

Review of Health Education Kent, Surrey and Sussex

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

Review at a glance

About the Local Education and Training Board

Geographical area	Kent, Surrey and Sussex
Number of trainees	March 2015 national training survey: 3525 doctors in training, including 1691 in foundation.
NHS organisations	There are 27 Local Education Providers (LEPs) within the boundaries of Health Education Kent, Surrey and Sussex, of which 11 are acute trusts, three are mental health trusts, one is a specialist hospital, and 12 are general practice training providers.
Local medical schools	Brighton and Sussex Medical School (BSMS)
Last GMC visit	2009 – Quality Assurance of Foundation Programme (QAFP)
Outstanding actions from last visit	None

About the visit

Visit dates	Health Education Kent, Surrey and Sussex – 11-12 June 2015
Sites visited	<p>William Harvey Hospital, East Kent Hospitals University NHS Foundation Trust – 12 May 2015</p> <p>East Surrey Hospital, Surrey and Sussex Healthcare NHS Trust – 14 May 2015</p> <p>Worthing Hospital, Western Sussex Hospitals NHS Foundation Trust – 22 May 2015</p> <p>Royal Sussex County Hospital, Brighton and Sussex University Hospitals NHS Trust – 27 May 2015</p>
Programmes reviewed	Foundation programme, emergency medicine, general surgery, trauma and orthopaedic surgery, general internal medicine.
Areas of exploration identified prior to the visit. Please see Appendix 2 for details of our findings in these areas.	LETB structure and governance, quality management, management of concerns, relationships with medical school, transfer of information, patient safety, local and regional teaching, lay representatives.
Were any patient safety concerns identified during the visit?	Please see requirement 1.
Were any significant educational concerns identified?	No
Has further regulatory action been requested via <u>enhanced monitoring</u>?	No

Summary

- 1** Health Education Kent, Surrey and Sussex (HEKSS) was visited as part of our regional review of medical education and training across the region. HEKSS is a multi-professional local education and training board (LETB) and has replaced the former Kent, Surrey and Sussex Deanery. It is the body responsible for the management of postgraduate education and training across Kent Surrey and Sussex, and is accountable to Health Education England (HEE).
- 2** According to our 2015 national training survey, there were 3,525 doctors in training and in a post managed by HEKSS across the region at time of the survey census (24 March 2015), including 1,691 in foundation training. There are 27 Local Education Providers (LEPs) within the boundaries of Health Education Kent, Surrey and Sussex, of which 11 are acute trusts, three are mental health trusts, one is a specialist hospital, and 12 are general practice training providers. In addition there are 10 LEPs in the South London geographical area. Of these 37 LEPs, 36 provide foundation training managed by the South Thames Foundation School and 10 provide speciality training.
- 3** HEKSS spans a large distance from Chichester in the West of the region to Dover in the East and covers a population of 4.5 million. The region is a combination of mixed rural and urban populations with a high level of social deprivation.
- 4** Overall we found that Health Education Kent, Surrey and Sussex is generally meeting our standards, with an enthusiastic and committed team and some areas of innovation. We were impressed by the lay representatives we met who provided challenge and externality to the quality assurance process. They were clearly passionate about their roles and feel appreciated and well supported by the HEKSS.
- 5** We have identified a number of requirements and recommendations many of which concern a lack of consistency and variation in the experience across the region.

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</i>	Area where there has been an improvement
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	<i>Trainee Doctor (TTD)</i>	
1	TTD 2.3	HEKSS has been working on an initiative called Quality and Innovation in Education (EDQUIN) which has the potential to improve National Trainee Survey results and other quality metrics.

Area of improvement 1: HEKSS has been working on an initiative called EDQUIN which has the potential to improve National Trainee Survey results and other quality metrics.

- 6 Due to consistent low scores in the NTS, in December 2014, HEKSS introduced an initiative called EDQUIN which is a framework that supports excellence in multi-professional education and training. The aim for EDQUIN in 2014/15 is to target the NTS scores in 2015/16 and at the time of our visits there were already some indications that this initiative is beginning to have an effect (please see requirement 2.) We are keen to monitor progress of EDQUIN as it clearly has the potential to improve the educational experience for doctors in training.

