

Visit to Western Sussex Hospitals NHS Foundation 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	22 May 2015
Site visited	Worthing 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 and medical school, sharing of good practice.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No

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

- 1** We visited Western Sussex Hospitals NHS Foundation Trust as part of our regional review of education and training in Kent, Surrey and Sussex. 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 (GIM) and emergency medicine.
- 2** Western Sussex Hospitals NHS Foundation Trust is run over three sites; Worthing Hospital, St Richards Hospital in Chichester and Southlands Hospital in Shoreham. The visit was held at Worthing Hospital, where we met with trainees and staff who were largely based there.
- 3** Doctors in training we met at Worthing Hospital reported that they had very heavy workloads due to rota gaps and that this often impacted on their ability to access educational opportunities. We also identified issues in the use of outdated terminology, incident reporting and time for training in supervisors' contracts.
- 4** We found an engaged education team at Worthing Hospital, committed to improving education and training. The Trust board is also engaged in education and the Director of Medical Education attends all board meetings.

Areas of exploration: summary of findings	
Patient safety	<p>Outdated terminology is used when referring to grades of doctors in training, which could potentially lead to inappropriate expectations of their competence and the level of clinical supervision required. Please see requirement 1.</p> <p>Doctors in training we met are able to access supervision when required and know who to contact in the event of a concern.</p>
Rota design	<p>Throughout the visit, doctors in training indicated that rota gaps are having a detrimental impact on workload and access to teaching.</p> <p>The senior management team advised us that there are a number of vacancies that the Trust is finding</p>

	<p>difficult to fill in care of the elderly, radiology and emergency medicine. Currently they are relying on locums but they still do not have enough to fill the gaps. They advised us that recruitment to the area is difficult as doctors prefer to work in Greater London.</p> <p>Rota gaps were also recognised by the doctors in training we met as having a detrimental impact on their ability to access regular teaching sessions. This was of particular concern for foundation doctors who felt that they often had to miss out on teaching due to rota requirements. Please see requirement 3.</p>
Handover	<p>Doctors in training in general surgery, trauma and orthopaedics and GIM reported that handover is comprehensive.</p> <p>Handovers in general surgery involve doctors of all grades using a whiteboard system to track patients and jobs that need to be done. Doctors in training were pleased that their handovers also provide useful educational opportunities.</p> <p>The experience of doctors in training in trauma and orthopaedics was equally positive. Handover is conducted in a multidisciplinary team and consultants ask questions of doctors in training to check their understanding.</p> <p>The Trust has recently introduced e-handover and doctors in training reported that this is working well.</p>
Induction	<p>Induction was identified in the 2014 National Training Survey (NTS) as an area for improvement and so the Trust has employed an induction manager and made over 50 induction videos to help doctors in training to orientate themselves. This is part of an initiative called operation green flag. Please see area where there has been an improvement for further details.</p> <p>Opinion on the effectiveness of the induction videos was mixed. Doctors in training from trauma and orthopaedic rotations thought that their induction video was very good. This is reflected by an above outlier in the 2015 NTS results. However, several doctors in training from other specialties found the</p>

	<p>videos underwhelming.</p>
<p>Quality management processes</p>	<p>The Local Faculty Groups (LFG) are composed of educational supervisors and trainee representatives and meet three times a year. They review the feedback and progress of doctors in training and share good practice. LFGs report to the Local Academic Board (LAB).</p> <p>The LAB is constituted according to the Graduate Education and Assessment Regulations (GEAR) of Health Education Kent Surrey and Sussex (HEKSS) requirements and meets formally three times a year across both sites. Its main responsibility is to ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards. LAB and LFG minutes are sent to HEKSS.</p> <p>Alongside the LFG and LAB is the Education Executive (EE) which is composed of the Director of Medical Education, medical education managers and clinical tutors. This group meets monthly to strategically manage medical education issues across Trust sites, including:</p> <ul style="list-style-type: none"> • National Training Survey red flags • Doctors in difficulty • Local Faculty Group (LFG) exception reports • managers' reports • finance • staffing • areas of concern. <p>The quality management systems at Worthing Hospital appear to be comprehensive. However, despite the layers of knowledge within the quality management team and local intelligence, there still seems to be a variance between the education team's vision of education and training at Worthing and the experience of doctors in training.</p>
<p>Placements and curriculum delivery</p>	<p>Foundation doctors in training reported that they often find it difficult to access teaching due to rota requirements. They also reported that educational sessions are sometimes put on at short notice which</p>

