

Visit to Brighton and Sussex University Hospitals NHS Trust

This visit is part of a regional review and uses a risk-based approach. For more information on this approach please see the [regional and national reviews section of our website](#).

Review at a glance

About the visit

Visit date	27 May 2015
Site visited	Royal Sussex County Hospital
Programmes reviewed	Foundation Programme, emergency medicine, general surgery, trauma and orthopaedics, general internal medicine, undergraduate education.
Areas of exploration	Patient safety, supervision, workload, rota design, handover, induction, support for doctors in training, quality management processes, equality and diversity, transfer of information, bullying and undermining, teaching and training, undergraduate education, training and support for trainers, risk and issue management, relationship with the LETB and medical school, sharing of good practice.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No

Has further regulatory action been requested via <u>enhanced monitoring</u>?	No
---	----

Summary

- 1** We visited Brighton and Sussex University Hospitals NHS Trust (BSUH) as part of the Kent, Surrey and Sussex regional review of undergraduate and postgraduate education and training. The visit took place at the Royal Sussex County Hospital (RSCH) which is an acute teaching trust. The education and training at BSUH is organised between two sites, Royal Sussex County Hospital and Princess Royal Hospital. RSCH is the main centre for emergency and tertiary care services including neurosciences, arterial vascular surgery, neonatal, paediatrics, cardiac, cancer, renal, infectious diseases and HIV medicine.
- 2** During our visit we met doctors in training in emergency medicine, general surgery, trauma and orthopaedics, general internal medicine and Foundation Programme doctors from both sites in the trust. In addition we met Phase II (year 3 and 4 students) and Phase III (year 5 students) undergraduates from Brighton and Sussex Medical School (BSMS).
- 3** The outcomes of our visit were generally positive with no serious concerns identified. The doctors in training and medical students we met reported that they get the opportunity to train in a broad range of specialties and rated the overall educational experience at BSUH as positive. During our visit we heard that because BSUH is a teaching university trust, education and training are an important part of the core business. There is a strong commitment to education.
- 4** The trust, in its role as a local education provider (LEP) has established close working relationships with Brighton and Sussex Medical School. The trust is currently reviewing the structure of medical education management to ensure that it is fit for purpose to serve its goals and ambitions for education and training.

Areas of exploration: summary of findings	
Patient safety and supervision	During our visit we met doctors in training from different specialties and undergraduate students. We heard mixed views about patient safety issues. Foundation year two (FY2) doctors and doctors in training in emergency medicine feel that supervision is variable with some supervisors apparently 'lacking time' or 'lacking interest' and commitment to this role. They report receiving adequate support from senior doctors. Foundation year one (FY1) doctors in

general internal medicine posts feel that supervision is not always adequate during on-call shifts. This seems to be more of an issue during nights.

The doctors in training we met with said that there are issues with feedback on incidents reported through the (Datix) incident reporting system.

Please see Recommendation 1.

FY1 doctors also reported issues with tracking of patients due to inadequacy of the handover system. We were told that RSCH has issues with capacity as there is a shortage of beds.

However, the medical students we met during our visit had no concerns about patient safety and said that they are not asked to undertake tasks beyond their competence. Students told us that they feel confident in reporting incidents or inappropriate behaviour.

Workload

We heard from the Trust Senior Management Team, doctors in training and supervisors that the trust has various rota gaps and chronic staffing issues at different levels and specialties. This has had an impact on service provision and workload for doctors in training. FY2 doctors reported a busy environment, but with a manageable workload which allows them to leave work on time.

Doctors in training in surgical posts however, reported that there are times where they have had to work longer shifts because there was no other person to take over the shift. However, we were told by supervisors in this specialty that they are aware of the problems and working to resolve these.

Doctors in training in general internal medicine told us that there are also staffing issues during night shifts. We heard that the workload issues are also affecting their learning experience, due to the lack of time for teaching on wards, and their ability to attend teaching sessions.

