

Visit Report on Sherwood Forest NHS Foundation Trust

This visit is part of the East Midlands regional review.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	Sherwood Forest NHS Foundation Trust (Sherwood Forest)
Sites visited	King's Mill Hospital
Programmes	Foundation, core medical training, gastroenterology, emergency medicine, acute internal medicine, general internal medicine, cardiology, anaesthetics and medical students from University of Nottingham School of Medicine.
Date of visit	14 October 2016
Overview	<p>The Sherwood Forest Hospital NHS Foundation Trust (SFH) is a large district general hospital located between two teaching hospitals. SFH has recently been renovated and had a significant investment in its facilities.</p> <p>The trust was previously put into special measures by The Care Quality Commission (CQC). However, the trust has since been taken out of special measures due to improvement in several areas and the latest CQC visit rated the trust as 'requires improvement'.</p> <p>At the time of our visit the trust was preparing to merge their services with Nottingham University Hospitals Trust (NUHT). During our visit we heard that the trust had been making improvements prior to formally merging with NUHT. The general consensus amongst those that we met with</p>

was that the improvements that have been made so far are sustainable going forward with the merger.

However, we found that the upcoming merger was causing an element of uncertainty amongst staff, largely because there were no clear timescales pertaining to the merger at the time of our visit. Since our visit both trusts have confirmed that they are no longer pursuing a formal merger and will continue to operate as standalone organisations.*

* Disclaimer: This report reflects findings and conclusions based on evidence collected prior and during the visit.

Areas of good practice

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

Number	Theme	Good practice
1	Theme one (R1.7)	Medical students are supported in their learning and we commend the development of the Medical Education Nurse role and the contribution of the clinical teaching fellows to facilitate undergraduate teaching. See paragraphs 11 & 12

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 that are working well
1	Theme one (R1.1)	The education and learning culture at the trust appears caring and compassionate and overall the learning environment was found to be supportive and responsive for both learners and trainers. See paragraphs 2 & 3
2	Theme two (R2.3)	Over the past few years the trust has made significant improvements to the mechanisms of collecting and giving feedback. This includes feedback from the workforce about education and training as well as incident reporting. See paragraphs 38-40
3	Theme three (R3.13)	Trainers and supervisors were seen to be dedicated and committed to their educational roles and were described as supportive and approachable both in and out of hours despite prevalent service pressures.

		See paragraph 62
4	Theme four (R4.2)	The trust has taken steps to ensure that consultants have sufficient time in job plans. See paragraph 64

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	Requirements
1	Theme one (R1.12)	The trust must continue to work towards addressing the impact of recruitment shortages on workload, rota gaps and educational opportunities. See paragraphs 14-16
2	Theme one (R1.14)	The trust must ensure that the handover system provides continuity of care for patients and maximises learning opportunities for doctors in training. See paragraph 22
3	Theme one (R1.14)	The trust must ensure that the handover of patients between the emergency department and the medicine departments is improved. See paragraph 23

Recommendations

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

Number	Theme	Recommendations
1	Theme 3 (R3.2)	The trust should investigate doctors in training access to annual leave. See paragraph 53

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. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards

S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*

S1.2 *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1)

- 1** Doctors in training are informed at induction about the importance of raising concerns and the different routes to do so. The trust has a formal policy on raising concerns aiming to reassure learners and educators that it is acceptable and safe to raise any concerns about patient safety or malpractice.
- 2** All of the doctors in training and medical students that we spoke to said that there is a culture at the trust that allows them to raise concerns about patient safety openly. We found that the trust values patient safety and we found a widespread understanding amongst doctors in training and educators on how to raise concerns.
- 3** We found that the learning environment is caring and compassionate despite prevalent service pressures. Learners noted that they are supported in their roles and that nursing staff and the consultant body are both responsive and approachable. Educators told us that they are supportive of learning and that they themselves are supported in their roles as educators by the trust.

Area working well 1: The education and learning culture at the trust appears caring and compassionate and overall the learning environment was found to be supportive and responsive for both learners and trainers.

