

## NURSING AND MIDWIFERY PILOT REVIEW

Visit Details	
<b>LEP</b>	The Whittington Hospital NHS Trust (Whittington Health)
<b>Area of Review</b>	Nursing and Midwifery
<b>Date of visit</b>	20 January 2015
<b>Background to visit</b>	<p>The Trust had not been formally visited since March 2012, when an Annual Quality Visit of post-graduate medical specialties was held which did not highlight serious areas of concern or generate specific mandatory actions.</p> <p>The Head of Quality Performance and Programmes in Health Education North Central and East London requested to organise a pilot visit for health care professionals. The multi-professional education quality visit was aligned as a parallel visit to the postgraduate medical Trust-wide review and included sessions with Nurses, Midwives and Allied Health Professionals. This was the first time that nursing and midwifery training had been reviewed at this Trust. Previous to this pilot visit, nursing would complete a self-assessment annually in conjunction with Middlesex University London and the Trust was rated as good across all nursing specialties.</p>
<b>Visit summary and outcomes</b>	<p>The visit team met with seven pre-registration nurses and midwives who were all students of Middlesex University London. The visit team also held sessions with seven post-registration nurses and eight mentors in both nursing and midwifery.</p> <p>The visit team was pleased to note that in general the students would recommend the organisation as a place to learn and would be more than happy for their friends and family to be treated there. The visit team found that many senior staff working at the Trust had worked there for years and wouldn't dream of working elsewhere. The visit team found that there was a team-based approach to resolving issues and an excellent infrastructure for education.</p> <p>The visit team commended the Trust on its education strategic committee, but suggested that the logistics of delivery still needed work, particularly with regards to offering sufficient teaching opportunities to all. The visit team also found that although there was good Board aspiration to inter-professional learning, this was not always evidenced on the ground.</p> <p>Preparation for placement and induction in midwifery was found to be meticulously planned. This was much more variable in adult and children's nursing and this sometimes caused stress for students, particularly those with family commitments who were not able to easily shift their rota. The visit team commended the Trust's plans to introduce a co-mentor model for nurses to ensure that mentors were selected who actually wanted to mentor and to ensure that students were not just relying on one mentor.</p> <p>The visit team heard incidents of mentors meeting their mentorship responsibilities in their own time, and was reassured to hear that it had been agreed that midwives could get this time back.</p> <p>The visit team felt that the practice development nurses provided very good support to students particularly during their pre- and immediate post-registration period.</p> <p>Although simulation opportunities were in evidence, the visit team found that many students were unable to access them.</p>

## NURSING AND MIDWIFERY PILOT REVIEW

<p>In general, the visit team found that although there was clearly a very strong culture of learning and education on the hospital site, this was inevitably taking time to trickle down to the rest of the integrated care organisation of Whittington Health beyond the hospital site. The visit team would like to support the Trust's aspirations in terms of creating a completely integrated inter-professional system across the integrated Trust.</p>				
<b>Visit team</b>				
<b>Lead Visitor</b>	Chris Caldwell	<b>Service Representative</b>	Estelle Fivash	
<b>Learner Representative</b>	Ellen Hall	<b>University Representative</b>	Margit Lear	
<b>Senior Commissioning Manager, HENCEL</b>	David Marston	<b>Lay Rep</b>	Tony Pearson	
<b>Visit Officer</b>	Jane MacPherson			
<b>Findings</b>				
Key Lines of Enquiry	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
n/a	NM1	<p><b>Overview of Trust Structure</b></p> <p>The Medical Director reported that in April 2011 the Trust had become an Integrated Care Organisation and had merged the community services of Islington and Haringey with the Whittington Hospital. The goal was to create a fundamentally different organisation. The visit team heard that much work had been completed in many areas to try and reach this goal. The visit team heard that the ICO operated out of 35 different sites and provided many different services in the community.</p>		
n/a	NM2	<p><b>Serious Incidents</b></p> <p>The visit team heard that the Medical Director chaired the serious incident panel and that all the root cause analyses of serious incidents came to him. If individual student nurses were involved in an incident, he would liaise directly with the Head of Nursing. The visit team was told that the Trust's serious incident policy included feedback to TPDs and trainees/students if they were directly involved.</p>		

