

## Visit Report on Dorset Healthcare University NHS Foundation Trust

This visit is part of our regional review of undergraduate and postgraduate medical education and training in Wessex.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

<b>Education provider</b>	Dorset Healthcare University NHS Foundation Trust
<b>Sites visited</b>	St Ann's Hospital
<b>Programmes</b>	Postgraduate: foundation, general practice, general psychiatry, old age psychiatry
<b>Date of visit</b>	14 March 2018
<b>Were any serious concerns identified?</b>	None were identified.

### Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed within this report. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

## Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards. These should be shared with others and/or developed further.

Number	Theme	Good practice
1	Theme 1 (S1.1)	Primary care input into the care of physical health needs of those in psychiatric inpatient units is working well from both a patient and educational perspective.
2	Theme 1 (R1.8)	There is a clear clinical supervisory framework for trainees when working both in and out of hours. The visiting team are assured that all trainees have access to supervision when required OOH and are receiving one hour face to face consultant supervision weekly.

### **Area of good practice 1: Primary care input into the care of physical health needs of those in psychiatric inpatient units is working well from both a patient and educational perspective.**

- 1 Often those with psychiatric illnesses have physical health complaints that can be masked by their mental health; and some mental illnesses are linked to a higher risk of poor physical health. Doctors training in psychiatry need support and training in managing both the physical and mental health needs of their patients. Posts that do not support both elements of practice may place undue stress on junior doctors and may lead to poorer outcomes for patients. In addition, the learning opportunities to learn the fundamental interlinkage and importance of managing mental and physical health needs may be lost. These needs around learning and supervision are especially important when considering the learning environments and support structures around foundation trainees who may start their postgraduate medical careers in a psychiatry post.
- 2 We found that staff in the trust have a clear understanding of the interplay between physical and mental health needs amongst their patients. In order to support foundation doctors in psychiatry they have introduced general practitioners (GPs) locally and initiated GP clinics that patients can attend to deal with physical health care. Senior management highlighted that trainee feedback originally suggested pressures around physical health care on some wards. We found that GP presence and GP clinics have been in place for some time in old age psychiatry and that more recently GP input has begun in the forensic unit and in general adult psychiatry.
- 3 Senior management added that this is working well and they have worked closely with HEE Wessex to implement these changes to reduce physical health clinical duties

in order to increase the time available to trainees for learning opportunities. In addition to improving patient care and the teaching of junior doctors about physical health needs, the introduction of a GP has created time in the work schedules for junior trainees to attend non ward based learning opportunities such as outpatient clinics.

- 4 Foundation trainees stated that previously there was a focus on completing tasks in general psychiatry that were physical health related. But they added that the introduction of a GP has reduced general medicine tasks to allow time to focus on psychiatry. Core and GP trainees also emphasised that the introduction of a GP on the wards and the GP clinics are a welcome development.
- 5 The visiting team felt that GP input is not only working well from a clinical perspective, but also from an educational perspective as learners are able to spend more of their time completing tasks that are relevant to the curriculum outcomes for the post. We have therefore identified this as an area of good practice.

**Area of good practice 2: There is a clear clinical supervisory framework for trainees when working both in and out of hours. The visiting team are assured that all trainees have access to supervision when required OOH and are receiving one hour face to face consultant supervision weekly.**

- 6 Upon arrival at the trust, all trainees have an initial work schedule meeting and an educational supervisor report to identify the learner's needs and to outline responsibilities for the learner. At the end of a placement all trainees have an end of placement educational supervisor report. This report is shared with the regional Training Programme Director as well as with the next supervisor so that there is continuity between supervisors.
- 7 The Royal College of Psychiatrists (RCPsych) requires that psychiatry trainees should have an hour per week of protected time with their clinical supervisor to set goals for training, develop individual learning plans, provide feedback and validate their learning. During our visit we found that the trust is adhering to this requirement as all trainees highlighted that they meet with their clinical supervisors for one hour per week. Additionally, we have noted that the RCPsych requirement does not apply to foundation and GP trainees in psychiatry posts, but none the less the trust ensures that foundation and GP trainees also have one hour per week of clinical supervision.
- 8 We found that all trainees are adequately supervised in hours and foundation doctors emphasised that they have never been in a situation that is inappropriate or beyond their competence and added they are well supervised, with educators being committed, approachable and supportive. Senior management emphasised that they believe educational supervision forms a key part of learning and training for doctors. They confirmed that time for education is factored into educators' job plans and supervisors added that having adequate time in their job plans highlights that the trust values education and is focussed on training.