Dealing with concerns (R1.2); Learning from mistakes (R1.3); Seeking and responding to feedback (R1.5)

- 4** We heard from the senior management team that all doctors in training receive training on raising concerns through DATIX. Senior management told us that feedback to those that raise concerns has been improved and doctors in training now receive a copy of the DATIX report following an investigation into the concern. We heard that the trust utilises junior doctor forums as an environment for doctors in training to raise concerns. We also heard that during the forums the director of medical education (DME) delivers a presentation addressing what has been raised by doctors in training and what has been done. Foundation doctors supported this and told us that they utilise DATIX and the junior doctor forums to raise concerns and that they receive feedback following raising a concern.
- 5** The education management team told us that all concerns raised via DATIX go directly to the clinical governance unit for scrutiny. In addition, the DME reviews monthly reports on DATIX.
- 6** Before the visit we were told about the 'GRIPE' tool, which is a means for doctors in training and educators to raise concerns or issues which fall below the level of a clinical incident for which a DATIX would be required. The senior management team at the trust spoke highly of the tool, noting that a significant number of gripes have been raised since the tool's implementation. However, we found that medical students and foundation doctors were not aware of the tool. We therefore encourage further dissemination of the uses of the tool across the trust to raise awareness of its availability amongst doctors in training.

Supporting duty of candour (R1.4)

- 7** Before the visit we saw the trust's duty of candour guide for patients, families and carers informing them of the key principles of duty of candour and what to expect if something goes wrong. During the visit we were told by clinical and educational supervisors that they endeavour to ensure that doctors in training and students are aware of the guidance and that principles are understood by all.

Appropriate capacity for clinical supervision (R1.7); Appropriate level of clinical supervision (R1.8)

- 8** During our visit we heard examples from some doctors in training of when clinical supervision has not been adequate, but it was confirmed that no patient safety issues arose as a direct result of this. Doctors in training told us that they are generally supervised by a consultant when on call and that their supervisors are contactable and willing to help.
- 9** Some of the foundation doctors that we spoke to told us that there are no problems with supervision on weekdays but that during the weekend supervision can become an issue.

- 10** Some clinical supervisors told us that in some specialities there is an unavoidable reliance on locums due to staff turnover and vacancies and that this can be problematic when a locum doctor has supervision responsibilities for a ward. However, we were told that locums in the anaesthetic department do not have supervision responsibilities.
- 11** During our visit we heard evidence that the trust promotes a culture of learning and collaboration between specialties and professions (multiprofessional learning is discussed in more detail in paragraph 28). The trust also employs a number of nurse educators in order to facilitate teaching and provide continuity in learning for medical students and some doctors in training. The education management team explained that the Medical Education nurse role has developed significantly over the years and that they provide a variety of classroom and ward based teaching. In addition, we were told the nurse educators take into account student feedback on an annual basis in the delivery and development of the curriculum.
- 12** The medical students that we met during our visit praised the Medical Education nurses and told us that they are supported in their learning while on placement at the trust. They noted that the Medical Education nurses are very knowledgeable in their roles and provide continuity as they have been at the trust for some time. We heard that the Medical Education nurses and the clinical teaching fellows facilitate and deliver a lot of the trusts teaching for medical students.

Good practice 1: Medical students are supported in their learning and we commend the development of the Medical Education Nurse role and the contribution of the clinical teaching fellows to facilitate undergraduate teaching.

Identifying learners at different stages (R1.10)

- 13** During the visit, doctors in training and staff at the trust frequently used the terms 'senior house officer', 'SHO' and 'registrar'. They had a common understanding that 'SHO' can include doctors in second year of foundation training (F2), doctors in the first and second years of core medical training, and doctors in the first few years of specialty training. The term 'senior house officer' or 'SHO' is ambiguous for doctors in training, members of the multidisciplinary team, and patients, as it does not specify the level of training of the individual doctors. Furthermore, doctors in training could be asked to work beyond their competence or without adequate supervision.

Rota design (R1.12)

- 14** During our visit it was clear that the trust is affected by national recruitment shortages which are impacting on, and increasing, rota gaps and workload. The trust noted that recruitment is particularly an issue for them as a district general hospital as they are located within close proximity to two teaching hospitals. We found the trust to be working extensively to fill gaps and we note that the vacancy rate has decreased over the past few years through incentives such as the employment of

trust grade doctors, including the creation of 'foundation year three' posts, and the employment of staff from overseas. The clinical supervisors that we met confirmed that the trust is continuing to look at ways to recruit and retain staff and are aware of the negative impacts that current staff vacancies are causing.

