

Quality and Regulation Team (London and South East)

**North Middlesex University Hospital
NHS Trust**
Nursing, Midwifery, Allied Health
Professionals and Pharmacy



Quality Visit Report
15 March 2016
Final Report

Visit Details	
Trust	North Middlesex University Hospital NHS Trust
Date of visit	15 March 2016
Background to visit	<p>The Trust was visited as part of the new multi-professional review process. The visit team was keen to explore the following areas:</p> <ul style="list-style-type: none"> • Processes surrounding student placement mapping • Inductions and student evaluation feedback • The opportunities within the Trust for inter-professional learning and access to simulation • How the Trust's preceptorship programme worked, what it consisted of and how it differed for each non-medical area • The management of incident reporting and how learning from incidents was shared across the Trust <p>The visit team was also keen to review the performance management processes undertaken by the Trust with its partner universities, exploring how the organisations worked together to ensure oversight of the quality of education programmes. Finally, the visit team was keen to review the process for planning workforce development, continued professional development and explore the arrangements regarding access to mentorship.</p>
Visit summary and outcomes	<p>The visit team would like to thank the Trust for the well-organised and well-attended sessions. The visit team met with the Associate Director for Multi-professional Education, the Associate Director for Medical Education and their teams, and the nursing Professional Development Leads. The visit team then met with 15 student nurses, six student operating department practitioners, five healthcare assistants (bands two to four), one student midwife, two radiography students, one physiotherapy student, one student dietician, two pre-registration pharmacists and one pharmacy technician. The visit team met with 13 staff members, from across the professions, on post-registration courses. The visit team also met with 15 mentors, educators and supervisors from nursing, midwifery, pharmacy, radiography, occupational therapy, surgery and dietetics.</p> <p>The visit team noted the following areas that were working well:</p> <ul style="list-style-type: none"> • Overall, the learners felt they were well supervised and supported in their role. Learners knew who to contact if they needed to raise concerns. The visit team heard that most learners enjoyed working here and many planned to work here after their course. Many of the postgraduate learners had worked in the Trust for many years and planned to continue. • The Trust had good relationships with its university partners and both students and mentors welcomed the support of university link lecturers • There was evidence of particularly effective systems for supporting learning and development within pharmacy, radiotherapy and the neonatal unit. There was also considerable variation in practice. The visit team heard about a number of examples of good practice e.g. the preceptorship programme and the support for the development of staff from Bands 2-4 onwards into professional roles. The visit team noted that there was scope to build on these areas of good practice. • The visit team met with passionate and driven supervisors, mentors and educators who were extremely committed to education and learning. The Trust clearly had an opportunity to celebrate, value, share and disseminate some of the good work being undertaken within education in different parts of the organisation and also to network with and learn from the wider system.

The visit team noted the following areas for improvement:

- The visit team heard that some learners did not receive an induction or have their mentor/supervisor allocated until after they had started on placement. The visit team suggested that all learners should undertake a Trust and departmental induction when starting at the Trust and mentor/supervisors should be allocated in advance of the learner commencing. As part of this induction process, the Trust should ensure that all students have an up to date Disclosure and Barring Service check in place.
- It was reported that the way in which some staff spoke to each other at times was unprofessional and not consistent with Trust values. The learners who reported this said that it was impacting on their learning experience and could have a similarly negative impact on patients and relatives. The learners did not feel this was being addressed.
- The visit team found evidence to suggest that whilst a number of initiatives had been put in place to improve feedback and disseminate learning from incidents this was not yet fully embedded, with particular reference to sharing learning across departments/professions.
- The visit team was concerned that there was a lack of awareness/transparency of how Health Education England funding for education was used across the Trust, particularly how the non-medical placement tariff was utilised.
- The visit team recommended that the Trust should encourage greater networking across the Trust and with professional networks/other Trusts, in order to share good practice, learn from others and enhance educational expertise.

