

Scotland Deanery Quality Management Visit Report



Date of visit	9 th December 2021	Level(s)	Foundation/Core/Specialty
Type of visit	Triggered visit	Hospital	University hospital Wishaw
Specialty(s)	General Surgery	Board	NHS Lanarkshire

Visit panel	
Mr Phil Walmsley	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Ian Hawthorn	College Representative
Dr Surinder Panpher	Foundation Programme Director
Dr Alan McKenzie	Trainee Associate
Mrs Gayle Kennedy	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Ashely Bairstow-Gay	Quality Improvement Administrator (shadowing)

Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley, Dr Reem Al-Soufi
Quality Improvement Manager(s)	Ms Vicky Hayter
Unit/Site Information	
Trainers in attendance	8
Trainees in attendance	11 FY 2 CT 3 ST
Feedback session	11

Date report approved by Lead Visitor	6 th January 2022
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1. Principal issues arising from pre-visit review

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery visit was arranged to General Surgery at the University Hospital Wishaw. This visit was requested by the Quality Review Panel around the following concerns: Significant deterioration of results in the NTS (shown below).

All trainee NTS Data

Red Flags: Adequate Experience, Clinical Supervision, Clinical Supervision OOH, Curriculum Coverage, Educational Governance, Facilities, Overall Satisfaction, Regional Teaching, Rota Design, Supportive Environment, Teamwork

Pink Flags: Educational Supervision, Handover, Local Teaching

ST Data NTS

Red Flag: Regional Teaching

Pink Flags: Clinical Supervision, Clinical Supervision OOH, Curriculum Coverage, Educational Governance, Handover, Induction, Local teaching, Overall Satisfaction, Rota Design, Supportive Environment, Teamwork

All trainee STS Data

Red Flag: Teaching

Pink Flag: Team Culture

No data for ST STS due to low responses

The visit team investigated the issues highlighted in the General Medical Council NTS survey and used the opportunity to gain a broader picture of how training is carried out within the department visited and to identify any points of good practice for sharing more widely.

Previous Visit

A previous visit was held on 31st October 2016. The visit panel highlighted a number of requirements listed below:

- The time trainees spend on non-educational tasks because of inappropriate practices resulting from inefficient IT infrastructure must be substantially reduced.
- Weekend workload of FY1s must be supported to ensure that what is expected of them is reasonable and manageable.
- Appropriate office space must be provided for doctors in training.
- What is reported to be an out-of-hours Board-wide need for consultant-to-consultant referrals for CT scans and Microbiology requests must not place an expectation upon doctors in training to make these referrals (as they are not likely to be successful).
- Clarity is required for FY1s regarding responsibilities for medical boarders on surgical wards.
- A senior member of staff who is alleged to exhibit undermining behaviours was highlighted at the visit and further details will be shared with the Director of Medical Education out with this report.

A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading below includes numeric reference to specific requirements listed within the standards.

The panel met with the following groups:

Foundation trainees

Core Trainees

Specialty Trainees

The Deanery would like to thank Mr Bryce, Clinical Lead for Surgery, for the informative presentation which gave a detailed overview of the challenges the department has faced due to COVID and service changes within the hospital. The department has been undertaking work internally to address the red flags highlighted in the 2021 NTS survey, particularly for the Foundation trainees.

2.1 Induction (R1.13)

Trainers: Trainers advised that trainees are invited to hospital and departmental induction. Trainers meet with trainee's face to face and discuss protocols. An induction handbook is sent to all trainees before commencing in post. Trainees who cannot attend are sent the PowerPoint presentation and met with at a later date.

Foundation Trainees: Trainees reported a comprehensive departmental induction which equipped them well to work in the department. Trainees were advised what is expected of them and the opportunities available. Trainees reported that hospital induction was lacking key information as they were still unsure where things were located. Not all trainees could attend induction and therefore did not receive one. Trainees would have preferred induction before they commenced in post and not on day one after starting on ward rounds. All found shadowing very useful.

Core/Specialty Trainees: Trainees reported a comprehensive departmental induction which equipped them well to work in the department. Trainees advised that hospital induction was online and not all trainees received the link to join.

2.2 Formal Teaching (R1.12, 1.16, 1.20)

Trainers: Trainers advised that some of the previous teaching no longer happens due to COVID, such as the weekly x-ray meeting, but trainers are hoping to develop a new programme. Trainers reported that Foundation trainees attend weekly bleep free teaching. There is monthly CME teaching which all trainees are invited to. Higher trainees are given protected training sessions for endoscopy and laparoscopy simulation training at Kirkland Hospital and there are no issues releasing them for regional teaching.