- 15** None the less, we found that the trust relies heavily on locums and we heard from clinical supervisors that the intensive care department is experiencing significant staffing issues. Doctors in training also reported that there is a number of vacant consultant posts in the trust. We heard from foundation doctors that the effects of this is that workload is high, with some of them noting that there are days when they are unable to take a break without having to use discretionary time at the end of the day.
- 16** Additionally, some of the doctors in training that we met told us that it is often difficult to fit learning opportunities around the rota and that attending teaching often results in them using their own time to stay on top of their workload once returning to the ward. We encourage the trust to continue to work towards addressing the negative effects that staff vacancies are causing.

Requirement 1: The trust must continue to work towards addressing the impact of recruitment shortages on workload, rota gaps and educational opportunities.

- 17** Despite hearing about the issues with rota design caused by staff vacancies we were told by the senior management team that they have improved rota visibility and planning across the trust so that staff receive their rota 6 weeks in advance. Clinical supervisors confirmed improved rota visibility and noted that they endeavour to facilitate staff requests in order to promote a healthy work-life balance.

Induction (R1.13)

- 18** The learning and development agreement between Health Education England working across the East Midlands (HEE EM) and Sherwood Forest stipulates that the LEP is responsible for ensuring that all learners have an induction into the organisation. Before the visit the trust told us that they use a bespoke e-induction with face-to-face trust induction on day one. Face-to-face divisional induction also occurs on day one and speciality induction occurs within the first 7 days of a post. During the visit clinical supervisors highlighted that doctors in training receive a comprehensive induction, as well as an induction manual which is updated regularly.
- 19** The doctors in training that we met had mixed views on the e-induction, with some noting positives and others negatives. Some told us that the e-induction is easy to use but others said it is lengthy. They noted that some parts are useful but that others are not, particularly for more experienced doctors in training. Some preferred the versatility of the e-induction as it can be completed when convenient and others noted that they miss the interaction with their peers. Medical students told us that

their induction was adequate and they were expected upon their arrival at the trust and the clinical fellows and sub-dean were well prepared for them.

Handover (R1.14)

- 20** At the time of our visit the trust utilised a paper based handover system. The senior management team told us that the trust is addressing their historic paper based handover system by exploring the use of Nerve Centre IT system to facilitate and improve handover.
- 21** Doctors in training told us that they have a formal multidisciplinary handover in the morning which is consultant led but there is no consultant led handover in the evening. They explained that the evening handovers are often between the doctors in training on call and that these are not as effective as the consultant led multidisciplinary ones as information simply passes from one person to the next with no consultant overview. Clinical supervisors confirmed this and told us that time is built into the rota for a formal morning handover but that the evening handover is less formal.
- 22** The doctors in training that we met perceive the current paper based system to lack continuity of care and to be unsafe. In addition, we were told about sporadic instances in which patients have been missed as they have not been added to the paper based system.

Requirement 2: The trust must ensure that the handover system provides continuity of care for patients and maximises learning opportunities for doctors in training.

- 23** During our visit we were told about issues with the interface between emergency medicine and other medicine departments posing a potential risk to patient safety. Whilst we were not alerted to any instances of patients being harmed, we were told by some doctors in training and foundation doctors that patients are often transferred from the emergency medicine ward without having a completed management plan of assessments and investigations, and as a result, patients can be transferred to the incorrect ward and have treatment delayed. It was perceived that this is due to the pressure of not exceeding the 4 hour waiting time in A&E. In addition, we heard from some of the foundation doctors that it can be difficult to decline the acceptance of patients on the medical wards from A&E although at times it is perceived that patients are coming to the incorrect ward. We are concerned about the time pressures on the flow of patients from the emergency department to the surrounding wards and the consequent impacts on the quality of training.

Requirement 3: The trust must ensure that the handover of patients between the emergency department and the medicine departments is improved.