	<p>makes it difficult for them to attend.</p> <p>In order to catch up with learning, foundation doctors stated that they have had to do a lot of extra learning modules and online learning in their own time.</p> <p>Foundation doctors advised us that their ward based teaching is often of little educational value as they are often given administrative jobs to do.</p> <p>The education centre at Worthing often emails doctors in training reminding them of their responsibility to attend teaching sessions. However, doctors in training said they prefer to ensure their patients are receiving the treatment they require before attending sessions.</p> <p>Doctors in training in GIM stated that there are few opportunities for formal teaching at Worthing but the situation was improving. They also said that it can be difficult to attend regional teaching because they need to travel to Margate or Chichester which are two hours or 45 minutes away respectively.</p> <p>In December 2014, during the winter spike, the Trust declared an emergency which meant that some training had to be cancelled. The situation was reviewed twice a week and after three weeks teaching and training returned to normal.</p>
<p>Assessment and feedback</p>	<p>Assessment and feedback at Worthing appear to be variable.</p> <p>Some doctors in training felt that consultants were reluctant to sign off supervised learning events (SLE) and that feedback lacked detail. Please see recommendation 1.</p>
<p>Support for students and trainee doctors</p>	<p>Despite issues with workload and access to educational opportunities, doctors in training generally felt satisfied with the support provided to them by the education team at Worthing Hospital.</p> <p>Doctors in training reported that they meet their educational and clinical supervisors frequently and</p>

	that they are knowledgeable about the curriculum.
Training and support for trainers	<p>We heard that educational supervisors at Worthing Hospital had completed both parts of the Qualified Educators Supervisor’s Programme (QESP) which is provided by HEKSS. Clinical Supervisors had at least completed part one of QESP.</p> <p>As QESP has been decommissioned by HEKSS, there is no formal LETB training available other than online modules. For this reason, the Trust has provided some training on supervised learning events and giving feedback.</p>
Transfer of information	<p>We heard of an example in emergency medicine where a number of doctors in difficulty had started a placement without any information being shared with the department beforehand.</p> <p>Educational supervisors advised us that HEKSS has since made some adaptations to the reporting process to help prevent such issues reoccurring.</p>
Bullying and undermining	None of the doctors in training we met had been exposed to undermining and bullying during their time at Worthing Hospital. They know who they should contact if they were to witness any bullying or undermining.

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 2.3	Operation green flag seems to be working and there are fewer red flags and more green flags in the 2015 NTS results compared to last year.
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Area of improvement 1: Operation green flag seems to be working and there are fewer red flags and more green flags in the 2015 NTS results compared to last year.

- 5 Operation green flag is a Trust wide initiative to tackle the red flags from the 2014 National Trainee Survey (NTS) and make them green. This seems to be working and the Trust has a reduced number of red flags in the 2015 NTS results and almost doubled the number of green flags.

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	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.
2	TTD 5.4	Doctors in training must be free to attend organised educational sessions and other learning opportunities of educational value.
3	TTD 6.10	Working patterns and intensity of work must be appropriate for learning.
4	TTD 6.11	Doctors in training must be enabled to learn new skills under supervision, including during theatre sessions, ward rounds and outpatient clinics.

Requirement 1: Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.

- 6 Throughout the visit, some doctors in training and members of the education team frequently used the term senior house officer (SHO) to refer to doctors in training from foundation year 2, core medical training years 1 and 2 and general practice specialty trainees.
- 7 The use of this terminology could lead to confusion when doctors in training are on the wards as it might make it difficult for consultants, nurses and other team member to be able to identify their level.

Requirement 2: Doctors in training must be free to attend organised educational sessions and other learning opportunities of educational value.

- 8 Doctors in training we met from across the specialties reported that it was often difficult for them to access formal teaching due to heavy workloads and timetabling. We also heard from a number of foundation doctors on surgical placements that much of their time is spent doing administrative tasks of little educational value. They felt that many of the administrative tasks they are given could be done better by the administration team as they have more experience in this area.
- 9 Teaching for foundation doctors takes place on Tuesday afternoons but we were told that this can be difficult to attend because of rota requirements or because they are reluctant to leave their patients before a proper handover takes place. Doctors in training who had worked through Monday night were often too tired to attend training the following afternoon.
- 10 In this regard, there seems to be a disconnection between the education management team's vision of education and training at Worthing and the experience of doctors in training. The education management team told us that there is protected time for bleep free teaching and that doctors in training are under no obligation to stay with patients once their shifts are over. They advised that there has been some difficulty engaging with doctors in training and that this is an area they would like to see improve through initiatives such as the junior doctors' forum

Requirement 3: Working patterns and intensity of work must be appropriate for learning.

