Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	06.06.2023	**Level(s)**	Foundation/Core/Specialty
Type of visit	Triggered visit	**Hospital**	University Hospital Wishaw / Monklands
Specialty(s)	General Surgery	**Board**	NHS Lanarkshire

Visit panel	
Phil Walmsley	Visit Lead and Associate Postgraduate Dean for Quality
Reem AlSoufi	Associate Postgraduate Dean for Quality
Stuart Waterston	Training Programme Director
Fiona Cameron	Associate Postgraduate Dean
Kate Bowden	GMC Representative
Eddie Kelly	Lay Representative
Alex McCulloch	Senior Quality Improvement Manager
Michael Hutcheson	Quality Improvement Manager
In attendance	
Ashley Bairstow-Gay	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley, Dr Reem Al-Sofi
Quality Improvement Manager(s)	Mr Michael Hutcheson support by Mr Alex McCulloch
Unit/Site Information	
Non-medical staff in attendance	Nil
Trainers in attendance	7
Trainees in attendance	FY1 x 5, FY2/CST x 5. ST x 1

Feedback session: Managers in attendance	Chief Executive		DME	✓	ADME	✓	Medical Director	✓	Other	Trainers, Trainees, Medical Education staff

Date report approved by Lead Visitor	13th July 2023

1. Principal issues arising from pre-visit review:

As of August 2022, trainees in General Surgery now rotate through the 3 Lanarkshire sites in a collaborative approach to try and address the significant service and staffing pressures they have faced since the Covid 19 pandemic. On review at the Surgery QRPs in 2022 the panel agreed that data for University Hospital Hairmyres (UHH) General Surgery should be reviewed in context with the other 2 Lanarkshire hospitals which includes University Hospital Wishaw (UHW) and University Hospital Monklands (UHM) via a Pre-visit Questionnaire (PVQ).

PVQ results from Feb 2023 highlighted concerns about the training environment triggering a visit to the 3 Lanarkshire sites.

PVQ results from May 23 revealed an increase in overall satisfaction compared with that in Feb 2023. However, concerns were raised by trainees around: supervision to provide safe training and care for patients, trainees working beyond their competence, workload preventing trainees from attending local teaching and the educational facilities perhaps not being adequate. Trainees also reported what they perceived to be undermining.

At the Pre-Visit Teleconference (PVTC) the panel agreed to focus on: local teaching, clinical supervision, undermining and bullying, workload, handover and adequate experience, as well as identifying any areas of good practice.

The 2021 visit requirements were:

- 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.

- Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all Foundation doctors should be reduced.

- 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.

- The department must ensure that there are clear systems in place to provide feedback to trainees.
- A regular programme of formal teaching should be introduced appropriate to the curriculum requirements.

- Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues discussion in a confidential space.

- Core and Higher Surgical trainees must have more access to elective theatre opportunities.

- 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.

- A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.

- There must be access to study leave for all eligible trainees and this must not be dependent on trainees arranging their own service cover.

- All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.

Review of Survey Data

NTS Trend 2022 - The overall post 1 year trend has two red flag outliers for adequate experience and local teaching. It also has a pink flag outlier for educational supervision. All other indicators are white (above average), except for Curriculum Coverage which is yellow (no response).

NTS Programme results for FY1 trainees in 2022 – All indicators are white (above average), except for Curriculum Coverage which received no response. 10 red flags from 2021 are all white with exception of Curriculum Coverage. 1 pink flag in 2021 for Educational Supervision is now white.

NTS Programme results for FY2 in 2022 – 2 red flag outliers for Adequate Experience and Reporting systems, which were both previously white in 2021. 6 pink flag outliers these are; clinical supervision and clinical supervision out of hours which were both pink in 2021. Overall satisfaction changes from red in 2021 to pink in 2022. Study leave and Supportive environment move from white in 2021 to pink in 2022 and Teamwork remains pink as it was in 2021. Curriculum Coverage received no response and all else are white (above average).

NTS Programme results for Core trainees in 2022 – Rota Design and Study leave have changed from white flags last year to red flags this year. Educational Governance has changed from a light green flag last year to a pink flat this year. Teamwork moves up from a white to a light green flag this year. Everything else is white except for Curriculum Coverage which received no response.