Educational value (R1.15); Protected time for learning (R1.16)

- 24** As discussed in paragraphs 14-17 the trust is affected by national recruitment shortages which are impacting on, and increasing rota gaps and workload. During the visit we found these issues effect learning opportunities for doctors in training.
- 25** The majority of doctors in training that we met reported that workload affects their training and teaching experience at the trust and noted that, at times, learning is secondary to service provision. But, doctors in training stressed that consultants and supervisors are very committed to training.
- 26** Most of the doctors in training that we met told us that protected time to attend teaching is also affected by service pressures. We heard that rotas often prevent doctors in training from attending teaching and that, at times, attending teaching often results in doctors in training using their own time to catch up on their workload once they return to the ward. We also heard that, despite clinics being available for doctors in training to attend, workload prevents them being able to do so. The senior management team acknowledge that attending teaching is an issue across the trust in some specialties.
- 27** However, doctors in training did note that the quality of teaching when they attend is of a high standard. We heard that teaching in anaesthetics is well organised and protected, with doctors in training receiving schedules well in advance. We heard that the consultants in the trust are hardworking, good role models and that they endeavour to protect learning. But some clinical supervisors noted that it can be difficult for them to provide teaching and release doctors in training for teaching due to pressures around patient load.

Multiprofessional teamwork and learning (R1.17)

- 28** During our visit we heard evidence that the trust promotes a culture of learning and collaboration between specialties and professions. As mentioned in paragraph 21, mornings on the wards begin with a multidisciplinary handover which provides an opportunity for multiprofessional learning, encourages team work and promotes the transfer of information between the wide range of staff involved in patient care. Additionally, we also heard that the trust employs Medical Education nurses in order to facilitate teaching for medical students and some doctors in training.
- 29** Medical students told us they have enjoyed the trust's multiprofessional approach to learning. They noted that working a shift with a nurse and having teaching delivered by different professionals offered valuable insight into working on the wards.

Capacity, resources and facilities (R1.19)

- 30** The trust highlighted before the visit that all learners have 24/7 access to library and IT facilities. SFH has recently been renovated and had a significant investment in its facilities, meaning that the previous hospital wards are now the education centre and

new modernised wards have now been built. The education centre is large and contains two lecture theatres, 18 training rooms and clinical skills labs.

- 31** None of the doctors in training and medical students that we met reported problems with the facilities at the trust. They told us that the education centre is reasonable but that it takes a long time to get there from the wards. They acknowledge that there is a library but noted that they do not use it often.
- 32** Some medical students told us that they have to pay for the internet at their hospital accommodation and it is not adequate. They also told us that the internet prices are only available to buy in blocks that do not match their placement length.

Access to educational supervision (R1.21)

- 33** The trust is aware of the requirements for learners to meet with their educational supervisors. Before the visit they told us that if learners have any issues accessing their educational supervisor then they are told to inform the foundation programme director or the DME.
- 34** Foundation doctors confirmed that they are allocated to an educational supervisor and that they have the opportunity to meet with them formally. In addition, they noted that they see them on the ward and that they are accessible.

Theme 2: Education governance and leadership

Standards

S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1)

- 35** The trust assured the visiting team that they have governance systems and processes in place to control the quality of medical education and training. We were told that, on a quarterly basis, the DME attends the organisational development and workforce committee to discuss educational matters. The findings from this committee are discussed at trust board level.
- 36** In addition, we were told about several committees with representatives from across the trust, including the medical education committee (representing postgraduate education) and the undergraduate medical education committee, that convene throughout the year to discuss educational matters. Issues and good practice raised through such committees are fed up to the trust board through a series of links. We were also told about the annual education and training paper, which is a paper addressing the quality of education and training, with input from staff across the trust which is sighted at board level. Learners input their feedback into the trust's quality structure through mechanisms such as the junior doctor forums, end of placement and GMC surveys.

Accountability for quality (R2.2)

- 37** The trust demonstrated accountability for education and training at board level. We were told that board meetings are held once a month and that issues pertaining to education and training are discussed at board level. Additionally, we heard an example of an educational issue that was discussed at board level and subsequently resolved. As in paragraphs 35 and 36 numerous committees and forums feed into the trust board via a series of different links.