## NURSING AND MIDWIFERY PILOT REVIEW

		<p>The visit team was told that serious incidents featured in teaching sessions for student nurses, so that lessons were learned.</p> <p>The post-registration nurses indicated that the serious incident policy was very robust. Some student nurses commented that although they did not know how to complete the DATIX paperwork they knew to speak to their mentor or sisters on the ward if an incident occurred. Other students felt that they had received enough training to know how to complete the forms if necessary.</p> <p>Some senior student midwives were aware of the DATIX system, but the more junior students were unfamiliar with it. However it was acknowledged that they would not be expected to use it themselves.</p> <p>With regards to supporting students who were involved in serious incidents, the visit team was told that a strong support mechanism was in place for all trainees and students.</p>		
n/a	NM3	<p><b>Tariff</b></p> <p>The visit team was told that the educational tariff was widely used to support education. In terms of support for nursing, funding had been used to recruit placement managers and practice development nurses. Some library services had been extended out to the Community Education Professionals, including WIFI for practice nurses in GP services (who traditionally had felt very isolated).</p> <p>It was reported that the new practice development nurses worked with third year students to help them become clinically confident nurses that the Trust would like to employ. The practice development nurses also helped the students with literature searches, with interview practice and with writing applications. If the Trust decided to recruit them, the new nurses would then be supported by the same practice development nurse once they started in post. The majority of the third year nurses were due to finish in March 2015 and would hopefully be recruited in September.</p>		
n/a	NM4	<p><b>Induction</b></p> <p>The student midwives and nurses confirmed that they had received an appropriate induction. Some had had better experiences than others in terms of the quality and length of the induction, but overall induction was reported to be good.</p>		

## NURSING AND MIDWIFERY PILOT REVIEW

n/a	NM5	<p><b>Supervision and Mentorship</b></p> <p>The visit team heard that the Trust was a very mentor-rich organisation. In some areas, all the nurses were mentors.</p> <p>The visit team heard from the management team that to be a mentor, a post-registration qualification was required for nurses. It was reported that all mentors had an annual update meeting for an hour and then every two years they attended a study day to discuss changes in the curriculum and obtain support, if required. A similar system was reportedly in operation for midwifery.</p> <p>The visit team was told that the Nursing Executive Committee had mentorship as a standing item on its agenda each meeting.</p> <p>The visit team heard that to become a mentor, the midwives had to attend a university course. They were allowed study leave to complete this. Once they returned to clinical practice, they spent an initial period under supervision as a mentor. Sign-off mentorship was also carried out initially under supervision.</p> <p>The visit team heard that the practice development team encouraged the midwives to undertake a mentorship course before any other further study. Every student was allocated two sign-off mentors at the same time during their training, which meant that many sign-off mentors were required to meet this requirement. The visit team heard that most sign-off mentors were responsible for two students.</p> <p>With regards to nursing, the visit team heard that if nurses were coping well in their new role as a qualified nurse, then the first course that they were likely to undertake was the mentorship course. Most nurses were expected to undertake mentorship training within six months to one year of being qualified.</p> <p>All the nurses and midwives who were working as mentors reported that they had an appropriate number of students to look after.</p> <p>With regards to adult and child nursing, the mentors confirmed that the Trust was committed to a full day of mentorship each year for as many mentors as possible.</p> <p>All midwives reportedly attended a three day mandatory training each year, which also incorporated mentorship training.</p>	<p>The visit team recommends that the Trust reviews the process via which the pre-registration student nurses start in post to ensure that they are given all the necessary information about their rota and mentor well in advance, perhaps learning from the process for student midwives.</p>	<p>Green Recommendation</p>
-----	-----	---	--	---------------------------------

