

## Visit Report on United Lincolnshire Hospitals NHS 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

<b>Education provider</b>	United Lincolnshire Hospitals NHS Trust
<b>Sites visited</b>	Lincoln County Hospital Pilgrim Hospital
<b>Programmes</b>	Foundation, core medical training, acute internal medicine, anaesthetics, cardiology and general internal medicine
<b>Date of visit</b>	17 & 18 November 2016
<b>Overview</b>	<p>United Lincolnshire Hospitals NHS Trust (the trust) is one of the biggest acute hospital trusts in England, serving a population of over 720,000 people. The trust provides services from three acute hospitals in Lincolnshire: Lincoln County Hospital, Pilgrim Hospital and Grantham and District Hospital.</p> <p>At the time of our visit, the trust was rated by the Care Quality Commission (CQC) as 'requires improvement'. The trust was one of eleven trusts placed into 'special measures' in July 2013 after Sir Bruce Keogh's review (Keogh Mortality Review) into hospitals with higher than average mortality rates. The most recent CQC report states that the trust has undertaken significant action to address most of the areas highlighted in the 2014 report previously. However, the CQC found there were areas of poor practice</p>

which required improvement. These included ensuring that there were sufficient qualified and experience staff to care to for patients' needs. The CQC's findings can be found in full [here](#).

We found a positive patient safety culture at the trust, with learners and educators being encouraged to raise concerns and be open and honest with patients when things go wrong. We also found that educators are getting the support and resources they need to deliver effective education and training. However, we found that handover of care could be strengthened to improve continuity of care and safeguard patient safety. We were also unable to identify the mechanisms used to ensure the Board is apprised and informed of education issues.

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

### **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, R1.2, R1.3)	We found a positive patient safety culture at the trust with good examples of mortality and morbidity meetings.  <a href="#">See paragraph 1</a>
2	Theme three (R3.1)	Doctors in training at Lincoln County Hospital are being encouraged to teach.  <a href="#">See paragraph 52</a>
3	Theme four (R4.2)	The trust has taken positive steps in recognising educational supervision in job planning for educators and allocates SPAs consistently in job plans.  <a href="#">See paragraphs 72 &amp; 73</a>
4	Theme five (R5.4)	Students from both medical schools spoke highly of the teaching and support they received from clinical teaching fellows.  <a href="#">See paragraphs 80 &amp; 81</a>
5	Theme five (R5.9)	The doctors in higher training that we met at Lincoln County Hospital were appreciative of the flexible and friendly approach to their education and training which ensures they are meeting their required learning outcomes.  <a href="#">See paragraph 84</a>

## 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 (R1.8, R1.9)	<p>The trust must investigate the concerns we heard from foundation doctors in emergency medicine at Pilgrim Hospital about difficulties getting consultants to review patients before they are discharged or transferred.</p> <p><a href="#">See paragraph 11</a></p>
2	Theme one (R1.14)	<p>The trust must review the current handover systems as a matter of priority and put in place mechanisms and systems that safeguard patient safety and improve continuity of care.</p> <p><a href="#">See paragraphs 23 &amp; 24</a></p>
3	Theme one (R1.19)	<p>The trust must ensure that they respond effectively to feedback about the lack of blood gas machines at Pilgrim Hospital and that facilities are sufficient for effective training and safe patient care.</p> <p><a href="#">See paragraph 30</a></p>
4	Theme two (R2.2)	<p>The trust must review the current educational governance structures and reporting systems and put in place a systematic approach to collection and meaningful metrics regarding education and training.</p> <p><a href="#">See paragraphs 38 &amp; 39</a></p>
5	Theme three (R3.3)	<p>The trust must investigate the reports of inappropriate behaviour in respiratory medicine at Lincoln County Hospital and ensure learners are not being subjected to undermining or bullying.</p> <p><a href="#">See paragraphs 59 &amp; 60</a></p>

