebecca Freeman – HR Manager Medical Staffing
- Mr Phil Bolton, Divisional Matron
- Sue Elliott, Medical Education & QA Manager

3. Progress since 2014

The Trust has made some progress over the last year and HEE-EM would particularly highlight:

- Welcomed the advice and support offer for the Emergency Department from HEE-EM.
- Significant improvement reported by trainees in Trauma and Orthopaedics.
- Actions taken in response to concerns about the ICE system.
- Improvements reported in communications with the Radiology department and the implementation of requests for investigations through the ICE system.
- In Ophthalmology concerns relating to clinical supervision have been addressed and there are now booking rules for patient numbers and weekly reviews of future clinic booking.

As part of the visit process this year all Trusts were asked to provide updates on Trainer Recognition, Revalidation of Nurses, the Balanced Scorecard and tariff funding spend.

The Trust reported and HEE-EM acknowledges the challenges faced by the Trust.

The Trust reported that the teams have devoted time to analysing, understanding, and responding to the underlying causes and have established clear executive accountability for work stream delivery and are developing a governance structure to ensure they are held to account.

The Trust has developed a single Quality Improvement Plan structured around 10 work streams each with an executive lead, focusing on immediate, short term and medium term actions.

4. Presentation Sessions

Progress towards seven day working

The Trust is part of a regional network to progress towards seven day working and there are a number of areas where this is already taking place. The Trust shared a number of examples of this including a Consultant medical take three times a day, Radiology Consultant presence, trauma lists and discharge services seven days a week. However, there is recognition of the impact on this on the recruitment challenges faced by the Trust.

Hospital @ Night

The Director of Medical Education has undertaken a review of the Hospital @ Night arrangements and confirmed that there is now a surgical middle grade doctor resident at night and an additional medicine junior doctor. Doctors in Trauma and Orthopaedics also have home IT access to review X-rays. There is also some work being undertaken to extend the VitalPac functionality to include a task manager module.

Educational Supervision

The Trust is working towards the General Medical Council requirements of Trainer Recognition. There is now a separate module on My2LP, a platform to store and share regulatory information, for appraisal. The Trust has also arranged General Medical Council and HEE-EM courses for Supervisors about trainer recognition and they also have access to the online Medwise course. The Trust is also developing educational supervision for non-training posts with a

view to making those posts more attractive to assist recruitment.

Listening to Trainees

There are now Junior Doctor Forums (JDFs) in all Divisions. The Forums are monthly except for three times a year when there is a joint JDF. The Trust is also developing the role of Associate College Tutors and a 'Gripe Tool'.

The Trust reported improvements in the areas trainees reported as concerns at the Quality Management visit in 2014 including:

- Adjustments made to the ICE system.
- There are now sufficient numbers of phlebotomists.
- An audit was carried out in relation to communications with the Radiology department and shared with no further concerns raised and the development of e-requests.
- The PAS / Medway system enables the tracking of patients to be more up to date.

Balanced Scorecard, Finance and Tariff Funding

The Trust shared the overview of progress on the Trusts balanced scorecards for medical, nursing and Allied Healthcare Professional education and training. It is very clear that the Trust has welcomed the HEE-EM quality standards and HEE-EM was delighted to hear that the Trust feels that the standards and scorecards have given them structure, focus and a clear direction.

The Trust provided an overview of the tariff funding spend which has included

- Preceptorship support with a dedicated member of staff.
- Practice Learning and Practice Development Support.
- Support for Operating Department Practitioners (ODP) from an educational trainer.
- Multi-professional Practice Learning Sharing of Best Practice and Celebration events.
- Multi-professional Library & Educational resources, both physically and online. The Trust also advised that the team is looking to develop an e- platform to enable trainees to access learning through apps.

Nursing and Midwifery Revalidation

The Trust gave an update on progress towards the implementation of Revalidation for nurses and midwives. They established a Revalidation Task and Finish Group with key stakeholders and created a gap analysis using Nursing and Midwifery Council (NMC) guidance for employers as a framework.

A key strand of their strategy is communication and awareness; with timeout days and regular communication. We heard this is through the staff bulletin, Nursing and Midwifery newsletter and all communications include the sign posting to NMC resources.

Systems and processes have been developed to identify registrants and third party confirmers. There has also been revalidation awareness training including reflective writing and portfolio building, third party confirmer training and learning clinics. Ward sisters are also piloting different ways of keeping teams engaged and informed.

