

Quality Management Visit Outcomes Report



Derbyshire
Healthcare NHS
Foundation Trust

Visit date(s): 1st & 2nd October 2015



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1. Executive Summary

Health Education England, working across the East Midlands (HEE-EM) visited Derbyshire Healthcare NHS Foundation Trust on 1st and 2nd October 2015. The visiting team encountered a Trust that has a strong culture of valuing learning. Good practice is being embedded and the visiting team were encouraged to note that where areas for improvement were identified, the Trust were already aware and looking to identify and implement solutions.

Learners and educators consistently described the Trust as being a supportive environment with a wide range of learning opportunities available. However, the Trust may need to consider further signposting to ensure that learners from across all professions are aware of the range of opportunities available to them. Nursing and allied health professionals would benefit from greater signposting to opportunities to access NMEF monies.

We would encourage the Trust to consider the needs of learners and educators as it moves towards becoming a paperless organisation.

The visiting team was impressed by the Trust's work to tailor GP and Foundation posts to ensure that they meet the needs of these trainees. We would encourage the Trust to continue this work to ensure that all Foundation posts across the Trust provide an optimal experience of psychiatry.

The visiting team were heartened by number of stands displaying innovative and good practice across the Trust, and are grateful to all those who took the time to share their work with us.

Other examples of good practice and areas for improvement are outlined in this report.

2. Introduction

HEE-EM is responsible for managing the quality of multi-professional education and training across the East Midlands. We have specified the standards we expect providers to meet in [East Midlands Multi-professional Quality Standards for local training and education providers](#).

This is the second year of our new approach to quality management visits. This has provided the opportunity to reflect on the Trust's progress since the last visit. It has also enabled us to develop the

visiting process to reflect the strengthened relationships between all professions and HEE-EM

Once again the visit aims were to look at the quality of education and training of all healthcare professionals within the region. This is to comply with our requirements to improve patient care through the effective management of the quality of healthcare education and training, for both Health Education England and the General Medical Council (GMC). This is a collaborative approach which utilises data from a variety of sources, including the Trust's self-assessment document, the GMC National Training Survey results and workforce intelligence, to inform discussions between HEE-EM and the Trust about areas of good practice and concern. During a conference call between all key partners the data is assessed and the visit level and specific areas of focus are agreed.

HEE-EM would again like to thank Derbyshire Healthcare NHS Foundation Trust for the positive way in which they have engaged with this new process. We are also appreciative of the time taken by colleagues from across the Trust in helping to plan and deliver such a comprehensive visit.

During the conference call it was agreed that, based on the available data, the visit to the Trust should be Level 1. A Level 1 visit means that the education and training standards are in place and are being met by the local education provider. The visit is to ensure the sustainability of education and training plans.

The visit to the north of the Trust, based in Chesterfield, took place on the afternoon of 1st October 2015. The team visited the south of the Trust (based in Derby) on the morning of 2nd October 2015. The visiting team comprised:

- Dr Ann Boyle – Associate Postgraduate Dean, HEE-EM (Lead Visitor)
- Suzanne Fuller – Quality Manager, HEE-EM
- Richard Higgins – Quality Manager, HEE-EM
- Naheem Akhtar – Education Commissioning Manager, HEE-EM
- Graham Else – Lay Partner
- Anna Nieszczerzewska – Administrator, HEE-EM

Derbyshire Healthcare NHS Foundation Trust was represented by:

- Dr Vishnu Gopal, Director of Medical Education

- Ifti Majid, Acting Chief Executive
- Dr John Sykes, Medical Director
- Dr Mark Broadhurst, Core Associate Director of Medical Education, North
- Dr Ritu Gupta, GP ADME, North
- Dr Radha Khurana, Foundation ADME, North
- Dr Abbas Ramji, Core ADME, South
- Dr Mike Parker, Foundation and GP ADME, South
- Dr W Brown, Clinical Director
- Dr J Carley, Psychotherapy Tutor
- Dr S Taylor, CPD Co-ordinator
- Karl Faulkner, Acting Corporate Finance Manager
- Faith Sango, Interim Head of Education
- Sharon Starkey, Medical Education Manager
- Nazma Saddique, Postgraduate Assistant

3. Progress since 2014

The Trust has made good progress against all the areas identified in last year's action plan. At the visit last year, the visiting team identified concerns about supervision of Foundation trainees on the Radbourne Unit. Immediately following that visit, in September 2014, action was taken by the Trust to ensure the trainee concerned had appropriate clinical supervision. HEE-EM revisited the Trust in June 2015. At that visit we saw that changes had been put in place to ensure robust supervision arrangements. The Foundation trainees we met with reported feeling well supported and they felt they had good supervision. We did not hear any concerns relating to support and supervision for medical trainees during this visit.