NTS Programme results for Specialty Trainees in 2022 – 5 red flag outliers. Adequate Experience and Induction move from white to red. Local Teaching, Overall Satisfaction and Rota Design all move

from pink flags to red flags. There are 6 pink flag outliers; Educational Supervision, Supportive environment and Teamwork which were pink in 2021 are pink again this year. Regional teaching has gone from a red flag to a pink flag this year. Feedback moves from a white flag to a pink flag and Reporting Systems from a grey to a pink flag this year. Facilities received no data, Curriculum Coverage no response and the rest are white (above average).

NTS Free text comments: None

STS Trend 2022

Foundation Trainees: Workload indicator is pink (below average) and all other indicators are white (above average). 1 positive comment said that education week allowed trainee to explore their interest. 1 negative comment says they felt very unsupported with no teaching due to constant staffing changes and cannot wait to move.

Core Trainees: Teaching and Education indicators are red (performing poorly) whilst all others are white (above average). No free text comments.

Specialty Trainees: Teaching indicator is red (performing poorly) whilst all others are white (above average). No free text comments.

Departmental presentation: The panel would like to thank Mr Martin Downey who provided a helpful and informative Lanarkshire recap from April 2022 onwards. This focussed on the introduction of phased redesign across the three sites. The panel would also like to thank Miss Audrey McCallum for her very detailed presentation, and the team for the work that went into it. The presentation provided insight on how UHW have tackled the red flags from the 2021 NTS Survey results. The team's innovative approach and commitment to tackle these red flags was reflected by improved 2022 results, whilst they acknowledge there is still room for improvement. A similar format was followed for UHM where Miss Audrey McCallum provided an update on areas highlighted for improvement.

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**. Please note that all summaries for the Specialty Trainees have been taken from their PVQ**. This decision was taken as only 1 specialty trainee attending the visit session. For the purpose of anonymity, the panel decided we could not go ahead with 1 trainee at the session and to use the PVQ information for that level.

2.1 Induction (R1.13):

Trainers: Trainers reported that the induction at UHW has been evolving over the years. Highlights from last visit have been added to induction, which is carried out face to face and is available online also. Trainers mentioned that the feedback from FY trainees about the induction handbook is positive and that those who start 4-week block at UHM get induction at both hospitals. Where trainees are unable to attend their induction, trainers said trainees can do it online and that trainers would try to meet trainees in person and assign them a buddy for their first shifts.

FY1 Trainees: Trainees who started at UHW reported receiving UHW induction but not UHM. Trainees who started at UHM said they received UHM induction but did not receive surgical induction at UHW. Of the inductions received the trainees said they were “good”, but 1 trainee reported that it was not clear on day they arrived where to get access badges. Trainees said they were in receipt of handbook which was emailed out. Trainees could not recall if they received information about UHM during the UHW induction, in particular around how they would rotate between the 2 sites.

FY2 / Higher Trainees: Trainees reported that they received induction for UHW but not UHM. 1 trainee said they received induction slides for UHM. Trainees said UHW induction works well when there are enough trainees but that there is nothing consistent on UHM side. Trainees stated there was not much information about responsibilities at induction.

Specialty Trainees: All trainees stated in the PVQ that they received site induction. 1 trainee suggested induction could be improved if it covered computer logins. Most trainees rated the quality of the site induction as good or very good. 1 trainee said they did not receive their department induction as they had their elective list at the same time.

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

Trainers: Trainers reported that they have taken on the onus of a team-based approach to departmental teaching for trainees. A Teams meeting takes place every Wednesday at 7.30am to maximise the number of trainees who can join before their shifts begins. However, with change in rota, holidays and working across multi-site trainers weren't getting enough people to teach. Examples of sessions offered at these included weekly grand ward rounds as well as FY2 teaching. Trainers have said that teaching is as bleep free as it can be and that Core can attend regional teaching but often choose a theatre list instead. Once a month on a Friday trainers would like teaching to be recorded and be available online.

FY1 Trainees: Most trainees said they attend FY teaching depending on ward round, 11.30am starts make it difficult. Trainees said teaching is bleep free and they attend local teaching in UHW but not in UHM. Trainees who attended local teaching found it useful and suitable. Trainees who did not attend believe the teaching is not well advertised and are not aware local teaching exists.