- 9 All of the core, GP and specialty trainees that we met spoke highly of the supervision and support they receive whilst on call. They explained that supervision is provided by a consultant over the phone when needed and is accessible at all times. As well as a positive culture of supporting staff on call, we found that the trust also creates an open environment for trainees to raise concerns pertaining to on call activity without fear of adverse consequences.
- 10 We heard of a formal on call supervision meeting that was previously in place and those that we met with experience of attending these meetings spoke highly of them. It is planned for these meetings to be arranged again and there was a strong appetite amongst trainees that we met for this to happen. Trainees highlighted the importance of discussing patients that they had encountered on call in order to maximise the learning opportunities from out of hours work and also to ensure patient safety.
- 11 The trust holds weekly Balint groups – sessions which involve a group of clinicians coming together to present cases to each other and discuss the cases with those in the room. These group sessions aim to improve and better understand the clinician-patient relationship. Senior management highlighted that a medical psychotherapist provides support and supervision through the Balint groups with specific psychotherapy teaching, case allocation and supervision of directly delivered psychotherapy. Trainees that attend the Balint group reinforced that they are a useful opportunity for group reflection.
- 12 It's clear that the trust values the importance of ensuring trainees are appropriately supervised to make sure that patients receive care that is safe. The RCPsych requirement of weekly hourly supervision for psychiatry trainees is being met, and we note that the trust is going above and beyond this requirement and providing hourly supervision for FY and GP trainees to ensure an equality of opportunity amongst all trainees. We have therefore identified the systemic ethos of valuing supervision, education and training as an area of good practice.

### Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well
1	Theme 1 (S1.2)	There is a clear culture in which education and training is valued at the trust. We note there are rota gaps but the trust has found a way of managing these that does not compromise education and training.

2	Theme 1 (R1.5)	The trust listens to and is subsequently responsive to trainee feedback. This is clearly evident in some posts such as in the foundation posts in old age psychiatry.
3	Theme 1 (R1.12)	The trust has created a culture where exception reporting is promoted and we found evidence of changes to work schedules as result of this.
4	Theme 1 (R1.13)	Induction is working well in preparing trainees in psychiatric placements for clinical practice. Trainees commended supportive tools such as the induction handbook for outlining the practicalities of the role.
5	Theme 1 (R1.17)	The multi professional learning at the trust is universally positive. Foundation trainees in particular value the support and learning from those in professions allied to medicine.

**Area working well 1: There is a clear culture in which education and training is valued at the trust. We note there are rota gaps but the trust has found a way of managing these that does not compromise education and training.**

- 13** During our visit it was clear that Dorset Healthcare has committed itself to being a learning organisation and we concluded that there is a culture at the trust that values education and training. We found the trust recognises that broadly trainees spend up to half of their working week completing educational activities and half of their time delivering service provision. Senior management emphasised that this activity is costed for and budgeted to ensure the system remains sustainable. Trainees confirmed this and reinforced that the trust balances service provision and education and training well and that they are able to meet curriculum requirements.
- 14** Unlike many other regions across the UK, HEE Wessex has successfully filled all foundation and core psychiatry training posts. However, we found long standing issues with recruiting to specialty training posts, meaning that there are rota gaps at this level. Nonetheless, trainees emphasised that while they are aware of the gaps in the recruitment of specialty trainees, it does not impact them and their education directly. Supervisors added that training is protected despite rota gaps and senior management highlighted that initiatives such as the introduction of advanced nurse practitioners (ANP) are helping to manage the demands of the service and ensure that trainees are released for learning opportunities. Trainees spoke highly of ANPs and their input into both service delivery and their education. This is discussed in more detail in paragraphs 33-35.