The Trust Senior Management Team acknowledged

	<p>that they are aware of the low number of doctors in training and rota gaps. We heard that they are making efforts to increase the number of doctors in training, particularly in foundation years, and fill in the rota gaps. In addition provisions are being made to coordinate the staffing rota between the two hospitals in the trust in order to cope adequately with service pressures.</p>
<p>Rota design</p>	<p>During the meetings with doctors in training we heard a variety of cases with regard to rota design. Rotas for doctors in higher training in emergency medicine were an example of an efficient system with an elective scheme where doctors in training choose their own working days and shifts. They told us that this allowed them to have a good balance between working and learning and catered well for annual leave.</p> <p>The situation was different for lower grade doctors in training within the same specialty who said that they often work a full week of night shifts. Doctors in training in general surgery told us that the rota gaps had also affected their working patterns and level of support in wards.</p>
<p>Handover</p>	<p>During our visit the doctors in training we met provided us with mixed reviews about the formality and quality of handover processes</p> <p>The doctors in training we met also stressed the importance of robust handovers using the electronic system.</p> <p>Please see Requirement 1.</p>
<p>Induction</p>	<p>The doctors in training we met reported that the induction processes are generally good. However, we did hear that there are some issues with induction in vascular, trauma & orthopaedic and neurology units. We also heard a few examples where doctors in training had not had an induction despite having started their rotation some months ago.</p> <p>Doctors in training informed us that the initial induction is good for foundation doctors, but</p>

induction in subsequent rotations is not as efficient. We heard that as some doctors rotate into different roles within the trust, subsequent post inductions may be informal. Doctors in training leaving posts don't have time to pass on information onto those coming in to the post.

Support for doctors in training

The doctors in training we met at BSUH were content with the support they receive from their educational and clinical supervisors. We heard that supervisors guide the doctors in training through the ePortfolio and ARCP.

Doctors in training in emergency medicine spoke in positive terms about the support they receive from consultants and higher grade staff.

The Trust Senior Management Team told us that they are also working to put in place a coherent programme for less than full time doctors in training. This programme will ensure that this cohort of doctors in training have an optimal educational and training experience. At the same time the trust is working on minimising the impact of this programme on service requirements.

Doctors in training in emergency medicine posts reported some regional issues with training days and obtaining information about rotations and subsequent posts. They also spoke in particular about the inefficacy of the Defined Route of Entry into Emergency Medicine (DRE-EM) initiative. This is a national programme that aims to fast-track doctors in training from other specialties into emergency medicine. Doctors in training feel that this initiative has not been successful in the Health Education Kent, Surrey and Sussex (HEKSS) region with there being issues obtaining information and appointments through this scheme.

The Trust Education Management Team provided us with a number of positive examples of when doctors in difficulty were supported well by their educational and clinical supervisors.

Quality management processes

We heard that the Trust Senior Management Team has taken active steps to ensure education receives the right attention at board level. The Director of Medical Education (DME) prepares a regular report for the board to update on education matters. Education also appears on the risk register, particularly any staffing issues.

The Trust Senior Management Team told us that Local Academic Board (LAB) is generally well attended; however there are occasions when service provision hinders members' ability to attend. An update is circulated after the meeting to ensure that those who could not attend are kept informed. The trust is currently reviewing their structure of education management and LAB to ensure that it is fit for purpose.

Please see Recommendation 2.

The Trust Senior Management Team also told us that they have regular meetings to discuss the outcomes of the - National Training Survey (NTS). Doctors in training are represented in these meetings and the survey responses and outcomes of the meetings are disseminated to the faculty groups. Doctors in training also have the chance to meet with the Chief Executive Officer (CEO) and the DME every three months.

Equality and diversity

We heard in meetings with the Trust Senior Management Team and the Education Management Team that all those involved in education in the trust have completed their mandatory equality and diversity training.

The Trust Education Management Team also informed us that doctors in training undergo a pre-employment assessment in order to identify any occupational health issues. These checks are organised by the occupational health staff that liaise with the human resources team to put in place any reasonable adjustments as required.

Transfer of information	<p>The Trust Education Management Team explained in detail the process for transferring information regarding doctors in difficulty. Transfer of information (TOI) is done through the local faculty groups (LFG). Doctors in training contact their educational and clinical supervisors as the first point of contact should they have any difficulties they wish to discuss.</p> <p>Supervisors work closely together to support each other and are aware of how to escalate these issues. The Trust Education Management Team said that they feel well supported by HEKSS in the transfer of information matters, through the heads of schools and specific meetings in the LETB regarding doctors in difficulty.</p>
Bullying and undermining	<p>In general, the doctors in training we met spoke about an open culture and supportive environment for training at BSUH. However, we did hear about an issue regarding the behaviour of some consultants during morning handover meetings in general internal medicine.</p> <p>Please see Requirement 2.</p> <p>FY1 and FY2 doctors also told us about an isolated instance of a bullying and undermining case in the past, but they felt that the trust had dealt well with it and the issue has now been resolved. Nevertheless, doctors in training told us that they feel confident about reporting bullying and undermining issues and they are aware of the trust's procedures on this matter.</p> <p>We also heard from the Trust Senior Management Team that they take active steps to make themselves available and are encouraging an open culture in the trust.</p>
Teaching and training	<p>The doctors in training we met are appreciative of the overall teaching opportunities at the trust. They feel most staff are receptive to and supportive of education matters.</p> <p>Doctors in training in emergency medicine highlighted the good teaching opportunities in the</p>

trust, especially for the acute care common stem (ACCS) programme.