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>The Trainee Doctor</i>	Areas of good practice for the LETB
1	TD 1.7	Interim reviews are a useful tool to check progress of doctors in training and offer support and advice.
2	2.3, SD4.2	The training, deployment and engagement of lay representatives.

Good practice 1: Interim reviews are a useful tool to check progress of doctors in training and offer support and advice.

- 7 The Training Programme Directors (TPD) of the Schools of Medicine, Surgery and Emergency Medicine conduct interim reviews approximately four to six months into a placement to track the progress of doctors in training and ensure that they are prepared for their Annual Review of Competence Progression (ARCP). Ahead of the

interim review, the TPDs send the doctors in training a presentation template to enable them to present their e-portfolios and discuss progress. If a TPD feels that a doctor in training is falling behind, they will draw up a personalised action plan together.

- 8 This is a useful progress check and has the potential to reduce the number of outcome '5's (issued in exceptional circumstances when incomplete evidence is presented which may result in additional training) at the ARCP. However, we heard from some doctors in training that the timing of the interim review was variable and, in order for the interim review to be most effective, it should take place as close as possible to the mid-point of placements to allow doctors in training enough time to make the required changes.

Good practice 2: The training, deployment and engagement of lay representatives.

- 9 We met with a group of lay representatives from a variety of backgrounds who were recruited to represent the public interest and provide an external view. Lay Representatives routinely participate in recruitment, ARCP panels and visits and are contracted to work for the LETB for between three and five years.
- 10 The Lay representatives advised us that they felt well supported by HEKSS and that this was due, in part, to the learning and development opportunities available to them which include equality and diversity, assessment and annual refresher training combined with feedback on performance.
- 11 Lay representatives were of the opinion that their views are taken seriously by the LETB and that their feedback has often resulted in procedural changes. An example of this was a change to the scoring system for GP selection which has enhanced the decision making process.
- 12 The lay representatives we met were engaged and very enthusiastic about their roles. They felt valued by the LETB and were happy that their views were sought out and acted upon appropriately.

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>The Trainee Doctor</i>	Requirements for the LETB
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1	TTD 1.2	HEKSS must work with East Kent Hospitals University NHS Foundation Trust to address the patient safety concern identified during the visit to William Harvey Hospital.
2	TTD 2.2	<p>HEKSS must monitor and support the Local Education Providers (LEP)s to meet the requirements and recommendations set out in the visit reports for the following sites:</p> <ul style="list-style-type: none"> ■ William Harvey Hospital, East Kent Hospitals University NHS Foundation Trust ■ East Surrey Hospital, Surrey and Sussex Healthcare NHS Trust ■ Worthing Hospital, Western Sussex Hospitals NHS Foundation Trust ■ Royal Sussex County Hospital, Brighton and Sussex University Hospitals NHS Trust

Requirement 1: HEKSS must work with East Kent Hospitals University NHS Foundation Trust to address the patient safety concern identified during the visit to William Harvey Hospital.

- 13** Some concerns were identified during the visit to William Harvey Hospital. These related to clinical supervision of Foundation Year 1 (FY1) doctors in training in general internal medicine (GIM) over the weekend, and limited access to education and training.
- 14** At the weekend the GIM team consists of a senior nurse, a more senior doctor in training and an FY1 doctor in training. We heard that at times, the more senior doctors in training were unavailable for supervision of the FY1 doctors in training due to a heavy and unpredictable workload, with limited backup at busy times.
- 15** There was also an issue with a gap in shifts when the more senior doctor rostered during the daytime finished at 5pm and their counterpart on the night shift commenced at 9pm. This meant that there was no support for the FY1 doctor between these hours. Although the FY1 doctors we met knew there was a consultant on call, they were reluctant to contact them directly.
- 16** We raised this as a serious concern with the Trust during the visit and with HEKSS immediately after the visit. We received a written response from the Trust stating that the rota has been changed to ensure adequate cover between 9am and 9pm at weekends. They have also recruited 9 additional non-training grade doctors to help

with capacity. We heard both from the Trust and from HEKSS that there are long-term plans to train and recruit more Physicians Associates to support doctors across the region.

- 17** The Trust intends to survey doctors in training periodically to ensure that workload is reasonable and supervision arrangements are robust. At this stage we have not referred the matter to our enhanced monitoring process, however with the help of HEKSS we shall continue to monitor progress.