## NURSING AND MIDWIFERY PILOT REVIEW

	<p>The pre-registration nurses commented that prior to starting in post they had received very little information regarding their rota, although they understood that they were supposed to hear from their mentor two weeks prior to starting. For many, the lack of information regarding their post was stressful, particularly for those with childcare commitments. The visit team heard that these teething issues were normally sorted out within a couple of days of starting in post.</p> <p>The visit team heard that the student nurses felt well supported. There was a poster on the student board with a familiar face from university, therefore they knew who to contact if they required assistance. They commented that they were well supported by the practice staff and by their university too.</p> <p>The midwives reported a very well organised and meticulous system whereby they found out their rota and mentor details well in advance. The student midwives had the same mentor for three years, which they all appreciated. Their clinical practice facilitator arranged their off duty days, allocated their mentor, gave them an induction and was their point of contact if they needed support.</p> <p>All the student nurses and midwives reported that they had enough time with their mentors. The nurses confirmed that they had two mentors and therefore always had someone to contact for assistance if the other was on annual leave.</p> <p>The students commented that they received sufficient feedback on their performance. Many said that they had the opportunity to talk through their goals with their mentor, e.g. when the ward was quiet at the end of the day.</p> <p>The visit team heard that many midwives were obliged to carry out assessments with their students in their own time, but that it had recently been agreed that they would get this time back. The midwives commented that as each assessment took four hours, this was time-consuming. The student midwives agreed that their mentors had insufficient time to look after them, and commented that many carried out their mentorship responsibilities in their own time. They also indicated that many mentors came in on their day off to sign off students, and that prioritising mentorship was not always possible because of service commitments.</p> <p>The student midwives reported that in order to sign off their Practice Assessment Document they had to be proactive and well organised. Leaving it until the last minute was not possible as mentors might not be available.</p> <p>The visit team was told of the Trust's plans to introduce a co-mentor model for nurses to ensure that mentors actually wanted to mentor and to ensure that students were not just relying on one</p>		
--	--	--	--

### NURSING AND MIDWIFERY PILOT REVIEW

		mentor.		
n/a	NM6	<p><b>Inter-professional learning opportunities</b></p> <p>The visit team was told that student midwives in year 3 were rotated through different placements and therefore received good training in different areas and gained a good understanding of other professions. One commented that she had completed actual adult nursing shifts and had learnt about wound nursing and working with ODPs, which she found useful.</p> <p>Some student adult nurses also commented that they had spent time working with anaesthetists which they found worthwhile. They commented that when working in theatre, the surgeons engaged with them and explained the operation that they were undertaking.</p> <p>The students confirmed that they were able to see the full patient pathway, from meeting the patient on the ward all the way through to discharge.</p> <p>The visit team was told that efforts were made for nurses and midwives to attend inter-professional sessions such as MDTs and advanced recovery sessions, but that this was not always possible.</p> <p>The visit team heard that student nurses had access to gastroenterology, haematology, oncology wards and chemotherapy units. Thanks to this access, they could see the whole patient pathway.</p>	The visit team recommends that the Trust continues in its efforts to ensure that all students have access to inter-professional learning.	Green Recommendation
n/a	NM7	<p><b>Simulation</b></p> <p>The education team reported that multi-discipline simulation training was offered and that nurses and doctors worked together. The simulation lead reported that all the simulation programmes were integrated with nursing apart from the F1 training. Although the nurses ideally should attend, in reality it was often difficult for them to be released from their service commitments. The Trust agreed that it needed to renew the effort to ensure that nurses could attend. The pre-registration student nurses reported that they had not received any simulation training at the Trust.</p> <p>The visit team was informed that student midwives also attended a number of inter-professional meetings when they were in clinical areas. They were invited to attend PROMPT study day drills and skills sessions, which were also attended by obstetricians. The student midwives also reportedly interacted daily with medical students.</p>	The visit team recommends that all student nurses and midwives should have access to time-tabled simulation training.	Green Recommendation