FY2 / Higher Trainees: Trainees reported that they can leave the ward to attend teaching and that teaching is mostly bleep free. One trainee said they attended surgical teaching at beginning of the year but nothing since. Most trainees said they have attended a monthly CME session whilst 1 trainee said they attend 1 in every 3 of the UHM CME sessions. 1 trainee said there is no departmental teaching at UHM because the timetable leaves no time to teach.

Specialty Trainees: 1 trainee said they have attended all CME since they started. 2 trainees said they attend between 1-3 hours per week of local teaching. 2 trainees said they attend 0 hours of local teaching per week. 3 trainees feel local teaching could be improved if there was local surgical teaching. Most trainees said local teaching is not bleep free. Most trainees said their work prevents them from attending teaching.

2.3 Study Leave (R3.12) – not asked

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

Trainers: Trainers reported that consultant colleagues have put a lot of work in to supervising across 2 sites. All are Educational Supervisors and have met with trainees.

FY1 Trainees: Trainees reported that they have all met and know their Educational Supervisor.

FY2 / Higher Trainees: Trainees reported that they have no issues with meeting their Educational Supervisor.

Specialty Trainees: All trainees reported that they have a dedicated Educational Supervisor who they have all met.

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 sated that trainees have live rota at UHW and UHM meaning everyone knows where everyone is at any time. Supervision is team based and trainees know exactly who is on call with clear line of communication about who to call if they cannot be reached. Trainers told the panel that there is a CEPOD list in UHM that frees up a junior middle grade between 8am to 5pm. Trainers said that there will also be an on-call consultant present and, between them and the CEPOD consultant, there should always be one of them available. Trainers are looking at whether they can introduce another FY1 at weekends in UHM as workload can be greater than that which could reasonably be covered by a single FY1. Trainers feel that with 2 middle grades and a consultant at out of hours and weekends there should always be access to seniors.

FY1 Trainees: Trainees said they know who to contact for clinical supervision at UHW and UHM. However, 1 trainee went on to say UHM have fewer people to escalate to on the wards at weekends. The same trainee gave an example where phones were not answered and the FY2-CST trainee had to go home sick, leaving the FY1 to carry the senior's phone whilst on a ward with 51 patients. Trainees said senior staff are approachable, understanding, and helpful.

FY2 / Higher Trainees: 1 trainee reported that their supervision was assigned at start of the year and know who to report to. Trainees said consultants are approachable and supportive in both UHW and UHM. Trainees said there is a system in place at UHM to identify which consultants are available.

Specialty Trainees: Most trainees reported that they always know who is providing supervision whey they are working. All trainees said they do not feel they have to cope with problems beyond their experience. All trainees feel consultants are approachable if they need their help.

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

Trainers: Trainers reported that at the start of the year they sit down as a consultant unit and discuss what trainees need. The trainers feel they are competent and gave an example to support this, mentioning they are often sent trainees in difficulty. Trainers try to ensure all trainees do one clinic, theatre, and endoscopy, although on call commitments can prevent attendance. Trainers encourage trainees to communicate and support each other and have been nurtured into a situation where they work as a team sharing the opportunities there are. Trainers mentioned they cross-train and take an interest in all trainees, not just their own. Historically, trainees have a training session for endoscopy every Wednesday afternoon and have simulation at Kirklands Hospital. Trainers informed that whilst the robot is one competency area they want to utilise for trainees, it has proved difficult to get trainees experience with robotic surgery. Similarly, the trainers have tried to ring fence what they consider to be more “beneficial” such as theatre, but rota pulls trainees away. Trainers said they sit and do education together with trainees in smaller settings.

FY1 Trainees: Trainees reported it can be difficult to get supervised learning events on their normal day shift and it is a struggle to complete MiniCex. 2 trainees said the post allows them to develop skills whilst most feel that a lot of duties have no benefit to education or personal development. Trainees said they have nothing timetabled for clinics and theatre due to how rota works and needing more junior members of the team to allow that.

