

*Derbyshire Healthcare NHS Foundation Trust*

# Outcomes Report

for healthcare, education and training

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

Health Education East Midlands (HEEM) visited Derbyshire Healthcare NHS Foundation Trust on 4<sup>th</sup> and 18<sup>th</sup> September 2014. The visiting teams to the North and South encountered a Trust which values and supports education and training of all professionals, and is fostering a culture that empowers learners to have a voice and feel part of a team.

The Trust has engaged with HEEM in a positive, co-operative manner as the new approach to quality management has been implemented across the East Midlands.

The visiting teams heard directly from trainee doctors, student nurses and allied health professionals, and those who deliver their education and training. They spoke of an open and supportive Education Management team and learners were generally very positive about their experience of training within the Trust.

The Trust has made good progress in implementing HEEM's [East Midlands Multi-professional Quality Standards for local training and education providers](#) but there are some areas where improvement is required. Most notably, the Trust must ensure that they have robust plans in place to ensure adequate clinical and educational supervision for trainees when more senior staff members are absent. The Trust has taken steps to address the immediate concerns identified on the Radbourne Unit, and we will work with them to put in place a sustainable plan for the future.

The Trust should consider how it captures and provides feedback to those who provide education and training, to ensure they have the opportunity to develop in their roles. Other areas where improvements could be made are detailed in this report.

The visiting teams also heard about areas of innovative and good practice, including a new approach to handover and partnership working with other organisations to ensure mental health is properly represented in training programmes for a range of professionals. HEEM is supportive of the Trust sharing and promoting these initiatives.

## 2: Introduction

Health Education East Midlands (HEEM) is responsible for managing the quality of multi-professional education and training across the East Midlands. We have specified the standards we expect providers to meet in *East Midlands Multi-professional Quality Standards for local training and education providers*.

This is the first year of our new approach to quality management visits, which will look at the quality of education and training of all healthcare professionals within the region. This is to comply with our requirements to improve patient care through the effective management of the quality of healthcare education and training, for both Health Education England and the General Medical Council (GMC). This is a collaborative approach which utilises data from a variety of sources, including the Trust's self-assessment document, the GMC National Training Survey results and workforce intelligence, to inform discussions between HEEM and the Trust about areas of good practice and concern. During a conference call between all key partners the data is assessed and the visit level and specific areas of focus are agreed.

HEEM would like to thank Derbyshire Healthcare NHS Foundation Trust for the positive way in which they have engaged in this new process.

The Trust is split into two areas: North and South, with a visit scheduled to each area. During the conference call it was agreed that, based on the available data, the visit to the North of the trust should be a Level 1 visit, and the visit to the South should be Level 2.

A Level 1 visit means that the training and education standards are in place and are being met by the local education provider (LEP). The aim of the visit is to ensure the sustainability of education and training plans.

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 North of the Trust took place on 4<sup>th</sup> September. The visiting team comprised

Dr. Ann Boyle – Associate Postgraduate Dean (HEEM) - Lead Visitor

Dr. Mohammed Abbas – School of Psychiatry Quality Lead

Michael Usherwood – Lay Partner

Naheem Akhtar - Education Commissioning Manager (HEEM)

Kirsty Neale – Quality Manager (HEEM)

Suzanne Fuller – Quality Manager (HEEM)

Sarah Wheatley – Postgraduate Education Administrator (HEEM)

The visit to the South of the Trust took place on 18<sup>th</sup> September. The visiting team comprised

Dr. Adrian Brooke – Secondary Care Dean (HEEM) - Lead Visitor

Graham Else – Lay Partner

John Keenan – Learning Development Agreement Manager (HEEM)

Khonzie Ndlovu-Gachengo, Workforce Development Manager (HEEM)

Naheem Akhtar – Education Commissioning Manager (HEEM)

Jill Guild – Head of Quality and Regulation (HEEM)

Kirsty Neale – Quality Manager (HEEM)