We heard from foundation doctors that they have a formal foundation teaching programme. FY1 doctors have protected time for teaching. FY2 doctors reported difficulty in being able to attend teaching sessions and that their teaching sessions were not protected. Foundation doctors also expressed concern that their current access to clinics was 'minimal' and those in surgery indicated that they wished more theatre time. We heard from doctors in training that there is a lack of timetabled access to clinics for GPSTs and CMTs; this is exacerbated by constraints around lack of available clinic rooms.

Doctors in general internal medicine told us that accessing overnight support from consultants can be challenging and is not necessarily welcomed when sought. They also reported problems with accessing feedback on the management of patients whom are admitted overnight.

Please see recommendation 4.

We heard from the doctors in training and their supervisors that another area which needs improvement is the use of simulation for teaching purposes.

Please see Recommendation 3.

Undergraduate education

During our visit we met Phase II and Phase III students from Brighton and Sussex Medical School (BSMS). We heard that students are happy with their medical education. Students also reported a good level of support from their medical school.

When asked about the support they receive at the LEP, BSMS students told us that everyone in the trust is approachable and keen to teach them. They feel supported and reported a positive learning experience during their placements. Students also told us that the quality of facilities is not satisfactory at RSCH. They are sometimes taught in the corridor, and the IT services are not favourable for learning,

	<p>e.g. students do not have access to Wi-Fi This affects their ability to access online learning resources. Students told us that the facilities at PRH are of a better quality.</p> <p>Students highlighted the fact that their clinical placement in obstetrics and gynaecology is very well structured and they receive a list of clinics to attend in advance. In contrast with this, students told us that in surgery there is not a clear structure for their placements and they don't know in advance which ward or clinic they are supposed to attend.</p>
<p>Training and support for trainers</p>	<p>During the meeting with emergency medicine supervisors we heard that the trust has a Human Factors champion who organises training sessions for educators on this subject every two months. The training is provided for multidisciplinary teams. The trust is looking into formalising this training further and producing a guidebook that staff can use.</p> <p>We heard from the Trust Education Management Team that they are making efforts to include education in the job plans for educational and clinical supervisors. However, we heard that service provision pressures do sometimes hinder the ability of consultants to focus on educational roles.</p> <p>Please see Requirement 3.</p>
<p>Risk and issue management</p>	<p>We were told in the meeting with the Trust Senior Management Team that they are making every effort to protect the provision of education from financial issues. They are aiming to avoid shortage of funds in areas directly related to doctors in training.</p> <p>The trust management recognised that funds and resources are a challenge and that the introduction of the Tariff Plan by Health Education England has had an impact on the provision of education.</p>
<p>Relationship with the medical school, LETB and sharing of good practice</p>	<p>The trust management informed us they have regular meetings with HEKSS and that the trust DME meets every three months with the Interim Postgraduate Dean for HEKSS. The CEO also attends the HEKSS Council meetings. The Trust Education Management</p>

Team said that now that HEKSS has become part of HE South East, the trust is looking to strengthen ties with the latter too.

We heard from the Trust Education Management Team that the Serious Untoward Incident reporting is an area that works well and which is escalated to HEKSS level. There are also good channels of communication regarding doctors in difficulty and good ties with the different faculties.

We heard in meetings with the Trust Education Management Team that the recent changes in HEKSS have impacted on the LETB steer for education in the LEP. The structure of HEKSS has now changed. Previously there has been a stronger education department offering a higher level of support to the local education providers. The Trust Education Management Team are particularly worried about the new education programme replacing the Qualified Educational Supervisor Programme (QESP) which has been a successful programme.

We heard from the Trust Senior Management Team that as a university trust, BSUH has established close links with Brighton and Sussex Medical School. The medical students we met told us that everyone at the trust is welcoming towards students and keen to teach them.

However we also heard from the educational and clinical supervisors that student placements are not fairly distributed in all academic years and through different specialties. They told us that the trust has a lead consultant working on maintaining and strengthening links with the medical school. In addition the trust has appointed two clinical fellows who act as coordinators for the student placements and oversee the teaching and training of medical students.

