

## Visit Report on Southern Health 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>	Southern Health NHS Foundation Trust
<b>Sites visited</b>	Sycamore Lodge, Tatchbury Mount
<b>Programmes</b>	Undergraduate: University of Southampton, Faculty of Medicine - Year 4 students  Postgraduate: foundation, core psychiatry, general practice, general psychiatry, old age psychiatry
<b>Date of visit</b>	13 March 2018
<b>Were any serious concerns identified?</b>	No serious concerns were identified 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	Themes 1 and 2 (R1.8; R2.14)	Medical students and trainees are well supervised during the day and well supported out of hours. Doctors in training particularly value the weekly one hour of dedicated time with supervisors.
2	Themes 2 and 5 (R2.1; R5.4)	Undergraduate governance appears to be working well and the medical students value the placements highly.

### **Area of good practice 1: Medical students and trainees are well supervised during the day and well supported out of hours. Doctors in training particularly value the weekly one hour of dedicated time with supervisors.**

- 1 The trust has significant consultant shortages. At the time of the visit there was a 40% shortage in consultants for old age psychiatry. However, despite a high percentage of the consultant posts within the trust being filled by locums, supervision is only provided by the trust's substantive consultants. The senior management team explained this is achieved by pairing locums with substantive consultants, with the expectation for the locum to deliver service provision so the substantive consultant can focus on providing supervision. The supervisors confirmed this is happening in practice.
- 2 All the psychiatry trainees and medical students we met confirmed they receive good supervision, and can access support when undertaking out of hours work. The higher trainees always have access to a consultant for advice when on-call or working out of hours, and the consultants are supportive and helpful when contacted. Likewise, the foundation, core and GP trainees told us they have been able to contact a consultant at any time during the day for helpful advice.
- 3 The Royal College of Psychiatrists (RCPsych) recommends 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 recommendation 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.

- 4 The visiting team found the SHFT UGME Educators Handbook given to the supervisors to be a useful document, which clearly outlines what level the students are at, provides background information of different student groups and possible differences in their needs, and details curriculum information.
- 5 It is evident that learners placed at the trust receive an appropriate level of supervision at all times by experienced and competent supervisors; and the medical students and trainees we met feel their supervisors have good awareness of their different curricular requirements. There was a clear consensus amongst the trainees and students that the consultant body is accessible, supportive and clinically competent. We have therefore identified this as an area of good practice within this trust.

**Area of good practice 2: Undergraduate governance appears to be working well and the medical students value the placements highly.**

- 6 We were told by the senior management team that the trust has no formal education strategy but they intend to develop one in collaboration with the medical school and HEE Wessex, and we encourage this to happen. Despite the absence of this strategy, undergraduate governance within the trust appears to be working well.
- 7 Medical education reporting to the Executive Board is completed monthly and is now a standing item on the agenda at the Executive Board meetings. The Director of Medical Education provides a report to the Medical Director to present at the Executive Board meeting. This report includes information on data collated from undergraduate committees, and from the trust's risk register that outlines high level educational matters.
- 8 The trust also collects and manages data to quality assure undergraduate placements via weekly locality meetings, end of placement feedback, end of placement analyses, and from the Undergraduate Education Committee's quarterly analysis.
- 9 The medical students we met told us they have no concerns or issues with their placement at the trust so far, and those that have finished their placement block have given good feedback. Despite some students having discounted psychiatry as a career previously, we heard they would now consider it as a result of their experience at the trust. We also heard from some foundation trainees that Southern Health has afforded them excellent learning opportunities and given them an invaluable insight into psychiatry as a specialty, and as a result, they are now considering a career in psychiatry. We have therefore identified this 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 (R1.13)	Induction is working well at all levels within the trust. The undergraduate induction, and its use of simulated patients, is particularly valued by medical students.
2	Theme 1 (R1.8)	The preparation, support and supervision for practice around outpatient services is good, with targeted training for each specialty group.
3	Themes 2, 4 and 5 (R2.10; R4.2; R4.4; R5.9)	Trainees and trainers are well supported as clinicians and educators in the trust.
4	Theme 3 (R3.9)	The trust delivers strong educational and pastoral support and we heard that senior members of the organisation are visible, identifiable and approachable.

