

Visit to Surrey and Sussex Healthcare NHS Trust

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

Review at a glance

About the visit

Visit date	14 May 2015
Site visited	East Surrey Hospital
Programmes reviewed	Foundation programme, general surgery, trauma and orthopaedic surgery, emergency medicine, general internal medicine
Areas of exploration	Patient safety, supervision, workload, rota design, handover, induction, support for doctors in training, quality management processes, equality and diversity, transfer of information, bullying and undermining, teaching and training, training and support for trainers, risk and issue management, relationship with the LETB, sharing of good practice
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns	No

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

Summary

- 1 We visited the East Surrey Hospital in the Surrey and Sussex Healthcare NHS Trust (SASH) as part of our regional review of undergraduate and postgraduate medical education and training in Kent, Surrey and Sussex (KSS). During the visit we met with foundation and specialty doctors in training from a range of specialties including general surgery, trauma and orthopaedic surgery, general internal medicine and emergency medicine.
- 2 SASH trust is run over four sites: Caterham Dene Hospital, Dorking Hospital, Horsham Hospital, Crawley Hospital and East Surrey Hospital. Our visit took place at East Surrey Hospital which is where the majority of doctors in training are based. East Surrey Hospital is a busy general hospital covering a population of around 530,000 people and Gatwick airport. The hospital was formed by a merger in 1998 and we heard that in recent years this site has seen major improvements in patient safety and patient experience. Currently the hospital provides emergency, maternity, children's and complex services.
- 3 The outcomes of our visit at SASH were encouraging and we found that the provision of education and training within the hospital was good. The doctors in training we met with were positive about their training and would recommend this local educational provider (LEP) to their colleagues. They felt generally supported by their clinical and educational supervisors and the Trust Senior Management Team and were appreciative of the learning opportunities provided at the hospital. Doctors in training reported good access to teaching generally, although they did recognise that at times workload and gaps in rotas hinder their ability to attend teaching sessions.

Areas of exploration: summary of findings

Patient safety and supervision	The doctors in training we met informed us they feel confident in using the incident reporting system, Datix (a commercially available software package), and although still variable, most had received good feedback on the cases they had reported. We heard that there is an open culture in the hospital and doctors in training are encouraged to report any
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	<p>patient safety incidents.</p> <p>We heard from the doctors in training that they had not personally experienced or come across any situation where patients were put at risk. Foundation year one (FY1) doctors informed us that they had good support during out of hours and weekends. They said that at the beginning of the rotation they felt some lack of support, but the trust has recently implemented some changes which have improved the situation.</p> <p>The Trust Senior Management Team informed us that patient safety is a key aspect they keep in mind when dealing with doctors in difficulty. We heard that there have been occasions when doctors in difficulty have been removed temporarily from particular situations due to patient safety concerns. The trust management has worked out a support action plan for those doctors in difficulty who have then been able to resume full responsibilities.</p> <p>Please see requirement 1.</p>
<p>Workload</p>	<p>East Surrey is a very busy hospital and this was acknowledged by everyone we met during our visit. Doctors in training in different specialties reported differing levels of workload. Emergency medicine doctors feel that their workload is busy, but manageable. They appreciate the variety of cases they deal with and consider this to be a good educational experience.</p> <p>We heard that the main staffing concern related to the general surgery doctors in training during night shifts. Workload was also a red outlier for general surgery in the 2014 National Trainee Survey (NTS). FY2 doctors we met reported some workload issues for night-shifts.</p> <p>Please see requirement 1.</p>
<p>Rota design</p>	<p>We heard that there are quite a few rota gaps in different specialties and that most of these were filled by locum doctors. In general surgery there are sometimes three gaps in a ten person rota. FY2</p>

	<p>doctors reported that they find it difficult to work with different locums as they feel the temporary doctors are not very familiar with their working systems. Some locums had not worked at the hospital before.</p>
<p>Handover</p>	<p>Handover processes are patchy across different units. Doctors in training and their supervisors in general surgery admitted that handover processes need to be improved.</p> <p>The data from the NTS also shows that handover was a red outlier for general internal medicine in both the 2013 and 2014 surveys.</p> <p>Please see requirement 3.</p>
<p>Induction</p>	<p>The quality of induction varies between departments in the trust. Most doctors in training had received a full day induction on the day of starting but a few who had started at a later date had to go through the induction online. FY2 doctors in general practice posts reported some problems with passwords and access to the hospital patient information database when they come to work for one day per week in the hospital.</p> <p>Please see requirement 2.</p>
<p>Support for doctors in training</p>	<p>The doctors in training we met generally feel supported by their educational and clinical supervisors and other staff. They said they are working in a friendly environment where most consultants were approachable and helpful. Those in surgical posts reported that their educational supervisors have offered a very good level of support with ARCP and examinations.</p> <p>In the meeting with Trust Senior Management Team we heard that there are clear lines of escalation for issues regarding doctors in difficulty. Clinical and educational supervisors were the first point of contact and they would alert the Director of Medical Education (DME) or the Medical Education Manager (MEM) about these issues. The DME or MEM would</p>