## 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 two (R2.5)	<p>The trust should consider how it can analyse and use the data it collects on equality and diversity to evaluate learners' performance, progression and outcomes.</p> <p><a href="#">See paragraph 44</a></p>
2	Theme two (R2.7)	<p>The trust should strengthen the trainee forum at Pilgrim Hospital to ensure it is effective in resolving concerns about education and training.</p> <p><a href="#">See paragraph 47</a></p>
3	Theme four (R4.5)	<p>The trust should set in place opportunities for the educational leads and the faculty to meet regularly to support and develop themselves and discuss education matters.</p> <p><a href="#">See paragraph 76</a></p>
4	Theme five (R5.4)	<p>The trust should review the feedback from medical students to ensure that their experience at the Trust is enjoyable and consistent.</p> <p><a href="#">See paragraphs 79-81</a></p>

## Findings

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

Please note that not every requirement within *Promoting Excellence* is addressed. 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
<p><b>S1.1</b> <i>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.</i></p> <p><b>S1.2</b> <i>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.</i></p>

*Raising concerns (R1.1); Dealing with concerns (R1.2); Learning from mistakes (R1.3)*

- 1 We found a positive patient safety culture at the trust with good examples of mortality and morbidity meetings.

**Area working well 1:** We found a positive patient safety culture at the trust with good examples of mortality and morbidity meetings.

- 2 The trust told us it operates within a culture of openness which allows learners and educators to raise concerns. We heard that learners are encouraged to raise patient safety concerns during the trust's inductions. Patient safety concerns are raised using the trust's electronic reporting system, Datix. These concerns are then investigated by each of the departments within the trust with learning shared locally. The trust explained that each department also has monthly morbidity and mortality meetings, and doctors in training are regularly notified and encouraged to attend.
- 3 All of the students and doctors in training we met during the visit were aware of how to raise concerns about patient safety. This is reflective of the results from the 2016 national training survey (NTS) where the vast majority of doctors in training at the trust agreed or strongly agreed that they had been made aware of how to report patient safety incidents and near misses. Educators told us they help doctors in training to complete incident forms and encourage them to reflect on learning. We heard that educators also encourage doctors in training to present cases at morbidity and mortality meetings.
- 4 Some of the doctors in training reported a lack of feedback after raising concerns but this was not reflected in the 2016 national training survey. The trust's educational

management acknowledged it was sometimes difficult to provide doctors in training with individual feedback. However, we heard that feedback from concerns and lessons learned from incidents are shared at department wide meetings and committees.

- 5 Concerns about the quality of education and training are considered under theme 2 (R2.7).

#### *Supporting duty of candour (R1.4)*

- 6 Learners and educators confirmed the environment and culture at the trust encourages them to be open and honest with patients when things go wrong. The trust has a 'being open and duty of candour' policy and duty of candour is specifically highlighted in the trust's inductions. We heard an example from a foundation doctor of them being honest with a patient after a near miss.

#### *Appropriate capacity for clinical supervision (R1.7)*

- 7 The Care Quality Commission's quality report from March 2015 found the trust needed to improve to ensure it has sufficient qualified and experienced staff to care for patients' needs. The senior management team told us the trust has made these improvements but that the recruitment and retention of staff remains a challenge. We heard this was due to its geographical location, poor transport infrastructure and the lack of a local medical school.
- 8 The doctors in training and educators we met confirmed that staffing levels were an issue and that the trust was reliant on locum doctors to fill rota gaps. Some of the doctors in training and educators said the quality of locums varies. Educators told us the trust does its best to ensure they are suitably qualified and inducted but they struggle to attract high calibre locums.
- 9 We heard the trust regularly reviews staffing levels to manage rota gaps and have introduced incentives to attract new staff. We encourage the trust to continue to look at innovative approaches to address recruitment issues. The educational management team explained the trust is already working on expanding educational roles. One area that we suggest might augment this would be to expand the doctor in training role as educator. For example we heard from doctors in training in higher medical specialties that their main access to the wider curriculum was through Health Education England, working across the East Midlands (HEE EM). We also heard from doctors in core medical training that their ward work was overwhelming. Both could be addressed by enabling doctors in higher training to offer leadership and development for more junior doctors in training on the wards.