Some challenges were reported including releasing staff for training and the lack of a benchmark for what resources an organisation can reasonably be expected to have in place.

The Trust also shared their next steps which will include:

- Creation of group supervision sessions to support 3rd party confirmers
- Register of all 3rd party confirmers to be held centrally in a system similar to clinical supervisors
- All study sessions to include guidance on number of hours counting towards revalidation
- Review policy for maintaining registration to include changes
- Review job descriptions to reflect requirements to revalidate.

5. Good Practice and Innovation

HEE-EM would like to acknowledge the input from many learners and trainers into the showcase session. HEE-EM would like to thank those that organised and attended those sessions for their enthusiasm and acknowledge their clear commitment to education and training.

Trauma & Orthopaedics

HEE-EM would like to thank the Trauma and Orthopaedic department for showcasing and congratulate them again on the significant progress made since the Quality Management visit in 2014. Trainees reported feeling supported in a “firm based” team. HEE-EM would like to highlight the department’s clear willingness to share their learning and experience with other directorates.

Observation of Timed SCIM

HEE-EM was very impressed with this provision of experience for final year medical students in preparation sessions for OSCE 2. The team observed students undertake five stations. The team observed the students undertaking scenario sessions with simulated patients.

VitalPak

HEE-EM was keen to learn of the development of VitalPak following the showcase of the system at the Quality Management Visit in 2014 and understands that the system now enables access to blood results and radiology imaging reports. The system supports the early recognition of the deteriorating patient and alerting immediate medical support using state of the art mobile technologies.

Pathology Biomedical Scientists

Due to workforce challenges with vacancies at band 5 and 6, the organization / department have taken the decision to have 2 employee trainees in the department, these are in addition to interns (who undertake a year, unpaid as part of a sandwich course).

The trainees are supported by the pathology co-ordinator and are paid on Annex U of a band 5, for 6 months in order to undertake the portfolio and workbook to register with the Institute of Biomedical Science (IBMS). They are supported with regular tutorials and lectures every Wednesday. The training officers sign off their evidence on a regular basis and then an external verifier comes out from IBMS to assess the portfolio.

The NHS Work Experience Hub for Nottinghamshire which is hosted by Sherwood Forest Hospitals

This stand included information about accessing a work experience placement within Nottinghamshire, which include:-

- Bassetlaw Health Partnerships (BHP) including Retford Hospital and Bassetlaw Hospice
- Nottingham CityCare Partnership (NCCP)
- Nottingham University Hospitals (NUH)
- Nottinghamshire Healthcare NHS Foundation Trust (NHFT) including Lings Bar Hospital
- Sherwood Forest Hospitals NHS Foundation Trust (SFHFT)

The stand also included information around the different careers in the NHS and the different opportunities available in health care for young people.

Leadership Development

Sharing feedback, key learning and project outcomes from the in-house leadership development programmes.

- Supervisor Development Programme
- Band 6 Clinical Leadership Development Programme
- Leadership & Management Development Programme
- Medical Leadership Programme

Various impacts through service improvement projects delivered alongside learning programmes. Examples of which include:-

- Reduction in wrong blood in tube incidences
- Improved typing turnaround times for clinic letters
- Introduction of community chlamydia screening
- Parent resuscitation training improvements
- Productive operating theatre
- Introduction of activity coordinator
- Fast track first seizures clinic
- Elective bed booking in Critical Care
- Community TWOC service

Preceptorship Programme - Practice Development Team

Overview of support and guidance offered to newly qualified nurses and international nurses, which will include the structured educational programme delivered in the first weeks of appointment and the recently reviewed workbook which provides a framework of skills and competency, which the individual is expected to achieve.

The Preceptorship support nurses guided the HEE-EM team through examples of how they offer support “in practice” and how any concerns and issues are escalated within the teams and the required level of support is increased to match individual need

This enables patients to be assured and confident that the staff caring for them have the required skills and competency to perform the tasks associated with their care.

Library and Knowledge Service

Healthcare library and knowledge services supply the evidence base to the service to make decisions on treatment options, patient care and safety, commissioning and policy, and to support lifelong learning, undertake research and drive innovation.

The library service’s core activities are:

- Supplying relevant up-to-date evidence-based materials to support staff and patients in a variety of formats.
- Identifying best evidence through our expert literature search service and journal clubs.
- Enabling staff to keep up to date through the provision of current awareness and alerting services.
- Enabling staff to make best use of electronic resources through the delivery of information skills sessions in the new Library IT Training Room.
- Supporting health campaigns to improve awareness about health conditions and prevention.