There is strong support at Board level for Education and Training. A new medical education and training strategy was agreed by the Education and Training Committee in September 2015. This document, which has been shared with the visiting team, sets out the Trust's commitment to training its medical workforce and aspiration to train a workforce fit for the future health needs of patients in Derbyshire. The strategy has been developed with contributions from colleagues across the Trust. The strategy will be owned at the Trust Board level and will ensure that Educational governance and Clinical governance work in parallel. There is representation from the Finance team on the Trust Training committee.

The Trust has created new associate director of medical education (ADME) roles, in both the north and south of the Trust, with a specific remit for GP

and Foundation trainees. The new ADMEs took up their role over the summer and we heard about some of the plans for tailoring training for Foundation and GP trainees during this visit.

The Trust team provided an update on the balanced scorecard. For both medical and nursing and AHP, there are no areas rated as red. For those that are amber there are plans in place to monitor impact where not directly within the control of the Trust, (for example the impact of national recruitment difficulties) or work is ongoing to implement solutions.

The Trust reported that 100% of educational and clinical supervisors are fully recognised in their roles, and have undertaken the training required, and are well within the GMC timescale to have all clinical and educational supervisors formally recognised by July 2016. Clinical supervisors are allocated 0.25 PAs per trainee. Educational supervisors are allocated 0.125 PAs per trainee, up to 0.5 for four trainees. An electronic CPD drive has been developed which will facilitate monitoring of when training is due and help ensure resources are used more effectively.

The Trust has recently recruited a psychotherapy tutor who will provide enhanced psychotherapy training for learners in the Trust.

The Trust is taking a pro-active approach to preparing for the implementation of revalidation for nurses. A project group has been formed to identify where their peaks are and to plan for this. Meetings have taken place with colleagues from other Trusts which acted as pilot sites to learn from their experiences. Derbyshire Healthcare are also working with other Trusts in Derbyshire to share learning and identify joint solutions. A number of revalidation workshops have been held by HEE-EM and DHCFT revalidation 'Champions' will be attending. The appraisal tool is being reviewed to accommodate the revalidation process.

4. Visit to Hartington Unit, Chesterfield (North)

Old Age Psychiatry

The visiting team met with a group of medical trainees working in old age psychiatry, primarily based at the Walton Hospital in Chesterfield. The group included Foundation Year 1, General Practice (GP), Core and Higher trainees. In addition to the ward based work at Walton Hospital, the trainees

also undertook on-call duties for Pleasley Ward, which is based at the Hartington Unit. The only exception to this is the Foundation Year 1 trainees who work exclusively at the Walton Hospital.

The visiting team found the group to be cohesive and supportive of one another.

The trainees all knew who their educational supervisors were and spoke positively about their weekly one-hour supervision sessions. We heard that these always took place and were valuable. Whilst it was not always explicitly clear to the junior trainees who is responsible for their clinical supervision, they felt well-supported by senior colleagues. We heard an example where the on-call consultants bleeped the doctor on call at the start of the shift, to introduce themselves. The trainee told us this was very welcome, and put them at ease, should they need to contact the consultant during the night. However, the trainees told us they did not always receive on-the-job feedback about their performance.

The GP trainees reported that they were finding this placement useful in developing their understanding of the dementia care pathway and managing medical issues, including chronic disease, in this group of patients. They did not report any concerns about achieving the required learning outcomes.

The higher trainees reported that they were receiving a good mixture of generic training in this post, which they appreciated. They told us that the current rota was good, and that whilst busier on this placement than others, this was regarded positively.

The other trainees reported that their workload felt about right: there was plenty of work to be done but they did not feel over-stretched.

The FY1 trainees reported that they felt they were deskilling somewhat with regards to medicine, and that because of the nature of the post they were unable to complete assessments on certain procedures. However, they recognised that other placements in their programme would provide these opportunities. We heard mixed reports in terms of FY1 trainees being encouraged to take up opportunities outside of their core work. We heard an example where the Core trainee offered to cover work on the Walton Hospital to enable the FY1 to swap to Pleasley Ward at the Hartington Unit, as this provided exposure to patients with different needs. The team were pleased to hear that fellow trainees were supporting one another to facilitate learning opportunities. However, it appears that as these are

ad hoc arrangements, they are not necessarily available to all trainees. We also heard that encouragement to access learning opportunities varied between supervisors.