### **Area working well 1: Induction is working well at all levels within the trust. The undergraduate induction, and its use of simulated patients, is particularly valued by the medical students.**

- 10** The higher trainees we met told us their induction prepared them well for working at the trust. Trainees starting a placement at the trust receive a locality induction from a postgraduate clinical tutor, which includes an orientation to the local academic programme and support pathways. A departmental induction is also provided by an educational supervisor to help embed the trainees in their team, and to clarify their role and individual objectives in relation to the curriculum.
- 11** The medical students are given clear information during their induction about the placements and their role, and it was made clear what the trust expects from them. The medical students receive three inductions, one to the trust, the second to the area, and a third to the locality placement. These inductions cover various areas including patient care and safety, and the curriculum, and help to integrate the students into the clinical teams.
- 12** The medical students we met particularly valued the skills development workshop that took the form of an objective structured clinical examination with simulated patients. We heard that this, and the feedback they were given, helped them to identify areas to focus their learning on during their placements.

- 13** Throughout the visit we learned that students and trainees are provided with effective inductions that prepares them for their placements within the trust. We have therefore identified this as an area that is working well.

**Area working well 2: The preparation, support and supervision for practice around outpatient services is good, with targeted training for each specialty group.**

- 14** A presentation given by the senior management team focussed on the trust providing high quality placements that meet the needs of the different groups of learners, with a focus on the transition from medical student to foundation doctor.
- 15** The trust's Centre for Professional Development (CfPD) provides targeted training and education events designed for higher trainees with targeted training for each specialty group, including GP trainees. We heard from GP trainees that they enjoy their posts and can meet the requirements of the curriculum. They confirmed that posts within the Community Mental Health Team help to prepare them for practice after training, with ample opportunities to discuss and learn from patient encounters.
- 16** Trainees receive a period of shadowing prior to delivering their own clinics. Outpatient clinics for trainees run concurrently with consultant clinics after this period of shadowing, with increasing responsibilities set proportionate to the trainee's level of competence and experience.
- 17** We found during the visit that trainees are well prepared, supported and supervised within the trust, and notably in outpatient services. We have therefore identified this as an area working well within the trust.

**Area working well 3: Trainees and trainers are well supported as clinicians and educators in the trust.**

- 18** The trust is coming to the end of a process of radical change at board, executive and directorship levels. Inspections by the Care Quality Commission, Monitor and high profile cases within the trust over the past few years have led to a clinical services review of posts in senior leadership positions, as well as the replacement of the non-executive board and various members of the executive team over the past 12 months. This includes the appointment of a new Chief Executive. The senior management team believe that the trust has a clear direction with regard to providing quality placements to medical students and trainees. The trust is looking to improve the quality of its services by working with Northumberland, Tyne and Wear NHS Foundation Trust (a mental health trust rated as outstanding by the Care Quality Commission) to help achieve this.
- 19** We heard from the senior management team that a new model of uncoupling is to be introduced that separates the roles of the education and clinical supervisors for all placements to provide better support to the students, trainees, and supervisors.

Under this proposal trainees will receive two or three educational supervision meetings per six months, and clinical supervision will continue on a one hour each week basis.

- 20** On the visit we found the trust recognises the importance of and need for the inclusion of educational roles within job planning. The Clinical Service Director arranges the supervisors' job plans, with currently one hour per week allocated in the job plan per trainee. There are also regular group job planning meetings in each area attended by the supervisors to help with managing time and commitments.
- 21** The supervisors we met feel they have adequate time within their job plans for their supervision responsibilities, and spoke positively of the trust's support for educational activity. This includes faculty development days, clinical tutor working group meetings, undergraduate education committees, and end of placement review meetings that are predicated to contribute towards quality improvement. Faculty development days, which cover areas such as curriculum and assessments, are provided twice a year for postgraduate and undergraduate education staff, with additional days held jointly with other trusts and the University of Southampton. The trust also pays for its postgraduate tutors to be members of NACT UK (National Association of Clinical Tutors) to access its educational opportunities.
- 22** The visiting team found evidence of investment by the trust into the provision of education. There is a recently refurbished doctors' room in Parklands Hospital that provides space for medical students, trainees of every grade and consultants to share and reflect on practice and learn from each other. An audit of learning environments throughout the trust is planned to ensure there are sufficient learning spaces across the trust.
- 23** The medical students told us their placements are meeting the needs of their curriculum, and they have found the supervisors within Southern Health keen to teach and offer one-to-one teaching opportunities.
- 24** The foundation, core and GP trainees also spoke positively about their posts, informing us they feel there is more scope for supervision within Southern Health in comparison to other trusts, with less focus on service provision and more on education.
- 25** Pre-visit documentation sets out the trust's emphasis on striking a balance between service provision and training needs, summarising working hours, service need, and educational provision for each junior doctor training post, as well as looking at key impacts such as rota gaps and excess hours worked. It is part of the Director of Medical Education's remit to ensure the balance between service and training is reviewed continually.