One of the team’s objectives is to deliver a high quality knowledge and information service to support staff to deliver high quality patient care. They do this by providing point of care resources such as DynaMed Plus and Nursing Reference Center Plus and other electronic resources. Where staff do not have time to interrogate the resources themselves they provide a literature search service. Their feedback survey showed that 32% of their searches were around patient care and 28% service development.

The visiting team felt that the Library and Knowledge Service has invested in a wide range of information resources, targeted at all grades of staff. The service is also undertaking innovative work in conjunction with departments such as Paediatrics and Palliative

Care to develop information suitable for patients, carers and their families.

There appeared to be some uncertainty about the level of support available for students on placement from local universities and HEE-EM felt that some strategic deployment of tariff funding could help to alleviate potential difficulties.

6. Sessions

Emergency Medicine

During the visit the trainee doctors we met in the department reported that they feel well supported by their senior colleagues and Consultants. Additionally, the implementation of the Medical Consultant / Senior grade has been seen as positive one. Both clinical and educational supervisors’ commitments have increased though and there are risks to medical education and training. During the visit the historical term ‘SHO’ was used and this is having an impact on referrals and patient care.

The visiting team heard that the nursing team were ‘good’ and that they were seeing more regular locums. Trainees said that it was a friendly, approachable team and good interaction with different specialities. They had plenty of opportunities to do assessments. Trainees felt that competencies could be all met within this department however access to teaching sessions was variable.

Recommendations:

- ***The Emergency Department significantly increases Consultant staffing levels and looks at workforce planning and design.***
- ***Create and develop a better understanding of Emergency Medicine pathways and protocols.***
- ***Advanced Nurse Practitioner development requires significant investment to bring their functionality up to a senior level.***
- ***Provide clarity about roles and responsibilities and cease using the term ‘SHO’.***
- ***Quality assure and manage locum middle grade doctors.***
- ***Ensure quality for all to access teaching sessions.***
- ***Develop effective Patient Pathways.***
- ***Provide access for resources for simple procedures.***

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- *Put in place a feedback loop to trainees after they have raised concerns.*
- *Develop and implement protocols for ambulatory care.*
- *Provide ongoing clarity on the roles of the Enhanced Nurse Practitioners and the Advanced Nurse Practitioners.*

Medicine

The visiting team met with trainee doctors at different levels of training including Foundation, GP, Core and Specialty trainee doctors in Acute Medicine, General Internal Medicine and Medicine.

Overall, Foundation and GP trainee doctors felt very well supported. In terms of teaching and opportunities in learning, they had heard positive feedback from peers about posts which met expectations. Trainee doctors described very supportive Consultants, who were very present on the wards. The visiting team also heard about good team working and feeling integral to the team. Trainees felt that their experience at King's Mill Hospital had been better than experiences in other Trusts.

Recommendations:

- *Rotas are published in a timely manner.*
- *Equal opportunity for all trainees to access and attend clinics.*
- *Equal opportunity for trainees to get assessments signed.*
- *All speciality trainers are included in the Appraisal Co-ordinators communication loops.*
- *Risk and impact assess the effect on education and training with the reduction of the SPAs.*
- *Develop clinical supervisors role.*
- *Impact assess the planned divisional changes on education and training.*
- *Refine induction.*

Geriatric Medicine

Trainees and learners said that they found staff friendly and supportive. However, they felt exhausted and reported there is a high reliance on agency staff with variable quality. They also reflected a positive ethos at the Trust in reaction to the CQC report driving change in a positive direction.

Trainers reflected on the work undertaken to improve links with Community Service and the extent to which the whole medical team are involved in the process.

Trainers reported that time is allocated and Consultants feel supported by the Trust in their Educational roles. This is for all medical staff including non-training grades. The Nursing team reflected that they had sufficient mentors to meet the needs of Student Nurses.

The Trainers acknowledged the challenging environment they are working in, and the effect on morale. However, the main practical issue from their perspective was the challenges of different E portfolios and different documentation across the two universities for Student Nurses. HEE-EM will support the Trust in these efforts to standardise the documentation across the Higher Education Institutes (HEIs).