- 15** Almost all of the trainees we met spoke highly of the supervisory framework that's in place. We found that trainees are well supported and supervised and they are all allocated educational and clinical supervisors upon arrival. Supervisors have an hour a week timetabled within their job plans to meet with trainees and both trainees and supervisors confirmed these meetings go ahead. Additionally, trainees emphasised that these meetings are useful tools in helping to tailor their clinical exposure and academic needs and they also aid with balancing the demand of service provision and gaining the necessary clinical skills. The trust's approach to clinical supervision was also identified as an area of good practice and is discussed in more detail in paragraphs 6-12.
- 16** Trainees spoke highly of their access to learning opportunities and the way in which the trust values education and training. We found that seminars and training programmes are in place for medical students and doctors in training. Specialty trainees highlighted that one day a week they have the opportunity to pursue a special interest, and they are released for a monthly teaching event. All of the trainees that we met confirmed that their post allows them to meet the requirements on their curriculum.
- 17** To summarise, trainees are well supervised and value the supervision they receive, they have adequate access to learning opportunities and we found study leave is accessible. It is evident that the trust recognises the importance of education and training as it is not compromised by service provision. This well-embedded culture of education and training prevents rota gaps from impacting on the delivery of education and ultimately demonstrates that education and training is valued at the trust by all.

**Area working well 2: The trust listens to and is subsequently responsive to trainee feedback. This is clearly evident in some posts such as in the foundation posts in old age psychiatry.**

- 18** The trust collects end of placement feedback on their posts which is analysed together with data collected by HEE Wessex with the aim of identifying areas that are working well and areas that may need to be improved. During our visit senior management highlighted that they are improving the systems that prompt, record and analyse the data from feedback received, which will result in trainers receiving feedback that they can use in their appraisal.
- 19** All of the trainees we met echoed this and reinforced that not only are they encouraged to give their feedback and recommendations, but that the trust is committed to listening and responding to trainee feedback. During our visit we found several examples of trainee feedback that has resulted in change, including changes to the induction programme, on-call procedures and training programmes.
- 20** As noted in paragraph 2, the trust has introduced GPs to certain wards to deal with patients' physical health care needs, meaning that those in psychiatry rotations have

more time to focus on their learning in psychiatry. This initiative was originally rolled out in old age psychiatry due to the negative feedback this post was receiving. The trust also introduced community experience in psychiatry to address the lack of psychiatric experience that trainees were reporting and to improve learning about integrated healthcare and frailty. This has resulted in foundation trainees in old age psychiatry posts having the opportunity to spend two days a week gaining experience in psychiatry from community facing roles. Senior management highlighted that these changes have led to improvements in not only trainee experience, but also the feedback they are receiving on the post.

- 21** Foundation trainees confirmed that previously in this post there was a focus on completing tasks in general medicine that were related to patients' physical health needs. But they added that the introduction of a GP and community opportunities has allowed them to focus their time and learning on psychiatry.
- 22** Overall, trainees spoke highly of the trust's culture of openness and responsiveness to receiving trainee feedback, and the several examples of changes made as a result of trainee feedback are testament to the trust's culture of valuing feedback. Trainees emphasised they feel valued, listened to and the majority that we met would recommend their post. We have therefore identified this as an area that is working well in the trust.

**Area working well 3: The trust has created a culture where exception reporting is promoted and we found evidence of changes to work schedules as result of this.**

- 23** Exception reporting is a new mechanism under the 2016 terms and conditions of the junior doctor contract that allows all doctors to report concerns with their training, such as educational opportunities that have been missed and breaches in hours worked which may compromise their safety or training. The GMC strongly supports the introduction of the new system as we're aware that increasingly doctors are adversely affected by excessive pressures on healthcare services across the UK. We therefore explored the culture around exception reporting in great detail during our visit.
- 24** The trust's senior management team (SMT) highlighted that Medical HR have implemented the junior doctor contract with efficiency, and trainees added that the Medical HR department have been proactive and responsive to the challenges of the new contract. Senior management also emphasised that the trust has been open and transparent with trainees around the importance of exception reporting in order to create a culture to embrace the need of putting patient safety at the heart of working practice. All of the groups of doctors in training that we met confirmed that the trust encourages them to complete exception reports. Foundation doctors added they receive frequent emails to remind them of the importance of exception reporting and that exception reporting is covered during induction.