	<p>then make a decision as to whether the issue needs to be raised to Health Education Kent, Surrey and Sussex (HEKSS) in line with relevant HEKSS policies. We heard that HEKSS has recently published a very useful matrix on what matters should be escalated and how.</p>
<p>Quality management</p>	<p>The Trust Senior Management Team is engaged and in touch with the current issues affecting education, such as workload or the implementation of the new curricula. Internal quality control processes appear to be working well. We heard that the trust is paying particular attention to the training of educational and clinical supervisors.</p> <p>Education issues are regularly discussed in meetings of the Local Faculty Groups and the Local Academic Board. In addition the Trust Senior Management Team organises regular meetings with doctors in training and this is a forum where doctors in training can bring their concerns and provide feedback on different aspects of their education.</p>
<p>Equality and diversity</p>	<p>The educational and clinical supervisors we met reported that they had completed their equality and diversity training.</p>
<p>Transfer of information</p>	<p>Doctors in difficulty are encouraged to report any problems they are experiencing. Educational and clinical supervisors are the first point of contact for doctors in training and they inform the DME if required. All concerns regarding doctors in difficulty are discussed internally in the first instance and the DME makes a decision on whether to alert HEKSS.</p> <p>The trust ensures that it receives any relevant information on doctors in training with disabilities before they start in their post. This enables the trust to deal with any reasonable adjustments required. The Trust Senior Management Team informed us that doctors in training are provided with all the support they need and patient safety is always kept in mind when dealing with doctors in difficulty.</p>
<p>Bullying and</p>	<p>We heard from the doctors in training we met with that there are no current issues of bullying and</p>

<p>undermining</p>	<p>undermining in the trust. During the meeting with the trust management we heard that they have taken active steps to create a supportive environment. Doctors in training are made aware of the trust and LETB undermining and bullying policy during their induction and encouraged to raise any issues with their educational and clinical supervisors in the first instance.</p> <p>The doctors in training we met reported a culture of openness in the trust and felt confident that they could report any bullying and undermining issues and they would be dealt with in an appropriate manner. We heard examples of where there had been concerns in the past that had been dealt with very well within the trust.</p>
<p>Teaching and training</p>	<p>Doctors in training rated East Surrey Hospital as a good place to train. We heard there are ample teaching opportunities in the trust, though sometimes it is hard to access these due to the busy workload. In addition to the planned local teaching sessions, the Foundation Programme Team has recently put in place a teaching day each month during which doctors in training have a good opportunity to come together.</p> <p>The teaching programme is led by doctors in training who have organised a number of lectures and seminars and are supported by the Postgraduate Education Centre with the sourcing of speakers. There are also good examples of interdisciplinary teaching and training. The Trust Education Management Team informed us that undergraduate students have been involved in simulations with the nurse teams and doctors in training have had simulation sessions with the pharmacists. The trust has also launched a programme for leadership which is an interdisciplinary project.</p> <p>During the course of the visit we heard that there was some lack of clarity as to what counted as non-attendance for teaching sessions. The Trust Education Management Team acknowledged a need to give more information to doctors in training about</p>

	<p>the attendance policy. In particular, doctors in training could benefit from some clarification about which training sessions will affect their ARCP and which sessions will be held again at a later date. The trust has employed Physician Associates (PA) in order to support service delivery by doctors in training to allow them to attend the required teaching sessions.</p> <p>Please see recommendation 1.</p>
Training for trainers	<p>Educational and clinical supervisors in the trust feel well supported generally. Most of the educational trainers in the trust have undertaken QESP as part of their educational role. When asked about training for education roles the educational and clinical supervisors in general internal medicine told us that they have been attending an internal training course in the trust. The educational and clinical supervisors we met during our visit reported that they had allocated time for education activities in their job plans.</p> <p>In general surgery and trauma and orthopaedics, all the educational and clinical supervisors were aware of the training requirements for their jobs, but not all consultants had yet completed it.</p>
Risk and issue management	<p>The Trust Senior Management Team feels confident in its financial management, although it recognises that finances are a challenge. There is a robust plan of action in place for dealing with the current challenges.</p> <p>The trust is working with HEKSS on an initiative called Quality and Innovation in Education (EDQUIN). The aim of this initiative is to improve the national trainee survey results by concentrating on the red flags and in particular, teaching (and the evaluation of it), feedback, handover and induction.</p> <p>At East Surrey, the EDQUIN funds are considered extra financial resources and are invested mainly in technology and enhancement of learning activities.</p>
Relationship with the medical school, LETB	<p>The Trust Senior Management Team said the trust has a good relationship with Brighton and Sussex</p>