Visit team

Lead Visitor	Professor Chris Caldwell, Dean for Healthcare Professions	Deputy Lead Visitor	Louise Morton, Associate Dean for Healthcare Professions
Trust Liaison Dean	Dr Indranil Chakravorty, Trust Liaison Dean for Health Education England North Central and East London	Higher Education Institute Representative	Professor Kay Caldwell, Professor of Nursing, Middlesex University
Local Office Representative	David Marston, Senior Commissioning Manager (Healthcare Professions)	External Representative	Wendy Matthews, Deputy Chief Nurse and Director of Midwifery, Barking, Havering and Redbridge University Hospital NHS Trust
Lay Member	Caroline Aldridge, Lay Representative	Visit Officer	Vicky Farrimond, Learning Environment Quality Coordinator

Findings

Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
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Theme 1) Learning environment and culture

NM1.1 Serious incidents and professional duty of candour

The visit team was informed by the Director of Nursing that the Trust wished to develop further the learning from serious incidents. There were daily incident review meetings between the Director of Nursing and matrons during which all incidents which had taken place within the previous 24 hours were reviewed.

The visit team was informed that all nurses, midwives and health care assistants understood how to report serious incidents.

The visit team was told that there was a team briefing every morning within theatres where serious incidents would be discussed. Within the maternity department there were posters relating to serious incidents and information regarding how to learn from them. If a serious incident took place in neonatology, there would be a review of the incident and new procedures implemented. It was reported that the paediatric emergency department staff were very supportive following a serious incident and ensured all staff were aware of what had gone wrong so that it did not happen again.

The visit team heard that if there were any errors with the radiography machines the learners would report these to the physics team and the learners could see that these issues were being resolved.

The allied health professionals (AHP) informed the visit team that they were notified of the outcomes of any serious incidents and that within physiotherapy and dietetics there were multi-disciplinary team (MDT) meetings where all incidents were discussed.

The learners within pharmacy reported that they double-checked all the medication before patients collected the medication to avoid errors. The visit team was told that when there were errors the pharmacy department took different approaches to deal with the errors and they were identified before the medication left the dispensary. All errors were reported via Datix although the trainees did not receive feedback.

The visit team was informed by the mentors/supervisors/educators that if a serious incident related to a particular area they would have meetings and training days, if required, on what the new processes would be. They also reported that learning from incidents was highlighted on the intranet and newsletter updates which came through daily. However, this was the only group who seemed to be aware of this. It was evident from learners (both undergraduate and postgraduate) across the professions that, whilst they may have been involved in learning relating to incidents in their own department they were not aware of learning from incidents across the Trust.

The visit team heard that the Trust has introduced Schwartz rounds. The dietetic department had grand rounds about nutritional products and reviewed case studies.

Competencies around incidents and complaints were included in the nursing preceptorship programme.

	The visit team found that pre-registration/undergraduate learners (across the professions) had little or no understanding of Duty of Candour.		
NM1.2	<p>Appropriate level of supervision and responsibilities for patient care appropriate for stage of education and training</p> <p>The learners all reported that they did not work above their level of competency and had adequate supervision.</p>		
NM1.3	<p>An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme</p> <p>The learners reported that the induction was variable depending on the department. Most learners received an induction, allocated mentors and were provided with timetables prior to starting at the Trust. ODP (operating department practitioner) students suggested that an induction to the different areas (e.g. anaesthetics, scrub, recovery) within the Operating Department would also be helpful when moving to a new area.</p> <p>The visit team heard that some healthcare assistants did not receive an induction when they started at the Trust.</p> <p>The visit team heard that the radiography induction was well managed and the learners met the key members of the staff and walked around the department before starting on their placement. The induction included talking the learners through each machine and a presentation on what to expect.</p> <p>The visit team heard that the learners within dietetics did not have a formal induction; they were provided with a welcome pack to read prior to starting at the Trust which included an induction checklist however this was not explained in person at the Trust when the learners arrived. The visit team was told that due to this the Trust did not check the learners had a fully up to date Disclosure and Barring Service (DBS) check.</p> <p>The visit team heard that the learners within physiotherapy did not receive a hospital pass for access to the building and all necessary departments until 10 days after starting at the Trust.</p>	The Trust should have mechanisms in place to ensure that all staff and learners undertake a Trust and departmental induction when starting at the Trust and that all students have an up to date DBS prior to start. Consideration should also be given to the induction needs of students moving to a new area within the same department.	Recommendation
NM1.4	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>The visit team heard that the learners within radiography were given a block of clinical competencies by the Higher Education Institute (HEI) that needed to be assessed before starting on the placement. The learners then selected an assessor which could not be their mentor and they were made aware of assessment days in advance. The learners undertook continuous practical assessments.</p> <p>The physiotherapy learners reported that they had to meet competencies throughout the placement; the learners would learn about one area and be reviewed on this. The visit team was told that the learners would also be given personal assessments relating to how they reviewed patients.</p>		