*Appropriate level of clinical supervision (R1.8); Appropriate responsibilities for patient care (R1.9);*

- 10 Before our visit the trust told us that learners are reminded at both the trust and specialty inductions not to work beyond their level of competence and are provided with guidance on how to seek support. Educators are supported with a supervisors' guide so they are aware of the level of experience students are expected to have attained at any stage of their placement.
- 11 All of the students and doctors in training we met confirmed they have appropriate levels of clinical supervision and suitable responsibilities for patient care. However, at Pilgrim Hospital, we heard that foundation doctors in emergency medicine sometimes find it difficult to get consultants to review patients before they are discharged or transferred. We were told this can be particularly difficult at night. The foundation doctors also explained there is only one permanent emergency medicine consultant and that some of the locums are unapproachable.

**Requirement 1:** The trust must investigate the concerns we heard from foundation doctors in emergency medicine at Pilgrim Hospital about difficulties getting consultants to review patients before they are discharged or transferred.

- 12 The results of the 2016 national training survey confirm that most doctors in training at the trust know who is providing their clinical supervision. For the small number of doctors in training that did not know, they said there was usually someone they could contact. However, a significant minority of doctors in training that responded said they felt forced to cope with problems beyond their competence or experience on a weekly or monthly basis.

*Identifying learners at different stages (R1.10)*

- 13 Students explained they are identified as medical students by their name badges. However, some of the students we met from Nottingham Medical School told us they could be better identified if their name badges, which are issued by the School, had larger text.
- 14 Doctors in training and staff at the trust repeatedly 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); Protected time for learning (R1.16)*

- 15** In advance of our visit the trust told us it designs its rotas to make sure learners have senior support at all times. The trust also explained that rotas are designed and monitored to comply with the European Working Time Directive and that doctors in training have protected teaching which is bleep free except in exceptional circumstances.
- 16** We found that rotas at the trust are generally providing doctors in training with protected learning opportunities that allow them to meet the requirements of their training programme. The doctors in training we met confirmed their rotas are generally supporting their learning. Educators at the trust told us service is consultant led allowing doctors in training to attend training and teaching.
- 17** However, we did hear of heavy workloads and some instances of rota gaps and timetable clashes impacting on training. This was also reflected in results of the 2016 National Training Survey; the majority of doctors in training at the trust said they are working beyond their rostered hours on at least a weekly basis. A significant minority also rated the intensity of their work at heavy or very heavy and said they had to sometimes leave teaching sessions to answer a clinical call.

*Induction (R1.13)*

- 18** The trust told us it has been continually improving its induction package for learners. Following feedback they moved the majority of their trust induction online to allow doctors in training more time to focus on their speciality inductions. In advance of their inductions, doctors in training are sent an electronic induction handbook which includes information such as their teaching timetables and how to request leave.
- 19** The students and doctors in training we met are generally receiving appropriate inductions to prepare them for their placements and posts. We heard that the trust is developing a generic student induction handbook which will be given to all students regardless of their medical school, site or module. The induction in anaesthetics was praised by doctors in training at all levels at both hospitals. We heard this induction is thorough and includes a tour around the department and opportunities to meet their team. Foundation doctors also highlighted the benefits of meeting with doctors in training that had recently completed the foundation programme.
- 20** However, some of the foundation doctors across both sites said their inductions did not adequately prepare them to use all the systems in the Accident and Emergency Department and Medical Emergency Assessment Unit.
- 21** Some of the doctors in training we met expressed some dissatisfaction about completing the trust's online induction in their own time. The educational management team were aware of this and explained they now allow doctors in training to take the time spent completing the induction off in lieu.