Requirement 2: HEKSS must monitor and support the LEPs to meet the requirements and recommendations set out in the LEP reports.

- 18** At each of the four LEPs we visited, doctors in training and staff we met with frequently used the term 'senior house officer' (SHO) and referred to SHO rotas. 'SHO' can refer to doctors in training from foundation year 2, core medical training years 1 and 2 as well as junior specialty trainees. The term 'senior house officer' or 'SHO' provides ambiguity for doctors in training, members of the multidisciplinary team, and patients, as it does not specify the level of training of the individual doctors and may lead to doctors being asked to work outside the limits of their competence or without appropriate supervision. The grades of doctors in training must therefore be used, going forward, so that everyone has an awareness of the level of training that each individual doctor is currently at.
- 19** Handover was reported to be variable at three of the four LEPs we visited during the review. From our meetings with key groups it seems that arrangements for handover are more formalised in some specialties than others. We heard that often there was not a dedicated resource room for handover. The senior management teams at LEPs provided us with some reassurance that improvements to handover across specialties were ongoing as the Trusts are working with HEKSS on EDQUIN and, as handover was a below outlier in several programmes, this is a key area of focus. HEKSS expect progress to be showing in the 2016 NTS results. However, this appears to be having a positive effect already as can be witnessed at East Surrey Hospital which had below outliers in Medicine for handover in the 2014 NTS but none in 2015.
- 20** We heard of challenges in providing appropriate supervision, especially for foundation doctors (for example see requirement 1). This was largely due to rota gaps and service pressures. 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.
- 21** Service pressures also impact on learning opportunities, either in reducing opportunities for on the job learning, or in time to attend teaching. In addition workload at some LEPs is excessive which means that doctors in training are too tired to make the most of the learning opportunities available to them.

- 22** With the exception of East Surrey Hospital, we found that there was a lack of feedback from incident reporting across the region. When doctors in training report clinical incidents through Datix (a healthcare risk management application) they seldom receive feedback on the resolution of issues. LEPs are missing an important learning opportunity as doctors in training could benefit from analysing the incidents to see how they could be prevented from reoccurring in the future. However, doctors in training at East Surrey Hospital reported that the incident forms are straightforward and they receive timely feedback on the incidents they report.

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 <i>The Trainee Doctor/Standards for deaneries</i>	Recommendations for the LETB
1	TD 2.2	Quality management systems should provide more explicit articulation of escalation and intervention thresholds.
2	TD 2.2	The impact of 'requirements' and 'recommendations' in visit reports on the training environment should be re-evaluated.
3	SD 5.1	Communications between doctors in training and HEKSS should be improved.
4	TD 6.35	HEKSS should ensure that all clinical and educational supervisors requiring training are scheduled to acquire appropriate training over the next twelve months.
5	TD 8.4	HEKSS should ensure the LEPs consistently provide adequate time in job plans for those involved in medical education, including clinical and educational supervisors so that doctors in training can be supported and meet the requirements of their curricula.

Recommendation 1: Quality management systems should provide more explicit articulation of escalation and intervention thresholds.

- 23** Prior to our review, HEKSS submitted a process map for the escalation of issues at Multi Professional Education and Training funded placements. This provides guidance as to when a placement provider should be visited. However, at the time of our visit, this document was not referred to and the decision making process around triggers for visits was not transparent.
- 24** We heard that Heads of Schools (including the foundation school) make recommendations to the operational group based on the intelligence available to them such as the NTS results and Local Academic Board or Local Faculty Group reports.
- 25** The Operational group prioritises visits through discussion. Often there is some media attention around a high profile Trust which we were told doesn't automatically warrant a visit.
- 26** We found that in some cases, the same factors that triggered a visit in one Trust did not trigger a visit in another. It would be beneficial for HEKSS to provide robust guidance on exception reporting which would help clarify the escalation process for all involved.

Recommendation 2: The impact of requirements and recommendations in visit reports on the training environment should be re-evaluated.