	<p>The visit team was told that within dietetics it could be hard to complete the two clinical observations per week as the department was busy although the staff were supportive and ensured the learners were supported through their competencies and assessments.</p> <p>The visit team heard that within the pharmacy department the learners were assessed whilst undertaking their day to day activities, completed reflective accounts and records of assessments.</p> <p>Both students and supervisors reported the pressures of trying to find sufficient time to complete student assessments. They also noted the complexities (and benefits) of having learners from different professions in one environment, in terms of ensuring all learners had equal access to learning opportunities and the requisite time with mentors/supervisors.</p>		
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Theme 2) Educational governance and leadership

<p>NM2.1</p>	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The visit team was informed that the Trust was aiming towards Foundation Trust status. The team learnt of the Trust's governance structure for education, including the relatively new Workforce, Development and Education Committee.</p> <p>The visit team was told that the education portfolio was sited previously with the Medical Director, but was moved to Human Resources as an interim measure and now was once again to be sited with the Medical Director (of note, at the time of the visit the new Medical Director had been in post for only three weeks). Pending the arrival of the new Medical Director, the Trust had recruited an interim Director of Education.</p> <p>The visit team found it hard to evidence the implementation of an education strategy.</p> <p>The visit team was informed that statutory mandatory training at the Trust was previously poor with just a 40% completion rate and in the previous year the Trust had focused its efforts on increasing this number; the completion level was now at 80%.</p> <p>The visit team heard that some of the £300,000 which HEE North Central and East London Local Office provided to the Trust had been used for training of staff within anaesthetics and the emergency department. The nurses within anaesthetics and the emergency department had been upskilled and 20 people from the emergency department had attended a leadership course provided by Middlesex University in conjunction with the Kings Fund. Eleven of the medical clinical leaders had also taken part in a bespoke programme. The associate directors reported that there was around £100,000 left to spend and felt that the investment and the courses staff had attended had been valuable. The visit team noted that the money did not seem to have been used for multidisciplinary training, and the numbers of staff trained were relatively small compared to a large workforce. The Professional Development Lead, who co-ordinated the CPD/study leave requests, was only aware of the money for indirect and direct commissioning. He was not a budget holder, nor did he see a budget statement.</p> <p>The visit team was concerned that there was a lack of awareness/transparency regarding how the</p>		
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	<p>funding from Health Education England was used across the Trust, particularly how the non-medical placement tariff was utilised.</p> <p>The visit team was informed that the professional development leads reported into the director of nursing and practice development nurses (apart from the practice educators for Bands 1-4 and Preceptorship) who reported into the Heads of Nursing. The visit team heard that this structure was not always conducive to clarity of purpose, strategic vision and lines of responsibility.</p>	<p>It is recommended that the Trust should review the allocation and utilisation of non-medical placement tariff to ensure transparency and effective use of this funding stream to support non-medical pre-registration students. The Trust is asked to liaise with the HEE NCEL Associate Dean of Healthcare Professions to request further support in this regard.</p>	<p>Recommendation</p>
NM2.2	<p>Impact of service design on learners</p> <p>The learners who the visit team interviewed, were generally positive about their experience of education and training at the Trust and at least 50% of the learners would work at the Trust when they qualified.</p> <p>The visit team heard that there were pressures within the emergency department which meant that the nursing staff did not have time for breaks. In other areas learners reported staff to be very 'stressed' and that this sometimes made them less approachable.</p> <p>The visit team was told that each ward had a quality board which reported information such as pressure ulcer and infection rates. This board also had staffing numbers on the wards. The visit team saw little evidence of quality improvement methodology being included in learning or learners being involved in QI activities.</p>		
NM2.3	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The learners commented that if they needed to raise concerns they would contact the lead for education and training in their department, the link lecturer or ward manager. They considered that they were able to provide feedback on their placement through their evaluation forms at university. On the whole, the students were not clear that their feedback had resulted in change but some students did report improvements during the period of their course – an example being improved off-duty rotas in midwifery and ODP students identifying change in response to their feedback.</p>		
NM2.4	<p>Systems to manage learners' progression</p> <p>The visit team heard that the Trust was developing a range of multi-professional training and programmes to further develop the current workforce. The visit team heard that the Trust was developing development pathways for the clinical and non-clinical workforce</p> <p>The visit team was told about the leading for excellence programme for the Bands 7 and 8 workforce which the Trust was hoping would be accredited by Middlesex University. The Trust was developing a further leadership programme for Bands 7 and 8 with NHS Elect and this was halfway through the first cohort. The Trust was also working on a management and leadership programme for the Band 6 workforce in partnership with the local college which would result in an</p>		

