General Medical Council

Visit to Norfolk and Suffolk NHS Foundation Trust

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see the General Medical Council website.

Review at a glance

About the visit

Visit date	9 November 2015
Site visited	Hellesdon Hospital
Programmes reviewed	Undergraduate: Norwich Medical School at the University of East Anglia Cambridge School of Clinical Medicine at the University of Cambridge Postgraduate: psychiatry and forensic psychiatry
Areas of exploration	Patient safety, balance between service delivery and training, induction, handover, quality management processes, equality and diversity, placement and curriculum delivery, assessment and feedback, support for students and doctors in training, including supportive environment, student assistantships and preparedness, training and support trainers, transfer of information and medical education organisation management and leadership.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns	No

identified?	
Has further regulatory action been requested via enhanced monitoring?	No

Summary

1 Norfolk and Suffolk NHS Foundation Trust (NSFT) provides services for adults and children with mental health needs across Norfolk and Suffolk. Services for people with learning disabilities are provided in Suffolk. Secure mental health services are provided across Norfolk and Suffolk and the trust works with the criminal justice system to provide mental health services. A number of specialist services are also provided in Norfolk. The trust provides the above services across five localities: Central Norfolk; East Norfolk; West Norfolk; East Suffolk and West Suffolk.

2 We visited NSFT as part of our regional review of undergraduate and postgraduate medical education in the East of England. The visit took place at Hellesdon Hospital. The students, doctors in training and staff that we met were based at the Hellesdon site or across the five localities: Central Norfolk; East Norfolk; West Norfolk; East Suffolk and West Suffolk. During the visit to Hellesdon Hospital, we met with doctors in training in core and specialty psychiatry and forensic psychiatry and, during the medical school visits, we met medical students with experience of NSFT . This included year 4 and 5 students at Norwich Medical School at the University of East Anglia and year 4 students from the clinical graduate course (CGC) Cambridge School of Clinical Medicine at the University of Cambridge.

3 In its role as a local education provider (LEP), the trust has established close working relationships with Health Education East of England, Cambridge School of Clinical Medicine and Norwich Medical School. We heard that medical education and training is important in the trust, and that educational issues are being raised and appropriately resolved through the trust's board.

4 Most of the doctors in training we spoke to reported that they are well supervised. Clinical and educational supervisors were well supported through new initiatives, and the recent developments in equality and diversity training are to be commended. Concerns were identified with induction, supervision of foundation doctors, cooperation between medical staff and trust management, medical staffing arrangements, reporting concerns, collection of E&D data and job planning.

Areas of exploration: summary of findings	
Patient safety	All of the doctors in training we spoke to are aware of their duty to report patient safety concerns and they explained how the trust reinforces the appropriate channels to raise concerns. However, we heard from some of the core and specialty doctors in training that the process for raising concerns is variable, with some feeling that it is a long process which is not fit for purpose, and the feedback given when concerns are raised is lacking. However, we did hear examples of doctors in training receiving feedback in a timely manner. We also heard from a small minority of foundation doctors who told us that they did not always feel comfortable raising concerns. See requirement 6. We heard about a trust policy which requires out of hours staff to work across four different sites. There is a perceived risk associated with covering this region amongst some of the foundation doctors and core and specialty doctors in training. See requirement 3. A clear disparity amongst foundation placements is evident. Whilst some foundation doctors noted good levels of support and clinical supervision others highlighted this as an issue. A small minority of the foundation doctors noted that they feel unsupported and that they sometimes work above their competence levels in the absence of clinical supervisors. See requirement 1.
Rotas	We heard from some of the core and specialty doctors in training that they are sometimes working longer than their scheduled hours and that there are gaps in the rotas. A small minority of the foundation doctors that we met highlighted that there are gaps in the rota on their rotation. The senior and education management team

