General Medical Council

Visit to East Kent Hospitals University NHS Foundation 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	12 May 2015
Site visited	William Harvey Hospital
Programmes reviewed	Foundation, general surgery, trauma and orthopaedic surgery, emergency medicine, general internal medicine
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, 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?	Concerns were identified during the visit relating to clinical supervision of Foundation Year 1 (FY1) doctors in general internal medicine (GIM) over the weekend, and limited access to education and

	training also in GIM. We heard that at the weekend in GIM there is a team consisting of a senior nurse, a more senior doctor in training and an FY1 doctor. Sometimes the more senior doctors in training were unavailable for supervision of the FY1 doctors due to a heavy and unpredictable workload, with limited backup at busy times. There was also a gap in shifts when the more senior doctor on during the daytime finished at 5pm and the more senior doctor on the night shift commenced at 9pm meaning there was no support for the FY1 doctor between these hours. We did hear that this was an improvement on how out of hours used to be managed at the weekend, however lack of supervision is still an issue. Although the FY1 doctors we met knew there was a Consultant on call, they were reluctant to contact him/her directly.
Were any significant educational concerns identified?	Due to the heavy workload and service pressures, there is also a lack of on the job training in GIM for FY1 doctors and more senior tiers of doctors in training. Clinical and educational supervisors do recognise the impact workload has on training and we heard that there is ongoing recruitment for additional doctors (non-training posts) to help relieve the workload pressures.
Has further regulatory action been requested via enhanced monitoring?	East Kent Hospitals University NHS Foundation Trust and Health Education Kent, Surrey and Sussex have both responded to the concern raised during the visit. Some members of the senior management team at William Harvey Hospital did not seem to be aware that there was an open enhanced monitoring case regarding safe and effective clinical service and the educational experience in general surgery.

Summary

1 As part of our regional review of education and training in Kent, Surrey and Sussex, we visited William Harvey Hospital which is part of the East Kent Hospitals University NHS Foundation Trust. During the visit we met with foundation and specialty doctors in training from a range of specialties including general surgery, trauma and orthopaedic surgery, GIM and emergency medicine.

2 East Kent Hospitals University NHS Foundation Trust is run over five sites: William Harvey Hospital, Queen Elizabeth the Queen Mother Hospital, Kent and Canterbury Hospital, Buckland Hospital and the Royal Victoria Hospital. The visit was held at William Harvey Hospital, where we met with trainees and staff who were largely based there.

3 A serious concern was raised on the visit regarding workload and problems with supervision of foundation doctors in training in GIM working on wards during the weekend.

4 Doctors in training we met at William Harvey Hospital reported that they had very heavy workloads due to rota gaps and that this often impacted on their ability to access educational opportunities. We also identified issues in handover and induction, incident reporting, time for training in supervisors' contracts and the engagement of the Trust board in educational matters.

5 We found an engaged education team at William Harvey Hospital, committed to improving education and training. They were confident that with the support of the new Trust board, they could provide a good educational experience for doctors in training.

Areas of exploration: summary of findings	
Patient safety, handover and induction	We had concerns about workload intensity and its impact on training. We heard examples of doctors in training being unable to access training and supervision, and some said they were working 60 hours in a week. Please see patient safety concern and requirement 7. Handover and induction are in places too informal to be effective or adequate. Both need to be formalised and improved. Please see requirements 3 and 5. At the time of our visit, we identified the trainee patient safety group as an area that is working well at William Harvey Hospital. This group reports to the

	Local Academic Board (LAB) and the Patient Safety Board. It is responsible for establishing a patient safety strategy for trainees, developing patient safety initiatives and supporting action plans which include appropriate safety metrics. It has specific responsibility for monitoring progress on aspects of patient safety relating to groups of doctors in training and addressing clinical concerns in these areas. Doctors in training that we met felt empowered by the trainee patient safety group and were happy that they were able to have some influence on quality systems and suggest and implement important changes.
Rota design	Throughout the visit, doctors in training indicated that rota gaps are having a detrimental impact on workload and access to teaching. Rota gaps have contributed to a high workload across departments, and we heard that this is particularly prevalent for foundation doctors on weekends. Please see patient safety concern and requirement 6. Rota gaps were also recognised by all the doctors in training we met as having a detrimental impact on their ability to access regular teaching sessions. This was of particular concern for foundation doctors in training. Please see requirement 7.
Quality management processes	The Trust is working with Health Education Kent, Surrey and Sussex (HEKSS) on an initiative called Quality and Innovation in Education (EDQUIN). The aim of this initiative is to improve the national trainee survey results by concentrating on the red flags and in particular, teaching (and the evaluation of it), feedback and handover and induction. For EDQUIN, all staff involved in education at each site get together to discuss how they'd like to improve, what they could improve, and how the change can be achieved The education team at William Harvey Hospital told us that they were having regular quality visits to