Recommendations:

- *Recruit to vacant posts.*
- *Quality assure and manage locum / agency staff for all professions.*
- *Ensure the understanding of acronyms when used and where possible refrain from using acronyms.*
- *Work together to manage the differing e-portfolios and paperwork across different universities.*
- *Development effective care pathways (referrals from the Emergency Department).*

Obstetrics and Gynaecology Surgery

Foundation trainees in Obstetrics and Gynaecology and Surgery reported an overall good teaching environment with good support from educators. However, concern was raised in relation to the antenatal clinic where Foundation Year 2 trainee doctors can be reviewing patients without having to ensure advice is approved by a Consultant. Whilst trainees reported no barrier to obtaining senior advice the concern was for Foundation Year 2 trainee doctors who had no prior Obstetrics and Gynaecology training experience since medical school.

Foundation Year 1 trainee doctors reported taking surgical referrals from GPs without an adequate induction to the process. HEE-EM would request that this process ceases until a satisfactory induction programme is implemented or an alternative process is identified.

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Trainees reflected that the Trust focus is on sepsis management but felt that nurses sometimes had not had the education and training to understand where the sepsis care bundle should not be applied without senior review.

Requirement:

- **Ensure Foundation trainee doctors have appropriate induction and training to enable them to take surgical referrals from GPs and implement an interim solution until this is fully addressed.**

Recommendations:

- **The Trust must ensure that they know and understand the level of competence the trainees are working at.**
- **Ensure Foundation trainee doctors have appropriate induction and training to enable them to take surgical referrals from GPs and implement an interim solution until this is fully addressed.**
- **Ensure there are appropriate levels of support provided to ensure safe patient care for all grades.**
- **Ensure all staff are aware of and signposted to the protocols for implementing the sepsis bundle.**
- **All incidents are reported and there is a positive culture of reporting incidents.**
- **Training for all on the Datix system.**
- **There is a feedback loop in place which arise from incidents and learning happens as a result.**
- **All trainees get an adequate induction to include pathways and protocols and this is routinely reviewed to ensure that it is meeting the needs of trainees and patients.**

Cardiology

The visiting team heard that trainee doctors are generally positive about their experiences working in cardiology. Trainees described a supportive consultant body and, whilst they are not always present on the ward, they are easily contactable, and are happy for trainee doctors to contact them. Trainee doctors also felt able to escalate to senior colleagues as required.

Recommendations:

- **Understand the impact on trainees education and training when they have to**

cross cover Haematology and explore alternative arrangements.

- **Ensure consistent senior cover on the cardiology ward.**
- **Implement timetabled senior ward presence.**
- **Involve trainees in learning opportunities on the ward and during ward rounds.**
- **Ensure Trainers are valued and recognised in their educational roles.**

Urology

Foundation doctors told the visiting team that they enjoyed working in the department and were able to attend theatre and clinics, where they received good support and on the job teaching.

Recommendation:

- **The Trust organises for the Heads of Service for Urology for King's Mill Hospital and Chesterfield Royal Hospital to meet with the Training Programme Directors for General Surgery and Urology to review support out of hours and cross cover working arrangements.**

7. Requirements and Recommendations

Emergency Medicine

Requirements

- The Trust continues to report to HEE-EM monthly regarding progress against the advice and support package task list and to identify further areas that the Trust would welcome support with.
- The Trust share with HEE-EM the scope of the review by the external Consultant as requested in October 2015 within 10 working days of receipt of this report.

Recommendations

- The Emergency Department significantly increases Consultant staffing levels and looks at workforce planning and design
- Create and develop a better understanding of Emergency Medicine pathways and protocols
- Advanced Nurse Practitioner development requires significant investment to bring their functionality up to a senior level

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- Provide clarity about roles and responsibilities and cease using the term 'SHO'
- Quality assure and manage locum middle grade doctors
- Ensure equality for all to access teaching sessions
- Develop effective Patient Pathways
- Provide access for resources for simple procedures
- Put in place a feedback loop to trainees after they have raised concerns
- Develop and implement protocols for ambulatory care
- Provide ongoing clarity on the roles of the Enhanced Nurse Practitioners and the Advanced Nurse Practitioners.