- 26** During the visit we heard of recent workplace changes made to allow trainees time to focus on their training needs. For example, we were told that psychiatric advanced nurse practitioners have been introduced to take on tasks that help to manage the demands of the service, which allows trainees more opportunities to undertake activities aligned to their curriculum.
- 27** A review of documents submitted prior to the visit informed us that the trust's redrafted medical education vision and strategy envisages education at the centre of practice at every level, within a nurturing learning environment. Throughout the visit a clear educational culture was evident within the trust. We have therefore identified this as an area that is working well.

**Area working well 4: The trust delivers strong educational and pastoral support and we heard that senior members of the organisation are visible, identifiable and approachable.**

- 28** Documentation reviewed prior to the visit informed us that trainees have access to a number of health and wellbeing champions and programmes, including a critical incident and stress management service, a counselling and advice service, an employee assistance programme, reflective practice sessions, and resilience events. There is also a trust-wide Staff Engagement Group that supports and engages staff and trainees. Pre-visit documentation also set out the support mechanisms in place for trainees, including locality clinical tutors support, resilience continuing professional development events, and a mentoring scheme.
- 29** We learned in our initial meeting with the senior and education management teams of a trust-wide focus on listening to the trainee voice. Students can raise concerns with the undergraduate education tutors at the site they are placed at, who they meet with weekly whilst on placement. Students also have the opportunity to meet with their clinical tutors, and concerns are shared with the university module leads and pastoral tutors as appropriate.
- 30** The students and trainees we met also spoke positively of the educational opportunities they have access to within the trust. The students told us that those with responsibility for their education at the trust check if they have had the necessary experiences whilst on placement, and when they have not, educators make arrangements for missing experiences to ensure that students meet their required learning outcomes. We were told of an example whereby supervisors have arranged for students to obtain the necessary experience in conditions such as dementia and anxiety.
- 31** The foundation, core and GP trainees we met told us that in their opinion, and in comparison to other mental health trusts in the region, there are more opportunities to get on educational courses. Additionally, they described the learning environment as supportive and teaching focussed. We heard throughout the day that students and trainees have the opportunity to attend various meetings for education and support,

including junior doctor forums, clinical tutor meetings and on-call supervision meeting. The trust also holds regular Balint groups, whereby a group of clinicians, including trainees, meet to present clinical cases in order to improve and better understand the clinician-patient relationship.

- 32** The visiting team found the education team to be visible to the medical students and trainees. In an overview document provided by the trust, we learned that the Director of Medical Education attends various meetings where students and/or trainees are present, including junior doctor forum meetings, and continues to teach and work clinically to help remain in touch with the trainee experience. We also heard from the foundation, core and GP trainees that the Director of Medical Education had directly contacted some of the trainees' peers to check their posts were going well.
- 33** It was evident throughout the visit that the medical students and trainees have appropriate education and pastoral support whilst at the trust; and those responsible for educating and supporting the students and trainees are committed and dedicated to their roles. We have therefore identified this as an area that is working well within this 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 (R1.14)	The trust must ensure that handover is organised and scheduled to ensure both continuity of care and to maximise learning opportunities for doctors in training.
2	Theme 2 (R2.1; R2.2; R2.8)	The trust must develop a consistent and effective approach to educational governance for postgraduate education.
3	Theme 1 (S1.1; R1.14)	The trust must ensure the transfer of information and care between acute trusts and mental health providers is safe and provides continuity of care for patients.