### NURSING AND MIDWIFERY PILOT REVIEW

		The student midwives later commented however that they only attended PROMPT simulation training in their final year. The more junior students commented that they would like to have access to such sessions earlier in their training too.		
n/a	NM8	<p><b>Community</b></p> <p>The visit team heard of some frustrations from nurses working in the community who found that they were becoming de-skilled due to the excessive amount of time it took for them to be signed off (after they had moved to the Trust from elsewhere). They indicated that there were insufficient numbers of sign-off mentors to look after the newly qualified nurses. The visit team also heard that there was a lack of time and resource for formal inter-professional teaching in the community. Most children's nursing students reported that they had had the opportunity to work in the community, which they found useful. However, this was not always the case for student adult nurses who had fewer opportunities to work in different areas.</p>	The visit team recommends that adult nurses are given more exposure to work in the community.	Green Recommendation
n/a	NM9	<p><b>Training</b></p> <p>In terms of providing post-registration training to nurses, the visit team was told that a good system was in place to highlight those who required training. Regular training needs analyses were carried out and records were kept of who attended which training. The visit team heard that ward managers ensured that nurses were released to attend training.</p> <p>The visit team heard that practice development nurses were involved in allocating people to courses, and that ward managers were instrumental in deciding who required training. The visit team was told that regular bedside training took place every day.</p> <p>With regards to funding available for courses, the visit team was told that one of the strengths of the organisation was communication and that in general if funding was required, discussions took place amongst the relevant people to ensure that this funding was made available.</p> <p>The visit team was also told that the university worked well with the Trust to ensure that students were happy with the courses provided. Competency workbooks were completed by the students during the training. If it was found that students did not perform well after the course, then this would be picked up during performance management.</p>		
n/a	NM10	<p><b>Teaching</b></p> <p>The visit team was informed that student nurses received one hour of teaching on different topics every Monday.</p>		

## NURSING AND MIDWIFERY PILOT REVIEW

		<p>The student nurses reported that although they were mostly able to attend teaching, some placements were not always keen to release students, particularly in A&amp;E.</p> <p>The student midwives suggested that study days should be organised for all the students to get together to share experiences.</p>		
n/a	NM11	<p><b>Feedback</b></p> <p>The visit team heard that the Trust gathered feedback from all its nursing and midwifery students and that the richest of this information came from the student forum. It was reported that a series of fora took place each year, which were paid for by Tariff and in which students talked about their ideas for improvement.</p> <p>The visit team heard that there was a nursing executive committee in which issues were raised and discussed.</p>		
n/a	NM12	<p><b>Job Plans and Appraisal</b></p> <p>In terms of appraisal, the Trust was aware that it needed to improve its appraisal rates in many areas. This had been recently discussed at a Board meeting and plans were in place to increase appraisal rates to 90% by the end of the year. The Chief Executive commented that this was very important to him as a leader.</p>		
n/a	NM13	<p><b>Recruitment</b></p> <p>The visit team heard that there were no HCA vacancies at the Trust. With regards to registered nurses, the Trust had a low vacancy rate following a recent recruitment drive in which they recruited nurses from the Philippines as well as the UK. The Trust had also recruited nurses from Portugal and Spain to work in the community. Once these nurses were all in place, the Trust should reach its target of less than 5% vacancy rate.</p>		
n/a	NM14	<p><b>Harassment and Undermining Behaviours</b></p> <p>The visit team heard that the Trust was currently reviewing its policy on bullying and undermining. Although some pre-registration students indicated that they had on occasion witnessed inappropriate undermining in front of others, they also said that the mentoring programme was sufficient to support this. They felt that there was always someone available to speak to. In general the students were aware of the Trust's guidelines regarding bullying and harassment. They felt that the Trust dealt very well with such issues.</p>		



**NURSING AND MIDWIFERY PILOT REVIEW**

Good Practice				Contact	Brief for Sharing	Date	
N/A							
Other Actions (including actions to be taken by Health Education North Central and East London)							
Requirement					Responsibility		
N/A							
Information and reports provided to the team prior to the visit							
DME Annual Report	No	Regulator Reports/Data	No	LFG Reports	No	MEM minutes	No
GMC Survey - trainees	No	GMC Survey - trainers	No	Previous visit reports & action plans	No		
PVQs - trainees	No	PVQs - trainers	No	Result of school survey	No		
Signed							
By the Lead Visitor on behalf of the Visiting Team:			Chris Caldwell				
Date:			26 March 2015				