	<p>Institute of Leadership and Management level 5 qualification. There were six staff members on the first course which commenced in March 2016 and the second cohort would start towards the end of 2016.</p> <p>The visit team was told that the Trust was looking into developing an access to nursing course with the local college and was working with the OD department on this.</p> <p>The visit team was told that the majority of the Advanced Nurse Practitioners (ANP) were within the emergency department and the Trust was looking at how to develop the Clinical Nurse Specialists into the role of an ANP.</p> <p>The visit team was informed that the Trust had two staff members on the cancer nurse specialist course at University College London and was hoping to be able to enable more nurses to start.</p> <p>The learners within pharmacy commented that they there were progression routes at the Trust and they saw pharmacists in the department progressing. There were also opportunities to undertake courses including on prescribing.</p> <p>The visit team heard that the post-registration learners had their development needs identified through appraisals.</p> <p>The visit team was told that access to education programmes was dependent on the course requested, funding available and service/need. Staff reported that applications for study leave had to include relevance to Trust strategic objectives. The visit team heard that the post-registration learners were able to provide feedback on their courses through survey monkey following completion; this survey asked what the learners had learnt and how it had been utilised in practice.</p> <p>The visit team heard that high profile topics were picked up through the corporate nursing team and programmes were then developed to meet targets. The corporate nursing team would put together a clinical skills programme relating to key topics such as safety thermometers. The visit team was told that there was currently a one day programme for dementia at tier two and three being developed, alongside work around falls which was a key area for the Trust.</p>		
NM2.5	<p>Organisation to ensure access to a named supervisor, mentor or educator</p> <p>The learners reported that most of the time they were assigned a mentor on arrival at the Trust. The visit team was told that paediatric nurses within the emergency department were not provided with their off duty rota prior to the placement commencing and mentors were not allocated on day one. The visit team did hear of cases when learners had to wait up to three weeks to have their initial interview and also of some students having to approach staff to be a mentor for them, as mentors had not been allocated. They noted this could be very daunting for students, particularly first year students and could have a negative and enduring impact on a student's confidence. Also, some students found that staff did not necessarily know if they were mentors, which meant that students may be working for some time with a member of staff before finding out that the staff member was unable to complete their assessments. Students recommended that staff received guidance on 'how to be a good mentor' and support in their mentorship role. They noted that staff</p>	<p>The Trust should ensure that it has in place systems to monitor the quality of mentorship provision for student nurses ensuring that it meets NMC standards.</p> <p>The Trust should consider how it can be assured that mentor arrangements for ODPs, AHPs, pharmacists and healthcare scientists are adequate and in accordance with professional requirements.</p>	Recommendation