- 27** During our visit to Royal Sussex County Hospital we found that there were still some issues regarding access to and consistency of feedback from post take ward rounds which had previously been identified on a HEKSS triggered visit on 1 May 2014. This meant that recommendations and requirements made by HEKSS were still unresolved.
- 28** The Head of School of Medicine advised us that, at the time, there were more important issues at the Trust which had to be prioritised. The Quality Management team advised us that following a visit, they ask for evidence of improvement with a deadline depending on the severity of the problem and, if it is a patient safety issue, an immediate response is required. Recommendations and requirements then become agenda items for the relevant Specialty Training Committee and Local Faculty Group.
- 29** Although there seems to be a collaborative approach in the resolution of issues identified on visits to LEPs, HEKSS will need to re-evaluate the impact of its recommendations and requirements to ensure that they are effective drivers for change.

Recommendation 3: Communications between doctors in training and HEKSS should be improved.

- 30** Trainee representatives we met on our visit to HEKSS reported that communications to and from the LETB could be better. The trainee representatives advised us that HEKSS does not email them directly when they are on placements which means that, at times, messages do not get to them soon enough to action.
- 31** Surgical doctors in training we met at William Harvey Hospital advised that since the College Tutor resigned, there has been very limited contact with the LETB and that this has impacted on regional training. They told us that they had attempted to contact the LETB to find out how they could access regional training and that no response had been forthcoming.

Recommendation 4: HEKSS should ensure that all clinical and educational supervisors requiring training are scheduled to acquire appropriate training over the next twelve months

- 32** In 2008 HEKSS Deanery established a Qualified Educational Supervisor Programme (QESP), to be completed by every KSS consultant who wished to become an Educational Supervisor.
- 33** In 2013, HEKSS decided to review its education and training structures and QESP was discontinued. A Task and Finish Group was formed to develop a new multi-professional model for Clinical and Educational Supervisors with stakeholders being invited to contribute to the new multi-professional training model. As an interim measure HEKSS commissioned training placements from the Royal College of Physicians (RCP) for those consultants on waiting lists wishing to become Educational Supervisors.
- 34** Since QESP was decommissioned by HEKSS, there is no formal LETB training available other than online modules. For this reason, some Trusts have had to provide in-house training on topics such as supervised learning events and giving feedback.
- 35** At our visits to LEPs we found that there were still a number of Educational Supervisors awaiting 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.
- 36** It would be advantageous for HEKSS to evaluate their plans to roll out multi professional training and ensure that trainers are suitably trained for their educational duties. It is important that educators are provided with the relevant training as this can have a direct impact on the education of doctors in training.

Recommendation 5: Ensure that Trusts consistently provide adequate time in job plans for those involved in medical education, including clinical and educational supervisors so that doctors in training can be supported and meet the requirements of their curricula.

- 37** Many of the educational and clinical supervisors that we met on our LEP visits reported that they did not have sufficient time in their job plans for their educational commitments. It seems that, in many cases, supervisors continue to support doctors in training in their own time, through goodwill, despite service pressures and a lack of allocated time for education.
- 38** The Senior Management Team at HEKSS advised us that they always check if supervisors have appropriate time in job plans as part of their quality visit process. They told us that they expect supervisors to have 0.25 supporting professional activity (SPA) time per doctor in training for educational supervision and 0.25 SPA overall for clinical supervision in their job plans. However, they acknowledged that these targets are difficult to achieve due to the demands of workload and service provision. The targets are also difficult to enforce as Health Education England have not specified any such time requirement for employers.
- 39** We feel that more could be done to support trainers in their role and that sufficient time is necessary to provide valuable training, supervision, assessment and feedback to develop doctors in training.

Acknowledgement

We would like to thank Health Education Kent, Surrey and Sussex and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Visit Team

Visit team

Team leader	Dr Steve Ball
Visitors	Dr Maria Ahmed Dr Carol Gray Dr Paul Garrud Professor Alastair McLellan Reverend Dr David Taylor
GMC staff	Susan Goldsmith, Chief Operating Officer (Observing 11th of June) Samara Zinzan, Education Quality Assurance Programme Manager Jean-Marc Lam-Hing, Education Quality Analyst

Appendix 2: Visit action plan

Prior to the visit and following a review of the documentation provided by HEKSS, the visiting team produced the following action plan detailing areas to be explored during the visit. The action plan has now been populated with our findings from the visit.

The document register (in appendix 3) gives more detail on the documents we reviewed.