FY2 / Higher Trainees: Trainees reported that it was difficult to get exposure to operating but that it improved with more time in theatre. Trainees believe they are developing skills due to how much on call they do and the amount they are exposed to in a 6-week block. Trainees said 70% of their time is spent on duties that are of little benefit to their education or personal development. Trainees state this has gotten better since rota change and recruited 4 new members of staff.

Specialty Trainees: 1 trainee stated that they are not very confident the post supports progression towards curriculum competencies. The other 4 trainees said that they were either quite confident or very confident that it does.

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

Trainers: Trainers reported that WBAs are done on time with the odd exception but have no issues across the board.

FY1 Trainees: Trainees advised that it is difficult to get WBAs signed off as the consultant is ward based and doesn't offer to review resulting in trainees not feeling they can ask. One trainee achieved most of their SLEs from taster weeks, but said day to day there are not many opportunities.

FY2 / Higher Trainees: Trainees reported that if it wasn't for endoscope experience, they would be struggling with WBAs. Trainees feel UHW is very good for endoscopy but there is a gap when it comes to operating. Trainees said there are not as many elective lists as there used to be. Some trainees said they get access to simulation, whilst others said they don't. Trainees said they have access to simulation but the person running it has found their diary too busy.

Specialty Trainees: 1 trainee said they had issues completing their WBAs because their ES was not registered in the ISCP system.

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

Trainers: Trainers reported that they sent junior and senior trainees to use a paediatric trauma simulator and want to make use of that more. Trainers say they have a clinical simulation centre. Trainers run bootcamp as well as ward and clinic scenarios including laparoscopic. Trainees have been added to Teams for MDT and are included in discussions with multiple people to allow them the chance to speak with other colleagues.

FY1 Trainees: not asked.

FY2 / Higher Trainees: not asked.

Specialty Trainees: not asked.

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

Trainers: Trainers reported that trainees are encouraged to attend QI meetings. Trainers distribute list of projects to be done and those that are ongoing. Trainers encourage handover when trainee is moving on and keep in touch to close the loop on any QI work.

FY1 Trainees: Trainees reported difficulty engaging with QI projects due to ward rounds. 1 trainee stated that they have not been approached to begin new QI and are not assigned anyone to help with QI work. Other trainees felt that the opportunities are there if they ask. 1 trainee started QI work but said it is difficult to complete when crossing sites.

FY2 / Higher Trainees: Trainees reported that there is opportunity is opportunity there for anyone who wants to do QI projects.

Specialty Trainees: not asked.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that a lot of feedback happens informally. An example was given where trainer and trainee used handover as a learning opportunity to discuss a patient. Trainers try to take a team-based approach to feedback and involve foundation. The smaller team at UHM has resulted in the team becoming a tighter unit. It was noted that the PSG form is used.

FY1 Trainees: Trainees reported that feedback can be variable. 1 trainee stated that some staff offer good feedback, but that overall trainees do not get feedback. 1 trainee said they have had feedback

but specifically requested it. 1 trainee said they received good feedback. No trainees reported they had received negative feedback.

FY2 / Higher Trainees: Trainees said that feedback is meaningful most of the time. Trainees reported that feedback is informal at handovers which they feel has been well delivered. Trainees said they don't get feedback when covering Urology at UHM. Trainees said they do receive feedback at ARCP.

Specialty Trainees: 1 trainee said they receive feedback less frequently than weekly. Another trainee said they get good constructive feedback from trainers at UHW. They added that this has allowed them to improve their practice.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers stated they have worked with trainees to meet regularly with option to meet formally and operate an open-door policy. Trainers also try to ensure there is opportunity to meet out with the group.

FY1 Trainees: 1 trainee reported they got end of block feedback opportunity. Another trainee mentioned the Scottish Foundation Forum as place they give feedback. Trainees said there are Chief Residents who welcome FYs to a meeting to provide feedback. Trainees said UHM have a feedback session which 1 trainee attends and feeds back to rest of FYs.

FY2 / Higher Trainees: Trainees feel that formal discussions happen regularly. Trainees said the consultant's door is always open. Trainees believe that a genuine effort is being made because it is known how unhappy trainees are at UHM. Trainees said at the monthly CME they are asked what trainers do right and what needs improved.

Specialty Trainees: 1 trainee said they get opportunity to provide feedback directly to consultants or via the chief resident. Another trainee said they do this at the monthly CME meeting.