	different specialties from HEKSS and that the Medical Director and Chief Executive usually attend as the issues often impact on service provision. These visits have been positive drivers for change at the Trust and strategies have been implemented to address the issues identified.
Equality and diversity	The doctors in training and staff we met with indicated that they were receiving the relevant mandatory equality and diversity training.
Placements and curriculum delivery	William Harvey Hospital does not have any students from Brighton and Sussex Medical School on clinical placements, but does have students from a number of other medical schools who we did not meet on the visit. We heard from the education management team that feedback from the medical students and from quality visits by the medical schools has been very positive. There are clearly difficulties in the organisation and the delivery of the foundation teaching programme; foundation doctors in training also may not able to attend due to workload. Please see requirements 3 and 4. Simulation training is an area that we feel is working well and adding value to placements. Simulation training has been rolled out successfully across the various groups of health professionals. The programmes range from Foundation training to Trauma Team simulation and sessions are led by a dedicated simulation lead and facilitator. We understand that the trust board has committed to investing more in this area and the education team has plans for further expansion of simulation facilities.
Assessment and feedback	Doctors in training stated that their supervisors were keen to oversee supervised learning events and that the quality of the feedback supervisors provide has improved since they received targeted training on feedback.

Support for doctors in training	Despite issues with workload, supervision and access to educational opportunities, doctors in training reported that they felt well supported by the education team at William Harvey Hospital. Doctors in training knew who to contact if they wanted to raise concerns or report undermining and bullying. Although none of the doctors in training we met had required reasonable adjustments, some of their colleagues on placements were happy with the assistance afforded to them. The Trust was recently given an award by Health Education Kent, Surrey and Sussex for the support they offer for doctors in difficulty. One of the areas we identified as working well at the time of our visit was the health education awards that take place annually at William Harvey hospital. These are multidisciplinary awards that span undergraduate and postgraduate medical education that celebrate hard work and best practice from medical students and doctors in training.
Training and support for trainers	The majority of doctors in training we met at William Harvey Hospital felt that their trainers were knowledgeable and supportive. All the supervisors we met had attended the Qualified Educators Supervisor's Programme (QESP) which is provided by HEKSS. They felt adequately supported in their role as trainers
Transfer of information	The process for the transfer of information from the LETB to the Trust is not clear. We heard that the Training Programme Director for surgery asks supervisors to keep notes regarding concerns about particular doctors in training so that they can exchange information informally with other trusts. We heard from educational supervisors that they do not always receive information about doctors in training from HEKSS, and so they are often reliant on

	the information they get from other Trusts and the trainee.
Bullying and undermining	None of the doctors in training we met had been exposed to undermining and bullying during their time at William Harvey Hospital. They knew who they should contact if they were to witness any bullying or undermining.

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 *Tomorrow's Doctors (TD)/The Trainee Doctor (TTD)*	Area where there has been an improvement
1	TTD 1.2	There has been an improvement in the level of clinical supervision for doctors in training in general surgery rotations.

Area of improvement: Doctors in training must be supervised according to their experience and competence

6 One of the below outliers in the 2014 National Training Survey (NTS) related to supervision in general surgery. This no longer appears to be an issue at William Harvey as foundation and other doctors in training in general surgery we met praised the support available to them from supervisors. Doctors in training advised that even late at night, consultants are happy to come in when they feel out of their depth with a critically ill patient.

7 The 2015 NTS supports this assertion and clinical supervision at William Harvey is no longer listed as an outlier. Supporting professional activities (SPA) time for clinical supervision is still a grey area (please see recommendation 3) and there are inconsistencies in the distribution of PAs among surgical supervisors. Despite this, they are enthusiastic about their training roles and keen to assist doctors in training whenever possible.

Requirements

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

Number	Paragraph in *Tomorrow's Doctors* | *The Trainee Doctor*	Requirements for the LEP
1	TTD 1.2	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.
2	TTD 1.2	Doctors in training must be appropriately supervised according to their experience and competence.
3	TTD 1.6	Doctors in training must have well organised handover arrangements to ensure they understand their duties and how their post fits within the programme.
4	TTD 5.4	Doctors in training must be free to attend organised educational sessions and other learning opportunities of educational value.
5	TTD 6.1	Doctors in training starting a post or programme must be able to access timely trust and departmental inductions.
6	TTD 6.10	Working patterns and intensity of work for foundation doctors in training must be appropriate for learning.
7	TTD 8.1	The design and delivery of training for foundation doctors in training must be improved. The local education provider (LEP) must have the capacity to accommodate the practical experiences required by the foundation curriculum.