	<p>were not always aware of the learning opportunities in their department or how to guide students to make best use of these. This was, to some extent, supported by mentors/supervisors who suggested there was scope for 'more work with mentors' and that they would welcome further guidance regarding how to support learners 'on the floor'. Students highlighted some examples of excellent mentorship, which could be shared, and the positive impact this could have on a student's experience. Some students queried whether staff could be 'chosen' to be mentors – i.e. identified as candidates for mentorship training according to their aptitude to be a good mentor. There were some indications that the Trust was taking this approach, whereby prospective mentors interviewed for the role.</p> <p>The visit team heard that the learners were not always included on the same shift pattern as their mentor. Overall, though, most nursing students considered they were working with their mentors for the 40% of time required by the Nursing and Midwifery Council (NMC). Pre-registration nursing students reported excellent access to their link lecturer.</p> <p>The healthcare assistants were positive about their mentors. The visit team heard that most learners felt well supported by the mentors.</p> <p>However, the visit team did hear that some mentors were not as willing to support and train learners as others. The learners reported that within outpatients there was little support made available and the learners were unable to engage with all the available learning opportunities.</p> <p>The visit team heard that when the departments were busy it was harder for the learners to feel supported as they felt like they were getting in the way. Nonetheless the learners reported that the departments collectively took responsibility for supporting them.</p> <p>The learners within pharmacy commented that they had a lead throughout each rotation and other members of the team were supportive of all learners. The visit team was told that the learners were with their lead throughout the full training and undertook the same roles. The visit team heard that some rotations were busy or short of staff and if this was the case the learners' rotations would be planned around this so they were not impacted.</p> <p>The visit team found that that staff were not always aware of their responsibilities to undertake annual mentorship update and when their update was due. The visit team heard that there was a half day bi-monthly mentorship update which all mentors were invited to attend (for annual mentor update) however attendance was an issue.</p> <p>The visit team was told that there were 150 requests for mentorship courses (that is, training to be a mentor) for 2016/17 however not all of these aspiring mentors would be able to attend courses as, it was understood there were insufficient funds.</p>	<p>The Trust should ensure that all nurse mentors have an annual mentorship update and comply with Triennial review requirements.</p>	<p>Recommendation</p>
<p>NM2.6</p>	<p>Placement arrangements</p> <p>Overall, learners reported that they were informed of their placements in a timely and efficient manner, although not all had access to their off duty prior to starting.</p> <p>The learners within radiography commented that the placements were all arranged by the higher education institute (HEI). The learners were given information and packs prior to starting and the</p>		

	<p>department was ready for the learners which helped them have a seamless transition into their placement.</p> <p>The learners within physiotherapy were given contact details for the placement and were contacted regarding where to go within the Trust and who to meet. The learners were also provided with pre-reading relating to the department and placement.</p> <p>The learners within dietetics were contacted via the Trust regarding their placement once they had their choices accepted and were sent welcome packs and provided with start dates.</p>		
Theme 3) Supporting learners			
NM3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The visit team heard from learners on post-registration programmes that they were well supported by their managers and the Trust education team.</p> <p>The visit team was told that for learners who had been out of academic life there was limited support through the education centre in terms of how to manage being a student again, balancing work and education and becoming up to date with the new ICT (information and communications technology) functionalities that may be required for courses.</p> <p>Some students commented that learning opportunities were available in their ward department but that staff did not know how to use them.</p>		
NM3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The visit team heard that the way in which some staff spoke to each other at times was unprofessional and inconsistent with Trust values. The learners who reported said that it was impacting on their learning experience and could have a similarly negative impact on patients and relatives.</p> <p>The visit team heard of occasions when due to pressures within department learners had been spoken to in a manner which was not appropriate. The learners reported that when they had raised the fact that they did not appreciate the manner in which they were spoken to staff would apologise.</p> <p>The visit team was told that within some departments the learners were regularly referred to as 'the student'. The learners commented this did not make them feel overly welcome into the department and would have appreciated staff trying to learn their names.</p>		
NM3.3	<p>Revalidation</p> <p>The visit team was informed that the Trust had been working with staff for some time regarding revalidation, holding workshops and providing information on the intranet. The Trust wrote to the nurses going through revalidation six months prior to their revalidation date with clear instructions of what they were required to undertake. However, the visit team was not persuaded that nurses</p>		