	acknowledge that such rota gaps reflected the UK-wide struggle in the recruitment and retention of psychiatrists. They were aware of the difficulties in balancing service pressures with education and training and noted that they could never be sure of the stability of their workforce. We also heard from some of the core and specialty doctors in training that nursing cover is an issue in acute and community settings. Some of the clinical and educational supervisors acknowledged issues around nursing staff. See requirement 2.
Handover	The opinions of the foundation doctors that we met in regards to handover are split. We heard from some that handovers are nurse orientated and are conducted by nursing staff. We were told by some that foundation doctor to doctor handovers are irregular and the handover system SBAR (Situation, Background, Assessment and Recommendation) is infrequently used. Others did not highlight this as a concern. Core and speciality doctors in training did not highlight handover as an issue. We encourage the trust to ensure that handover is consistent across all sites.
Induction	Despite doctors in training being involved in designing induction processes, concerns were raised by some of the foundation, core and specialty doctors in training regarding the relevance and length of the trust's induction. We heard there is a central trust induction and a local induction, which together lasts four days. Additionally, we heard the induction is not relevant to the level of training and locality and is variable across the five localities. The education management team told us that different models of induction had been tried and that doctors in training had been involved in designing the current induction process. They acknowledged the perceived disparity in induction across the region and

	told us that they monitor feedback closely. See requirement 5.
Quality management processes	It is evident that education and training clearly matter to the board and the trust. We heard examples of educational issues being raised and resolved by the trust's board. We heard that the trust has good working relationships with Health Education East of England, Cambridge School of Clinical Medicine and Norwich Medical School. We heard about regular meetings between Norwich Medical School and the trust to monitor and review teaching. We note the trust is actively trying to solve challenges and is making progress with its previous issues. We heard from the senior and education management team and many of the doctors in training that they have opportunities to provide feedback on their experiences. However, there is a perception that the implementation of change takes a significant amount of time and this causes frustration amongst doctors in training.
Equality and diversity	Medical students and doctors in training we spoke to had not experienced being treated unfairly or being denied equality of opportunity. The trust values the importance of equality and diversity training and has several initiatives in place to ensure that staff members and students receive relevant training and information. The education management team told us that they are currently developing classroom style E&D learning for doctors in training and trainers, on a three year rolling basis. It aims to identify any attitudes that are a cause for concern. We also heard of the trusts' plans to reinforce their anti-discrimination campaign: Challenge, Educate and Support. We recognise both of these initiatives as potential areas of notable practice and we encourage the trust to further develop these.

	The education management team noted that they are lacking an effective system to capture equality and diversity data and that this needs further development. Please see requirement 7.
Placements and curriculum delivery	We heard from some of the foundation doctors that the pace of psychiatry is different to that in other specialties. It is also noted that the quality and workload of their placements is variable. Whilst heavy workloads were noted as a positive, those with a low workload noted their anxieties around completing their e-portfolio. However, core speciality doctors in training described very good weekly protected educational supervision and a good clinical experience. The consensus was that, despite the variability of placements, every department offered a valuable clinical experience. In addition, the core specialty doctors in training commented that the trainers are approachable, supportive and engaged in teaching and education. The trust offers weekly teaching sessions which are welcomed. We heard from some medical students about a perceived disparity in experiences depending on whether the placement is community facing or hospital based. Medical students confirmed that hospital placements provided a good level of experience and we received positive feedback from students who had been placed in Ipswich, Great Yarmouth, in care of the elderly in Norwich and in inpatient care in Kings Lynn. We were told that community placements could be difficult without a car, with some students spending a significant amount of time on public transport. Students described travelling long distances for little or no patient contact. In addition, some medical students felt their supervisors are not adequately familiar with their curriculum and so the students were not satisfied with the teaching they had received on their placement.

Assessment and feedback	Foundation doctors with a low workload noted their anxieties around completing their workplace based assessment. The foundation doctors we saw said weekly teaching sessions could be difficult to attend. Despite these difficulties, it was acknowledged that the sessions held are of a high quality.
Support for students and doctors in training, including supportive environment	We heard from core and speciality doctors in training that it is easy for them to access senior colleagues for help and advice and that they are receptive. However, some of the foundation doctors that we met said that they felt unsupported. See requirement 1. We were told by some of the clinical and educational supervisors, and by some doctors in training that the trust lacks some basic resources – these include offices and adequate rooms to type notes and make phone calls. It was noted that this could be detrimental to learning at times. However, we heard of a new resource room that had been created in Central Norfolk. This is welcomed by doctors in training although it was mentioned that additional computers are required. See recommendation 1. Foundation doctors and doctors in training said they are encouraged to teach and this is a useful tool in consolidating their own learning. Some of the doctors we met highlighted that they are encouraged to get involved in extracurricular activities, with one foundation doctor presenting at the eastern division at the Royal College of Psychiatrists. We heard that there is a trainee forum in place, which acts as an opportunity to raise issues/concerns and that issues had been resolved using the forum. Despite some core and speciality doctors in training noting that they had been able to solve some issues through the trainee forum, it was perceived that