- 11 The majority of the doctors in training we met stated that their workloads often prevent them from accessing educational opportunities.
- 12 Doctors in training on GIM placements reported that when working nights, they should work from 21:00 to 10:00 however, they are often still finishing jobs or doing the post take ward round at 11:30. This means that they are tired and unable to assimilate learning. Some doctors in training stated that they are even too tired to drive home after their shifts.

- 13** This issue was recognised by the clinical and educational supervisors we met, however they felt that doctors in training finishing their shifts at 11:30 was the exception rather than the rule.

Requirement 4: Doctors in training must be enabled to learn new skills under supervision, for example during theatre sessions, ward rounds and outpatient clinics.

- 14** Doctors in training on GIM placements advised us that they have difficulty accessing clinics in some of the sub-specialties which they felt resulted in gaps in their knowledge and experience.
- 15** We heard that on stroke and renal medicine placements there are timetabled clinics which seem to be working well and allow doctors in training sufficient exposure to the specialties. However, we heard that doctors in training on gastroenterology, geriatric or respiratory medicine placements struggle to attend clinics and when they suggested that these departments adopt timetabled clinics, they were told that it would not work.
- 16** The Trust needs to find a way to ensure consistency in the distribution of time in clinics for doctors in training placements across the range of GIM sub-specialties in order for them to progress appropriately within their training.

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 6.31	Trainers should make time to review the progress of training through supervised learning events and provide constructive feedback on performance.
2	TTD 6.32	Incident reporting should be better used to facilitate learning.
3	TTD 8.4	There should be greater consistency in the allocation of SPA time for those with an educational role.

Recommendation 1: Trainers should make time to review the progress of training through supervised learning events and provide constructive feedback on performance.

- 17** Assessment and feedback at Worthing appear to be variable. Doctors in training on Emergency Medicine placements reported that the consultants are approachable and happy to help with SLEs. The feedback they provide is brief but relevant.
- 18** Conversely, doctors in training in GIM felt that the high number of outcome five ratings in the Annual Review of Competence Progression is due to the difficulty in getting SLEs signed off. An outcome five relates to incomplete evidence being presented at the time of ARCP which means additional training time is required.
- 19** Doctors in training in GIM reported that they find it difficult to approach consultants and ask them to supervise a learning event. The only time they are likely to find a consultant willing to assist them with an SLE is at night or over the weekend.
- 20** Educational and clinical supervisors in general medicine advised us that doctors in training sometimes try to cram in their SLEs towards the end of the placement which leaves little time for consultants to make themselves available. They also said that doctors in training do not always signpost events as potential SLEs and sometimes ask for signoff afterwards which consultants feel is inappropriate.

Recommendation 2: Incident reporting should be better used to facilitate learning.

- 21** We heard on several occasions that when doctors in training report clinical incidents through Datix (a healthcare risk management application) they seldom receive feedback on the resolution of the issues.
- 22** The Director of Medical Education advised us that he reviews Datix reporting on a monthly basis and decides whether the incidents have any educational ramifications. He stated that it is normal that they do not report back on each case as they would first need to triangulate the evidence with the local faculty groups and data held on the doctor in question. The Director of Medical Education informed us that the education team has a good awareness of what the risks are and make every effort to analyse trends.
- 23** Whilst the education team may be aware of the issues being reported through Datix, doctors in training of all grades felt that Datix was not being used to its full potential and that lessons could be learnt from analysing the incidents to see how they could be prevented from reoccurring in the future.

Recommendation 3: There should be greater consistency in the allocation of SPA time for those with an educational role.

- 24** As part of the visit, we met separately with educational and clinical supervisors from a range of specialties. Whilst we heard from the education management team that time for training is included in supervisor's job plans, often the time allocated was insufficient for their educational commitment and a consistent approach across all specialties was not evident.
- 25** Doctors in training also said that much of their supervisors' time is spent being used for service provision rather than for educational purposes. We heard about a lack of recognition for education in terms of time allocated to training and educating medical students and doctors in training.
- 26** The senior management team informed us that consultant job plans should be reviewed and signed off annually. We were told that, at the time of our visit, job plans were being audited and in some departments all consultant job plans had been signed off.
- 27** Trainers should be supported in their role and have a suitable job plan with sufficient time to train, supervise, assess and provide feedback to develop doctors in training. We heard from the Trust management team that they are in the process of reviewing job plans to ensure that educational commitments are accurately reflected.

Acknowledgement

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