### **Requirement 1: The trust must ensure that handover is organised and scheduled to ensure both continuity of care and to maximise learning opportunities for doctors in training.**

- 34** The visiting team found variability and minimal educational value in the handover processes. The higher trainees told us there are no formal handover processes in place, and this was confirmed by the supervisors we met with.
- 35** We were told of a recent trainee led solution to use emails to address a lack of handover. Trainees told us that since this new process has been in place, they send handover information by email to their colleagues and supervisors. However, we found that this process is not universally adopted and there continues to be minimal educational merit when it is used. The education management team told us that the nursing staff and on-call consultants also have sight of these emailed handovers; but

noted that this handover method has only been used since February 2018 and so no analysis has been undertaken on its efficacy.

- 36** Whilst no patient safety concerns were raised during our visit, the visit team remain concerned that handover in its current format by email poses a potential risk to patient safety as it is impersonal and may lead to a loss of information. We are also concerned that handover is currently a transactional experience with little educational value; and we feel the trust, its patients and the trainees will benefit from having a definitive document that outlines the whole system handover process. We have therefore set a requirement for the trust to address this.

**Requirement 2: The trust must develop a consistent and effective approach to educational governance for postgraduate education.**

- 37** It was clear to the visiting team the trust is undergoing a significant period of change, and this includes the governance structures for postgraduate medical education. In 2017, locality tutors with responsibility for foundation year one to higher trainees were introduced; and clinical forums (attended by trainees, the Guardian of Safe Working (GOSW), Director of Medical Education (DME) and the Freedom to Speak Up Guardian) and clinical tutor meetings (attended by clinical tutors, GOSW, and training programme directors from HEE Wessex) were established.
- 38** The Medical Director is responsible for the trust's educational governance systems. Internally, the Director of Medical Education reports to the Medical Director and the Trust Executive Committee, and communicates concerns to the Trust Board via a Strategic Performance and Transformation Committee.
- 39** As outlined in area of good practice 2, educational governance mechanisms appear to be working well for the undergraduate placements at the trust. Whilst documentation outlines a governance structure for postgraduate education and training within the trust, and the trust appears to share and report information about postgraduate placements with other bodies, we are unclear how this information is then used to improve the quality of the placements or to identify risks and good practice.
- 40** Similarly, although the trust can demonstrate accountability for educational governance at board level, we are not clear as to how the Board responds to, and manages, identified risks and concerns. We note there is no standalone education risk register, and educational matters are included on the trust's generic risk register at a high level.
- 41** As the visit team are unclear how educational risks are determined, monitored and shared both across the trust and with partner organisations for postgraduate placements, we set a requirement for the Trust to address this.

**Requirement 3: The trust must ensure the transfer of information and care between acute trusts and mental health providers is safe and provides continuity of care for patients.**

- 42** An HEE quality visit report in 2017 identified issues involving the trust concerning the transfer of information and care between acute trusts and mental health providers. The report identified a lack of handover by Queen Alexandra Hospital when patients were transferred back to Elmleigh (an inpatient mental health provider); and an issue of patient medications being changed once transferred to an acute hospital without consultation with the psychiatric teams. We found during the visit that this area of concern has not been fully addressed.
- 43** The foundation, core and GP trainees we met believe the neighbouring acute hospitals lack an understanding of what mental health hospital services entail, and told us of occasions where patients have had to be transferred immediately back to an acute hospital upon review. We also heard from these trainees that patients are not always getting the treatment they require following a transfer, as discharge care plans are not consistently provided for patients being transferred from an acute hospital.
- 44** The supervisors we met confirmed the issue of acute patient transfers to the trust has been raised repeatedly; and there is a systemic issue with electronic patient records not being shared between trusts and so admittance teams are reliant on information given at the point of transfer.
- 45** We did note in our meeting with the supervisors that a process in the Portsmouth area requires a minimum pre-transfer checklist and a discharge summary to be completed before a patient is transferred either way between an acute trust and a mental health provider. We also noted in this meeting that there are liaison psychiatric services based in acute trusts who will assess if a patient is ready to be transferred (except during out of hours).
- 46** We were advised by the education management team that the trust has joint meetings with neighbouring acute hospitals in which they discuss the transfer of patients. For example, there are monthly management meetings with Southampton General Hospital. However, we were also told there is a difference in how patient transfers are managed between acute trusts and mental health providers in different localities, and the trust has not looked to standardise the process as they do not think there can be a one system fits all.
- 47** It is evident that repeated concerns are being raised by trainees within the trust concerning the transfer of information and care between acute trusts and mental

health providers. Therefore, we set a requirement for the trust to address to ensure that a good standard of care is provided for patients.