Foundation Trainees: Trainees advised there is mandatory foundation teaching every Wednesday and additional teaching on a Thursday, however neither sessions are bleep free. Ward pressures can make it difficult to attend. Teaching is well directed and hands on, but it isn't always clear what is on offer and trainees advised they would benefit from a timetable of what teaching the department arranges.

Core/Specialty Trainees: Trainees reported monthly continuing medical education (CME) teaching and a virtual journal club. Core and Specialty trainees advised there is no local departmental teaching and no timetabled teaching linked to the curriculum. Trainees can attend regional teaching, which is currently virtual, with no issues. Consultants are setting up simulation training off site and trainees are encouraged to attend.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that there are currently no issues supporting study leave requests. All reasonable educational opportunities have been approved.

Core/Specialty Trainees: Trainees reported difficulties when trying to arrange study leave for a specific mandatory course. Trainees had asked for time off and booked the course months in advance but were put on nights and had to try and find a swap themselves. Trainees advised it was not only extremely difficult, but very frustrating and stressful.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6)

Trainers: Trainers advised discussions are held within the team to allocate Educational Supervisors. Trainers ask senior trainees their specific training needs which can be tailored and assigned accordingly. The training programme director is based on site, and the team are well informed if there are any concerns regarding trainees. All trainers have time recognised within job plans and roles are considered during appraisal.

Foundation Trainees: Not all newly appointed Foundation trainees were aware who their Educational Supervisor was, and some had not met with them yet. Previous foundation trainees reported they had met their supervisor throughout the block and had no issues.

Core/Specialty Trainees: The majority of trainees reported they have all met with their allocated Educational Supervisor and agreed a personal learning plan.

2.5 Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Trainers differentiate between grades of trainees by colour coded badges and are aware of the curriculum requirements. During induction the escalation process is discussed with all trainees and they are advised that all consultants can be contacted anytime. Trainers are not aware of any trainees working beyond their competence and would not expect a trainee to do anything they are not comfortable with or capable of. The Foundation trainees on tasters are always supervised. The team reported a good relationship with the intensive care unit who offer trainee support if required.

Foundation Trainees: Trainees advised it wasn't always clear who to contact during the day and out of hours. They had reached out to previous trainees to get this information. Trainees reported that they would have benefited from this information at induction. Trainees do not work beyond their competence and advised senior colleagues are very accessible and approachable.

Core/Specialty Trainees: Trainees advised there is a wide base of clinical supervision and they do not work beyond their competence. Trainees work with a range of consultants on-call who can assess day to day work.

2.6 Adequate Experience (opportunities) (R1.15, 1.19, 5.9)

Trainers: Trainers discuss the rota and allocate trainees accordingly to their training requirements. The number of elective cases has decreased, and trainers are working with other sites for simulation sessions and dry and wet labs and encourage trainees to attend. Theatre access is extremely limited and restricted to four elective lists per week. There is no breast surgery on site as this is currently based at University Hospital Hairmyres and Robotic assisted surgery is at the Golden Jubilee Hospital, which is incredibly difficult for trainees to attend. Trainers reported insufficient numbers of nursing staff and under budgeted theatres within Wishaw. Training opportunities have been created for trainees at University Hospital Hairmyres and Forth Valley Hospital and discussions are being held with other health boards to provide additional training opportunities.

Foundation Trainees: Trainees reported more than 50% of their time is spent carrying out duties of little or no benefit to their education or training. These duties include taking bloods/cannulas or

printing large amounts of paper and filing these into patients notes. Trainees reported computers not working on ward round and an inadequate IT system which means jobs can take significantly longer. Despite these issues' trainees have no concerns and believe they will or have already achieved the required competencies for the post.

Core/Specialty Trainees: Trainees reported a lack of exposure to procedures and significantly reduced elective lists due to the effects of COVID and a lack of theatre staff. There is enough emergency work to meet the require competencies, but one trainee reported only attending three elective days since August. Outpatient clinics have significantly reduced but are now half by phone and half face to face and trainees are involved. Trainees advised all daily tasks to have benefit to their education and training.

2.7 Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11)

Trainers: Trainers reported that the curriculum has recently changed and the multi consultant report is the best benchmarking against other trainers.

Foundation Trainees: Trainees have no issues completing work placed based assessments which are fair and consistent.

Core/Specialty Trainees: Trainees reported issues with workplace-based assessments and can struggle to get them signed off in a timely manner.

2.8 Adequate Experience (multi-professional learning) (R1.17)

Foundation Trainees: Trainees reported opportunities for multi-professional learning and have had teaching sessions with Anaesthetists and Pharmacists.

2.9 Adequate Experience (quality improvement) (R1.22)

Trainers: Trainers advised trainees are encouraged to identify projects and they circulate the abstract submission dates to trainees in advance so they can present their projects. There are currently several ongoing quality improvement projects in the department.