	identified issues can take a prolonged amount of time to resolve. It is noted that with new medical staffing arrangements in place, this is likely to improve. Some of the foundations doctors said they felt it was not a forum for them to raise concerns. All of the doctors in training we spoke to are aware of their educational and clinical supervisor and feel comfortable contacting them with any issues. A small minority of the foundation doctors we met with advised that they did not feel supported and were sometimes left to make decisions that they were not comfortable making. Core and speciality doctors in training highlighted that for the most part they feel supported, but that there was a lack of communication between middle management and staff. See requirements 1, 2 and 4. In addition, we heard that there are delays to the study leave process as many permissions are needed which can be difficult to obtain. This seems to be due to the fact that contracts for doctors in training are held by Norfolk and Norwich University Hospitals (NNUH), and study leave applications have to be approved by NNUH and NSFT. However, we heard no reports of study leave being declined. See requirement 3. Some of the forensic psychiatrists that we met reported that racial abuse from patients is common but that they felt supported by their supervisors. The education management team acknowledged that there is a link between assaults and ethnicity and noted that they are working with staff to see how they can support those that are racially or physically assaulted. We heard of some isolated incidents from doctors in training who had been the victim of an assault out of hours. It was noted that initial support occurred but that a formal debrief following the raising of a Datix

	is lacking. See requirement 6.
Student assistantships and preparedness	The foundation doctors we spoke to told us that they value their experience of assistantships and that it prepares them for their foundation training.
Training and support for trainers	Clinical and education supervisors told us that they are well supported at the trust and that the trust is working hard to improve previous issues. All of those we spoke to are familiar with the different curricula of the doctors in training they supervise. We heard that the role of a clinical and educational supervisor is challenging but very rewarding and it was highlighted that the trust has very stretched resources (see recommendation 1). The consensus from those that we spoke with is that despite dedicated time being allocated in job plans for training, the time allocated is not adequate or reflective of the training they provide. This means that workload is high, with supervisors often working longer than their contracted hours. We acknowledge that the trust is aware of issues around job planning and they are working hard to ensure that all trainers have sufficient time in their job plans to supervise doctors in training. However, this does need developing further and we recommend that the trust continues to work on moving forward with this. See requirement 8.

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 that should be shared with others and/or developed further.

Number	Paragraph in *Tomorrow's Doctors* / *The Trainee Doctor*	Areas of good practice for the LEP
1	TTD 6.34	We were impressed with the concept of the trust-wide Faculty Educator Development Programme. Although the programme is in its infancy we encourage NSFT to further develop this initiative.
	TTD 6.26	The initiative for the improvement of physical health which we can see in core and speciality is working well and we encourage this to be expanded across the trust.

Good practice 1:

5 The development of the trust-wide Faculty of Educators, established by the Medical Core Programme Director was a welcomed initiative. We found that this programme of workshops and seminars is greatly valued by all of those that we met. We encourage further development of this. This programme has enabled trainers to feel supported in their role as trainers by the trust. Doctors in training are also actively included in faculty development.

Good practice 2:

6 The Physical Health Strategy Group which has been set up to address the issues around physical health is something that we encourage to be developed. Doctors in training are also being offered increased training in physical health awareness which we feel is positive. Core and speciality doctors in training noted the drive to improve physical health within the trust and they spoke highly of the support they receive for patients with physical health requirements.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in *Tomorrow's Doctors* / *The Trainee Doctor*	Requirements for the LEP
1	TTD 1.11, 1.2	The trust must improve the clinical supervision of, and the support given to, foundation doctors.
2	TTD 8.3	The trust must continue to address the challenges staff shortages place on the delivery of education and training through their Workforce Clinical Strategy Review.
3	TTD 6.23,6.25, 1.1	The trust must improve the management of medical staffing arrangements.
4	TTD 6.7,7.3	The trust must improve relationships between medical staff and middle management.
5	TTD 6.1	The induction process must be reviewed to ensure that doctors in training are receiving timely information and support, which is relevant to their programme. This should include a relevant local induction applicable to the level of training.
6	TTD 1.1, 6.7	The trust must improve their concerns and incident reporting systems and in particular the feedback and support given to doctors in training following incident reporting.
7	TTD 3.5	The trust must improve the collection and use of equality and diversity data relating to trainers and doctors in training to enhance the training experience for all at the trust.
8	TTD 8.4	The trust must also ensure that all educational and named clinical supervisors have sufficient time for training in their job plans.