Medicine

Recommendations

- Rotas are published in a timely manner
- Equal opportunity for all trainees to access and attend clinics
- Equal opportunity for trainees to get assessments signed
- All speciality trainers are included in the Appraisal Coordinators communication loop
- Risk and impact assess the effect on education and training with the reduction of the SPAs
- Develop clinical supervisors role
- Impact assesses the planned divisional changes on education and training
- Refine induction

Geriatric Medicine

Recommendations

- Recruit to vacant posts
- Quality assure and manage locum / agency staff for all professions
- Ensure the understanding of acronyms when used and where possible refrain from using acronyms
- Work together to manage the differing e-portfolios and paperwork across different universities
- Develop effective care pathways (particularly referrals from the Emergency Department)

Obstetrics and Gynaecology and Surgery

Requirement

- Ensure Foundation trainee doctors have appropriate induction and training to enable them to take surgical referrals from GPs and implement an interim solution until this is fully addressed

Recommendations

- The Trust must ensure that they know and understand the level of competence the trainees are working at
- Ensure Foundation trainee doctors have appropriate induction and training to enable them to take surgical referrals from GPs and implement an interim solution until this is fully addressed
- Ensure there are appropriate levels of support provided to ensure safe patient care for all grades
- Ensure all staff are aware of and signposted to the protocols for implementing the sepsis bundle
- All incidents are reported and there is a positive culture of reporting incidents
- Training for all on the Datix system
- There is a feedback loop in place which arise from incidents and learning happens as a result
- All trainees get an adequate induction to include pathways and protocols and this is routinely reviewed to ensure that it is meeting the needs of the trainees and patients

Cardiology

Recommendations

- Understand the impact on trainees education and training when they have to cross cover Haematology and explore alternative arrangements
- Ensure consistent senior cover on the cardiology ward
- Implement timetabled senior ward presence
- Involve trainees in learning opportunities on the ward and during ward rounds
- Ensure Trainers are valued and recognised in their educational roles

Urology

Recommendation

- The Trust organises for the Heads of Service for Urology for King's Mill Hospital and Chesterfield Royal Hospital to meet with the Training Programme Directors for General Surgery and Urology to review support out of hours and cross cover working arrangements.

8. Action Plan

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

9. Provider Response

Sherwood Forest Hospitals NHS Foundation Trust consists of 3 hospitals, Kings Mill, Mansfield Community and Newark Hospital which covers the Mansfield / Sutton-in-Ashfield and Newark and Sherwood areas of Nottinghamshire. The Trust employs approximately 4,000 staff across these 3 sites.

On the 23rd November 2015 HEE-EM visited the Trust to undertake its multi-professional visit of training and education using the new HEE-EM quality standards. Foundation and higher trainees, student nurses, multi-professional educational leads and educational supervisors from a range of different areas were interviewed as part of the quality visit. HEE-EM's approach to this quality visit was clear, supportive and interactive. We found the HEE-EM team to be extremely helpful in working with us to plan the visit and they were all very approachable and friendly during the visit itself.

The report highlighted progress over the last year Progress since 2014 including

- Welcomed the advice and support offer for the Emergency Department from HEE-EM.
- Significant improvement reported by trainees in Trauma and Orthopaedics.
- Actions taken in response to concerns about the ICE system.
- Improvements reported in communications with the Radiology department and the implementation of requests for investigations through the ICE system.

- In Ophthalmology concerns relating to clinical supervision have been addressed and there are now booking rules for patient numbers and weekly reviews of future clinic booking.

The visit was also an opportunity for the Trust to demonstrate areas of best and innovative practice, promote our educational achievements and share our plans for the future. The informal verbal feedback at the end of the visit was particularly helpful and allowed us an opportunity for us to respond immediately to some of the more pressing issues that were identified during the visit.

Following the visit the Trust received a detailed outcomes report which highlighted areas of best practice as well as some issues that needed to be addressed.

The areas of immediate concerns included consultant staffing levels and quality of locums in both ED and Geriatrics; senior cover in Cardiology and review support out of hours and cross cover working arrangements in Urology which we are addressing through a comprehensive action plan.

The report also highlighted many areas of good practice and acknowledged the input from many learners and trainers into the showcase session and the enthusiasm and acknowledged commitment to education and training. Showcase sessions included Trauma and Orthopaedics; Observation of Timed SCIM; VitalPac; Pathology Biomedical Scientists; The NHS Work Experience Hub for Nottinghamshire; Leadership Development; Preceptorship Programme and the Library and Knowledge Service

The Trust remains committed to delivering high quality of patient care and continues to support our workforce, trainees and students to achieve this through the delivery effective training, education and development.

Lee Radford
Deputy Director of Training, Education and Development