

Visit report on Solent NHS Trust

This visit is part of our national 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>

Education provider	Solent NHS Trust
Sites visited	Staff, trainees and medical students from Solent NHS Trust travelled to Sycamore Lodge, a site that is part of Southern Health NHS Foundation Trust for the purpose of the visit.
Programmes	Undergraduate: University of Southampton, Faculty of Medicine - Year 4 students Postgraduate: foundation, core psychiatry, general practice, child and adolescent psychiatry
Date of visit	13 March 2018
Were any serious concerns identified?	No serious concerns were found on this visit.

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	R1.8	Clinical supervision appears to be excellent at both undergraduate and postgraduate level. Doctors in training particularly value the weekly one hour of dedicated time with supervisors.
2	R1.17 & R1.22	There are regular joint meetings between paediatricians and Child and Adolescent Mental Health Services that are highly valued and promote a culture of collaboration.

Area of good practice 1: Clinical supervision appears to be excellent at both undergraduate and postgraduate level. Doctors in training particularly value the weekly one hour of dedicated time with supervisors.

- 1 Each postgraduate trainee has a named educational and clinical supervisor that is accredited by the GMC, and supervisors have all undertaken an initial two day course in educational and clinical supervision. All trainees receive one hour per week of protected supervision with their clinical supervisor, in addition to any ad-hoc supervision throughout the week. Supervision is included in trainers' job plans and all trainees have adequate access to their named supervisor on-site. Additionally, documentation outlined that trainees whom undertake out of hours work are adequately supported as they always have access to a consultant whom they can seek advice and help from.
- 2 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.
- 3 Foundation, core and GP trainees highlighted that seniors make time to help guide learning when needed and added they feel supported in their roles. Higher trainees emphasised the strong teaching environment at the trust and a culture that is conducive to learning and support.

- 4 Medical students reinforced that their placement in CAMHS is well organised and run, with adequate supervision and support. Upon arrival they are appointed a named clinical and educational supervisor and those that we met explained that their supervisors are approachable and contactable. Students highlighted that the trust promotes the importance and value of education and teaching, and weekly the students prepare topics to teach fellow students.
- 5 It was apparent during our visit that students are happy with the feedback they receive on their performance as they receive ample feedback during their time at the trust. With regards to the peer to peer teaching that the trust facilitates, students spoke highly of the receive feedback they receive on this to aid their development.
- 6 It's clear that the trust has created a culture that values educational training, as all of the trainees we met spoke highly of the supervision they receive. Medical students spoke of their enjoyment of the CAMHS placement and how the trust has created a positive experience for them through providing excellent support, education and development. 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.

Area of good practice 2: There are regular joint meetings between paediatricians and Child and Adolescent Mental Health Services that are highly valued and promote a culture of collaboration.

- 7 The National Institute for Health and Care Excellence states that those under the age of 18 that self-harm and are subsequently admitted to an acute hospital are required to be reviewed by a psychiatrist. When working out of hours Child and Adolescent Mental Health Services (CAMHS) clinicians cover a wide geographical area that mandates liaison with, and support to in patient paediatric services.
- 8 During our visit we found that a quality improvement project which has led to frequent joint meetings between paediatricians and CAMHS to discuss issues pertinent to on call activities has been implemented. The joint meetings occur quarterly, with additional joint educational sessions between CAMHS and paediatric professionals on a variety of issues such as psychopharmacology, management of acute behavioural disturbance and medico-legal frameworks. The aim of these meetings is to bridge the interface between paediatricians and CAMHS during out of hour's activity. The meetings are multidisciplinary and in addition to the topics noted above clinicians also discuss the case management of and learning opportunities from specific cases, as well as any issues experienced out of hours.

- 9 Those with experience of attending these meetings highlighted they are well attended by the multi-disciplinary team and consultants and are highly valued. Trainees emphasised that these meetings are useful in aligning care plans and promoting a culture of collaboration between the different specialties and professions working with, and treating the same patients.
- 10 The visit team are impressed with the trust's commitment to driving improvement in areas of weakness to the benefit of the trust's health services and subsequently patient care. We note that the quality improvement project bridges the interface between paediatrics and CAMHS out of hours through innovative and collaborative multi professional meetings. We have therefore identified this work stream as an area of good practice and we encourage it to continue.