	<p>and midwives were entirely prepared to meet the requirements of validation. None of the staff, with whom the visiting the team met, seemed to understand the role of confirmer.</p>		
<p>NM3.4</p>	<p>Preceptorship</p> <p>The visit team heard that the nursing preceptorship programme was new and had been implemented in the past year. The practice educators developed the booklet which all newly qualified nursing staff followed for the year-long preceptorship programme. The nurses were allocated a preceptor within two days at the Trust; the nurses attended five study days over the year looking at basic nursing care, communication, documentation and numeracy. There was also a simulation day. The preceptees met with their preceptors once every month and had an appraisal on their progression at the six month stage. All the preceptees' progression, competencies and meetings were logged within the booklet.</p> <p>The visit team was told that the booklet was created by looking at other Trusts' preceptorship programmes, reviewing the Nursing and Midwifery Council code of conduct, Health Education England and Royal College of Nursing standards. The booklet was then reviewed and signed off by the Trust board. e. The programme was developed to enable the transition from student to newly qualified nurse to be as seamless as possible. The visit team noted that the booklet contained many competencies that should be achieved in the pre-registration programme.</p> <p>The practice educators reported that they had a database listing each preceptee, when they started, attendance at study days and when they met their competencies. The preceptees had the opportunity to feedback on the programme and visit team heard that their feedback would be used to further develop the preceptorship programme. The preceptorship programme was new and was in its infancy. The programme had 20 preceptors, five study days and was a rolling programme.</p> <p>The visit team heard that the midwives' preceptorship programme was a one year programme with the midwives receiving Band 6 pay at 70%, during the preceptorship period.</p> <p>The visit team was told that for AHPs, there was a local preceptorship programme within each therapy for the newly qualified. This programme was six months long and featured competencies that required sign-off and could be extended if required.</p> <p>The visit team heard that Trust was developing a clear pathway for how nurses would develop and was creating an expert model with built-in programmes for the nurses to undertake once they had completed their preceptorship programme. This involved having a rotation through theatres, emergency department and medicine to develop staff in a wide range of areas. The visit team was told that a rotation through care of the elderly was also being developed.</p> <p>The visit team heard that the AHPs rotated through medicine and surgical areas and if there were vacancies they would be moved into a different department and follow a career pathway. There were also opportunities available to follow a specialty that the staff were interested in. The visit team was told that there were fewer development opportunities within radiotherapy and the appraisals were used for development review and to feed into training needs analysis.</p> <p>The neonatal department had adopted the pan-London neonatal booklet for preceptorship and</p>		