The visiting team discussed this issue with a supervisor from old age psychiatry and the newly appointed GP and Foundation tutors. We understand that plans are being developed to enhance the experience for Foundation trainees based in old age psychiatry. Options being considered include splitting the rotation into two 2-month blocks, split across dementia and functional psychiatry. We understand that there are practical issues to think through, such as supervision arrangements. The visiting team feel that, as presently configured, these posts based in Old Age psychiatry are providing only a relatively narrow exposure to one aspect of psychiatry. The team feel the Trust could draw on the rich learning experiences available across the organisation to develop these Foundation posts. This will help in both promoting psychiatry as a specialism and in providing a deeper understanding of the needs of patients with mental health needs, whichever area of medicine the Foundation trainees ultimately practice in.

Recommendation: The Trust should continue to develop Foundation posts based at the Walton Hospital, to ensure they provide trainees with a wide range of learning opportunities and diverse exposure to psychiatry.

The trainees reported that they have no issues with attending local teaching, and the academic bleep holder system appeared to be working well. This is a rota for holding the bleep during teaching, separate from on-call rotas, which ensures on-call responsibilities during teaching are shared equitably and this time is protected for others. The trainees told us they found the Thursday teaching sessions to be useful, both educationally and as an opportunity to meet with and develop networks with other trainees at the Trust. The trainees also reported they have no issues with being released to attend their respective regional teaching sessions.

One specialty trainee told us that they had an issue with access to laptops, which inhibited their ability to work remotely. We would encourage the Trust to ensure that all trainees working in smaller community sites have appropriate, secure access to information technology to enable them to access records and other information remotely.

Multi-professional learners

The visiting team met with a large group of medical trainees and nursing students from the North of the Trust.

In general all learners felt well supported within the Trust, and in particular experience of working in the Hartington Unit was highlighted as very positive. Learners felt they had good support from their supervisors and mentors and there was a general perception that the Trust acted positively on learner feedback. They had all received a thorough induction to the Trust, and to the specific areas in which they were working.

The learners identified a number of areas that were particularly valued. The work of the Crisis Team was regarded positively and learners appreciated time working with them. We also heard from student nurses about the 'Making Waves' patient advocacy group, which teaches at the University of Derby and raises students' awareness of patient issues.

Medical trainees reported that they were able to attend the regular Thursday teaching sessions, and that the academic rota worked well. All trainees have an opportunity to lead on this teaching. The group also provided positive feedback about the 'bite-size' teaching initiative, which provides short, focused teaching on medical issues to ward based staff. This was included in the Showcase session (see below). We also heard from medical trainees that nursing colleagues within the Trust were excellent at de-escalating patients.

Learners reflected that IT facilities were somewhat dated, and that this would need to be addressed prior to the Trust moving towards its aim of being 'paperless'. We also heard that Learners would welcome clearer signposting to learning opportunities, as this would further enhance their experience whilst on placement.

Multi-professional Educators

The visiting team met with a group of educational supervisors and mentors based in the North. The group reflected that they felt generally well supported by the Trust.

The medical educational supervisors had specific time allocated within their job plans for their educational role. In contrast, we heard from mentors that they do not have specific time allocated to undertake the educational aspects of

their role; however, this would be welcomed. The visiting team recognise that this is not an issue specific to this Trust, and is a challenge faced by others. However, the Trust should consider how mentors can be supported further to balance the service and educational aspects of their role.

The educational supervisors welcomed the appointment of the new ADMs with a specific focus on Foundation and GP trainees based within the Trust. As these are relatively new appointments, it is not yet possible to assess their impact.

The nursing mentors highlighted that the trust have started to put in place mechanisms to support staff for the upcoming nurse revalidation which all the nurses will need to comply with in order to maintain their registration from April 2016.