and sharing of good practice

Medical School and HEKSS. The trust's Chief Executive Officer (CEO) attends the HEKSS Local Education and Training Board meetings and in addition there are other regular meetings at different levels. Educational and clinical supervisors feel they have an active involvement with HEKSS.

The Trust Education Management Team told us that HEKSS is in transition and there have been some inevitable changes affecting the trust. An example is training for small specialties (eg palliative care), which has become increasingly more difficult to run. The trust regretted the downgrading of the education department at KSS which had been very helpful in the past. We also heard that there are concerns about how the moving of KSS in the HE London will impact the training in the region.

Areas of good practice

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

Number	Paragraph in <i>Tomorrow's Doctors</i> / <i>The Trainee Doctor</i>	Areas of good practice for the local education provider
1	TTD 7.2; 7.3	The CEO has taken leadership of education management in the trust.

Good practice 1: The CEO has taken leadership of education management in the trust

- 4 During our visit we found out that the trust's CEO and the Trust Senior Management Team have a keen interest in education and are very well informed about education matters. They provide excellent support to the education faculty and the Postgraduate Medical Education Centre (PGMEC) and have prioritised education in their agenda. The CEO and Trust Senior Management Team were able to present and drill into details regarding education matters. They ensure that education is presented at board level and that education problems get the attention and resources they require.

- 5 Through various meetings with doctors in training and educational supervisors we heard that the CEO has made himself visible and accessible. The doctors in training told us that they meet regularly with the CEO, he is aware of the problems and challenges they encounter and is committed to resolving them. Doctors in training told us that the trust’s management team is engaged and supportive and always willing to work with them towards finding solutions for problems related to their education.

Area where there has been an improvement

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

Number	Paragraph in <i>Tomorrow’s Doctors (TD)/The Trainee Doctor (TTD)</i>	Area where there has been an improvement
1	TTD 1.1	Incident reporting has improved in recent years and takes place in an effective way.

Area of improvement: Incident reporting has improved in recent years and takes place in an effective way

- 6 We heard that the LEP has improved significantly in recent years. The CEO reported in his presentation that the hospital was rated as *‘the worst performing trust on all the national quality indicators’* and in 2011 was still subject to 11 clinical quality reviews. This year we heard from the Trust Senior Management Team that the CQC has rated the hospital as *‘as one of the safest hospitals in the country’*. We heard from the Trust Senior Management Team that patient safety and patient feedback has been a very important focus area for improvements.
- 7 One of the improved procedures that contributes directly to patient safety is an effective incident reporting system. The doctors in training we met told us that they are encouraged to report any incidents they come across. They also told us that the incident reporting forms are straightforward, easy to fill in and they have generally received timely feedback on the cases they have reported. The improvement in the mechanisms regarding patient safety is also supported by our evidence; there has been a reduction in number of patient safety comments in the NTS from 2013 to 2014.

Requirements

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

Number	Paragraph in <i>Tomorrow's Doctors</i> / <i>The Trainee Doctor</i>	Requirements for the LEP
1	TTD 1.2	Doctors in training in surgical posts must have more senior support during night shifts.
2	TTD 6.1	The induction process must be reviewed and made consistent across all departments and units.
3	TTD 1.6	Handover processes must be reviewed and formalised across the different departments.
4	TTD 1.2	Current terminology must be used when referring to the grades of doctors in training and designing rotas.