Considering impact on learners of policies, systems, processes (R2.3)

- 38** During our visit we heard evidence that the trust takes into account feedback from learners and educators. The senior management team highlighted that they have

improved on listening to feedback from learners over the past few years. Before our visit the trust told us that they hold junior doctors forums in each specialty as well as 4 monthly joint junior doctor forums which are minuted and findings are presented at the division governance meeting. During our visit we heard evidence that the junior doctors forums are well attended by doctors in training, have a structured agenda and work well. We were also told that the trust utilises foundation exit interviews as a means of identifying pertinent issues and collecting learners' feedback.

- 39** As mentioned in paragraph 6 in more detail, we heard about the 'GRIPE' tool which is a means for learners and educators to raise issues or suggest improvements. The senior management team told us that the aim of the GRIPE tool is to give doctors in training at the trust a voice and is a forum to raise concerns.
- 40** Medical students told us that they complete feedback specifically regarding their placement at the trust and also feedback about their placement to the University of Nottingham School of Medicine (the school). However, they did note that they are not aware of any changes as a result of their feedback. Medical Education Nurses told us that they take into account student feedback at the end of every year in order to improve their courses.

Area working well 2: Over the past few years the trust has made significant improvements to the mechanisms of collecting and giving feedback. This includes feedback from the workforce about education and training as well as incident reporting.

Evaluating and reviewing curricula and assessment (R2.4)

- 41** The school are currently redesigning their undergraduate curriculum. The new A100 year one and two curriculum will commence in 2017/18, as well as a new curriculum in July 2016 for the penultimate year. The senior management team at the trust told us that they have been involved in shaping the new curriculum and endeavoured to reflect the service needs of the population in the East Midlands.

Collecting, analysing and using data on quality and on equality and diversity (R2.5)

- 42** During our visit the senior management team told us that they monitor equality and diversity data in the trust. They noted that there is an equality and diversity lead who reports formally on equality and diversity matters to the organisational development and workforce committee which feeds into the trust board.

Systems and processes to monitor quality on placements (R2.6)

- 43** Before the visit we saw the learning and development agreement between HEE EM and Sherwood Forest. The contract outlines the services that the trust must provide in order to ensure that placements provide a high quality of learning and training. During our visit the education management team told us that the trust has an annual

learning and development meeting with HEE EM in order to discuss items such as: teaching, support, facilities and learning opportunities for doctors in training while on placement. Service Increment for Teaching (SIFT) is also discussed during these LDA meetings and Sherwood Forest demonstrates where HEE EM funding is spent.

- 44** The trust told us that regular actions and responses to issues raised by HEE EM visits or GMC trainee surveys are used as a means to monitor the quality of teaching and learning opportunities delivered by the trust. The senior management team noted that the trust is working with HEE EM on a current action plan and they feel that they have made significant progress on issues identified by HEE EM.

Sharing and reporting information about quality of education and training (R2.8)

- 45** During our visit we found that the trust works well with, and shares information relating to the quality of medical education with the school through meetings such as the school board meeting. The trust told us that overall their relationship is positive with the school. However, the senior and education management team noted that the school is currently undergoing a restructure of their administrative staffing roles, meaning that staff are relocating from faculty and school locality bases to five-centrally managed student service centres. We were told that this has resulted in a high staff turnover in the school's administrative staff which, at times, has made their relationship difficult to maintain. But they told us that the administrative function is slowly beginning to stabilise.
- 46** When asked about the trust's working relationship with HEE EM, the trust told us that HEE EM are supportive with issues that the trust are experiencing locally, as well as national issues. However, they noted that working with HEE EM on a day-to-day basis can be problematic as there is a lack of continuity when dealing with staff, as well as obtaining a quick turnaround to questions that require immediate answers. Senior management at the trust also noted that they do not get sufficient notice from HEE EM that they are not receiving a full quota of doctors in training before a rotation is due to commence.
- 47** The education management team told us that the quality support that they receive from HEE EM is of a high standard. They noted that the HEE EM quality visits have improved and the visiting panels have become multiprofessional and mixed speciality. The education management team noted that they would find it useful to meet with training programme directors in order to discuss and input into workforce planning.

Educators for medical students (R2.13)

- 48** Undergraduate coordinators work at the trust and act as educational leads for elements of undergraduate medical education. Additionally, an associate clinical sub-dean is employed by the trust and has oversight of undergraduate education. It is within the role of the clinical sub-dean to relay information about students back to the school.