Showcase for innovative practice

Volunteer Patients

The visiting team were pleased to meet with two volunteer patients who had met with trainees as part of their induction to the Trust. We also met two GP trainees who had participated in this session. The trainees told us they found the hour long meeting to be extremely valuable, and were appreciative of the patients' candour and willingness to discuss how it felt to be cared for at the Trust. The trainees told us these were powerful sessions and they appreciated the opportunity to spend an extended period of time with service users to explore their concerns and anxieties about treatment, so they could use this knowledge in their work going forward. The patients told us they also found it beneficial as it was an opportunity for them to be open about how communication from doctors can impact on them, positively or negatively. The patients told us that they valued being able to spend time, whilst well, with junior doctors to discuss their experiences and tell their story.

The visiting team were impressed with this initiative, which is a highly effective and impactful way for trainees to understand the needs of their patients and ensure that education and training is truly patient focused.

Trainee Newsletter

The visiting team spoke with the editor of a new trainee newsletter. This trainee-led initiative is in its

first edition, and is intended to communicate with trainees from across the north and south of the Trust. The first edition had a medical focus, but the intention is to broaden the content to include items from across professions. It is encouraging to see a newsletter with support, and content, from senior members of the education team, as well as reflective pieces from trainees and medical students. The intention is for three or four editions to be published each year and disseminated across the whole Trust.

Management of preceptorship and beyond

This stand showcased the transition for nursing students from their third year, into preceptorship and beyond. We observed copies of the student welcome booklets and heard about the practice development sessions that are delivered for staff. This work is related back to the NMC Code of Conduct. The aim is to introduce confident nurses who are adept in the delivery of care to their patients. It is linked to the 6 'Cs': care, compassion, competence, communication, courage and commitment.

Crisis Resolution and home treatment team

This stand showcased the work of the crisis resolution and home treatment team. Students on placement with the team receive detailed information to support them, including a handbook. This handbook sets out what students should expect from their placement (and what is expected from them), and provides students with a wide range of information from practical issues such as transport and parking to specifying the learning opportunities available. The team have also developed a Mentor statement and team vision statement.

Occupational Therapy student placements

This stand showcased student placements in occupational therapy available in the Trust. The team reported that students impact positively on patient outcomes, as they bring up to date knowledge of best practice, derived from current research and their university studies. This in turn helps to refine the service offered to patients. The team believe students bring a fresh approach and unique skills which complement the team.

GP and Foundation trainee teaching

The team received a presentation about a pilot of a specific CPD programme for Foundation and GP trainees. The aim of this programme is to provide a teaching course focused on the needs of GP and Foundation trainees whilst on placement with the Trust. This programme is intended to improve knowledge of psychiatric presentations and management of mental illness by non-psychiatrists in their future career. Topics covered include 'Assessing risk in mental health patients' and 'The Mental Health Act – what do I need to know'. It is also intended to increase satisfaction with psychiatry placements. Initial evaluation of the pilot programme shows an increased interest in psychiatry among those junior doctors who received the teaching.

Bitesize Teaching for Ward-based staff

This stand showcased bite-size teaching sessions for ward-based staff. The teaching, delivered by junior doctors, focuses on common-physical complaints of inpatients in a mental health setting. The initiative was developed in response to discussion following a serious incident. The sessions aim to deliver brief tutorials on physical health problems to nursing staff and healthcare assistants. Topics include deep vein thrombosis, abdominal pain and head injury. Evaluation has shown an improved knowledge of the topics following these sessions. The programme has been widened to include topics at the request of ward staff.

5. Visit to Kingsway Hospital (South)

Core and Higher Trainees

The visiting team met with a group of core and specialty trainees based in the South of the Trust. The trainees felt that the Trust was a good place to train, and all had returned following a positive experience as Foundation trainees. They felt well supported by colleagues, who were described as approachable.

The trainees told us that they felt education was valued and the emphasis was not always on service provision. Trainees reported that they were able to attend Thursday local teaching sessions without any issues. The academic rota, for covering clinical work during teaching, was reported to be working well. The trainees also welcomed the monthly meeting

after teaching with the ADME's, as an opportunity to feedback on any issues or concerns they might have. The trainees also provided positive feedback about regional teaching.

Trainees described the on-call system out of hours: one doctor covers the Radbourne Unit and another covers the other sites. The trainees told us this system appeared to be working well and the email handover system felt safe and effective. We also heard that trainees have been contacted by the consultant on-call at the start of their shift, to introduce themselves, and this was regarded positively.

The core trainees told us that those based at Derby do not currently receive communication skills training, compared with their peers in Nottingham. However, we heard later in the visit from the ADME for Core trainees that a plan is in place to implement communication skills training from January 2016.