### *Handover (R1.14)*

- 22** We found that handover at the trust could be strengthened to improve continuity of care and safeguard patient safety.
- 23** At both Pilgrim Hospital and Lincoln County Hospital doctors in training told us they consider handover at the weekend to be inadequate and potentially unsafe for patients. We heard the current system relies on paper handover which is passed between work shifts. Educators acknowledged that the current system was weak and told us that the trust is working to develop an electronic handover system.
- 24** We also heard that at Pilgrim Hospital there is potential for patients or their results being lost or forgotten due to the current inadequate system of handover between different wards. Doctors in training told us that patients are being moved by nurses and bed managers without formal handovers between departments. This is leading to delayed treatment for patients and risks patients being lost. We also heard of inappropriate patient referrals from the accident and emergency department and Acute Medical Unit. The educational management team acknowledged there was an issue with patient flow at the hospital and that handover from the Acute Medical Unit is not as robust as it could be.

**Requirement 2:** The trust must review the current handover systems as a matter of priority and put in place mechanisms and systems that safeguard patient safety and improve continuity of care.

- 25** All of the doctors in training we met across both sites praised the use of the electronic handover system the trust uses at night: Nerve Centre. Many of the doctors in training we met said that handover of care would be improved if Nerve Centre was more widely used. Educators agreed that the system would improve handover but explained it would require a coordinator to allocate tasks. The educational management team told us there is an aspiration to improve handover across the trust, including moving towards paperless systems.

### *Multiprofessional teamwork and learning (R1.17)*

- 26** Before our visit the trust told us it supports multi-professional working with multidisciplinary educational teaching. The trust has recently employed a pharmacist to act as prescribing skills lead. The trust also has a multi-professional education committee to ensure they deliver effective education to the whole workforce.
- 27** The students we met at both sites confirmed they have received teaching from other healthcare professionals such as nurses and a pharmacist. Nottingham Medical School students at Lincoln County Hospital told us they have attended teaching sessions alongside doctors in training. We also heard that doctors in training at Lincoln County Hospital are receiving teaching alongside other healthcare professionals.

### *Adequate time and resources for assessment (R1.18)*

The doctors in training we met across both sites confirmed their assessments are generally valued. We heard that post take rounds for higher trainees and on call shifts in the Medical Assessment Unit were used positively to deliver work place assessments. Educators told us they are aware of the different assessments for learners and that they have time to complete them. However, some of the foundation doctors at Pilgrim Hospital explained they did not believe the importance of their workplace based assessments is fully appreciated by staff at the hospital.

### *Capacity, resources and facilities (R1.19)*

- 28** We found that the trust generally has adequate capacity, resources and facilities to deliver relevant learning opportunities.
- 29** The senior management team told us that the trust had invested heavily in educational resources and facilities in the last five years. We heard the trust's education centres offer study rooms with computers, video-conferencing equipment, teaching space and libraries.
- 30** At Pilgrim Hospital, the students from Nottingham Medical School reported having good access to wifi at the hospital and wired internet at their accommodation. However, we did hear there was limited teaching space in some clinics. Doctors in training told us there are currently an insufficient number of blood gas machines at Pilgrim Hospital. We were told by doctors in training and educators that this issue had been raised a number of times with the hospitals management team but that no action had been taken.

**Requirement 3:** The trust must ensure that they respond effectively to feedback about the lack of blood gas machines at Pilgrim Hospital and that facilities are sufficient for effective training and safe patient care.

- 31** At Lincoln County Hospital, students from both medical schools said they have good access to resources and facilities to support their learning. We heard they have been provided with free accommodation but would benefit from better access to wifi at the hospital. We heard that doctors in training also have access to free accommodation while on call and can apply to be reimbursed for their accommodation in Lincoln if they are also paying for a home outside the area. Doctors in training suggested it would be helpful if they had access to wifi and a common room at Lincoln County Hospital.

### *Accessible technology enhanced and simulation-based learning (R1.20)*

- 32** Before our visit the trust told us all its sites have clinical skills facilities with manikins and models to allow learners to practise procedures. We also heard that doctors in foundation and core training attend high definition simulation sessions outside the trust at tertiary centres.