Areas of good practice

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

Number	Paragraph in <i>Tomorrow's Doctors (TD) / The Trainee Doctor (TTD)</i>	Areas of good practice for the local education provider
1	TTD 6.32	The friendly pharmacist initiative is a good example where feedback is used successfully as a learning tool

Good practice 1: The use of feedback as a learning tool by pharmacists

- 5** During our meeting with other educators in the trust we heard a good example of feedback being used as a teaching tool for doctors in training. We heard that pharmacists in the trust have been using various prescription cases reported on Datix to teach and provide feedback to doctors in training. FY1 doctors are linked with one pharmacist and they regularly meet to discuss cases reported on the incident system. The pharmacists also use these meeting to track the progress of the FY1 doctor. We believe that other departments in the trust would benefit from utilising this approach to using the feedback on cases reported in the incident system as a tool for educational purposes.

Area where there has been an improvement

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in <i>Tomorrow's Doctors (TD)/The Trainee Doctor (TTD)</i>	Area where there has been an improvement
1	TTD 6.10	Doctors in training and medical students we met were generally satisfied with the overall educational experience at the trust

Area of improvement: Doctors in training and medical students we met were generally satisfied with the overall educational experience at the trust

- 6 The majority of doctors in training and medical students we met told us that they were generally happy with their training and placements at BSUH. They appreciated the support from the senior doctors, Trust Education Management Team and the keen interest that the CEO has taken to their training and experience in the trust. Medical students also reported that their placements in the trust have a positive educational value.
- 7 The NTS data supports that the overall satisfaction has improved from 2014 to 2015 for doctors in training in general internal medicine and we recognise this as a positive step forward. However, findings from our visit suggest that there are still some areas which require the trust’s attention and improvements in general internal medicine. Some of these issues include support from senior doctors for doctors in training and feedback as highlighted on the *Teaching and Training* section of this report and under requirement 2 and recommendation 4.

Requirements

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

Number	Paragraph in <i>Tomorrow’s Doctors (TD) /The Trainee Doctor (TTD)</i>	Requirements for the LEP
1	TTD 1.6	The handover process must be standardised in process and quality across different departments
2	TTD 6.18	The trust must ensure that doctors in training are not exposed to unprofessional behaviour
3	TTD 6.34 TD 148; 149	All educational and clinical supervisors must complete the relevant training for their education roles
4	TTD 1.2	Current terminology must be used when referring to the grades of doctors in training and designing rotas

Requirement 1: The handover process must be standardised in process and quality across different departments

- 8 The doctors in training we met told us that there is variation between handovers in different departments. FY2 doctors were positive about handover and informed us that although handover processes need more formalisation, especially in the afternoon, and improvements in tertiary specialties, the handover processes do generally work. FY1 doctors and higher grades of doctors in training reported that handover processes seem to be an issue in general surgery posts. The current handover system is not robust to ensure that patients are always seen on a timely fashion.
- 9 The doctors in training we met told us that the majority of issues regarding handover are related to the inefficient electronic system which is used in the trust. Doctors in training have to input information electronically onto the system, but then use print outs and hard copies for transfer of patients. This type of procedure poses a risk for the patients' care as patients may not be seen in a timely manner. The handover between different units and sites is also not effective for the same reasons and makes the tracking of patients difficult sometimes.

Requirement 2: The trust must ensure that doctors in training are not exposed to unprofessional behaviour that undermines their confidence

- 10 During our visit we heard from doctors in training about an issue with the morning handover meetings in general internal medicine. These are characterised as being 'intimidating' with 'unprofessional behaviour' by the Consultants. These meetings are not deemed appropriate or conducive to learning. The trust must put in place mechanisms to ensure that the format of these meetings and the behaviour of senior doctors do not affect the training experience and confidence of doctors in training. Doctors in training should be able to learn during handover meetings and be able to express their views and participate without fear of being undermined.

Requirement 3: All educational and clinical supervisors must complete the relevant training for their education roles

- 11 The Trust Senior Management Team informed us that all educational supervisors are highly qualified for their educational roles. They said that almost all supervisors have the QESP accreditation. The supervisors we met also told us that they have been attending three training sessions per year for their educational roles. These sessions are courses approved and recognised by the respective royal colleges. From 2015 the Trust will move to have only one training session per year.
- 12 However, during our meetings with educational and clinical supervisors we heard that not all of them have completed the required training for their educational roles. We were told that this is mostly due to workload and some supervisors did not have a date booked yet for their training. We would like to emphasise the importance of providing the educators with the relevant training and the impact that this has on the education of doctors in training.