Requirement 1: The trust must improve the clinical supervision of, and the support given to, foundation doctors.

7 The foundation doctors that we met highlighted a disparity amongst placements. Whilst some noted good levels of support and clinical supervision, others highlighted this as an issue.

8 A small minority of the foundation doctors noted that they feel unsupported and that they sometimes work above their competence levels in the absence of clinical supervisors. In addition, it was emphasised that night and weekend cover is often patchy and there are significant staff vacancies in some rotations.

9 The trust must ensure that foundation doctors always have access to a senior colleague to advise them in clinical situations, as doctors working above their level of competency pose a patient safety risk.

Requirement 2: The trust must continue to address the challenges staff shortages place on the delivery of education and training through their Workforce Clinical Strategy Review.

10 Senior management acknowledge the difficulties of maintaining a medical programme in areas where substantive consultants are a minority. UK-wide issues with recruitment and retention of psychiatrists are prevalent in the trust. However, the trust is taking active steps to address the instability in their workforce. We heard from some doctors in core and speciality training that the trust is working hard to improve known issues since being put into special measures*.

11 Senior management highlighted that morale has previously been low due to a number of consultants leaving the trust, but that it is slowly improving. The Medical Director advised that a clinical strategy is being developed to look at workforce recruitment and improve communication flow. We also heard the trust are recruiting for a new director of medical education (DME) and clinical tutor posts in each of the five localities, with the view that these positions will help to streamline learning across the trust.

12 We heard from some clinical and educational supervisors and doctors in training that there are staff shortages and rota gaps, and that nursing levels are also low in both acute and community settings. We heard examples from doctors in training of how this can at times lead to foundation doctors working above their competency levels, and many staff working longer than their contracted hours.

13 The trust must ensure that staff shortages and rota gaps are minimised so that these issues do not inhibit the delivery of education and training or impact on patient safety.

Requirement 3: The trust must improve the management of medical staffing arrangements.

14 Senior management acknowledged that previous decisions to eliminate medical staffing had been undesirable and as a result, new medical staffing has been put into place. However, whilst some of the core and speciality doctors in training knew that medical staffing had been reinstated, others were unaware.

* More information on special measures can be found on the Care Quality Commission website http://www.cqc.org.uk/content/special-measures

15 In addition, we heard from some foundation doctors that there is uncertainty around a term in their contract. We heard that one particular clause requires out of hours staff to work across four different sites. Foundation doctors highlighted that there is a 20-30 minute drive between each site and noted their anxieties around geographically prioritising their workload. Core and speciality doctors echoed the perceived risk associated with covering different sites. The trust must ensure that doctors in training feel adequately supported, and that patient safety is not affected during out of hours working.

16 Foundation, core and speciality doctors in training reported issues with obtaining study leave. Core and speciality doctors in training said that it is difficult to obtain and can sometimes take months to be approved and funded. However, it is noted that study leave had never been declined. Clinical and educational supervisors echoed that study leave is difficult to access. Senior and education management are aware that the study leave process needs to be reviewed. The trust must improve the study leave process so that it does not discourage doctors in training from applying for it, or hinder their ability to obtain time to study independently.

Requirement 4: The trust must improve relationships between medical staff and middle management.

17 We heard from senior management that medical staffing had been abolished for a short time. This action may have had a negative impact on the relationship between medical staff and middle management. Medical staffing has since been reinstated, but as a result of the abolishment we heard from some of the clinical and educational supervisors that rebuilding relationships between medical staff and middle management is a work in progress.

18 We heard from doctors in training about constant changes occurring in the trust with some wards lacking a named consultant. The doctors in training said that significant time is taken to implement what are perceived as small changes, and they gave the example of obtaining PCs for the new Trainee Resource Room.

19 Though there have been significant improvements since the trust has been in special measures, the trust must continue to strengthen relationships to ensure better cooperation between both groups.

Requirement 5: The induction process must be reviewed to ensure that doctors in training are receiving timely information and support, which is relevant to their programme. This should include a relevant local induction applicable to the level of training.