- 33** The students we met at both sites confirmed they have access to clinical skills facilities. Foundation doctors also reported having access to simulation training.

*Access to educational supervision (R1.21)*

- 34** The trust told us that each learner has a named educational supervisor who they meet on a regular basis. The trust explained that students are also allocated a reflective tutor who they meet on an informal basis for guidance and support. The results from 2016 National Training Survey confirm that doctors in training at the trust all have access to a designated educational supervisor.
- 35** The doctors in training we met told us they are generally able to meet with their educational supervisors. However, we did hear from one doctor in training at Lincoln County Hospital that their supervisor had been unavailable for several months due to sickness.

## 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)*

- 36** The trust's aims, aspirations and governance structure for education and training are outlined in their Medical Education Strategy 2013-18. The director of medical education (DME) is responsible for medical education and training at the trust. They are supported by a number of deputy directors who are responsible for the day-to-day running of the postgraduate education and training departments at each hospital. The departments are responsible for enhancing the delivery of training, supporting doctors in training, and responding to issues identified from quality management visits and surveys. The trust's strategy also explains that the deputy directors of medical education operate local quality assessment measures including surveys, junior doctors' forums and regular spot checks on departments to ensure standards and specific actions implemented are robust and working.
- 37** Led by the DME, a separate department for medical students is located at Lincoln County Hospital with administrative and clerical support provided at Boston and Grantham hospitals. It is the undergraduate department's responsibility to work with the medical schools to provide student placements. The undergraduate department is also responsible for arranging medical school quality management visits and responding to issues identified from their reports and subsequent surveys. Under the responsibility of the deputy directors, the undergraduate department employs module leads who are consultants in the respective specialties to support the delivery of the undergraduate curricula. The module leads are assisted by clinical teaching fellows.

### *Accountability for quality (R2.2)*

- 38** Before our visit the trust told us that issues pertaining to education and training are raised by the DME at the trust's clinical executive committee, which is the clinical executive decision making group for the organisation. We were told that issues are then escalated to the medical director, who reports to the trust's Board. However, it was unclear from the trust's documentation what mechanisms were in place to ensure the Board was apprised and informed of education issues.

- 39** During our visit we attempted to clarify these mechanisms and the data informing them but were unable to do so; there isn't evidence that metrics regarding education are regularly reviewed at Board level, which would better place the trust to find solutions to their current challenges, such as their recruitment issues.

**Requirement 4:** The trust must review the current educational governance structures and reporting systems and put in place a systematic approach to collection and meaningful metrics regarding education and training.

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

- 40** The trust told us its deputy directors of medical education are responsible for ensuring that each site considers the impact on learners of policies, systems or processes. The deputy directors are members of each hospital management meeting group and help provide educational perspectives to the clinical directors and heads of service for service plans, redesigns and developments. The trust acknowledged that sometimes the impact of redesigns only becomes apparent after implementation but explained they are committed to improving this.
- 41** During the visit we heard an example of the trust notifying doctors in training of a new policy and making changes following their feedback.

*Evaluating and reviewing curricula and assessment (R2.4)*

- 42** The senior management team told us they use student feedback to evaluate and review their undergraduate placements. We also heard that both medical schools undertake quality management visits. Students we met at both sites confirmed that they had been asked to provide feedback on their placements and they had seen some improvements made as a result.
- 43** For postgraduate training, we heard how the trust uses HEE EM's quality management visits, the GMC's National Training Surveys, and feedback from doctors in training to evaluate posts.

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

- 44** Educators explained that they regularly review the feedback from annual review of competence progression (ARCP) panels to help improve the quality of education and training. The educational management team also confirmed the trust collects data on equality and diversity but said they are still working on ways to use utilise this.

**Recommendation 1:** The trust should consider how it can analyse and use the data it collects on equality and diversity to evaluate learners' performance, progression and outcomes.