The trainees reported they had received a thorough induction to the Trust, with a graduated introduction to their role.

The visiting team heard positive feedback from the trainees regarding clinical supervision, with one describing their supervisor as 'fantastic'. However, there appeared to be inconsistencies among the trainees in terms of retaining the same educational supervisor throughout the year. This appeared to be dependent on whether a trainee rotated to a placement outside of the Trust.

We heard from trainees that, whilst on-call, out of hours, they continue to be contacted by colleagues at Royal Derby Hospital, to assess CAMHS patients, despite an agreed policy that states these patients should be admitted to Puffin Ward overnight. The trainees felt that they were sometimes inappropriately called to attend and could be put under pressure to discharge patients to free-up beds. In the later session with educational supervisors, this was recognized as an issue. The visiting team was informed that the Trust has been funded to provide a round-the-clock CAMHS service, which should help to reduce pressure on the on-call doctor. We heard that the Trust is also working closely with consultants in the Emergency Department at Royal Derby to engender a culture change so that nursing staff do not call out the on-call doctor inappropriately; however this is a work in progress. It was felt that these new arrangements should mean that there are more robust nurse-to-nurse discussions about the need for a doctor to

attend A&E and around discharges at night, which should in turn reduce the involvement of the on-call trainee. However, the Trust should monitor the implementation of these changes, to ensure the desired change is achieved.

Recommendation: The Trust should monitor the effectiveness of new service arrangements with Royal Derby for CAMHS patients out-of-hours, to understand the impact this is having on trainees whilst on-call.

Foundation and GP trainees

The visiting team met with a large group of Foundation and GP trainees based in the south of the Trust. The group was, on the whole, very positive about their experiences within the Trust.

The GP trainees explained to the visiting team that their work was predominantly clinic based, which they welcomed as it enabled them to work with patients who they would also encounter in their future roles as GPs. They also provided on-call care for in-patients on the ward. The GP trainees felt they had a manageable workload, which included time for administrative activity as well as opportunities for learning. The visiting team welcomes this approach of tailoring placements to meet the needs of learners.

The Foundation trainee's work is predominantly ward based with minimal clinic work. However, we heard about a new Foundation post which is community-facing. We heard positive feedback about this role, which is based in the early intervention and recovery teams.

The trainees all felt that the posts, whilst more suited to some assessments than others, enabled them to meet their learning outcomes and have assessments signed off.

Overall, the trainees felt their induction, both to the Trust, and to their specific placements, were good. The trainees expressed frustration at having to repeat some aspects of mandatory training that had been undertaken on placements at other Trusts. The visiting team acknowledged their frustration and explained that HEE-EM have been seeking to implement a solution to this issue for some time.

The trainees provided positive feedback about one-to-one clinical supervision, which they found to be valuable. The trainees told us they feel members of the education team, including the ADME, are

approachable and they felt well supported by colleagues within the Trust. This support included colleagues on the ward or in clinic, who are happy and willing to help. In particular, we heard that when called to undertake seclusions reviews, the nursing staff were supportive and able to provide clear direction to the trainees about what was required of them. For those working in a clinic setting, we heard that they have not felt that they are on their own. For example, patients known to be unpredictable will be accompanied by a CPN.

The visiting team were pleased to see that nearly all the trainees were carrying with them the key fobs that were showcased at last year's visits. The trainees reported how helpful they found these to be and had made regular use of the information they contained.

The trainees told us that on the whole local teaching was good, however there were times when they found the content somewhat advanced for their level of training. We heard that one GP trainee has the opportunity to attend a substance misuse clinic which they find to be an excellent learning environment. We heard that those Foundation trainees who expressed an interest in psychiatry as a potential future career were encouraged to take up additional learning opportunities. However, others within the group were less sure what these might be. It was suggested that it might be useful to develop a 'directory' of additional learning opportunities (such as clinics that could be shadowed) to help signpost trainees to the wide range of opportunities available.

We heard from one GP trainee based at a clinic in Swadlincote, where there is no time factored in for debriefing: appointments run until 5pm when the clinic site is closed. As there are a number of patients who do not attend their appointments, this time is utilised for debriefing. However, it may be helpful to review whether the timing of the clinic can be altered to facilitate a debriefing session, as opposed to ad hoc, unplanned sessions.

Educational Supervisors

The visiting team met with a group of educational supervisors. The team discussed the issues raised by the core and higher trainees in relation to CAMHS (see above).