20 We heard from the senior management team that the induction process has recently been changed with the input of doctors in training. However, concerns were identified by most doctors in training regarding the relevance and length of the trust's core and

local induction. We heard the induction is too generic as it includes foundation doctors and doctors in training from all levels, and that it is not relevant to the level of training and locality. A more tailored induction would be preferred by most of the doctors in training that we met. The content of induction was discussed and some foundation doctors explained that they are not made aware of physical health forms during their induction and that they would have found this useful.

21 The education management team advised that several induction models have been tried. They acknowledge a perceived disparity in induction across the regions and that the induction is lengthy and requires refinement. They are looking at completing a year's evaluation before reviewing and making any further changes and are closely monitoring feedback.

22 We heard about Lorenzo, an internal system to record notes, and a small minority of the foundation doctors said that they had started work without appropriate access to Lorenzo. These doctors were therefore unable to take patient notes in accordance with trust guidance, meaning that on occasions they had to use colleagues' Lorenzo access to record patient notes. Core and speciality doctors in training did not highlight any issues around not having adequate access to Lorenzo when they started in their posts. The education management team advise that Lorenzo training during induction will be improved in 2016.

23 The trust must ensure that doctors in training are receiving a relevant local induction which is applicable to their level of training. Additionally, appropriate software access must be in place before staff begin their posts.

Requirement 6: The trust must improve their concern and incident reporting systems and in particular the feedback and support given to doctors in training following incident reporting.

24 Whilst most doctors in training we met reported NSFT as a very supportive organisation, a small number of people we spoke with reported problems when raising concerns locally. We heard from the senior management team that all concerns raised through Datix are investigated within seven days and that feedback is given in clinical supervisions.

25 However, concerns were raised about doctors in training who had been victims of an assault out of hours. Despite filling in a Datix form, they told us they did not receive any formal feedback or debrief regarding the assault. It was noted that initial support occurred, but a formal follow up was lacking. We noted that some of the core and speciality doctors in training seemed to accept that physical, verbal and racial abuse were part of their role. In addition, a small minority of the foundation doctors we met noted their worries around raising concerns; they said that they did not feel supported to raise them.

26 The trust must improve their concern and incident reporting systems to ensure that suitable feedback is given. This feedback will enable learning from raised concerns. Doctors in training must also feel supported to raise concerns and receive adequate support following concerns being raised.

Requirement 7: The trust must improve the collection and use of equality and diversity data relating to trainers and doctors in training to enhance the training experience for all at the trust.

27 The senior and education management team informed us that they collect a range of equality and diversity data. However, it was noted that they are lacking an effective system to capture and analyse equality and diversity data and that this area requires further development.

28 We note that there are areas of notable practice with regards to equality and diversity training, and that the trust is rolling out Electronic Staff Records (ESR) to assist with data collection and analysis. None the less the trust must ensure that an effective system is in place to capture and analyse equality and diversity data in order to continue making improvements to E&D training.

Requirement 8: The trust must also ensure that all educational and named clinical supervisors have sufficient time for training in their job plans.

29 Clinical and educational supervisors told us that the allocated time for training in their job plans is not adequate or reflective of the training they provide. We were told that finding the time to teach can be a struggle which often results in the supervisors working longer than their contracted hours.

30 The senior and education management team acknowledge that this is an issue and advised they are working to ensure that all trainers have sufficient time in their job plans to train, supervise, assess and provide feedback to support and develop doctors in training. The trust must develop this work stream to ensure that all clinical and educational supervisors have the equivalent of 0.25PA per trainee, per week, in their job plans.

Recommendations

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

Number	Paragraph in *Tomorrow's Doctors| The*	Recommendations for the LEP

	Trainee Doctor	
1	TTD 6.34, 8.2, 8.6	The trust should ensure that there are adequate facilities to support learning.

Recommendation 1: The trust should ensure that there are adequate facilities to support learning.

31 We heard from doctors in training that at some sites there is a lack of adequate space to work, and that this at times impacts their ability to complete administrative tasks. Clinical and education supervisors echoed this and told us that the trust lacks some basic resources such as offices and that this at times can be detrimental to learning.

32 We heard from senior management that a new resource room has been created in Central Norfolk and that this was welcomed by doctors in training, although it was mentioned that additional computers were required. We recommend that the trust build on this to ensure that there is suitable work space to facilitate learning.

Acknowledgement

We would like to thank Norfolk and Suffolk NHS Foundation Trust and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.