### *Concerns about quality of education and training (R2.7)*

- 45** Before our visit the trust told us it encourages doctors in training to be open with any concerns about the standards of their training. Each specialty is expected to meet with the doctors in training on a regular basis to allow them to raise concerns. Doctors in training are also encouraged to raise concerns with their educational supervisors. The trust said concerns raised by learners are investigated and the outcome is fed back to them.
- 46** Doctors in training can also raise concerns at the trust's junior doctor forums. The educational management team at Pilgrim Hospital told us that their forum meets every month and they invite guests such as the Chief Executive and local MPs. Concerns raised at the forum are investigated and actions plans are created. Feedback is then provided at the next meeting of the forum. At Lincoln County Hospital, we heard that the face to face forum meetings have been replaced with an online forum. Representatives collate issues from their fellow doctors in training and share these with the relevant department for investigation and response.
- 47** All of the doctors in training we met at both sites were aware of the forums. However, the doctors in training at Pilgrim Hospital told us their forum was ineffective in resolving concerns about education and training. Doctors in training and educators explained that issues, such as the lack of blood gas machines at Pilgrim Hospital, have been continually raised for a number of years. The educational management team acknowledged that some concerns have been continually raised.

**Recommendation 2:** The trust should strengthen the trainee forum at Pilgrim Hospital to ensure it is effective in resolving concerns about education and training.

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

- 48** The senior management team have a close working relationship with HEE EM's quality management team and the two medical schools. When concerns are identified with education and training they work with these organisations to investigate and resolve them.

### *Managing concerns about a learner (R2.16); Sharing information of learners between organisations (R2.17)*

- 49** The educational management team explained that concerns about learners are shared with them by their medical or foundation school. When they receive concerns they arrange regular meetings and offer appropriate support to the learner.
- 50** Educators at the trust said concerns about a learner would be identified by the educational supervisor. Educators were aware of HEE EM's professional support unit and we heard an example of a doctor in training being referred to the unit. The module leads at the trust are responsible for managing concerns about students and we heard an example of the trust supporting a student through counselling.

*Recruitment, selection and appointment of learners and educators (R2.20)*

- 51** The trust's senior management team told us about the support it provides to local secondary school students to help widen access to the medical profession. The trust holds a careers evening for year 10 and 11 students and offers a work experience programme for year 12 students who are considering a career in medicine. For students that have applied to study medicine, the trust offers interview preparation support.

### Theme 3: Supporting learners

Standard
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<b>S3.1</b> <i>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.</i>
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#### *Good Medical Practice (R3.1)*

**52** Doctors in higher training at Lincoln County Hospital praised the opportunities to get involved in teaching. We also saw posters at Lincoln County Hospital encouraging doctors in foundation training to participate in the teaching of medical students. They are offered opportunities such as supervising and teaching students on the wards and being examiners at mock exams.

**Area working well 2:** Doctors in training at Lincoln County Hospital are being encouraged to teach.

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

**53** We found that learners have good access to resources to support their health and wellbeing, and to educational and pastoral support.

**54** The trust told us that information about support services are providers to learners at their inductions. Support services are available through the education departments, human resources, occupational health department and HEE EM.

**55** The trust's Student Support Policy outlines the resources available to students and explains how they can be accessed. All of the students we met confirmed they knew who to approach to access support at the trust. However, students from Nottingham Medical School told us they would prefer to contact their personal tutors at the University rather than anyone at the trust.

**56** Doctors in training at Pilgrim Hospital were aware of HEE EM's Professional Support Unit and explained they would first seek support from their educational supervisor or the trust's human resources team. Doctors in higher training at Lincoln County Hospital praised the support they receive from human resources staff and medical staffing teams. Educators confirmed that concerns would initially be discussed with the educational supervisor who would signpost the learner to relevant local support services or to the professional support until.

**57** We heard that careers advice is available through educational supervisors, specialty tutors, education departments and HEE EM.