49 Furthermore, as mentioned in more detail in paragraphs 11 and 12 Medical Education nurses are involved in the facilitation of undergraduate teaching and through a mixture of classroom and ward based teaching the Medical Education nurses ensure that activities and learning for the medical students is of educational value.

Sharing information of learners between organisations (R2.17)

50 The trust has processes in place for sharing information about learners between organisations pertaining to safety, wellbeing and fitness to practice. Before the visit the trust told us that the DME reviews all of the monthly DATIX reports in order to identify any incidents that raise concerns about the competency of the doctors in training involved. The DME is also informed about serious complaints or concerns about a doctor in training and subsequently, HEE EM is informed by the trust about serious concerns as they arise. Additionally, if the trust has concerns about a medical student then there are pathways in place to raise this with the school, including raising a concern with the sub-dean at the school.

Theme 3: Supporting learners

Standard

S3.1 *Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.*

Learner's health and wellbeing; educational and pastoral support (R3.2)

- 51** Before the visit the trust told us that they provide doctors in training with an educational supervisor who offers educational, pastoral and careers advice and support. Doctors in training have access to occupational health either by self-referral, their educational supervisor, or HR. Additionally, doctors in training can access confidential counselling services through the Professional Support Unit at HEE EM. Medical students are encouraged to speak to any member of the medical education team in order to seek support and services are also provided for the students through the school.
- 52** We were assured that doctors in training feel supported at the trust by their seniors. Some CMT doctors in training noted that there is a general concern to ensure staff wellbeing at the trust and some foundation doctors told us that the middle grade doctors in training also offer educational support on the wards. Finally, medical students said they feel supported while on placement at the trust and know the routes to take to obtain the support they require.
- 53** Some of the foundation doctors that we met told us that access to study leave is adequate but that there have been some issues with access to their annual leave in that often single days can only be approved as opposed to week(s). It was noted that service pressures are impacting on their access to annual leave. The education management team told us that annual leave is coordinated on a team-by-team basis. It was acknowledged that at times, and in some departments, obtaining two weeks leave can be difficult. However, we were told that doctors in training cross cover wards in order to ensure colleagues can take their leave. We recommend that the trust should investigate doctor in training access to leave.

Recommendation 1: The trust should investigate doctors in training access to annual leave.

Undermining and bullying (R3.3)

- 54** The education management team told us that the trust has an undermining and bullying policy which doctors in training and medical students are made aware of during their induction. During induction doctors in training are made aware of the routes in which they can raise concerns about undermining and bullying and are

encouraged to do so immediately with their clinical/educational supervisor or the appropriate senior doctor.

- 55** During our meeting with the senior management team we were told that there have been some examples of undermining and bullying at the trust which we might hear about during the course of our visit. However, they noted that the postgraduate head of school for the speciality involved has worked to address the issues. Some of the foundation doctors confirmed this and noted that there have been instances of undermining and bullying at the trust, but noted that the trust supported them and that issues raised have now been resolved.
- 56** We were also told by the senior management team that the trust has two freedom to speak up guardians whose roles were created following the 2015 Sir Robert Francis report. They are a route that doctors in training can use to raise concerns about patient safety or undermining and bullying in confidence.

Information on reasonable adjustments (R3.4)

- 57** The senior management team at the trust told us that they make reasonable adjustments for learners when required, in line with national guidance. We were told that the trust supports less than full time trainees and that there is a formal process that doctors in training follow in order to request this. Additionally, as mentioned in paragraph 42 the trust employs an equality and diversity lead.

Student assistantships and shadowing (R3.6)

- 58** Before the visit the trust told us that medical students/new graduates join the trust five days prior to August changeover to shadow current F1 trainees in their post and receive induction and mandatory training to prepare them for starting their F1 career.

Information about curriculum, assessment and clinical placements (R3.7)

- 59** Some of the clinical and education supervisors told us that before doctors in training commence their placement with the trust that they email them with their rota in advance.