- 25** The role of the Guardian of Safe Working (GOSW) has been introduced across the country in response to the junior doctor contracts to protect patients and doctors, by making sure doctors are not working unsafe hours in response to service pressures. One of the roles of the GOSW is to receive and appropriately action exception reports. During our visit the SMT explained that the trust's GOSW has sight of all the issues that are raised via exception reports, and clinical and educational supervisors are also notified of the issues raised. Additionally, the GOSW adds to the trust's annual report on the topic of exception reporting and the report is sighted by the Trust's Board.
- 26** Both senior management and doctors in training highlighted an instance whereby exception reporting has led to changes in on-call rotas. Previously actual working hours varied from contractual duties and through trainees consistently raising these issues adjustments to working patterns were implemented. Moreover, trainees reinforced that the GOSW is respected and approachable.
- 27** It was explained from both staff and doctors in training that exception reporting is addressed in several meetings and forums, including the Junior Doctor Forum and the Medical Education Committee. Minutes submitted before our visit highlight that exception reporting is discussed in great detail at these meetings, and that the GOSW is present in such meetings to facilitate discussions and take forward actions.
- 28** We're aware that nationally the culture and awareness of the importance to exception report is not yet fully embedded, and therefore we have identified the trust's ethos and approach to raising the profile of exception reporting as an area that is working well in the trust.

**Area working well 4: Induction is working well in preparing trainees in psychiatric placements for clinical practice. Trainees commended supportive tools such as the induction handbook for outlining the practicalities of the role.**

- 29** We concluded that the trust's induction processes are working well as all of those that we met spoke highly of induction processes and noted that the trust has recently improved their induction processes in response to feedback. Medical students, foundation doctors, core trainees and specialty trainees all have specific induction programmes that cover key topics relevant to starting a new role and we found that there is a process for reviewing and refining induction programmes.
- 30** All trainees commented on the quality of their induction in preparing them for their role. As well as covering corporate information such as trust aims and clinical strategy, the practicalities of the role are addressed during induction. All trainees spoke highly of the induction handbook which has been developed by trainees and noted that it includes information on topics such as, key medications, essential health conditions to be aware of, key tasks and geography of the trust.

- 31** Senior management and supervisors confirmed that since induction has been restructured to become compact and focussed, that it continues to receive positive feedback. When asked about induction plans for the future, senior management highlighted that a key aspect will involve co-production, meaning that trainees exiting their rotation will be asked to help design the next induction programme for doctors following in their footsteps. Senior colleagues and HR will also be involved with preparing induction programmes that are fit for purpose for the next cohort of doctors.
- 32** Overall, the visit team are impressed with the trust's approach to induction. We commend the inclusion of the practicalities of the role and also the induction handbook which covers essential information. Additionally, the constant process of evolution of the induction process in which trainee feedback is listened to and actioned is to be praised.

**Area working well 5: The multiprofessional learning at the trust is universally positive. Foundation trainees in particular value the support and learning from those in professions allied to medicine.**

- 33** Dorset Healthcare is an organisation that's active in training doctors, nurses, psychologists, occupational therapists and physiotherapists and senior management emphasised that this helps to create and maintain a wider culture of multiprofessional working and learning. Foundation doctors in particular value learning from those in professions allied to medicine and spoke highly of the excellent experience of working within multidisciplinary teams that the trust provides. They added that they enjoy working with and learning from the occupational therapists and social workers in the trust. Core, GP and higher trainees all confirmed that the trust promotes a culture of learning and collaboration between specialties and professions and they are frequently in contact with occupational therapists and psychologists.
- 34** Doctors in training spoke highly of the ANPs working across the trust. ANPs are nurses that are educated to a master's level and make autonomous decisions in the assessment, diagnosis and treatment of patients. They are involved in tasks such as, assessing patients, prescribing and completing discharges. Trainees highlighted that they learn from the ANPs as they are experienced and knowledgeable practitioners. Senior management explained that as well as contributing to learning, that ANPs are filling service requirements meaning that doctors in training can focus on meeting the requirements of their curriculum.
- 35** It's evident that the trust values the importance of multiprofessional working and learning in aligning care plans and ensuring a collaborative and synergised approach to patient care. We have therefore identified multiprofessional working and learning as an area that is working well in the trust.

## Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 1 (R1.13)	The foundation team must work with their colleagues at acute trusts where foundation doctors undertake on call activities to ensure that they undertake a meaningful and useful induction.
2	Theme 1 (R1.19)	In collaboration with other trusts that face a similar problem in Wessex, the trust must work with HEE Wessex to ensure that trainees can access patient records at different sites when working out of hours.

### **Requirement 1: The foundation team must work with their colleagues at acute trusts where foundation doctors undertake on call activities to ensure that they undertake a meaningful and useful induction.**

- 36** Whilst it is not a requirement of the foundation programme for doctors in psychiatry posts to complete on-call work during their placement, it is not uncommon for psychiatry trainees to support acute on-call rotas in other specialties whilst attached to psychiatry training. Foundation trainees in Dorset Healthcare undertake on call work at Royal Bournemouth and Christchurch Hospital NHS Foundation Trust
- 37** Foundation doctors explained that despite the comprehensive trust induction they receive when they commence their psychiatry rotation at Dorset, they do not receive an induction for their on-call activities in Royal Bournemouth and Christchurch Hospital NHS Foundation Trust. They added that as a result they are unfamiliar with key information when working on-call, which can prove challenging at times, especially when they first begin working on-call.
- 38** Whilst we did not identify any specific patient safety incidents that have occurred as a result of this, we remain concerned that the lack of induction poses a potential

patient safety risk, as without an adequate induction, learners cannot be familiar with local processes and procedures when they commence on-call activity. We have therefore set a requirement for the trust to work with colleagues in acute trusts to ensure that foundation doctors undertake an induction before they begin on-call activity.

**Requirement 2: In collaboration with other trusts that face a similar problem in Wessex, the trust must work with HEE Wessex to ensure that trainees can access patient records at different sites when working out of hours.**

- 39** Core, GP and specialty doctors are involved in psychiatric on call activity at Dorset Healthcare. A doctor's on call is split between East and West Dorset and is non-residential meaning that they are not expected to be on site at all times. Foundation doctors undertake on call work in an acute setting at the Royal Bournemouth and Christchurch Hospital NHS Foundation Trust. Dorset Healthcare has recently developed an on-call policy which sets out doctors' responsibilities with regards to on call duties in East Dorset, and core, GP and specialty doctors in training explained that the nature of on call work is clear as a result of the introduction of the policy.
- 40** As noted in paragraphs 6-12, trainees spoke highly of the supervision and support they receive during out of hours. However, despite trainees reporting that they are well supervised and that their duties are clear, when on call trainees are unable to access patient notes out of hours for patients in other trusts. When working on call trainees cover a wide geographical area across several trusts that have different access requirements for online patient notes. Thus a trainee on call may only be able to access notes if a patient is in the same hospital that they ordinarily work in. If a patient is assessed from out of the region or from another trust the trainee may not have access to the notes.
- 41** Additionally, trainees explained that when on-call or off site they need to find a site to access the system used to read previous patient notes and document their notes, or wait until the next working day to do this. Specialty trainees highlighted that they don't have access to patient notes when at home and called by core trainees for advice.
- 42** It was explained that the need for laptops which would enable access to patient notes when undertaking non-residential on call activity has been raised with senior management, and that recently, the use of shared laptops has been rolled out to those on call. However, trainees still reported issues around the use of shared laptops and accessing patient notes and described that there are problems with connecting to the virtual private network (VPN) when on call which hinders their ability to access patient notes. When we spoke to senior management about this they emphasised that laptops have been rolled out, and that when on call, trainees also have access to a fax machine to take home which can be used to fax prescriptions.