Requirement 1: Current terminology must be used when referring to the grades of doctors in training and designing rotas

8 Throughout the visit, the doctors in training we met with frequently used the term 'senior house officer' (SHO) to refer to doctors in training from foundation year 2, core medical training years 1 and 2 and general practice specialty trainees.

9 Incorporating this terminology into rota design could result in a range of different grades of doctors in training (including foundation, GPST & core) being assumed to have similar competence when grouped together on the same rota, and therefore this poses a potential risk to safety both of patients and to these doctors in training themselves.

Requirement 2: Doctors in training must be supervised appropriately according to their experience and competence

10 As detailed above, at the time of the visit, we raised a serious concern relating, in part, to the lack of supervision of FY1 doctors in training in GIM. The Medical Director has responded with an action plan and steps have been taken to alleviate the pressure on FY1s and provide appropriate supervision.

11 A number of doctors in training we met informed us that access to supervision was at times limited and that they often had to search for supervisors who were busy attending to patients. Some doctors in training thought that the lack of supervision encouraged them to use their initiative, however working beyond competence has the potential to compromise patient safety.

12 Clinical supervisors we met also advised us that there was no recognised time for supervision in their contracts which could further compound the issue. Please see recommendation 3 for further details about SPA time allocation.

Requirement 3: Doctors in training must have well organised handover arrangements to ensure they understand their duties and how their post fits within the programme

13 Doctors in training and clinical supervisors advised us that the standard of handovers at William Harvey Hospital is variable. From our meetings with key groups it would seem that arrangements for handover are more formalised in emergency medicine, paediatrics and ITU than in medicine or general surgery. Clinical supervisors and the site for lead general surgery and trauma and orthopaedics (T&O) informed us that improvements have been made to handover such as the allocation of a dedicated resource room for handover and consultant to consultant transfer of care. However,

doctors in training thought that surgical handovers in the morning were more comprehensive than those in the evening.

14 Doctors in training on GIM placements were less satisfied with the quality of handover in medicine and felt that handovers in the morning were irregular as often FY doctors handed over to each other rather than to more senior doctors due to different finishing times.

15 The senior management team at William Harvey Hospital provided us with some reassurance that improvements to handover across specialties will be made as the Trust is working with Health Education Kent, Surrey and Sussex (HEKSS) on an initiative called Quality and Innovation in Education (EDQUIN). One of the aims of this initiative is to improve the national trainee survey results and, as handover was a below outlier in several programmes this is a key area of focus.

Requirement 4: Doctors in training must be free to attend organised educational sessions and other learning opportunities of educational value

16 Many doctors in training informed us that their access to educational sessions was impeded by a heavy workload and timetabling of the sessions.

17 Doctors in training in GIM rotations stated that there very few formal training opportunities available to them. They told us that there were only four regional teaching days a year and often they were unable to attend due to their rotas. The grand ward rounds on Wednesdays are followed by teaching but this was said to be rather generic and of little educational value.

18 Doctors in training in general surgery and T&O spoke highly of the teaching available to them at William Harvey Hospital and they have a dedicated day each week allocated for learning. They advised, however, that opportunities for regional teaching are almost non-existent since the training programme director retired.

19 Foundation doctors in training were very vocal about the lack of training opportunities available to them as detailed in requirement 7.

Requirement 5: Doctors in training starting a post or programme must be able to access timely Trust and departmental inductions

20 On the whole, doctors in training at William Harvey Hospital found their inductions to be out of synch with placement start dates and lacking in useful detail.

21 Some FY1 doctors who started their rotations at the beginning of the year had week long inductions which consisted of 3.5 days shadowing the FY1 they were replacing. They found this very useful and felt that it helped them to orientate themselves for work.

22 Doctors in training reported that Trust inductions tend to consist of health and safety notifications and lack clinical information. In some cases, it took two to three weeks to be provided with access to the relevant computer systems required for working on wards. We heard that the doctors in training have reported this issue to the Trust but not received a response.

23 Departmental induction is also variable. Doctors in training informed us that induction sometimes happens weeks after the placement begins and that they do not help them to settle in to their new jobs. The emergency medicine induction is said to be excellent with just the right level of detail to help orientate doctors in training, while doctors in training in GIM rotations reported that the induction did not explain how the rotas are set up, how to access leave or where to pick up their bleeps.

24 It is important that managers and consultants recognise the importance of induction and the consequences of poor or no induction on doctors in training and the organisation.