	<p>had developed a new indication and orientation programme which took place over a two week period.</p> <p>The midwifery department commented that the pan-London practice assessment document was rolled out to all students and midwives within the department from September 2015. The visit team was told that department had insufficient sign-off mentors. The department had recently managed to secure four more places on a mentorship course.</p>		
NM3.5	<p>Care Certificate</p> <p>The visit team heard that the Bands 2 to 4 learners had access to the care certificate which included a one month induction and three month programme. The care certificate included three days of skills training, two weeks supernumerary in the role to settle in and 12 weeks to complete the course. The visit team heard that 21 had started the course in September 2015 and 16 had completed.</p>		
Theme 4) Supporting educators			
NM4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The visit team was told that staff were identified as mentors through interview, self-nomination or manager nomination. Mentors were expected to attend clinical educator study days every year.</p> <p>The placement manager held a local register of all mentors. There were 373 mentors on the register from nursing and midwifery. Of these 76 were not up to date with the required annual mentor update, meaning that the Trust had a compliance rate of 80%. The Trust reported that it had sufficient numbers of sign-off mentors, and had measures in place to maintain training levels. The visit team heard that numbers of sign-off mentors were sub-optimal in midwifery and the ED.</p> <p>The visit team found that nursing staff had limited understanding of the requirements for Triennial Review. They heard that the education team were aware of this and that trust-wide procedures for undertaking and monitoring Triennial review were under review. The Trust reported an 80% compliance rate for Triennial Review.</p>		
NM4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The visit team hard that the mentors/supervisors did not have time recognised within their clinical role for their non-clinical commitments such as supporting learners. This could mean that some staff were reluctant to be a mentor/supervisor. Staff undertaking student lead/student link roles identified that they had no additional time allocated to fulfil these responsibilities. This made it difficult to identify staff willing to undertake these roles.</p> <p>The visit team heard that Newly Registered Nurses (NRN) were allocated protected time with their preceptor as part of the preceptorship programme. The visit team was unable to judge whether this time was routinely protected and available for all NRNs, however the Trust lead for preceptorship reported that she checked with NRNs, on their preceptorship study days, as to</p>		

	whether they were meeting the requirements for meetings with their preceptor.		
NM4.3	<p>Access to appropriately funded resources to meet the requirements of the training programme or curriculum</p> <p>The visit team heard that the facilities for training and learning were suboptimal. However, the executive team was very aware of this and was optimistic that plans for new education facilities could be realised.</p>		
Theme 5) Developing and implementing curricula and assessments			
NM5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The visit team was told that within pharmacy the learners attended one study day a month which was ran by LPET (London Pharmacy Education and Training). The trainees reported that they would appreciate more time to study as there were not always enough opportunities during the placement especially if the rotation was short-staffed.</p>		
NM5.2	<p>Opportunities for interprofessional multidisciplinary working</p> <p>The visit team was informed by the Director of Nursing that there were multi-professional learning opportunities within simulation, safeguarding and resuscitation.</p> <p>The visit team heard of some opportunities for interprofessional working. The learners within paediatrics commented that they were able to attend simulations with all staff in the department.</p> <p>The visit team heard that midwives were invited to all the multi-disciplinary team training.</p> <p>ODP students reported that they had limited access to multi-disciplinary training opportunities within the Operating Department although they reported good examples of 'bedside' or uni-disciplinary teaching. They would value the opportunity to participate in audit meetings and also recommended that students be more easily recognisable in the clinical environment so that colleagues knew that they were learning.</p> <p>The AHPs commented that they were able to work with other AHPs such as speech language therapists and occupational therapists to understand their roles and the impact this may have on the learners relating to patient care and treatment.</p> <p>The pharmacists reported that they had the opportunity to rotate within medicines management and see other wards. However they did not have opportunities for learning with other professions and they would appreciate this.</p> <p>The visit team was told that currently there was a focus at the Trust on up-skilling staff and there were yearly updates on clinical training to ensure clinical services were even better in the future.</p> <p>The visit team observed that there were real opportunities, particularly amongst staff responsible for student learning, for professionals to network, share good practice and learn from and with</p>	<p>The Trust should consider how it can maximise opportunities for staff (particularly those with responsibility for student learning/experience, staff development) to network within the Trust, and externally, to learn from others, share good practice and celebrate NMUH staff achievements and contribution. The Trust may want to liaise with the HEE NCEL Associate</p>	Recommendation

	each other.	Dean of Healthcare Professions and Trust Liaison Dean to request further support in this regard.	
Good Practice		Contact	Brief for Sharing
Other Actions (including actions to be taken by Health Education England)			
Requirement		Responsibility	
Signed			
By the Lead Visitor on behalf of the Visiting Team:		Professor Chris Caldwell	
Date:		13 April 2016	