**43** No specific patient safety incidents were reported as a result of trainees not being able to access patient notes when on call because of different IT systems in trusts or the issues with connecting the VPN with the shared laptops. However, we remain concerned that this issue could lead to a potential patient safety issue as it's essential that doctors have access to a patients' history when making a decision about the care of a patient. We note that the trust is aware of and taken steps to address part of the issue by rolling out the use of shared laptops. But, there appears to be a disconnect between how management believe the laptops are working and how they are working on the ground, and we encourage the SMT to investigate this further. With regards to ensuring trainees have access to the different patient record systems when on call in the different trusts, we encourage HEE Wessex to work closely with the trust to resolve this.

## Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme	Recommendations
1	Theme 2 (R2.1 & R2.2)	The trust should continue to build on the progress that the current education team has made in establishing educational governance in the trust.

### **Recommendation 1: The trust should continue to build on the progress that the current education team has made in establishing educational governance in the trust.**

- 45** Prior to our visit the trust had undergone substantial changes as within the past four years there has been an overhaul of governance structures. The Medical Education Team has been reformed and at the time of our visit individual roles and responsibilities in the team were being defined.
- 46** During our visit the SMT explained that they have a good working relationship with HEE Wessex and Southampton Medical School. The trust submits a yearly report to HEE Wessex outlining challenges and areas that have been working well. Senior management reinforced that the trust feels supported by HEE Wessex and that they have good oversight of key areas at the trust. Southampton Medical School undertakes frequent scheduled quality visits and in the coming year's undergraduate leads from the trust will submit quality reports to Southampton Medical School.
- 47** When asked how the Trust Board is sighted on educational matters, senior management explained that formal links are through an annual report from the Director of Medical Education (DME) and the GOSW which reaches the Trust Board through the Medical Director. Educational matters can also reach the Trust Board informally through the Medical Director. Senior management acknowledged that with current structures of reporting to the Trust Board annually, there is an absence of frequent communication on education matters at Trust Board level. However, they added that although the Trust Board is not frequently sighted on educational matters that they are aware of key areas of note.
- 48** During our visit we found many positive innovations such as the improvement in the quality of training in response to feedback and the quality dashboard. Senior management explained that the trust collects end of placement feedback on their posts, which is analysed with the aim of identifying areas working well and areas that require improvement. They added that the monitoring of internal training programmes and sessions is done by informal feedback and feedback at the end of training sessions. Over the coming months the trust is aiming to improve feedback

from individual training sessions by ensuring feedback is collected and reviewed by the trainer, college tutor and DME. This will ensure a better oversight in the effectiveness of individual training sessions. Paragraphs 18-22 discuss in more detail examples of how the trust has responded to trainee feedback.

- 49** The medical education quality dashboard which has been set up by the DME, College Tutor and Medical Education Administrator summarises information taken from spreadsheets, individual collection of trainee feedback, trainer feedback and GMC feedback on placements. Senior management highlighted that the quality dashboard will enable them to track the functioning of individual posts, trainees and trainers.
- 50** Overall, we were impressed with the trust's approach to improving the quality of training and the creation of the quality dashboard and we note the potential of this work to inform governance decisions. We recommend that development of the education team continues to ensure that this team is integrated with general trust structures, the School of Psychiatry and HEE Wessex. We also recommend that board level engagement on education matters increases as such engagement would help to drive improvement in medical education across the trust. We have therefore set a recommendation for the trust to consider.

<b>Team leader</b>	Professor Simon Carley
<b>Visitors</b>	Dr Ann Boyle Dr John Jones
<b>GMC staff</b>	Jessica Ormshaw Gareth Lloyd
<b>Evidence base</b>	The trust prepared a lengthy document submission in line with our guidance. The documentation submitted was used to inform our visit and a full list is available on request.

## Acknowledgement

We would like to thank Dorset Healthcare University NHS Foundation Trust and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.