Requirement 6: Working patterns and intensity of work for foundation doctors in training must be appropriate for learning

25 We heard that foundation doctors in training were regularly working over 60 hours per week due to rota gaps and lack of senior cover. This inevitably has a knock on effect on their learning as they are either too tired to attend scheduled teaching or unable to attend due to their heavy workload.

26 Educational and clinical supervisors confirmed that workload is increasing particularly in emergency medicine. This means that they are unable to devote a sufficient amount of time to education and training and they have appealed to the Trust board to increase staffing.

27 The senior management team is aware of the shortage of staff and is trying to recruit in order to relieve pressure on doctors in training. They informed us that the hospital's proximity to London makes it difficult to recruit as doctors prefer to take up posts in London.

Requirement 7: The design and delivery of training for foundation doctors in training must be improved. The LEP must have the capacity to accommodate the practical experiences required by the Foundation curriculum

28 We met with foundation doctors in training from a number of different specialties who were underwhelmed by the opportunities for education and training at William Harvey Hospital. They told us that they were being used almost exclusively for service and when training opportunities arose they were often too tired to attend.

29 FY1s were of the opinion that their educators had little time for teaching due to their workload and as a result they felt ill-prepared to become FY2s later.

30 FY2s on surgical rotations advised us that they rarely got to go into theatre. They attributed this issue to the problems the trust was having recruiting middle grade surgeons which meant that they were left staffing the wards and rarely being able to attend protected teaching.

31 We heard that teaching sessions are badly planned with agendas being sent out on the same day as lessons occur and are often subject to last minute cancellation. Sometimes when sessions are cancelled the foundation doctors in training deliver presentations that do not cover curriculum requirements. Doctors in training informed us that the sessions are not bleep free and that they can often be called out to attend to patients. However, the education team at William Harvey advised us that teaching sessions are, in fact, bleep free and that doctors in training are encouraged to hand in their bleeps to the administrator at the education centre.

Recommendations

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

Number	Paragraph in *Tomorrow's Doctors*/ *The Trainee Doctor*	Recommendations for the LEP
1	TD 6.32	Incident reporting should be better used to facilitate learning.
2	TTD 7.2	Education is considered at board level but should be better incorporated. LEPs should have an executive or non-executive director at board level with explicit responsibility for education, and education should, where possible, be a standing item on the board agenda.
3	TTD 8.4	There should be greater consistency in the allocation of SPA time for those with an educational role.

Recommendation 1: Incident reporting should be better used to facilitate learning

32 We heard on several occasions that when doctors in training report clinical incidents through Datix (a healthcare risk management application) they seldom receive feedback on the resolution of the issues. We also heard that some doctors in training

had been discouraged from reporting incidents through Datix by senior medical staff because of the potential implications for the doctors involved.

33 There were reports of Datix being used inappropriately with nurses threatening foundation doctors that they would raise a Datix against them for not responding to their bleeps quickly enough.

34 Doctors in training of all grades felt that Datix was not being used to its full potential and that lessons could be learnt from analysing the incidents to see how they could be prevented from reoccurring in the future.

Recommendation 2: LEPs should have an executive or non-executive director at board level with explicit responsibility for Education

35 Currently education is not a standing agenda item of the trust board. However, the new Chief Executive of the trust advised that he had only been in post for six weeks and that he intended to make education a standing agenda item.

36 The Medical Director informed us that there is almost an entirely new board at the trust and that they were committed to education and training. There will be continued investment in training in order to provide a good clinical and educational experience for doctors in training. He thought that this commitment to education would help the trust to recruit more doctors and that this would help with both service provision and educational resources.

37 We heard that the Medical Director encourages doctors in training of all grades to meet with him periodically to discuss their experience at the trust, although it seemed that none of the doctors in training we met had taken this opportunity.

38 The education management team have noted the interest in education from the trust board and are feeling optimistic about the future.

Recommendation 3: There should be greater consistency in the allocation of SPA time for those with an educational role

39 As part of the visit, we met separately with educational and clinical supervisors from a range of specialties. According to clinical supervisors in emergency medicine, they have been allocated 0.25 SPA for training regardless of the number of trainees assigned to them, whilst supervisors in GIM told us that they have 0.25 per trainee. In addition, there seemed to be some confusion about supervision as some supervisors told us that educational supervisors had time in job plans for supervision but clinical supervisors did not.

40 The Medical Director acknowledged that there are some discrepancies about time in job plans for education and supervision and he informed us that an external auditor has been brought in to check job plans for consistency and make some recommendations.

Acknowledgement

We would like to thank East Kent Hospitals University NHS Foundation Trust and all the people we met during the visit for their cooperation and willingness to share their learning and experiences.