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	R1.13	Both local and wider inductions for medical students are working well in preparing students for their placements in Child and Adolescent Mental Health Services.
2	R1.17	There is a strong theme of multi professional learning and training which is carried through from undergraduate to postgraduate.
3	R2.1 & R2.2	Educational governance structures appear to be explicit and robust and there are good ideas for strengthening this further.
4	R2.10 & R4.1	We heard that all educators are well supported with time in their job plans and in undergraduate education there is a bespoke faculty peer appraisal process to provide feedback on performance.

Area working well 1: Both local and wider inductions for medical students are working well in preparing students for their placements in Child and Adolescent Mental Health Services.

- 11 Year four students at Southampton Medical School complete an eight week placement in psychiatry, and one of those weeks is completed in CAMHS, whilst the other seven weeks are completed at Southern Health NHS Foundation Trust. When students commence their eight week placement in psychiatry they receive a two day induction that introduces them to the module, the principles underlying practice and some of the basics of pathology and psychiatric clinical processes. Following this comprehensive induction, students receive a handbook containing all the essential

information they need to guide them through their eight week placement. Additionally students also receive a local induction when placed at the site where their placement will take place.

- 12** Medical students highlighted that their induction is useful in outlining the learning objectives and expectations of the eight week placement. They added that they feel adequately inducted and key topics including raising concerns, undermining and bullying, supervision and changes made as a result of student feedback are covered. Students emphasised how both the centralised psychiatry induction and the local inductions are proportionate to their stage of learning and are an invaluable starting point.
- 13** It was clear to the visiting team that students value the comprehensive induction package they receive. The visit team are impressed with how well the induction prepares students for their eight week placement and we have therefore identified this as an area that is working well.

Area working well 2: There is a strong theme of multi professional learning and training which is carried through from undergraduate to postgraduate.

- 14** Pre visit documentation outlines that undergraduate learning takes place through direct clinical experience, including observing patient interactions, as well as an emphasis on working with the multi-disciplinary team in the CAMHS community clinic and observing various multi-disciplinary team meetings.
- 15** During our visit we found a strong theme of multi professional learning and training in the trust. Students emphasised that the importance of working with those in specialties allied to medicine, as well as the other strands of psychiatry and acute care is central to their one week placement at the trust. Students spoke highly of the care plan and assessment meeting, which is a multi-disciplinary meeting with health professionals including, nurses, psychologists and paediatricians, to discuss patient care plans and continuity of care.
- 16** Foundation, core, GP and higher trainees highlighted there is a culture at the trust to value the input of others into patient care plans. We were told about a flat hierarchy in the trust, which is conducive to ensuring a supportive environment and fundamentally patient safety. Some of the professionals that trainees work with include social workers, therapists, psychologists, community psychiatric nurses and paediatricians.
- 17** The visit team are impressed with the trust's approach to multi-professional learning as it creates a culture of learning and collaboration between specialties and professions. The students and trainees that we met spoke highly of the opportunities they have to work with and learn from other professionals, and we have therefore identified this as an area that is working well in the trust.

Area working well 3: Educational governance structures appear to be explicit and robust and there are good ideas for strengthening this further.

- 18** During our visit we found that governance structures are explicit and robust. The Director of Medical Education (DME) chairs the Trust and Undergraduate Medical Committee (TUMEG) which meets four times a year, as well as the Lead Educators Group (LEG) which represents postgraduate trainees and meets six times a year. TUMEG covers issues regarding the various specialties hosting medical students, including quality assurance, finance issues and faculty development, and any risk and safety issues. LEG covers issues including, patient safety-service quality issues, facilities, training issues, on-call, audit, quality improvement and finance issues. The DME in-turn ensures that all undergraduate and postgraduate issues are highlighted to the Trust Chief Medical Officer (CMO) through six weekly one-to-one meetings, and also through the monthly Decision Making Group (DMG). The CMO ensures that the Trust Board is appropriately sighted on education and training matters, and when necessary the DME is invited to present education and training matters to the Board.
- 19** Senior management described the recently developed medical education and faculty development group – the People and Organisation Development Committee. This committee is a sub-committee of the Trust Board and is chaired by a Non-Executive Director. The committee focusses on overseeing medical education in the trust and has strong links between the committee and the Trust Board. The committee also focuses on faculty development.
- 20** With regards to quality control, quality reports are frequently shared with the CMO and the Trust Board. If the requirements and recommendations that feature in quality reports meet a certain threshold then they are monitored via the trust’s risk register.
- 21** During our visit we found evidence of a strong working relationship with HEE Wessex and Southampton Medical School. Staff at the trust primarily engage with staff from the Medical Education Unit at the medical school. The school conducts two-three yearly quality assurance visits, which the trust highlighted, are useful. Senior management emphasised that there are clear lines of communication with HEE Wessex around patient safety, conduct and ARCP, and that the trust provides bi-annual reports to HEE Wessex on these matters. Additionally, the CMO maintains close links with the Postgraduate Dean, and there are also close links in place with the Head of School for Psychiatry and the School of Paediatrics and General Practice.
- 22** To summarise, the visit team are impressed with the governance structures that are in place, as they are clear and working well. We encourage the trust to continue with the development of work streams (such as the introduction of KPIs) to further strengthen quality control and educational governance at the trust.