Paragraph in Trainee Doctor	Areas to be explored during the visit	Documents reviewed	Cross Reference to LEP visits (brackets refer to sections in LEP visit report)	People interviewed	Our findings
Domain 1: Patient Safety					
TTD 1.2	Management of supervision at Worthing and Royal Sussex County	HEKSS contextual doc		KSS: Quality Team	The LETB monitors supervision at LEPs through feedback from trainee representatives at local committees, surveys, NTS, and foundation red flag issues. Supervision is also a standing agenda item on quality visits.

TTD 1.7	Specific trainee support group within the governance structure for PGME	Governance structure for PGME		KSS: Quality Team, Pastoral support team, STFS	The Training Support Group acts as a decision making body for the management and support of doctors in difficulty managed by HEKSS (including South Thames Foundation School). The group provides consistency and decision making in relation to doctors in difficulty and the provision of training support across all schools.
TTD 1.7	The 2013 School of Medicine report refers to College tutors being the local TPDs for CMT & GIM component of Higher Medical Training with joint responsibility to School & RCP.	HEKSS contextual doc		TPDs and trainee representatives	Doctors in training in Medicine rotations were happy with the support offered to them by TPDs and found the interim review very beneficial.
TTD 1.9, 6.8	Effectiveness of Transfer of Information process	HEKSS contextual doc TOI Guidance		KSS: Quality Team, PGD and Heads of Schools	At Worthing Hospital and William Harvey Hospital we heard examples of doctors in difficulty starting placements without this information being passed on by

					<p>HEKSS.</p> <p>East Surrey Hospital and Royal Sussex County Hospital were happy with the information being passed on to them by the LETB about doctors in training.</p> <p>Interim reviews provided by HEKSS Training Programme Directors ensure that any information regarding doctors in difficulty is passed on appropriately so remedial action can be taken.</p> <p>See good practice item 1.</p>
Domain 2: Quality management					
TTD 2.1, 5.4, 6.1	Workload and training opportunities	HEKSS contextual doc	<p>William Harvey Hospital report requirements 4 and 6</p> <p>Worthing Hospital report requirements 2</p>	KSS: Quality Team, PGD and Heads of Schools	Workload and training opportunities were problematic in the majority of LEPs. HEKSS is trying to tackle the problem through EDQUIN and plans to introduce an additional 80 Physicians Associates across the region.

			and 3		See requirement 2
TTD 2.2	QM of concerns raised at LEPs	HEKSS contextual doc QM reports		KSS: Quality Team, Heads of Schools & doctors in training	<p>The Heads of Schools decide which LEPs should be visited based on intelligence from LFG, NTS etc. The Operational group then prioritises the visits through discussion.</p> <p>We found that thresholds for triggered visits lacked clarity and consistency.</p> <p>See recommendation 1.</p>
TTD 2.2	Local Faculty Group (LFG) and LAB (Local Academic Board) structures.	5.2a Record of visit to East Surrey 2012		KSS: Quality Team	<p>The Local Academic Board meets three times a year to approve reports from Local Faculty Groups, manage quality control, oversee local faculty development, and produce annual audit and review. The Local Faculty Group meets three times a year to review and report to LAB on the progress of every learner and faculty members' own development needs.</p>

					In principle, the LFG and LAB offer clear quality control / accountability with a strong trainee voice. However, not all concerns filter through to LETB and we heard that attendance at LFG is variable.
TTD 2.2	Use of risk register	HEEKSS PGME governance structure; Risk register; EKHT Foundation Action plan		KSS: Quality Team	<p>Risk register includes details of enhanced monitoring cases and problems at LEPs - please see QM of concerns raised at LEPs above.</p> <p>The GMC regional review was rated as a high risk as HEKSS feared a negative report if the necessary preparations were not made.</p>
TTD 2.2	Progress with concerns at William Harvey.	HEKSS PGME governance structure; Risk register; EKHT Foundation Action plan		KSS: Quality Team, Heads of Schools & doctors in training	<p>The Head of School for Medicine was aware of the serious concern raised on our visit to William Harvey and is satisfied that appropriate steps have been taken to bridge the rota gap. Please requirement 1.</p> <p>Some members of the senior</p>

					management team at William Harvey 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.
TTD 2.2	Progress with concerns at East Surrey since 2012	HEKSS 5.2a Record of visit to East Surrey 2012 5.2b Responses to action plan		KSS: Quality Team and Heads of Schools	East Surrey Hospital has come a long way since the 2011 Deanery visit. At that time the Emergency Medicine department was under a great deal of pressure. To remedy this, the School of Medicine brought in wholesale changes and there were several follow up visits and now it is working well.
TTD 2.3	Head of School of medicine Report (Nov14) reports that all HSTs have been sent an online survey to collect comprehensive feedback from trainees. 'The aim of using a survey rather	HEKSS 7.2a			HEKSS advised us that the aim of the survey was to check progress on the areas identified by doctors in training as needing improvement. The LETB continues to do follow up visits in addition to the survey.