Requirement 4: Current terminology must be used when referring to the grades of doctors in training and designing rotas

13 During the course of the visit, doctors in training, educational and clinical supervisors frequently used terms such as 'senior house officer' (SHO) or 'registrar'. These terms do not specify the level of doctor training making it very difficult to differentiate between foundation year 2 doctors, core medical year 1 and 2 or general practice specialty doctors in training. The use of this terminology could lead to confusion as consultants, nurses and other team members may not be able to identify the level of the doctor in training.

Recommendations

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

Number	<i>Paragraph in Tomorrow's Doctors (TD) /The Trainee Doctor (TTD)</i>	Recommendations for the LEP
1	TTD 6.32	Doctors in training should receive feedback on the incidents they report on the trust's incident reporting system
2	TTD 7.3	The revised structure of the management of medical education should be reviewed in the near future
3	TTD 5.4	The trust should review simulations to ensure they are used efficiently in educating doctors in training
4	TTD 5.18	Doctors in training in general internal medicine should have access to feedback from their supervisors following post-take ward rounds.

Recommendation 1: Doctors in training should receive feedback on the incidents they report on the trust's incident reporting system

14 The doctors in training we met reported a low response rate regarding the incidents they had reported in the proprietary electronic reporting system (Datix). They recognised feedback as an important learning tool and are disappointed that they

rarely receive any from this process. We heard that in order to receive some feedback, the doctors in training had taken the initiative to print out a couple of cases raised on Datix and discussed them in their meetings with the educational and clinical supervisors.

- 15** The doctors in training said they had raised this feedback as an issue, but the situation has not changed so far. In the 2014 NTS data, feedback was a below outlier for obstetrics and gynaecology, general surgery and general internal medicine. The trust should review the current situation and put in place mechanisms to facilitate the provision of feedback to doctors in training regarding the incidents they report on Datix.

Recommendation 2: The new management of medical education structure should be reviewed in the near future

- 16** We heard from the Trust Education Management Team that the trust is currently reviewing and looking to change the structure of their medical education management. The trust is looking to ensure that the new structure offers better support for doctors in training and medical students. The Trust Education Management Team does recognise that, as part of this revision, more thought needs to be put in to integrating undergraduate and postgraduate education. Currently there is not enough interaction between these two areas, although there are similarities and overlapping of roles. The trust is also paying particular attention to the training of staff and inter-disciplinary working.
- 17** We recognise that the changes the trust will be undertaking are a positive step in improving the quality of education provision. BSUH has published a document *Trust Education and Learning Strategy* where multi-professional working and staff education are discussed fully. However there are few references to undergraduate and postgraduate medical education. BSUH as a teaching university trust and tertiary centre places education in its core business.
- 18** Therefore, we recommend that it would be useful for the trust to review and assess the changes implemented in the near future to ensure that the new education management structure provides appropriate support and is successful in the quality management of medical education.

Recommendation 3: The trust should review simulation education to ensure it is used efficiently in educating doctors in training

- 19** The trust has a simulation centre at Princess Royal Hospital as well as a simulation lead based in the same hospital, and we heard that from June 2015 the trust will have access to a new ambulance simulation. There is also provision for simulation at BSUH as part of the Teaching, Trauma and Tertiary care scheme but this is about three years away. Higher doctors in training in general surgery have access to regional simulation days in Guilford, organised by HEKSS.

- 20** However, it appears that simulations are not used sufficiently for educational purposes in the trust. The educational supervisors told us that in emergency medicine it is difficult to find the space and time for simulations as well as involve real patients. Doctors in training in general surgery and trauma and orthopaedics posts reported that although there have been some improvements with simulations; there is still work to be done.
- 21** The Trust Senior Management Team are aware of the current difficulties with simulations and informed us that the Teaching, Trauma and Tertiary care initiative will have some provision for simulation in a new building at BSUH. However, this project is still in early stages and it might still be about three years until this matter is resolved.

Recommendation 4: Doctors in training in general internal medicine should have access to feedback from their supervisors following post-take rounds

- 22** The doctors in training in general internal medicine reported difficulties with receiving feedback from consultants on their contributions to the management of patients whom they admit overnight. They told us that the current ward round structure prevents the doctors in training in this specialty from receiving feedback for about one-third of their entire acute take patient workload and it includes patients who are typically more unwell and more complex than their workload at other times.
- 23** There are five post-take ward rounds taking place after the morning handover meeting. This structure results in doctors in training receiving feedback on very few of the patients they have managed overnight. The trust should ensure that doctors in training in general internal medicine have access to feedback and the opportunity to present to their supervisors following their initial care planning.

Acknowledgement

We would like to thank Brighton and Sussex University Hospitals NHS Trust and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.