Suzanne Fuller – Quality Manager (HEEM)

Jo Wallis – Postgraduate Education Administrator (HEEM)

Derbyshire Healthcare NHS Foundation Trust was represented by

Steve Trenchard – Trust Chief Executive (North)

Dr. Vishnu Gopal – Director of Medical Education (North and South)

Dr. Mark Broadhurst – Associate Director of Medical Education (North)

Dr. Mahendra Kumar – Associate Director of Medical Education (South)

Dr. John Sykes Medical Director (South)

Sue Stocks – Assistant Director of Education (North)

Cathy Roberts – Medical Staffing Manager (North)

Sharon Starkey – Medical Education Coordinator (North and South)

Faith Sango – Practice Placement Facilitator (North and South)

During the visits the teams met with:

General Practice and Foundation Trainees

Core and Higher Trainees

Student nurses and occupational therapists

Educational and clinical supervisors

Occupational therapy trainers and nursing mentors

We would like to thank all those from the Trust who participated in the visit. In particular we would like to thank the learners, trainers and others who joined the sessions and shared their feedback with the visiting teams.

### 3: Progress since last year

In 2014 HEEM implemented a new process for Trusts to self-assess their progress in implementing the *East Midlands Multi-professional Quality Standards for local training and education providers*, using a balanced scorecard. HEEM has been impressed by how the Trust has used this as a tool for monitoring their progress against the standards. At the visits we heard that, since the scorecard was submitted to HEEM in July 2014, the Trust has made good progress in a number of areas. For the medical team these include:

- Ensuring that Datix reports on serious incidents non-serious but recurrent themes are shared with clinical supervisors and the relevant ADME, to ensure feedback is provided to trainees.
- A link to the Whistleblowing Policy has been added to the Junior Doctor handbook, and is highlighted at induction and meetings with Clinical Tutors.
- Piloting a new tutorial system for GP and Foundation trainees, facilitated by higher trainees. We look forward to hearing feedback on this following its implementation.
- Exploring the inclusion of a patient representative on the Trust medical training committee.
- Including trainees in weekly operations meetings at the Radbourne Unit
- Exploring Utilising MADEL funding to facilitate improvements in training, for example by developing a more robust tutoring system.
- A proposal to locate educational administrative support on the Radbourne Unit at least once per week.
- Developing a specific role description for educational supervisors within the Trust's draft Medical Education Strategy.
- Exploring solutions to concerns about air quality in the Education Centre at the Hartington Unit, which balance the needs of staff and patients.

Colleagues from nursing and the allied health professions (AHP) reported that they had found the process a useful opportunity to look at the similarities and differences between themselves and medical colleagues. The visiting teams were encouraged to hear that:

- A policy for mentoring has been developed and a practice guide to supplement this is in development. This will be rolled out to AHPs.

- From April 2015 Mentor updates will be part of the block training for nursing mentors. Three sessions per month will be provided across the year, with the expectation of increasing update compliance
- An electronic feedback system is being developed which will enable learners to voice any concerns they may have.
- Student evaluation of placements is shared with the Nursing Leadership Group with trends and actions identified.
- The Datix system has been amended to enable identification of learners and ensure feedback is provided to those involved in incidents, which brings it into alignment with identification of medical trainees.

#### Radbourne Unit

The last time HEEM met with trainees working in the south, they raised their concerns about how patient care and their own training might be affected by the number, and turnover, of locum consultants on the Radbourne Unit. Prior to this visit the Trust reported that there were now substantive or long-term locum consultants in all training posts, with the exception of Ward 34. During the visit we heard from nursing and Allied Health Professional (AHP) colleagues who reported that the situation had improved on Wards 33 and 35. The medical trainees we met with reported positive experiences of working on these wards.