## 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 1 (R1.19)	The trust should ensure that adequate IT infrastructure is in place to deliver safe patient care and facilitate relevant learning for doctors in training.
2	Theme 1 (R1.3; R1.5)	The trust should ensure that learning occurs as a result of significant patient safety incidents.
3	Theme 3 (R3.4; R3.10)	The trust should work with partner organisations to understand and respond to equality and diversity matters in relation to student and trainee experience, education and outcome.

### **Recommendation 1: The trust should ensure that adequate IT infrastructure is in place to deliver safe patient care and facilitate relevant learning for doctors in training.**

- 48** We heard in our meeting with the foundation year, core and GP trainees that the IT systems in place are often not set up or aligned to allow delivery of service, which is causing particular difficulty in accessing patient records between trusts. Additionally, there was a consensus that the IT issues have been longstanding and are declining.
- 49** The higher trainees we met told us that access to, and the alignment of, IT systems between services is a cause of particular difficulties in the assessment of patients when working out of hours and/or on call across trusts. The trainees report that they do not always have access to all the system areas they need, and have difficulty in accessing patient notes. However, it is the understanding of the trainees that the trust is looking to resolve the IT issues, including giving the trainees laptops to use when on-call.
- 50** All the trainees we met told us when they change team or rotate department their access to the IT systems is removed and requires setting up again on each occasion, even if notification is given in advance.
- 51** It is evident that the trust is aware of the IT related problems and have started to look at ways of resolving these and we encourage such work to continue. However,

the visiting team remain concerned that current IT systems pose a barrier to communication flow between services and assessing patients out of hours and we have therefore set a recommendation for the trust to address this.

**Recommendation 2: The trust should ensure that learning occurs as a result of significant patient safety incidents.**

- 52** The trust has policies to manage the reporting of patient safety issues including a policy for managing incidents and serious incidents and a risk management strategy and policy. Documents submitted to us prior to the visit suggest that on paper, the trust has an approach to learn from incidents, with numerous outlets for dissemination of information for staff/trainee learning. Lessons learned from incidents are meant to be fed back through team reflective sessions and emails as well as specific events run to address learning from incidents.
- 53** However, whilst the higher trainees confirmed there is a culture within the trust that encourages reporting and that they do complete the necessary forms, they do not know what happens to them once submitted. Their experience has been that issues go up the ladder but are not fed back down. The foundation, core and GP trainees also told us they do not always hear back on the outcomes of incidents they have reported.
- 54** It is important for organisations delivering medical education and training to demonstrate a culture that both seeks and responds to feedback from learners and educators on patient safety concerns, in a hope to learn from mistakes and reflect on near misses. Whilst it is apparent that the trust seeks feedback from trainees and students, it was not clear how the trust then investigates and learns from issues raised or how learning is being facilitated. We did hear in our meeting with the educational management team there is now a priority to focus on patient safety issues being reported and to learn from such events, and so we have set a recommendation for the trust to continue to address this issue.

**Recommendation 3: The trust should work with partner organisations to understand and respond to equality and diversity matters in relation to student and trainee experience, education and outcome.**

- 55** Documentation submitted before the visit outlined reasonable adjustments made by the trust when Southampton medical school tells them of student issues, and that it supports the use of the HEE Wessex Professional Support Unit for trainees in difficulty. The trust is committed to making reasonable adjustments to support transition to different stages of learning or rotations and assessments. Examples of this include employing trainees in more diverse career pathways, such as academic clinical fellows.
- 56** However, we heard from the foundation, core and GP trainees that their experience of less than full time working within the trust is variable. Whilst they feel supported

by colleagues they also feel let down by the lack of internal communication when moving between sites and/or posts.

- 57** We learned from the education management team that the trust's Undergraduate Education Team Committee looks at equality and diversity data collected by Southampton medical school on a regular basis after placements; and that the trust shares postgraduate data with HEE Wessex. However, it is unclear how this data is then used. We have therefore set a recommendation for the trust to review how awareness of equality and diversity matters in relation to trainee experience, education and outcome can be increased.

<b>Team leader</b>	Professor Simon Carley
<b>Visitors</b>	Dr Ann Boyle Dr Jenny Armer
<b>GMC staff</b>	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 Southern Health NHS Foundation Trust and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.