

## Visit Report on Isle of Wight NHS Trust

This visit is part of our regional review of undergraduate and postgraduate medical education and training in Wessex.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

<b>Education provider</b>	Isle of Wight NHS Trust
<b>Sites visited</b>	St. Mary's Hospital
<b>Programmes</b>	General Practice, Acute Internal Medicine
<b>Date of visit</b>	23 February 2018
<b>Were any serious concerns identified?</b>	<p>Serious concerns were identified regarding bed management, rota gaps at consultant level and suitability of some locum consultants, trainers signing off curriculum competencies without evidence of a robust assessment process and F2s working without direct onsite supervision. Following our visit, we raised our concerns with the Postgraduate Dean and sought assurance from the trust. The trust responded with immediate actions they have taken to address our concerns. Further details of the action carried out by the trust since our visit can be found in the main body of the report.</p> <p>To ensure changes are sustainable, we have set a number of requirements so that we can continue to monitor the situation and seek regular updates from the trust.</p>

## Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed within this report. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

### Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas working well
1	Theme 5 (R5.4): developing and implementing curricula and assessments	Undergraduate education is well led and responsive. Students value the experience and are welcomed in the organisation.
2	Theme 5 (R5.9): developing and implementing curricula and assessments	GP trainees enjoy their experience at the trust. The hospital placements give them appropriate and valuable experience and teaching relevant to their curriculum.

### **Area working well 1: undergraduate education is well led and responsive. Students value the experience and are welcomed in the organisation.**

- 1** Prior to our visit to the Isle of Wight NHS Trust, we were provided with a copy of their Medical Handbook. This is given to students upon their arrival at the hospital and includes information such as inductions to placements and contact details of relevant staff.
- 2** During our visit, we heard how undergraduate education is well led and responsive to feedback. The students at St. Mary's value the experience and are made to feel welcomed by the organisation; we concluded that the programme at St. Mary's gives medical students sufficient practical experience to achieve the learning outcomes required for graduates.
- 3** Upon arrival at the trust students undergo a hospital induction. Students feel well supported by the staff at the organisation, all of whom are happy to teach the students. The students are given 'log-ins' and the appropriate access to the hospital's computer systems and added that this makes tasks such as accessing patient's bloods

easier. Students are made to feel part of the team from the beginning of their placement.

- 4 During our visit, the students described some of the teaching they receive at St. Mary's as excellent. They have good access to consultant teaching and it is integrated into the clinical practice of the teams. Teaching takes place on the wards and is delivered by both foundation year one doctors and consultants.
- 5 Students have weekly teaching sessions with their educational supervisor, and told us supervisors are always available and happy to be contacted. The supervisors fill out an end of placement report on the student, having observed them on the ward for two weeks and done their Assessment of Clinical Competence (ACCs) with them. The supervisors also talk to other consultants the student has been working with to gain a further understanding of the student's performance before signing off their placement reports.
- 6 Learning outcomes for students are published online for every module via the school's online learning platform called Blackboard. Students feel confident that they can meet the curricula requirements. An advantage of St. Mary's is that the students engage with a lot of the generic learning outcomes whereas at other trusts they may be paired in teams that are very specialized, where the learning is more focused. Students get to experience different teams regularly, maximising their learning opportunities.
- 7 Students told us they have the opportunity to give feedback via their educational supervisors. They feel this feedback is carried forward and changes occur as a result. Students are asked to give formal feedback at the end of each placement, along with various opportunities to give informal feedback during their placements if they wish.
- 8 Overall, the visit team concluded that undergraduate education at the trust is well constituted and run. Students spoke highly of their time here noting that they have adequate experience to meet curriculum outcomes, the environment is supportive with a good induction, educators are welcoming, dedicated and provide excellent teaching, and finally the trust's receptiveness to feedback is to be applauded. We have therefore identified the delivery of undergraduate education at the trust as an area that is working well.

**Area working well 2: GP trainees enjoy their experience at the trust. The hospital placements give them appropriate and valuable experience/teaching relevant to their curriculum.**

- 9 Prior to our visit, the Isle of Wight NHS Trust provided us with a copy of their medical handbook. There are 12 training practices on the island and many of the practices are involved with teaching the students. The education centre at St. Mary's hosts GP educational events that junior doctors are invited to attend.

- 10** The GP trainees we talked to during our visit told us they have enjoyed their experience at the trust. They feel that the trainers understand the curriculum needs of GP training. The hospital placements give them appropriate and valuable experience and teaching relevant to their curriculum.
- 11** The GP trainees told us that the high quality training they receive is linked to the GP curriculum and the trainers are enthusiastic in their support of primary care trainees. Trainers are aware of the needs of the primary care trainees in terms of clinical exposure, curriculum and supervision. The trainees believe that the placements in the hospital prepare them for future placements in primary care. Both trainers and trainees at the trust recognise the importance of developing links between primary and secondary care services on the island.

## Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirement
1	Theme 1 (S1.1): learning environment and culture	The trust must address the concerns that were raised regarding bed management and how the decisions of junior doctors with regard to admission, discharge and patient location are being undermined by bed management teams.
2	Theme 1 (R1.1): learning environment and culture	The trust must improve the use of DATIX to ensure that learners and educators are able to raise concerns about patient safety.
3	Theme 1 (R1.10): learning environment and culture	The trust must address the rota issues that can result in F2s in surgery being the sole on-site doctor covering a range of surgical specialties.
4	Theme 1 (R1.12): learning environment and culture	The trust must ensure that rotas at consultant level are not impacting the level of clinical supervision available to junior clinicians.

5	Theme 1 (R1.13): learning environment and culture	The trust must ensure that there is a consistent trust wide approach to local inductions to ensure that trainees are adequately prepared for each placement.
6	Theme 1 (R1.14): learning environment and culture	The trust must ensure that handover is safe, effective and efficient.
7	Theme 2 (R2.1): educational governance and leadership	The trust must ensure that it is clear how educational governance links to the wider clinical governance processes within the trust.
8	Theme 3 (R3.3/R3.4): supporting learners	The trust must address the lack of understanding relating to equality and diversity issues to ensure that learners and educators are not subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
9	Theme 5 (R5.11): developing and implementing curricula and assessments	Trainers must not sign off curriculum competencies without evidence of a robust assessment process.

**Requirement 1: The Isle of Wight NHS Trust must address the concerns that were raised regarding bed management.**

- 12** Throughout our visit we heard about concerns relating to bed management. We were told there are occasions when some departments refuse to take patients because the wards are full and there are no beds available. In some cases we heard that the decisions of junior doctors with regard to admission, discharge and patient location were undermined by bed management teams.
- 13** Some of the foundation year one trainees (F1s) told us they have been asked to discharge patients despite this not being a decision they are allowed to make at their training level. We specifically heard an example where an F1 and a registrar decided a patient should not be discharged however bed management decided to discharge the patient without a doctor's consent. Foundation year two trainees (F2s) told us that they occasionally have to discharge patients on their own, without any assistance or input from seniors.
- 14** During our meeting with the core medical trainees (CMT) and higher specialty trainees, we were told how some trainees feel pressurised to make decisions and carry out procedures beyond their level of competency with regards to bed management.

- 15** Several trainees suggested that these decisions put patient safety at risk and junior doctors feel pressurised to make decisions regarding patient disposition. This can lead to an unsafe environment for both patients and learners.
- 16** Since our visit, the issues regarding bed management and the impact they are having on patient care have been highlighted to the chief executive, HR director, medical director, deputy medical director, COO and deputy COO by both email and in person. The trust is working with NHSI to address these issues.
- 17** Action has already been taken by the trust; including reviewing their Datix reported incidents and addressing areas of concern through direct communication with those involved. The general medicine manager has liaised with junior doctors and bed managers to ensure safe practice. The organisation circulated a document in March 2018, soon after the visit, regarding patient safety and safer care, entitled 'Internal Professional Standards'. The trust have written to all trainees to let them know of the bed management concerns and asked them to escalate to the consultant on-call should they feel they are under pressure to make decisions regarding admit/discharge when they feel patient care might be compromised.

**Requirement 2: the trust must improve the use of DATIX to ensure that learners and educators are able to raise concerns about patient safety.**

- 18** Prior to our visit, the trust told us that trainees are encouraged to submit DATIX reports if they have concerns during their clinical practice. We were told that DATIX reporting can be accessed via the intranet home page to increase the ease of reporting.
- 19** During our visit, the organisation did not always demonstrate a culture that allows learners and educators to raise concerns about patient safety. The senior management at St. Mary's told us that DATIX is under improvement with various changes in progress. However, they did recognise that there are still several improvements to be made.
- 20** F1s are encouraged to use the DATIX system and there are different grades depending on the seriousness of the concern. However, trainees were unaware of whether any learning from these reports is disseminated within the trust. The F2s we talked to told us that they have difficulties in accessing DATIX and that they need to request access from their line manager. They have not been taught how to use it and therefore feel unable and un-empowered to use DATIX effectively. The trainees told us that they do receive some feedback from the trust on patient safety issues; however it is in the form of a lengthy email once a month.
- 21** CMT trainees and higher specialty trainees in General Practice informed us that they rarely receive feedback on any action that has been carried out as a result of making a patient safety report. The system of reporting is clear however getting feedback is very difficult, leading to limitations on what can be learnt as a result. Trainees learn informally by discussing DATIX cases with each other rather than via formal feedback.