While the Trust education leads described clear rules around PA allocation for training, trainers were less

clear. One trainer reported having 0.5 SPAs for being Education Supervisor to two trainees and clinical supervisor to one. Others were unsure about their time allocation.

Recommendation: Review job plans for recognised educational and clinical supervisors to ensure that appropriate time is allocated for their educational role and this is communicated to supervisors.

Student Nurses and Occupational Therapists

The visiting team met with a group of student nurses and occupational therapists. On the whole, the students reported positive experiences of the Trust. They told us they had had thorough induction and had mostly received a warm welcome when arriving at their placement. There were a few exceptions reported where students were not expected, however this did not appear to be widespread.

We heard that busy wards can mitigate against learning opportunities, and at times there are a high number of learners on the ward which can also impact negatively – we heard one example cited where 6 student nurses were placed on one ward. The students told us that there are learning opportunities available, including multi-professional opportunities, but students do need to be proactive to access them.

Some of the students felt that communication between the Trust and Universities could be improved to ensure that information about placements was available in good time. On the whole the students would apply for a job at the Trust, but some areas were considered more favourably than others.

We heard that students sometimes struggle to access IT equipment, and accessing clinical systems. It was suggested that a pool of laptops for use by students would be beneficial.

Nursing Mentors and AHP Trainers

The visiting team met with a group of nursing mentors, occupational therapist and physiotherapist trainers.

The group reported that they do not have specific time allocated to undertake their educational role. They reported undertaking assessments on a daily basis, but would welcome further guidance. They explained that what each student is able to do when

they arrive at the Trust will vary depending on their prior experience. They also reported that at times capacity for placements is exceeded, and that there can be reluctance to take on students due to lack of resources.

The group reported mixed views in terms of contact with the Universities, with some wanting more input, whilst others reported an existing supportive relationship.

The nursing mentors felt the trust would be supporting nursing revalidation so nursing staff would be able to maintain their registration from April 2016.

As with their learners, this group reported issues around access to IT equipment, both for themselves and for their students. The group felt this would become more acute as the Trust moves to become paperless.

Recommendation: The Trust should ensure that the needs of mentors and learners are considered as part of plans to become a 'paperless' Trust, and adequate IT equipment is provided.

The group was of the view that the Trust was largely supportive of and would allow time for CPD. However they were unclear about the process for accessing or utilization of NMET tariff funding.

Recommendation: Develop a plan to ensure mentors and trainers are aware of how NMET tariff is utilised and any opportunities for accessing this resource.

Showcase for innovative practice

Presentation from ADMEs

The visiting team received a presentation from the Dr Abbas (ADME for Core trainees) and Dr Parker (ADME for Foundation and GP trainees) which outlined their plans for further developing medical and education training in the South of the Trust.

We heard that plans are being developed to restructure the current academic programme to provide more tailored activity for the various groups of trainees. Key changes to the programme include the provision of communication skills training for core trainees, increasing grade-specific learning that is more targeted at, for example Foundation or GP trainees, whilst retaining a multi-professional element and increase psychotherapy training. From December 2015, Foundation trainees will be paired

with a Core trainee to support them in developing a presentation for teaching sessions. This should have mutual benefits for both parties. From January 2016, the intention is that GP and Foundation trainees will receive an extra hour of teaching on alternate weeks, in grade-specific topics. Core trainees will attend Balint group sessions two out of every three weeks. In the third week a locally-developed communication skills course will be delivered.

The visiting team were pleased to hear about these enhancements to the academic programme, as they address several of the areas for improvement identified by the trainees in earlier sessions.

We also heard about plans to increase Foundation trainees' exposure to community facing work. The intention is that Foundation trainees on placements in general adult psychiatry will spend one session per week with the Crisis team. They will accompany Core trainees, CPNs and other staff to on-site assessments, follow-ups and home visits. For Foundation trainees based in Older Adult Psychiatry, there will be a half day per week working with the new dementia rapid-response team, shadowing the Staff Doctors and nursing staff on home visits, providing medical support where appropriate. The visiting team welcome these plans and we look forward to hearing more about their implementation. Once evaluated, it may be beneficial to share this model with colleagues in other parts of the Trust to support them in developing Foundation posts.