However, there remained serious concerns about ward 34, from both medical, nursing and AHP colleagues. The incumbent locum consultant is due to leave the Trust shortly, with a new locum taking up their post on 28<sup>th</sup> October 2014. We heard that the situation had been exacerbated by sickness absence of other medical staff on this ward, which had in effect left a Foundation Year 1 doctor covering the ward on their own. In addition to the patient safety implications of this, there were also significant concerns about the impact on education and training for the Foundation doctor. Nursing and AHP staff reported that the lack of substantive medical cover on Ward 34 was having a negative impact on patient care, creating delays in patient discharge, which in turn had an adverse effect for other wards. The visiting team heard from medical and nursing colleagues that despite these challenges, the teams on the ward were supportive of one another. They also heard that trainees felt able to raise concerns with the Education team, who would approach them with an open and supportive mindset.

On the day of the visit, HEEM informed the Trust that they must take immediate steps to safeguard the training and supervision of the Foundation doctor. Since the visit, the trainees have now been transferred to another ward and allocated a new

clinical supervisor. HEEM has shared these findings with the Care Quality Commission and the General Medical Council.

### **Requirements**

The Trust must conduct an impact and risk assessment of the implications arising from absences of consultant and other medical staff, which takes account to the impact on patient safety, education and training and staff morale.

The Trust must develop a policy for ensuring that mechanisms are in place to ensure Foundation and other doctors in training have adequate clinical and educational supervision when senior colleagues are absent.

### Access to computers

Trainees across the Trust have previously reported access to computer workstations as an issue. The Trust advised us that, in the North, they have purchased a number of laptops which are available for trainees to use. However, during this visit, trainees again raised access to workstations as an issue, as they cannot always access a computer when needed. The Associate Director of Medical Education for the North explained that uptake of the laptops has been irregular, so when they are used software updates are required and the time this takes may be deterring others from using the laptops. The visiting team also heard that, following a suggestion from trainees, the Education team in the South have purchased several Wi-Fi enabled laptops to create 'wireless office space', and at the time of the visit were awaiting their delivery. HEEM are encouraged that the Trust are exploring alternative solutions to providing trainees with adequate office space, and would urge them to promote the availability of these laptops to trainees across the Trust, to ensure that this resource is fully utilised and the benefits realised.

### Working out of hours

Previously, Foundation Year 2 trainees working in the North reported concerns around senior cover, particularly out of hours. In June 2014 the Trust advised HEEM that they continue to emphasise the process for accessing advice and support from senior colleagues, and that the ADME reminds trainees about this at their monthly meetings. During this visit, the Foundation and GP trainees who met with the visiting team in the North reported no concerns about out of hours cover and said they felt they had more than adequate support. The Foundation Year one doctors were not working out of hours.

Previously, trainees working in the South reported that they felt the level of on-call work had increased out of hours, and this was exacerbated by the number of and distance between the sites covered. At this visit we heard that, given that the Trust is split over several sites there will inevitably be some travel between sites. However evening shifts are split so one doctor covers



the Radbourne Unit and another covers other sites. The trainees we met with confirmed this arrangement and welcomed the defined areas of responsibility.'

## 4: Good practice and innovation

At both visits, the Trust invited learners to deliver presentations on areas of good practice.

### Junior Doctor Handbook

The visiting teams received presentations from trainees about the online Junior Doctor Handbook and additional resources which are available to all trainees via Trust computers. The visiting teams felt that both of these initiatives were simple yet effective ways of sharing important information with trainees.

### E-learning

The visiting teams also heard that the e-learning portal provided a single place to identify and access mandatory training, as well as a training directory for non-mandatory training. This portal links with the training passport which records learners' and other staff's progress on training and provides alerts when mandatory training becomes overdue. The E-learning portal will be rolled out to other professional groups within the Trust.

### Handover

During this visit to the North, the team were able to observe a new handover system in practice. Designed with input from trainees, it comprises an email inbox which supplements face to face handover. Information about individual patients is captured in a standard template, and includes a good balance of clinical and personal information. The visiting team felt that this was an area of excellent practice, and trainees reported that the system is working well.