Feedback on performance, development and progress (R3.13)

- 60** Before the visit the trust told us that feedback on performance and development is encouraged and formally documented in workplace based assessments and clinical and education supervisor reports on the e-portfolio.
- 61** During our visit we found mixed views on the delivery of feedback to learners, with some doctors in training noting that it is of a good standard, while others noted that it is not always adequate and varies from consultant to consultant. Medical students

supported the variable nature of feedback, with some telling us that feedback on the wards at Sherwood Forest is not adequate for their development.

- 62** Despite hearing about discrepancies in the delivery of feedback to learners, we found that supervisors are dedicated to their roles despite prevalent service pressures. Consultants were described as hardworking and good role models by doctors in training and we heard that the quality of teaching provided is of a high standard. It is clear that service pressures are high at the trust and workload and rota gaps affect the quality of training, including feedback on performance. None the less, regardless of the fragility of the trust with a merging of services on the horizon, we found that educators remain loyal to their roles and identified this as an area that is working well during our visit.

Area working well 3: Trainers and supervisors were seen to be dedicated and committed to their educational roles and were described as supportive and approachable both in and out of hours despite prevalent service pressures.

Theme 4: Supporting Educators

Standards

S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1)

63 The trust told us that educational supervisors have formal training in their roles as supervisors. Most of the clinical and educational supervisors that we met confirmed this and told us that they have ample access to training and opportunities to learn in their role, including equality and diversity training every three years and the opportunity to complete the Nottingham Masters in Medical Education. We were also told that there are plenty of educational courses delivered by HEE EM to facilitate their development. However, we heard that the centrally run HEE EM event invites are sent out with too little notice for clinicians to arrange cover to attend them. Finally, educators confirmed that there is a formal process for appraisal that is carried out by the DME.

Time in job plans (R4.2)

64 We heard from the senior management team, education management team and clinical and educational supervisors that educators, including clinical fellows all have time allocated in their job plans for to meet their educational responsibilities. However, all groups acknowledge that it is a major challenge to complete their allocated hours in education due to service pressures and a heavy workload. None the less, we have identified the 0.25 SPAs allocated to all supervisors per doctor in training as an area that is working well in the trust.

Area working well 4: The trust has taken steps to ensure that consultants have sufficient time in job plans.

Educators' concerns or difficulties (R4.4); Working with other educators (R4.5)

65 Most of the clinical and educational supervisors noted that they feel supported in their roles by the trust. We also heard about HEE EM courses for supervisors on dealing with doctors in difficulty to support supervisors in their roles and supervisors noted that these are helpful.

66 Additionally, it was evidenced that the trust supports educators to work together in order to ensure consistency in teaching. We were told that there is an educational supervisor forum every 4 months to allow sharing of experiences and that the Medical

Education nurses have a team approach to teaching and learn from each other's courses.

Recognition of approval of educators (R4.6)

- 67** The trust has comprehensive guidance for supervisors in the four roles on trainer recognition and accreditation. The guidance defines the four roles and outlines the training that is required in each of the roles in order to meet GMC requirements. During our visit the senior management team told us that the trust has a total of 90 trained supervisors who are all appropriately trained to GMC milestones.

Theme 5: Developing and implementing curricula and assessments

Standard

S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

S5.2 *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Informing curricula development (R5.2)

68 As mentioned in paragraph 41 the school are currently redesigning their undergraduate curricula. The senior management team at the trust told us that they have been involved in shaping the school's new curriculum.

Undergraduate clinical placements (R5.4)

69 During our visit, we found that medical students are receiving structured teaching at the trust in order to fulfil their curricula requirements. We were told by the students that their teaching is a mixture of ward and classroom based, and that they have central teaching at the school when on placement.

70 We found that students receive an adequate induction at the start of their placement and that they have access to technology enhanced learning opportunities. In addition, we heard evidence that placements are enabling students to become members of the multi-disciplinary team through working a shift with a nurse and having teaching delivered by staff members from the multi-professional team.

Training programme delivery (R5.9)

71 As mentioned throughout the report, we found an imbalance between providing service and accessing educational opportunities for doctors in training. The majority of doctors in training that we met reported that workload affects their training and teaching experience at the trust and noted that at times learning is secondary to service provision. Most of the doctors in training that we met told us that protected time to attend teaching is also affected by service pressures. The trust is aware of such issues and is addressing them through recruitment drives to fill vacant gaps in rotas across the trust.

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