- 22** We heard that the use of DATIX varied across different departments. In some cases, we heard examples of trainees being discouraged to use patient safety reporting systems by senior clinicians. Trainees in medicine, general practice, and foundation training feel that it is not worth entering patient safety issues into the system. In part this is due to a perceived lack of feedback and action from the previous issues that have been raised.
- 23** Overall, we remain concerned that the organisation does not always demonstrate a culture that allows learners and educators to raise concerns about patient safety. Therefore we recommend that the trust should improve their use of DATIX to ensure that learners and educators are able to raise concerns about patient safety.

**Requirement 3: the trust must address the rota issues that can result in F2s in surgery being the sole on-site doctor covering a range of surgical specialties.**

- 24** Prior to our visit, the trust submitted their Clinical and Educational Supervision of Junior Doctors Policy which outlines clear accountabilities for providing educational and clinical supervision and aims to ensure that patients are kept safe and doctors in training are supported . We were also provided with minutes from the junior doctor forum, which highlighted some issues regarding supervision.
- 25** Foundation doctors told us that due to the rota, they can be left as the sole on-site doctor covering a range of surgical specialties. In that role they can be asked to make admit and discharge decisions, along with other complex clinical decisions regarding patient care that may be beyond their level of competency. We heard incidences of adverse patient outcomes as a result of this level of responsibility.
- 26** The F2s in surgery do not feel that they are adequately clinically supervised in their out of hours roles and some are working without direct on-site supervision. This results in learners being left to work beyond their level of competency. The F2s told us that as a result, they feel exposed and unsupported.
- 27** Since our visit, a number of emails have been sent to remind the senior teams of their roles and responsibilities towards their junior colleagues in the interests of patient safety as well as good quality clinical supervision. We have been assured that any non-supportive behaviour towards foundation colleagues will be dealt with through the disciplinary process.
- 28** The trust set up a GMC Review Working Group in March 2018 in response to our concerns. The working group has held two meetings specifically to discuss the options regarding increasing the on-site senior support of the F2 doctors overnight. These meetings were well attended by directors and consultants, with two proposals emerging that were presented to the trust board in May 2018. The proposals included providing an out of hours middle grade RMO doctor to support early senior decision making alongside the surgical F2 doctor and enhancing the current surgical middle grade rota with more SAS doctors to provide 24/7 supervision.

**Requirement 4: the trust must ensure that rotas at consultant level are not impacting the level of clinical supervision available to junior clinicians**

- 29** The junior doctor forum minutes highlighted on-going rota gaps prior to our visit to St. Mary's, which have a detrimental effect on the quality of the training environment, with service pressures impacting significantly on the ability of trainees to attend teaching. It's also evident from the minutes that trainees sometimes have to 'act up' in their responsibilities above their level of training.
- 30** It was clear during our visit that these issues still exist and rotas do not enable doctors in training to have appropriate clinical supervision. We heard from senior management that clinical supervision has also been raised through the GMC's national training survey and by HEE Wessex in foundation and school of medicine visits. They told us that short-term locum consultants are at the root of problems with clinical supervision. The suitability of some locum consultants in medicine to provide safe clinical supervision and provide care that is safe for patients was questioned by senior and junior trainees. We also heard that trainees question the decisions made by some locum consultants and have concerns over their level of competence. As a result of this, we heard examples of trainees phoning consultants in other hospitals for advice because they were not confident in local opinion.
- 31** There are rota gaps at middle grade level. We were told about several concerns regarding the ability of several middle grade doctors in medicine to provide safe clinical supervision and patient safety to junior clinicians.
- 32** We heard that the skill mix on rotas is not understood by rota coordinators and they are not preparing rotas with the correct balance of skills. This has led to some shifts where less experienced clinicians were rostered together resulting in a lack of sufficient senior support within the hospital out of hours. Doctors in training told us that rota coordinators tend to be reactive rather than proactive. We heard that sometimes the trainees foresee a gap in the rota in advance and raise it with the rota coordinators but nothing is done to resolve it.
- 33** Educational and clinical supervisors told us that part of the reason for the rota gaps is the significant recruitment problems the trust encounters due to the geography of the island. These issues have been raised at the junior doctor forum and the trust is trying to make changes as a result. For example, the employment of additional junior doctors on the weekend was a result of receiving feedback that there is a lack of support on weekends.
- 34** The visit team remain concerned that rota gaps at consultant level are impacting the level of clinical supervision available to junior clinicians. We recognise that the trust is aware of the impact that the recruitment and retention of consultants is having on both the educational experience of trainees and the safety of patients, and we note that they have tried to address this. However, we encourage the trust to continue to explore ways in which rotas can be designed to ensure supervision is adequate and we have therefore set a requirement for the trust to address.
- 35** Since our visit, both the clinical director for medicine and the medical director have been reviewing each of the locum consultants with a view to their suitability for future locum work at the trust. There have already been some changes to the consultant locum list in medicine to improve the quality of clinical supervision provided to their trainee doctors. With regards to the future, a 360 degree feedback