Two members of the visiting team were able to observe morning handover. A trainee gave a presentation on how the new handover process works. Nationally, handover is reported as a particular issue in psychiatry, and this new approach provided a simple yet highly effective way of ensuring all relevant information is captured and communicated.

### **Recommendation**

The Trust should share and promote this innovative approach to handover more widely.

### Compassionate Care

During the visit to the North, the visiting team were impressed to hear about the focused work the Trust has undertaken with Healthcare Assistants (HCAs) to

strengthen compassionate care. They have developed a leaflet entitled 'My 20 Commitments to Compassionate Care and Living the Trust Values'.

Currently in development, the next phase of this work is called 'Speaking Out' and focuses on equipping healthcare staff to raise concerns.

### Working with others

Whilst visiting the North, the team also heard about the work the Trust has undertaken with East Midlands Ambulance Service, to help ensure the curriculum for paramedic training has appropriate coverage of mental health issues. The visiting team were also interested in the clinical placements for trainee paramedics which have been developed by the Trust. These are due to be rolled out in January 2015 and HEEM looks forward to receiving updates on this work.

Another example of partnership working shared by the Trust, is their work with University of Derby on a number of educational programmes, including the Certificate of Policing.

### Information resources

HEEM have heard previously about a trainee-led initiative to develop key fobs which contain succinct information on important areas of practice. The key fobs act as a useful aide-memoire, including topics on guidance for new admissions, the Trust's antibiotic guidelines and alcohol detox regimes. During the visit to the South, the visiting team heard that the content of the key fobs has recently been refreshed, and the trainees continue to find this a helpful resource.

The visiting team to the South also heard about trainee-led plans to implement the 'Dr. Toolbox' app. This app provides ward specific information and is supplementary to induction.

### Multi-professional working

During the visit to the South, the visiting team received a presentation from a group of physiotherapists, occupational therapists and speech and language therapists from the learning disability service. The team heard about the engagement sessions provided to student physiotherapists about this area of practice prior to their placement in the service. The visiting team also heard how end of placement feedback is used to revise and develop tutorials, and 'insight visits' which provide other professionals to learn more about the service. This group of therapists reported that they had a well-developed approach to multi-professional working and learning, and the Trust may wish to consider how this can be extended to other professional groups.

## 5. Areas of improvement

### Bleep-free teaching

The Foundation and GP trainees that the visiting teams met with reported that they had received good mentoring support and excellent careers advice. In the North, this group reported that the system for ensuring bleep-free teaching worked well. One trainee is allocated a bleep during teaching time, which is meant to be used for emergencies: all other bleeps are handed into reception who field calls or redirect them as required. Foundation and GP trainees in the South had a mixed experience of bleep-free training, with some having been bleeped inappropriately during teaching.

### Mandatory training

Both visiting teams heard from trainees who reported frustration in completing mandatory training, and in particular accessing modules and the system recognizing that they module had been successfully completed. Some trainees reported that it had taken several hours to complete some modules.

### **Recommendation**

The Trust should discuss with trainees any issues they may have encountered whilst completing mandatory training to identify what the problems are and potential solutions.

### Support for trainees

When we last met Foundation trainees in the North, they reported that due to senior colleagues being on leave they had, at times, felt isolated. At that time, the Trust reported they had addressed this by employing a locum doctor as soon as possible, and developed a new tutorial system for Foundation and GP trainees with Higher Specialty trainees, which is due to be implemented this autumn. However, the trainees the visiting team met with were unaware of this development so HEEM would encourage the Trust to ensure that it is implemented in a timely way.

At this visit, some Foundation Year 1 trainees in the North again reported feeling isolated at times. They reflected that they felt everyone was being as supportive as they could be, particularly GP trainee colleagues. However, those working in old age psychiatry at the Walton Unit, reported that they felt geographically isolated from peers and had at times found it difficult to access senior on-call colleagues. They also reported that leave of senior colleagues at the start of their placement had also been an issue.