The ADMEs also presented the results of a re-audit of the email handover process. The audit is to be presented to the Trust's Medical Training committee later this month. We heard that a new development is for the on-call consultant to contact whoever is first on-call at the beginning of each shift, which is an opportunity to check whether electronic handover has taken place.

In addition to the presentation from the ADMEs, the visiting time also viewed a stands and posters, presenting work from a wide range of teams across the Trust.

Mental Health Liaison Team

This is a relatively new team, established in July 2015. Based at Royal Derby Hospital, the team provide a rapid response to younger and older adults. The team have been able to help reduce rates of admission to hospital and reduce length of

stay. In addition to student insight visits, there is a rolling 8 week programme of morning learning sessions, which provide an introduction to liaison psychiatry. The team also has the option to provide a longer placement within the team, usually for a second or third year nursing student.

Prison In-reach Mental Health Team

The prison in-reach team work with two prisons: HMP Foston is a closed female prison, and HMP Sudbury is an open prison. Students who are placed within this team have the opportunity to liaise with a range of agencies, including colleagues from housing and the criminal justice system and experience a collaborative approach to patient care. The team mostly host third year nursing students, but have also had some OT students placed with them. Due to security issues, there needs to be a long lead-in time for these placements to ensure the necessary security clearance is arranged.

Cherry Tree Close

This stand showcased the person-centred approach being taken to care planning at Cherry Tree Close and the benefits of personalisation. Multi-disciplinary meetings utilise new, person-centred tools, which enable patients to be better involved in and able to reflect on their care.

This has empowered patients and enhanced the therapeutic relationship with their named nurse. This approach helps patients to set the agenda and be actively involved in their own care plan.

Assistant Practitioner Foundation Degree

This stand showcased the work of the Community Nursing Learning Disabilities team to implement the Assistant Practitioner Foundation degree. The stand explained the learning path for Band 4 Assistant practitioners, over the two year course. This programme enables the development of skills and competencies for this group of staff, and provides an opportunity for career progression within the Trust. It is also reflective of the national move towards regulation of nursing assistants. This initiative will help to secure trained staff, leading to better patient care, based on improved knowledge and skills, derived from theory and practice.

Research and Clinical Audit Team

The aim of the team is to ensure people receive the best quality care and professional education through research and clinical audit. The research and development work of the team is focused around four themes: compassion, dementia and suicide prevention.

Activities include supporting graduate nursing students in a four week placement in the clinical audit team, providing briefing sessions for medical students, providing multi-professional training on 'Connecting with People' and 'Suicide Awareness and Responses', supporting the Trust's clinical audit programme and providing opportunities for clinicians and learners to engage in clinical research activity. The team are also responsible for implementing Schwarz Rounds to the Trust. These sessions are an opportunity to support employees with the emotional impact of their work, and we understand Derbyshire Healthcare was the first mental health Trust in the country to adopt this model. The team has since mentored other Trusts to set up these sessions.

Child and Family Health Visiting

This stand showcased the teaching sessions provided for pre-registration student nurses on measuring and plotting a child's head circumference. These sessions will support students to understand the importance of accurately recording head measurements, to facilitate earlier identification of any deviation from the norm as early as possible. The visiting team were able to view the teaching plan for the session, the formal PowerPoint presentation and a quiz for the students.

Occupational Therapy Placements

This stand showcased the range of opportunities available for placement within occupational therapy at the Trust, including learning disabilities and paediatrics. The paediatric placement is particularly valued as there are not many Trusts who are able to offer this opportunity. The stand included a video testimonial from a student who described her placement, and her positive experience of the Trust. The trainers on the stand were enthusiastic about their work and keen to develop the opportunities on offer. They were also keen for occupational therapy to have a greater voice in workforce planning discussions.

6. Recommendations

1. The Trust should continue to develop Foundation posts based at the Walton Hospital, to ensure they provide trainees with a wide range of learning opportunities and diverse exposure to psychiatry.
2. The Trust should monitor the effectiveness of new service arrangements with Royal Derby for CAMHS patients out of hours, to understand the impact this is having on trainees whilst on-call.
3. Review job plans for recognised educational and clinical supervisors to ensure that appropriate time is allocated for their educational role and this is communicated to supervisors.
4. The Trust should ensure that the needs of mentors and learners are considered as part of plans to become a 'paperless' Trust, and adequate IT equipment is provided.
5. The Trust should develop a plan to ensure mentors and trainers are aware of how NMET tariff is utilised and any opportunities for accessing this resource.