Foundation Trainees: Trainees advised they are encouraged and supported to complete an audit or quality improvement project. Two trainees who recently completed this foundation block managed to complete projects.

Core/Specialty Trainees: Trainees advised there are good opportunities to complete an audit or quality improvement project.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that feedback is given informally and formally to trainees. Trainers regularly give both positive and negative feedback either via workplace-based assessments on ISPC or on a day-to-day basis in clinics or on the ward.

Foundation Trainees: Trainees advised they have to ask for feedback as they don't currently receive any and there is no formal process in place.

Core/Specialty Trainees: Trainees advised they receive regular feedback which is constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers advised that trainees are informed at induction to feed back any issues as soon as possible if something isn't right. Trainers actively encourage any feedback which can be feedback at the monthly CME meeting, via the chief resident or through an informal chat. Trainers get to know trainees and have face to face wellbeing meetings and offer an open-door policy. There is also an opportunity to provide anonymous feedback via the black box in the doctor's room.

Foundation Trainees: Trainees are invited to attend the monthly Morbidity and Mortality (M&M) meeting to discuss any issues but due to workload find it difficult to attend.

Core/Specialty Trainees: Trainees advised there is an informal open-door policy in the department and trainees can speak to their Educational Supervisor, Clinical Director or Rota organiser to provide feedback should they wish to do so.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised in the past they held various social events to create a team culture in the department, however these ceased due to COVID. Trainers make a point of supporting trainees and are proactive holding open conversations before there are any problems. Trainers reported small ongoing issues, but they make it clear to trainees to speak to Consultants if they have any concerns. Trainers advised of high stress levels across the NHS at the moment, but trainees know to formally address these if need be. Trainers operate an open-door policy and encourage trainees to discuss any concerns.

Foundation Trainees: Trainees reported a very supportive, approachable team of middle grades and consultants. Trainees advised they had witnessed undermining behaviour on a couple of occasions and had felt de-motivated afterwards. Trainees advised they would discuss any concerns with a colleague or speak to their Educational Supervisor.

Core/Specialty Trainees: Trainees reported a couple of incidents of undermining and hostile behaviour on the ward round. One example was discussed and addressed with the Clinical Director who supported all staff involved. Trainees advised if they had any bullying or undermining concerns they would speak to a higher trainee, Consultant or Clinical Director and escalate if appropriate.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised the rota is designed to maximise training. The 'We Care' framework was used when designing the rota. The rota is currently compliant however during the previous block of foundation trainees the rota was down two trainees which impacted on the trainee experience and on taster weeks. Trainers tried to get a supernumerary trainee and a foundation trainee from medicine but were unsuccessful and a locum covered the remaining few weeks.

Foundation Trainees: Trainees advised the rota now has two additional staff than it had in the previous foundation four-month block. This has made a positive difference to work pressures. Monitoring has been postponed until February due to short staff.

Core/Specialty Trainees: Trainees advised there can be fluctuating gaps in the rota which they can be expected to cover short term. Trainees currently undertake seven long days and can suffer

decision fatigue on day four or five. Trainees advised of patient safety concerns when trainees are uncoupled due to an intense workload.

2.14 Handover (R1.14)

Trainers: Trainers reported a robust structured handover in the morning between the day and night team discussing any overnight issues and in the evening. The emergency to day and night handover is very structured and uniformed. Handover is well attended, and junior trainees are asked to present patients. Trainers advised although there is a clear process in place it could be better, arrangements were made to hold handover in a room at the back of a ward however this is now a storeroom and handover is held openly on the ward.

Foundation Trainees: Trainees advised handover is the same on weekdays and weekends and happens first thing in the morning and in the evening. It consists of the on-call team, middle grades and consultants in the morning and is between the middle grades and juniors in the evening. Trainees advised the backshift overlap with the dayshift which works well, and it is used as a learning opportunity.

Core/Specialty Trainees: Trainees reported an unsafe and unstructured handover with no patient confidentiality. Visitors and patients can walk past, and phones are constantly going off. Trainees advised they would benefit from a room to hold a safe confidential handover.

2.15 Educational Resources (R1.19)

All Trainees: All trainees reported very poor and inadequate facilities. Trainees have access to a very small room with four very temperamental computers and no dedicated space to work.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Foundation Trainees: Trainees advised that support would be available if a trainee is struggling with the job or their health or they require reasonable adjustments.

Core/Specialty Trainees: Trainees reported a supportive environment with supportive peers who are willing to cover short term absence.

2.17 Educational Governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: Trainers advised there is a training quality lead, training programme director and deputy programme director all on site who are actively involved in the quality of education and training.

Foundation Trainees: Trainees advised they had not raised any concerns in relation to the quality of their training but are aware they could do this through the Chief resident.