proforma has been designed and agreed for completion by all locum consultants within two weeks of commencing work at the trust. The trust is exploring options to attract high quality locums to become substantive staff through offering annualised contracts and training in clinical and educational supervision.

**Requirement 5: the trust must ensure that there is a consistent trust wide approach to local inductions to ensure that trainees are adequately prepared for each placement.**

- 36** All trainees have to complete a corporate induction. The trust provided us with several agendas for foundation year inductions which include an executive welcome, a tour of the hospital and a meeting with their educational supervisors. The Medical Handbook also covers a range of induction issues and contact details. At induction, all trainees are provided with information regarding the Clinical Review and Handover policy.
- 37** However, during our visit it became apparent that the organisation does not ensure all learners have a local induction to their department to prepare them for their placements and we heard of a variable approach to local induction between departments. Some trainees are starting clinical work without a local induction to their specialty roles and other trainees are starting out-of-hours responsibilities without an induction to their roles and responsibilities.
- 38** F1s did not rate their induction and described it as a tick box exercise rather than preparing them adequately for the job. They told us they reported issues with induction but do not think that the trust has been responsive. They are not informed about how to raise concerns or who to approach to escalate any problems. We only heard about a positive experience with induction in acute internal medicine.
- 39** F2s told us that there is a general hospital induction but no departmental induction. The consultant on the ward round would greet them and explain to a certain extent what is expected of them. The F2s told us they are expected to learn on the job and they do not receive a specific induction before they go on each placement. Instead, trainees were given a quick guide on each surgery placement.
- 40** The CMT trainees and higher specialty trainees also told us that they receive a trust induction but not a local induction. They are expected to find consultants and arrange their own local induction. They are not provided with specific information such as the bleep system in use and where the wards are located. The trainees told us that whilst working in hours, colleagues are around to provide information and guidance when needed, however this is not the case out of hours.
- 41** The trust has failed to communicate the differences between island and mainland clinical practice to the trainees in an effective manner. We heard that this led to confusion in how to deliver effective and safe care to patients in the early days of a clinical placement. F1s mentioned that the island has a specific population and they

would value a briefing on how patterns of care may differ, for example in the treatment of serious cardiac disease.

- 42 Senior management accept that local induction is not monitored and that they need to look at local induction in more detail. They explained that the trust induction is done through YouTube and there is also a handbook. They plan to incorporate local induction for the trust in the future in a bid to inform trainees what is expected of them, with one potential solution including local induction within mandatory training.
- 43 The visit team are concerned that the organisation does not ensure all learners have a local induction to their department to prepare them for their placements. Throughout our visit we heard of a variable approach to local induction between departments. Therefore, we require the trust to develop a consistent trust wide approach to local inductions.

**Requirement 6: the trust must ensure that handover is safe, effective and efficient.**

- 44 The trust has a Clinical Review and Handover policy, which is presented to all trainees during corporate induction and can be found on the intranet.
- 45 However it was clear throughout our visit that the handover processes are variable across the trust. Handover does not appear to be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.
- 46 The handover process is mostly transactional and not educational, which deprives trainees of valuable training opportunities. The handovers are rarely consultant led, which also leads to restrictions on learning opportunities. Due to the varying shift patterns, there is no formal handover time in emergency medicine.
- 47 We heard examples of junior doctors on the on call surgical rota being required to be at more than one handover, at the same time, and in different locations across the trust. In addition to this, we were told about examples of surgical trainees being reprimanded for not being at simultaneous handovers.
- 48 This is an area that requires improvement in order to maximise educational opportunities; handover should be safe, effective and efficient.

**Requirement 7: the trust must ensure that it is clear how educational governance links to the wider clinical governance processes within the trust.**

- 49 It became clear during our visit to St. Mary's that the trust does not have an effective, transparent and clearly understood educational governance system. This is needed to manage and control the quality of medical education and training. We were told by senior management that the governance structure is new and therefore still a work in progress. The trust plan to employ a Director of Governance, whom they hope will ease this period of change.