Area working well 4: We heard that all educators are well supported with time in their job plans and in undergraduate education there is a bespoke faculty peer appraisal process to provide feedback on performance.

- 23** Pre visit documentation outlines that both undergraduate and postgraduate educators have clearly defined time in their job plans for education and training. All educators have been appointed through processes of clear job descriptions and interview selections, and all postgraduate trainers are accredited by the GMC. As part of the accreditation process, supervisors have all undertaken an initial two day course in educational and clinical supervision. Educators are also appraised for their role as educators.
- 24** Supervisors highlighted there is a strong focus on education at the trust, and that they enjoy the education aspect of their role as they work with enthusiastic and experienced trainees. Educators confirmed that their job plans contain adequate protected time to complete supervision activities and trainees all receive their one hour of weekly supervision.
- 25** During our visit we learnt about a bespoke faculty peer appraisal for undergraduate educators aiming to provide feedback on their performance. This bespoke session is based on family therapy methods and all of those that we met spoke highly of it. In these sessions colleagues sit down and constructively discuss another colleague's performance with the person being discussed present in the room. The colleague discussed is then invited to submit their reflections on what they have heard in their appraisal. Trainees also provide feedback at the end of their rotation which can form part of a supervisors' annual appraisal.
- 26** Supervisors emphasised that they are supported in their roles when dealing with concerns or difficulties. For undergraduate concerns, the Undergraduate Lead liaises with the medical school, and postgraduate educators are well supported by HEE Wessex through the Professional Support Service.
- 27** It was evident during our visit that educators are supported in their roles with adequate time in their job plan to deliver educational responsibilities. As noted throughout the report, the trust values education and training and this was echoed by the educators we met, as they all told us how much they enjoy their educational role at the trust. It's clear that the trust promotes the use of feedback on performance in personal development, and the innovative approach to 360 degree feedback, which is based on therapeutic methods, is highly regarded by the visit team. We have therefore identified support for educators and the trust's approach to peer appraisal as an area that is working well.

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	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: 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.

- 28** During our visit we found that trainees and trainers are unable to access patient notes out of hours for patients in other trusts. Core, GP and higher trainees highlighted that when working out of hours on call, they cover a number of trusts and that they find it problematic that they don't have access to patient notes as often they are expected to prescribe in the absence of a comprehensive overview of a patient's history and case. They added that updating patient records out of hours is also convoluted, as they are expected to update patient records by writing to the patient's GP. Higher trainees explained that these concerns have been raised but that they are not aware of action taken in response, or of any changes that have been implemented to address this.
- 29** Supervisors agreed that obtaining access to patient notes out of hours can be improved. They added that there are ways to obtain access to notes indirectly, such as asking another doctor at the trust to look at relevant notes, but added that this is not a practical solution as it impedes on another doctor's clinical work.
- 30** Senior management acknowledge that access to notes during out of hour's activity is an issue and explained that this is monitored on their risk register. They added that there's no easy solution to resolve this issue and that they are unclear on who should take responsibility for making the required changes. Often trusts have different systems and software meaning that trainees would require access to a range of different systems for trusts which they are not employed by. Also there are currently no service level agreements in place with the trusts that trainees provide out of hours support for. In the absence of formal contracts, the difficulties of trainees obtaining access to patient notes in different trusts were highlighted.

31 Whilst no specific patient safety incidents were reported to us as a result of trainees not being able to access patient records when working out of hours, 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 encourage the trust to work closely with HEE Wessex to resolve this potential patient safety risk and we have therefore set a requirement for HEE Wessex and the trust to address.

Team leader	Professor Simon Carley
Visitors	Dr John Jones
GMC staff	Jessica Ormshaw
Evidence base	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 Solent NHS Trust and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.