### **Recommendation**

The Trust should review the levels of support that are currently in place for Foundation trainees, particularly those in their first placement, to ensure that it is appropriate at the start of placements, taking account of geographical location and the need for peer support.

#### Access to clinical information and basic medical equipment

During the visit to the North, the Foundation and GP trainees also reported that they did not have access to certain clinical information, such as imaging and blood test results. Some of the trainees reflected concerns about the impact this might have on their ability to provide patient care or maintain their clinical knowledge. The Trust reflected that there were clinical reasons for not providing access to some of this information, including ensuring that trainees were not commenting on results that were outside their competence. However, trainees should be able to access appropriate clinical databases, such as blood results, to ensure that the patient's benefit from integrated physical and mental health care, and the Trust should work in partnership with colleagues from acute Trusts to ensure trainees have appropriate access at the start of their placements.

#### **Recommendation**

The Trust should work in partnership with the acute Trusts to ensure that systems are in place to enable trainees to have access to appropriate clinical databases from the start of their placement.

Foundation and GP trainees in the South reflected that they sometimes had difficulty accessing basic medical equipment on the ward, and could spend considerable time locating the equipment required. The trainees themselves suggested the possibility of creating a central resource for this type of equipment.

#### **Recommendation**

The Trust should explore with trainees and other relevant staff options for ensuring that there is appropriate access to basic medical equipment.

#### Handover

Members of the visiting team to the South also observed handover, in the evening prior to the visit and the following morning. The system did not seem to be working as effectively as in the North. The trainees we heard from were generally positive about this approach to handover, particularly as it provided an audit trail. However, some trainees reported that they had had difficulty accessing the shared mailbox.

#### **Recommendation:**

The Trust should review the implementation of the new handover system and evaluate whether it is working effectively across all sites.

#### Personal safety

Foundation and GP trainees in the South also reported that their personal safety alarms do not work on all sites, and that not all rooms used for clinics have appropriately sited panic buttons.

#### **Recommendation**

The Trust should review the measures in place to ensure personal safety, particularly when attending clinics in other units.

#### Digital dictation system

During the visit to the South, we heard that trainees of all grades had mixed experience of the digital dictation system. Some reported that it was working effectively, with others experiencing delays in letters being produced.

#### **Recommendation**

The Trust should undertake an audit of the digital dictation system.

#### Child and adolescent mental health

During the visit to the South the visiting team met with Core and Higher trainees who reported that they felt there was an ongoing lack of clarity around the policy for when doctors from Derbyshire Healthcare NHS Foundation Trust should attend the emergency department at the Royal Derby Hospital, to assess children and young people.

#### **Recommendation**

The Trust should discuss with their colleagues at Royal Derby Hospital clarification and dissemination of the policy related to the care of children and young people.

#### Dementia and delirium training

During the visit to the South, some trainees reported that they had not received training in awareness of dementia and delirium. The Trust should ensure that those learners who do not cover these issues as part of their curriculum should receive appropriate training

#### **Recommendation**

The Trust should review the provision of training in dementia and delirium to ensure that all learners receive appropriate training.

### Support for mentors and trainers

The visiting teams also met with nursing and AHP colleagues with educational roles. They reported that they felt part of a team and good support is provided within the Trust. The nursing mentors we met in the South said that they had time to perform this role, and they felt empowered to say if they were being asked to take too many student nurses on a particular ward. This group reflected that it might be beneficial for student nurses to have more experience of acute mental health wards, as this is often where their first job is and the lack of prior experience can result in a longer preceptorship.

### Relationships with higher education institutions

The mentors and trainers from the South reported that they had strong relationships with tutors from the University of Derby, and tutors were often present on the ward. Their counterparts in the North had reflected that they do not see tutors that regularly, so the Trust may want to explore how to strengthen these relationships for students and trainers working in the North of the Trust.