	than an actual visit is to lessen service impact on trusts'.				
Domain 3: Equality, diversity and opportunity					
TTD 3.5	Analysis of E&D data	HEKSS contextual doc		KSS: Quality Team	<p>HEKSS is consulting on a new E&D position paper as it doesn't currently analyse training recruitment data.</p> <p>HEKSS is able to monitor E&D data of those who access the practitioner health programme.</p>
Domain 5: Delivery of the approved curriculum, including assessment					
TTD 5.2	Curriculum mapping for problem resolution	HEKSS doc		KSS: Quality Team	Due to hospital mergers and issues at Trusts with multiple sites, the LETB has had to establish new programmes which has involved extensive curriculum mapping.

TTD 5.18	<p>Assessment (PG WBPAs, feedback to trainees, PG assessor training, ARCP process and use of externality etc.).</p> <p>Sign offs for variety of FY1/F2 competencies</p>	EKHT foundation visit	<p>Worthing Hospital recommendation 1</p> <p>East Surrey Hospital recommendation 2</p>		<p>At William Harvey Hospital doctors in training stated that their supervisors were keen to oversee supervised learning events and that the quality of the feedback has improved since supervisors received targeted training on feedback.</p> <p>Assessment was found to be an issue at Worthing Hospital where some doctors in training reported that they were having difficulties getting SLEs signed off.</p> <p>At East Surrey Hospital doctors in training on GIM placements reported difficulties with accessing feedback from their supervisors.</p>
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Domain 6: Support and development of trainees, trainers and the local faculty

TTD 6.18	<p>Undermining</p> <p>Progress with undermining concerns at BSUH</p>	Doc 5.1a BSUH			<p>At the LETB visit there were no reports of undermining being a problem at BSUH and this was supported by views of students and doctors in training at Royal</p>
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					Sussex County Hospital.
TTD 6.21	Practitioner Health Programme	HEKSS 7.2a		KSS: Quality Team, Pastoral support team, STFS	<p>The Practitioner Health Programme (PHP) is a service for doctors unable to access confidential care through mainstream NHS routes due to the nature of their role and/or health condition.</p> <p>KSS monitor access to the service and gets a monthly report with the number of active cases and details of which trusts doctors come from.</p>
TTD 6.3	Identifying and sharing of good practice at LEP level				<p>Through the EDQUIN initiative LEPs are able to identify and share good practice.</p> <p>LETB visits also pick up good practice and disseminate through specialty training committees.</p> <p>Pan London quality and regulation meetings are a good forum for sharing good practice.</p> <p>South Thames Foundation School has a webpage dedicated to</p>

					sharing good practice.
TTD 6.32	Consistency in use of Datix reports to provide effective learning experiences of trainees SUI reporting policy	HEKSS contextual doc HEKSS 10.2c	William Harvey Hospital report recommendation 1 Worthing Hospital report recommendation 1 Royal Sussex County Hospital report requirement 1	KSS: Quality Team, Heads of Schools & doctors in training	Doctors in training of all grades across the LEPs we visited felt that Datix was not being used to its full potential and that lessons could be learnt from analysing incidents to see how they could be prevented from reoccurring in the future. See requirement 2 .