Specialty Trainees: Trainees advised Consultants would try to address any training concerns they have however training opportunities are very limited due to the pandemic. Trainees can raise any training or education concerns via the chief resident who attends the trainee forum.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that trainees are encouraged to raise any concerns with a Consultant or Educational Supervisor or use Datix. Issues are reported, investigated, and documented formally and discussed at the monthly Morbidity and Mortality meeting. Trainers promote a non-blame culture and regularly encourage trainees to discuss any concerns with patient safety or their education and training.

All Trainees: Trainees advised they would raise any concerns with a Consultant or Educational Supervisor. Consultants are approachable and offer an open-door policy.

2.19 Patient safety (R1.2)

Trainers: Trainers reported there are pathways in place to report any patient safety concerns which trainees are part of. There is a policy in place for boarders and trainers safeguard the junior trainees and support basic tasks when they are looking after patients.

Foundation Trainees: Trainees reported they would be concerned if a friend or relative as admitted to the ward at the weekend due to an intense workload.

All Trainees: Some situations have had to be reversed in relation to boarders and trainees advised patients receive a better level of care if they are not boarded out as they can be moved without knowledge and do not always appear on a handover list

2.20 Adverse incidents and Duty of Candour (R1.3)

Trainers: Trainers advised that any adverse incidents are reported both informally and formally. Trainees are encouraged to complete Datix and attend the monthly Morbidity and Mortality meeting. There is also a weekly meeting to discuss incidents with a chief resident in attendance.

Foundation Trainees: Trainees advised they had not been involved in any adverse incidents but feel they would be supported if they had and would be encouraged to raise a reflection.

Specialty Trainees: Trainee's involved in an adverse incident were supportive by senior colleagues.

Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
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The visit panel found a department with accessible, approachable consultants who are actively seeking training opportunities following the impact of COVID. Trainers are also trying to address issues highlighted in the recent GMC national training survey. There are concerns in relation to lack of sufficient IT systems and high volume of service work for Foundation trainees. Higher trainees also reported decision fatigue when on runs of long days. Elective theatre capacity has been significantly reduced which impacts the ability to train across the full range of curriculum requirements, the visit panel understand this is out-with the departments control but something that will continue to be monitored and addressed. The visit panel plan to revisit this department to ensure that progress has been made within 12 months.

What is working well:

- Accessible and Approachable Consultant staff, with a willingness to listen to any concerns
- Despite reduced training opportunities due to COVID, consultants are actively seeking solutions for elective training by linking with University Hospital Harmers, Forth Valley and the Golden Jubilee Hospital
- Consultants actively promote accessible open-door policy to all grades of trainees
- Foundation trainees achieving competencies despite challenges due to COVID

What is working less well:

- There are inadequate IT facilities, with reports of a lack of computers, computers not working or no access
- There is an excessive service component in Foundation trainee's workload
- Although Foundation trainees are encouraged to attend teaching this is not bleep free
- There is a lack of clarity around who to contact during the day and out of hours for Foundation trainees
- Lack of formal feedback for Foundation trainees
- Lack of formal departmental teaching programme for core and higher trainees, the current monthly teaching available does not match the curriculum
- Handover in the morning described as unstructured, is being held in an open ward area with several distractions and lack of privacy
- Theatre access needs to be addressed through re-mobilisation and evenly spread amongst trainees
- Intense rota causing decision fatigue when trainees are on runs of successive long days, which impacts patient safety and trainees well being
- The rota, although fully staffed now, is vulnerable to gaps
- The department should continue to promote a zero tolerance to undermining behaviour

5. Areas of Good Practice

Ref	Item
5.1	N/A

6. Areas for Improvement

Ref	Item	Action
6.1	Workplace-based assessments should be signed off in a timely manner	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.	As soon as possible	All
7.2	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all Foundation doctors should be reduced.	August 2022	Foundation
7,3	Review and clarify the Clinical Supervision arrangements to ensure a clear understanding of who is providing supervision and how the supervisor can be contacted during the day and out of hours.	August 2022	Foundation
7.4	The department must ensure that there are clear systems in place to provide feedback to trainees.	August 2022	Foundation
7.5	A regular programme of formal teaching should be introduced appropriate to the curriculum requirements	August 2022	All
7.6	Handover processes must be improved to ensure there is a safe, robust handover of patient care with	August 2022	All

	adequate documentation of patient issues discussion in a confidential space		
7.7	Core and Higher Surgical trainees must have more access to elective theatre opportunities.	August 2022	Core/Higher
7.8	Rota patterns must ensure sufficient rest time for trainees in transition from night to day working and must avoid patterns which result in excessive fatigue.	August 2022	Core/Higher
7,9	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	August 2022	All
7.10	There must be access to study leave for all eligible trainees and this must not be dependent on trainees arranging their own service cover.	August 2022	
7.11	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	August 2022	All