### Feedback and appraisal

All of the nursing mentors reflected that they would welcome more formal feedback on their role as a mentor, as they are keen to learn and develop. The occupational therapy trainers reported that they already received this feedback. Mentors and trainers from both North and South reflected that they would like to explore a trust-wide multi-disciplinary peer support group, to facilitate sharing of good practice.

Both visiting teams met with a large group of medical supervisors. They reported that the Trust has a culture that is supportive of education and training. They also reported that they felt individually supported to perform their role of educational supervisor. However, they reflected that, at present, this role was not fully recognised in the appraisal process.

### **Recommendation**

The Trust should review its processes to ensure that appraisals recognise and supports the educational roles and feedback is provided to all professional groups.

## 6. Recommendations and Requirements

### Requirements:

1. The Trust must conduct an impact and risk assessment of the implications arising from absences of consultant and other medical staff, which takes account to the impact on patient safety, education and training and staff morale.
2. The Trust must develop a policy for ensuring that mechanisms are in place to ensure Foundation and other doctors in training have adequate clinical and educational supervision when senior colleagues are absent.

### Recommendations:

3. The Trust should share and promote this innovative approach to handover more widely.
4. The Trust should discuss with trainees any issues they may have encountered whilst completing mandatory training to identify what the problems are and potential solutions.
5. The Trust should review the levels of support that are currently in place for Foundation trainees, to ensure that it is appropriate at the start of placements, taking account of geographical location.
6. The Trust should work in partnership with the acute Trusts to ensure that systems are in place to enable trainees to have access to appropriate clinical databases from the start of their placement.
7. The Trust should explore with trainees and other relevant staff options for ensuring that there is appropriate access to basic medical equipment.
8. The Trust should review the implementation of the new handover system and evaluate whether it is working effectively across all sites.
9. The Trust should review the measures in place to ensure personal safety, particularly when attending clinics in other units.
10. The Trust should undertake an audit of the digital dictation system.
11. The Trust should discuss with their colleagues at Royal Derby Hospital clarification and dissemination of the policy related to the care of children and young people.



12. The Trust should review the provision of training in dementia and delirium to ensure that all learners receive appropriate training.
13. The Trust should review its processes to ensure that appraisals recognises and supports the educational roles and feedback is provided to all professional groups.

## *7. Action plan*

## 8. Providers response

*'Derbyshire Healthcare NHS Foundation Trust (DHCFT) provides mental health training from 2 sites, Chesterfield in the North and Derby in the South.*

*Health Education East Midlands visited our Trust on 4<sup>th</sup> and 18<sup>th</sup> September respectively. The teams had previously visited clinical areas in an earlier interim visit. Their approach was open, clear and conversational. The format was multi-professional and not just for Junior Doctors' in psychiatry training.*

*The visiting teams reported encountering a Trust which values and supports education; a Trust that had engaged in a positive manner in the new style multi professional approach to quality and management introduced by HEEM in 2014. They met students, trainee doctors and staff from various clinical backgrounds and training responsibilities. The teams were keen to hear our achievements, concerns and our plans for the future. The visiting teams were able to see innovative practice first hand, such as our electronic handover system. Other projects, such as the junior doctors on line handbook and junior doctors' key fobs were also demonstrated.*

*Following the visits we received a detailed 'Outcomes Report' which highlighted areas of good practice and the issues we need to address. Our action plan (Item 7) outlines how we propose to do this, such as how we capture and provide feedback to those who provide education, how we ensure all trainees are fully supervised and arrangements made for supervision when this is not possible due to annual / sick leave and a plan put in place with immediate effect to address issues raised on the Radbourne Unit.*

*DHCFT is committed to training, innovating training methods, sharing our good practice and adopting good practice. We have excellent infrastructure and a dedicated workforce committed to inter-professional training. We support our team of educators who work hard to ensure our trainees experience the best possible training / clinical placement and deliver excellent service to our patients. The visit helped us identify our strengths and we look forward to working with HEEM to keep improving patient care.'*