Domain 7: Management of education and training

TTD 7.1	Learning and development agreements (LDA) with LEPs	5.2b Responses to action plan		KSS: Quality Team	The LETB Director signs off LDAs and meets annually with Chief Executives of Trusts to go through highlights, expectations etc. The LETB delayed the signing of LDAs this year in order to be able to review sites NTS results before conversations with Chief
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					Executives took place.
TTD 7.1	Governance structure for PGME provided including description of roles and accountability. Governing board includes representatives from education and provider sector. Separate boards for GP, Foundation and specialties	HEKSS 10.2c			Governance structure of HEKSS is multi layered with several groups, boards and committees such as the South Thames Foundation School board which enables HEKSS, HE South London and medical schools to set the overall strategy and develop an overarching vision to ensure it delivers foundation training in accordance with national standards set by the GMC. Standards are being met in this area.
TTD 7.1, TD 52, 153, 157	Joint working – between medical schools and deanery, between schools, between school or deanery and LEPs	ES 002	BSMS report recommendation 1		There is frequent informal dialogue between the LETB, LEP and BSMS. However at BSMS we noted a lack of formal engagement with the LETB. At the LETB visit we heard that it has been involved in the development of the new BSMS curriculum and e-portfolio.

TTD 7.1	Reference to the Separation Project with expansion of KSS as more posts join the HST programme from London Deanery.	HEKSS 7.2a			<p>Despite having 3 LETB neighbours – HEKSS attracts doctors in training very easily but finds it difficult to distribute them across the region.</p> <p>Relationship with London LETBs is good and there are mutual arrangements for placements.</p> <p>There are other benefits to being close to London such as participation in London quality and regulation meetings – which allow for sharing of good practice and dealing with common challenges.</p>
TTD 7.2	The School of Medicine Board meeting is reported to have 'fostered the development of innovative practice and the rapid dissemination of this across the School & the region'.	Governance structure for PGME			Trainee representatives found these meetings useful and a good forum for information sharing.

Domain 9: Outcomes

TTD 9.1	Monitoring of graduate and trainee outcomes	KSS overseas Drs strategy overview		School quality management team; academic and clinical teachers; school senior management team	See domain 1 Effectiveness of Transfer of Information process for details of how LETB monitor ARCP outcomes.
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Appendix 3: Document register

Document number	Document name	Description	Publication date and version	Source
1	Organogram, or other explanation of management and governance structures	<p>1. Governance Structure for PGME</p> <p>(Includes a brief summary of the purpose and responsibility of each group within the structure)</p>	<p>Version 4</p> <p>February 2015</p>	

2	Quality management strategy and any related operational guidance			
3	LETB risk register	3. HEKSS Risk Register 15-01-28	Updated 15-01-28	
4	Equality and diversity strategy	<p>4.1 Equality and diversity position statement</p> <p>4.2 Paper on support for trainees with disability</p> <p>4.3 Overseas Doctors Strategic Overview</p> <p>Guide for Less Than Full Time Training – on HEKSS website</p>	Consultation paper	http://kss.hee.nhs.uk/education-and-training/specialty/support/ltft/
5	LEP quality management reports and action plans for the following sites:			
5.1	Brighton	<p>5.1a. BSUH Specialty Visit Report 11-10-13</p> <p>5.1b. BSUH Action Plan for 11-10-13 Specialty Visit</p> <p>5.1c. BSUH Foundation Surgery</p>		

		Exception Visit Report 16-01-15 <i>(no action plan for the above visit as it has only just taken place)</i>		
5.2	East Surrey	5.2a. SASH Specialty Visit Report 14-12-12 5.2b. SASH Action Plan for 14-12-12 Specialty Visit 5.2c. SASH Foundation Visit Report 23-04-13 5.2d. SASH Action Plan for 23-04-13 Foundation Visit		
5.3	William Harvey	5.3a. EKHT Specialty Visit Report 13-12-13 5.3b. EKHT Foundation Visit Report 16-04-13 5.3c. EKHT Action Plan for 16-04-13 Foundation Visit		
5.4	Worthing	5.4a. WSHT Specialty Visit		

		<p>Report 14-02-14</p> <p>5.4b. WSHT Action Plan for 14-02-14 Specialty Visit</p> <p>5.4c. WSHT Foundation Visit Report 22-03-13</p> <p>5.4d. WSHT Action Plan for 22-03-13 Foundation Visit</p>		
6	Evidence of the evaluation and impact of the examples of good practice identified in the most recent DR and in Q9 of your contextual information.	The South Thames Foundation School's website has a page dedicated to notable practice (see link). This contains several examples of notable practice and how it has been shared and evaluated.		http://www.stfs.org.uk/faculty/notable-practice
7	Head of School (HoS) reports for the following specialties:			
7.1	Foundation	7.1 UKFPO Annual Report 2014 – STFS		
7.2	Medicine	<p>7.2a. Annual School Report Medicine 2013</p> <p>7.2b. HoS Medicine Report</p>	<i>2015.</i>	