Requirement 1: Doctors in training in surgical posts must have more senior support during night shifts

- 8 Foundation doctors in surgical posts did not feel fully supported during on-call night shifts. We heard that at nights a FY2 doctor was usually the most senior doctor covering four or five surgical wards as well as new admissions. A consultant was available for support, and a higher grade doctor in training was available on the phone, but not present on the site. The foundation doctors we met told us that workload is usually manageable, but there are times when it gets very busy with new admissions and they need further support. Senior doctors in training were reported to be sometimes reluctant to come into the ward at night.
- 9 The surgical doctors in training we met informed us that although there was always someone available to supervise, the information on whom they needed to contact for senior support was not always easy to find and the situation could become overwhelming when they were very busy. The foundation doctors we met told us that they had not come across any patient safety issues. The potential problem was greatest during weeknights rather than weekends when there was always a consultant available to support. The workload was also reported as a below outlier in the 2014 NTS.

- 10** The trust management are aware of these problems in surgery wards and have been working on solutions to support doctors in training. They have recently appointed an advanced nurse practitioner to support service work on the wards. The trust has also issued a new policy on appropriate bleeping to ensure that doctors in training are not disturbed unnecessarily during their shift. In addition, the trust management has increased the number of FY2 doctors from two to three to cover the surgical wards during night shifts.

Requirement 2: All doctors in training should receive a departmental induction

- 11** The trust has made efforts to improve the quality of inductions and there is coordination from the Postgraduate Education Centre to ensure that induction timetables and content are clearly documented and shared. We heard that induction is mandatory for all doctors in training and also takes place throughout the year to cater for doctors in training who join at a later stage. However there is still room for improvement in ensuring that good practice is shared between different units and departments regarding induction.
- 12** In discussion with doctors in training we found out that departmental inductions vary in quality. Doctors in training have received formal inductions for the main departments, but induction was lacking in some subspecialties such as cardiology and respiratory units. Foundation doctors also noticed differences in the duration and coverage of induction in different departments which highlighted a lack of consistency in the way inductions are carried out. The issue of induction was also reported in the 2014 NTS where it appears as a below outlier, particularly for respiratory medicine.

Requirement 3: Handover processes must be reviewed and formalised across the different departments

- 13** The doctors in training we met informed us that the handover processes are not consistent across all the different posts. We heard differing accounts across departments and units. Doctors in training in emergency medicine and general internal medicine reported robust handover procedures which they found very helpful. We heard that this was due to recent intradepartmental changes. In the past handover has been quite informal and did not always happen in this department. This account highlights an improvement when compared with our data as handover was a below outlier for general internal medicine in the 2014 NTS.
- 14** The situation was different for foundation doctors in surgical posts where handover did not always take place in a structured way. This was particularly a problem for the handovers from the day to the night team whereas the morning meetings were more formalised and there was always an allocated place and time to discuss handover. The trust must review the handover processes across the different departments to ensure that they are uniformly fit for purpose, consistent and that good practice and positive changes are shared across units.

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

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

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>Tomorrow's Doctors/ The Trainee Doctor</i>	Recommendations for the LEP
1	TTD 6.1	The function of the Physician Associates (PA) should be better communicated to each new cohort of doctors in training during their induction.
2	TTD 5.18	Doctors in training in general internal medicine should have access to feedback from their supervisors following post-take ward rounds.

Recommendation 1: The function of the PAs needs to be better communicated to each new cohort of doctors in training during their induction

16 We heard that the LEP had undertaken a new initiative to appoint Physician Associates to provide some aspects of patient care. Currently there are eight PAs assigned to work with the teams. The trust management has given priority to the appointment of PAs in surgery, respiratory and cardiology departments. This is a positive initiative that will help with current workload issues. However, we heard that doctors in training and other staff are unclear on the role and capabilities of the PAs.

17 The function of the PAs needs to be better communicated to each new cohort of doctors in training during their induction. This will help the doctors in training understand how the PAs can help them in their day to day work. It would also be useful to evaluate the effectiveness of this new initiative in order to draw lessons for the future.

Recommendation 2: Doctors in training in general internal medicine found it difficult to access feedback from their supervisors following post-take ward rounds

- 18** The doctors in training we met reported difficulties with accessing feedback from their supervisors in general internal medicine. The issue was particularly a problem following post-take rounds and was related to a structural barrier. There are about eight concurrent post-take rounds and even if the doctors in training could get on one of these rounds, there was little opportunity for them to present any of the cases they had admitted.
- 19** This situation was in contrast to elsewhere in the trust where doctors in training were positive about feedback from their supervisors. The trust should facilitate the sharing of good practice between different departments to ensure that doctors in training in general internal medicine have the same access to feedback and the opportunity to present to their supervisors following their initial care planning.

Acknowledgement

We would like to thank the Surrey and Sussex Healthcare NHS Trust and all the people we met during the visit for their cooperation and willingness to share their learning and experiences.