### *Undermining and bullying (R3.3)*

- 58** An overwhelming majority of doctors in training at the trust who responded to the 2016 National Training Survey agreed or strongly agreed that the working environment is a supportive one. This was generally reflective of what we found during our visit, with most of the learners we met confirming they had not witnessed or been victim of bullying or undermining.
- 59** Although bullying and undermining was not a feature for the whole trust, in our meetings with learners at Lincoln County Hospital, we did hear about a pattern of inappropriate behaviour in respiratory medicine.
- 60** Educators confirmed there had been some recent reports of bullying and undermining. The educational management team told us they take instances of bullying and undermining seriously and operate a zero-tolerance policy. They were aware of the problems we found within the department at Lincoln County Hospital and the concerns were under investigation.

**Requirement 5:** The trust must investigate the reports of inappropriate behaviour in respiratory medicine at Lincoln County Hospital and ensure learners are not being subjected to undermining or bullying.

### *Student assistantships and shadowing (R3.6)*

- 61** The doctors in their first year of foundation training we met at both hospitals confirmed they were supported by a period of shadowing in addition to their student assistantship.

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

- 62** The trust uses an electronic handbook called 'Dr Toolbox' to support learners with timely and accurate information about the trust. This is a national website set up and run by clinicians which provides information relevant to learners within their trust. The site helps doctors in training retain local knowledge and pass it onto their successors, improving efficiency and patient safety. It is updated and regulated by local editors who review information and ensure it remains updated. The educational management team told us that it has an editorial committee made up of doctors in training who decide what information is added to its local site on Dr Toolbox.

### *Study leave (R3.12)*

- 63** Before our visit, the trust explained it encourages doctors in training to utilise their study leave. This is supported by the results from the 2016 national training survey where an overwhelming majority of doctors in training at the trust rated the encouragement they had to take study leave as fair, good or excellent. Most of doctors in training at the trust also said they had not experienced difficulties obtaining study leave.

**64** The doctors in higher training at Pilgrim Hospital reported some problems accessing study leave due to the over reliance on locums. Doctors in higher training at Lincoln County Hospital also told us that their study budgets fail to cover all of the training essential for the needs of the curriculum.

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

**65** The trust told us feedback on performance, development and progress is provided by supervisors at their regular meetings with learners.

**66** The students we met at Pilgrim Hospital confirmed they receive feedback at their meetings with their supervisors. Students from both medical schools at Lincoln County Hospital explained there is space in their workbooks for educators to provide written feedback. However, some of the students felt this was used as a tick box exercise and did not provide them with meaningful feedback.

**67** Doctors in training at both sites said they are receiving feedback on their performance, development and progress.

## 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)*

- 68** We found that educators have access to appropriately funded professional development and training for their roles, and are being appraised against their educational responsibilities.
- 69** The trust explained that specialty tutors, foundation training programme directors and the DME and deputies are appointed through a competitive process with interviews conducted by the trust and where appropriate, HEE EM. All educators are required to undertake supervisor training relevant to their role, and this is monitored by the trust. We were also told that educators have annual appraisals, where a specific educational roles appraisal document is completed and submitted to the DME.
- 70** An overwhelming majority of educators that responded to our 2016 national training survey rated their access to professional development and training opportunities at the trust as good or very good. Almost all of the trainers that responded also confirmed they had received an appraisal in the last twelve months.
- 71** The educators we met at the trust said they have received appropriately funded professional development and training for their roles. They also confirmed they are receiving an appraisal against their educational responsibilities.

#### *Time in job plans (R4.2)*

- 72** The trust told us it formally recognises the workload of educators by allocating time to educational and clinical supervisors in their job plans (0.125 SPA (supporting professional activities) time per each doctor in training). All other educational roles i.e. college/specialty tutor, foundation training programme directors, module leads for undergraduate education, the DME and deputies are all job planned and allotted time for delivering their roles.
- 73** All of the educators we met at the trust confirmed they have enough time in their job plans to meet their educational responsibilities.