		November 2014		
7.3	Surgery	<p>7.3a. Annual School Report Surgery 2013</p> <p>7.3b. HoS Surgery Report September 2014</p>		
7.4	Emergency Medicine	<p>7.4a. Annual School Report Emergency Medicine 2013</p> <p>7.4b. HoS Emergency Medicine Report October 2014</p>		
8	Doctors in difficulty policy	<p>8.1. Trainee Support Guide</p> <p>8.2. Trainee Support Group minutes September 2014</p> <p>8.3. Trainee Support Group minutes October 2014</p>	08-10-13	http://kss.hee.nhs.uk/files/2014/09/Trainee-Support-Guide-08.10.14-revised-12.1.pdf
9	Bullying and harassment policy/ies	9. HEKSS Bullying, Undermining and Harassment Guidance		http://kss.hee.nhs.uk/education-and-

				training/trainee-support/trainees/buh-guidance/
10.1	Agreements and memoranda of understanding with the following organisations regarding the delivery of training:			
10.1a	Approved GP Trainer	<p>10.1a. SEAT GP Trainer Service Level Agreement (SLA)</p> <p>(For hosting a GPStR or BBT trainee employed by the Single Employer Acute NHS Hospital Trust (SEAT))</p>	Aug 2014	http://kssdeanery.ac.uk/sites/kssdeanery/files/SEAT%20Trainee%20SLA%20BBT%20&%20GPSTRs%20Aug%202014.docx
10.1b	London SHA	<p>10.1b. SLA – London SHA – KSS – signed</p> <p>(The Management and Administration of South Thames</p>	April 2012	

		Foundation Training)		
10.2	Agreements and memoranda of understanding with LEPs regarding the delivery of training:			
10.2a	Brighton	10.2a. BSUH LDA and Post Schedule	30 April 2014	
10.2b	East Surrey	10.2b. SASH LDA and Post Schedule	30 April 2014	
10.2c	William Harvey	10.2c. EKHT LDA and Post Schedule	30 April 2014	
10.2d	Worthing	10.2d. WSHT LDA and Post Schedule	30 April 2014	
11	Terms of reference	Terms of reference for various boards and quality groups		
12	Minutes of meetings	Minutes of meetings for governing body, schools, specialty training committees etc.		
13	Quality Policies, Process and guidance	Quality Policies, Process and guidance on visits		

14	Quality management reports	Quality management reports on Trusts and action plans		
15	Local education provider visit reports	Reports on visits to local education providers		
16	Local academic board and local faculty group minutes	Minutes of meetings of Local academic board and local faculty group		
17	Transfer of information	Transfer of information guidance		
18	Visit schedule	Schedule of all Quality Management visits		
19	Training data	Surrey and Sussex Healthcare <i>NHS</i> Trust GMC trainer data		

Appendix 4: Abbreviations

ARCP	annual review of competence progression
BBT	broad based trainee
BSMS	Brighton and Sussex Medical School
BSUH	Brighton and Sussex University Hospitals NHS Trust
E&D	equality and diversity
EDQUIN	quality and innovation in education
EKHT	East Kent Hospitals University NHS Foundation Trust
FY1	foundation year one doctor
GIM	general internal medicine
GMC	General Medical Council
GPStR	general practice specialist trainee
HEE	Health Education England
HoS	head of school
LAB	local academic board
LDA	learning and development agreement
LEP	local education provider
LETB	local education and training board
LFG	local faculty group
NHS	National Health Service
NTS	national training survey
PGME	postgraduate medical education

PHP	practitioner health program
QAFP	quality assurance of foundation programme
SASH	Surrey and Sussex Healthcare NHS Trust
SEAT	Single Employer Acute NHS Hospital Trust
SHA	<i>Strategic Health Authority</i>
SHO	senior house officer
SLA	service level agreement
SLE	supervised learning event
SPA	supporting professional activity time
TOI	transfer of information
TPD	training programme directors
WSHT	Western Sussex Hospitals NHS Foundation Trust