- 50** The senior management at the trust told us that the reporting systems are currently in the process of changing but at the moment, education and training issues are raised directly with the Chief Executive. The Chief Executive has occasionally attended meetings with the junior doctors and then reported feedback to the board. The senior management noted that there are currently gaps in the process but their aim is to establish regularly reporting mechanisms to the board in 2018 for such issues.
- 51** The junior doctor forums are used to raise concerns and the Medical Director is normally present at these meetings. It was not clear during our visit whether educational concerns are entered onto the trust's risk register, but they do not appear to be. Additionally, the trust does not have any specific key performance indicators for educational performance.
- 52** The visit team expressed concerns regarding the lack of clarity of structures to promote educational governance (for example induction, handover, job planning). It also became apparent during our visit that educational governance needs a greater presence at board level. The trust must clearly link educational governance to the wider clinical governance processes within the trust.

**Requirement 8: the trust must address the lack of understanding relating to equality and diversity issues to ensure that learners and educators are not subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.**

- 53** The Trust has a Diversity and Inclusion policy. Their mandatory training in equality and diversity is reviewed annually. However, during our visit we heard about a general lack of understanding relating to equality and diversity issues. This can lead to learners being subjected to, behaviour that undermines their professional confidence, performance and self-esteem. Bullying has also been identified by the Care Quality Commission as a problem with the culture at the trust. Senior management told us that policies have been updated in response to this, posters about bullying have been put up around the hospital and they have also appointed anti-bullying advisors.
- 54** Medical students told us that there was no information in their induction on the population and diversity of the Isle of Wight but there are posters around the hospital about culture and diversity. The students mentioned that they had heard examples of inappropriate comments regarding culture and race, particularly in surgery.
- 55** The F2s also reiterated this view. They were required to complete an online module; however they have not experienced any specific equality and diversity training. It became apparent during our visit that the trainees feel strongly about equality and diversity issues.
- 56** Doctors in higher specialty training gave us a number of examples describing bullying and undermining at the trust. They told us they have witnessed nurses getting shouted at by consultants, there is gossiping behind people's backs, when consultants disagree with each other the trainees feel caught in the middle. They are aware that the trust has appointed anti-bullying advisors but have not seen any improvements in

the culture so far. The higher specialty trainees do not feel empowered to speak up or say no to consultants out of fear they would be targeted afterwards.

- 57** We heard a small number of concerns around inappropriate behaviours in respect to race and sexual orientation. Trainees in medicine described inappropriate behaviours from senior clinicians in medicine and in the emergency department. However, the educational and clinical supervisors we talked to told us they had not witnessed inappropriate behaviours.
- 58** The visit team heard about a general lack of understanding relating to equality and diversity during the visit. We are setting a requirement for the trust to address the equality and diversity issues and to ensure learners and educators are not subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

**Requirement 9: Trainers must not sign off curriculum competencies without evidence of a robust assessment process.**

- 59** Trainers are responsible for honestly and effectively assessing doctors' in training performance and being able to justify their decisions. We were told before our visit that lead educators at the trust facilitate the assessment of clinical competence where history, examination, management, diagnosis and feedback are discussed.
- 60** During our visit we heard from trainees that those in medicine were being signed off as competent for their general internal medicine (GIM) curriculum by trainers who did not have direct or indirect methods of assessing their competence. We did not find any evidence during the visit to assure us that the trust is monitoring the sign off of assessments by educational and clinical supervisors. The trust needs to work to ensure that the trainers do not sign off curriculum competencies for trainees without evidence of a robust assessment process.
- 61** Doctors in higher specialty training are particularly concerned about their assessments. They told us they do not receive any feedback on their performance and have no measure on how well they are doing compared to their peers at other hospitals. Their workplace based assessments (WPBA) are only completed if they chase consultants. They are not confident they have gained enough experience to get through their ARCPs and it's a struggle to get enough exposure to the required competencies.
- 62** Since our visit, the Associate Medical Director at the trust scheduled extra training in the delivery of workplace based assessments to establish better practice. These update sessions were held in April and May 2018. The organisation is planning on obtaining feedback from trainees and supervisors to monitor the anticipated improvements in quality of these assessments. An Educational Supervisor Refresher Course was held in June 2018 that covered the topic of WPBA.

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<b>Evidence base</b>	The trust prepared a lengthy document submission in line with our guidance. The documentation submitted was used to inform our visit and a full list is available on request.

## Acknowledgement

We would like to thank Isle of Wight NHS Trust and all those we met with during the visit for their cooperation and willingness to share their learning and experiences.