**Area working well 3:** The trust has taken positive steps in recognising educational supervision in job planning for educators and allocates SPAs consistently in job plans.

*Accessible resources for educators (R4.3)*

**74** The vast majority of educators that responded to our national training survey agreed or strongly agreed the resources at the trust allow them to cover parts of the curriculum required by their doctors in training.

*Working with other educators (R4.5)*

**75** Prior to our visit, the trust said a yearly medical education away day is organised to bring together educators trainers and staff at HEE EM. We were told these meetings, in addition to the current monthly meetings held by the DME, help resolve educational issues in the trust and facilitate a consistent approach to education and training across different departments.

**76** However, when we spoke with the educational management team they explained the educational team had not met for some time. We heard that clinical and education supervisors meetings at Lincoln County Hospital had become too difficult to arrange and so have been moved online.

**Recommendation 3:** The trust should set in place opportunities for the educational leads and the faculty to meet regularly to support and develop themselves and discuss education matters.

*Recognition of approval of educators (R4.6)*

**77** The educational management team told us that educators are being developed and supported in accordance with our requirements for recognising and approving trainers. We heard the trust monitors compliance with the requirements using a database of their educators.

## 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 curricular development (R5.2)*

**78** We heard that the DME and other members of the educational management team at the trust regularly feed into the development of the curricula at both medical schools.

### *Undergraduate clinical placements (R5.4)*

**79** The accounts we heard from a range of students from the two schools were of a varied educational experience across the two sites.

**80** The students from Nottingham Medical School we met at Pilgrim Hospital explained they are receiving good practical experiences. They also praised the teaching they are receiving from clinical teaching fellows and module leads. However, they were critical of some of the teaching they are receiving from other members of staff at the hospital. We heard the quality of their teaching sessions was mixed and it could be improved by focusing the educational faculty on a smaller group of more able teachers who are comfortable with an interactive approach to teaching. The majority of the students told us they would not recommend the placement at Pilgrim Hospital to friends.

**81** Students from both medical schools also spoke highly of the teaching and support they received from clinical teaching fellows at Lincoln County Hospital. In contrast to the students at Pilgrim Hospital, we heard they are receiving teaching using varied methods including interactive small group teaching. All of the students told us they would recommend the placement at Lincoln County Hospital to friends.

**Area working well 4:** Students from both medical schools spoke highly of the teaching and support they received from clinical teaching fellows.

**Recommendation 4:** The trust should review the feedback from medical students to ensure that their experience at the Trust is enjoyable and consistent.

### *Training programme delivery (R5.9)*

**82** The trust told us college tutors help make sure that the curriculum is delivered for doctors in training. Educators are expected to be knowledgeable of the curriculum

requirements of their doctors in training and ensure both theoretical and practical knowledge is met. We were told there are lots of opportunities for doctors in training to see a large volume of cases. This is reflective of the results from the 2016 National Training survey where an overwhelming majority of doctors in training that responded rated their practical experience in their post as good or excellence.

**83** Doctors in training confirmed they are getting good access to practical experiences and teaching at the trust. However, there were some concerns about the balance between service and training for doctors in foundation training in emergency medicine at Pilgrim Hospital and in core medical training at Lincoln County Hospital. We heard instances of high workloads, an overreliance on locums and cancelled teaching sessions.

**84** The doctors in higher training that we met at Lincoln County Hospital were appreciative of the flexible and friendly approach to their education and training which ensures they are meeting their required learning outcomes.

**Area working well 5:** The doctors in higher training that we met at Lincoln County Hospital were appreciative of the flexible and friendly approach to their education and training which ensures they are meeting their required learning outcomes.

<b>Team leader</b>	Professor Jacky Hayden
<b>Visitors</b>	Professor Anoop Chauhan Ms Katherine Marks Professor Alastair McGowan Dr Anna-Maria Rollin
<b>GMC staff</b>	Mr Kevin Connor Ms Elona Selamaj Mr Richard Taylor