2.12 Culture & undermining (R3.3)

Trainers: Trainers complete active bystander training. Trainers say that they lead by example and call out negative behaviours. Trainers stated that they try to make relationships at grass root level. Trainers make themselves available to talk and listen to trainees and encourage the team to report problems.

FY1 Trainees: Trainees reported that their experience with Senior Registrars and FY2-Core at UHW has been positive. Trainees said that some consultants can be difficult to approach and feel more of a nuisance to them than helpful. 1 trainee gave an example where they felt that a consultant in UHW was not very nice to their colleague and another consultant had to stand up for that trainee and call out the behaviour. Trainees said when crossing to UHM site they have less rapport with consultants there and can be difficult to reach them because of workload. Some trainees felt some consultants at UHM can be dismissive and don't foster a good learning environment. Trainees said that Senior Registrars and nurses at UHM are good. Whilst trainees agreed concerns should be reported to Clinical Supervisor, 1 trainee said they wouldn't have the confidence to do this.

FY2 / Higher Trainees: 1 trainee said they have not experienced any undermining and that peers work well with nurses and consultants. The trainee went on to say they have morning huddle where everyone knows each other. Trainees said that if they witnessed bullying or undermining they would contact seniors, a department head or a consultant. 1 trainee said that UHM have different processes from UHW and occasionally there is friction if trainees are called away but cannot do so right away.

Specialty Trainees: No trainees reported being subject to undermining behaviour. Again, no trainees reported ever witnessing someone being the victim of bullying or harassment in their post.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers feel the rota design accommodates specific learning opportunities to match trainee curriculum. Trainees are allocated to the right trainer that they need. Trainers reported that they have open conversations with trainees to ensure the rota is better for them. Trainers take every opportunity to split consultants across the two sites for training purposes.

FY1 Trainees: Trainees reported no known rota gaps. Trainees feel the weekend workload at UHM is heavy with complex admissions and patient lists of 50+ compared to 30+ at UHW. Trainees reported that only 1 FY is on at UHM compared to 2 at UHW. Trainees said the sickest patients they have seen are at UHM and it is not always manageable for an FY. 1 trainee said they had to email out themselves to attempt to arrange a locum to help at UHM. 1 trainee mentioned that an FY covers a ward plus 3 outlier wards by themselves at UHM. Trainees said the rota does not have development days integrated into it. Most trainees said they can take annual leave when they want. Most trainees think their rota is fair but have said the UHM week leaves them exhausted and fatigued with only 1 day off after it.

FY2 / Higher Trainees: Trainees reported that gaps on the current rota were filled with a junior slot. Trainees also said that there are other people who fill gaps. However, 1 trainee gave an example where a locum never turned up and others don't want to be pulled away from elective time to go to UHM. Another trainee said that before Christmas rota design did not accommodate specific learning opportunities. That same trainee went on to say since then it has been "so-so". Other trainees mentioned that they can switch lists to attend things they are interested in. Trainees had informal discussions about improving the rota. Trainees feel the workload at UHM is variable. Trainees said it has been a tough year, but they are supporting each other, and everyone wants more training.

Specialty Trainees: 1 trainee reported that their education and training is adversely affected by their rota. The trainee added this is due to covering 2 sites with not enough elective opportunity. The trainees did not feel the workload impacted on patient safety.

2.14 Handover (R1.14)

Trainers: not asked.

FY1 Trainees: Trainees feel that the handover at UHM is better than UHW with a formal handover each morning and evening. Trainees said UHM has a handover document with every patient in it, whilst UHW there is no access to handover. Trainees reported that handover is not used as a learning opportunity.

FY2 / Higher Trainees: Trainees feel that handover in UHW provides safe continuity of care. Trainees feel that morning and evening handover at UHM is good but when staff change over on a Monday there is a lack of continuity. Trainees said they learn from consultants in handover at UHW. Trainees advised they get feedback at handover if they have done right or there is no management. Trainees added that 3-point discussion takes place at UHW.

Specialty Trainees: Whilst 3 trainees said a written or electronic handover is kept at UHW, 2 trainees said it is not. All trainees reported that there is consultant leadership at handover. Most trainees said handover is not used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: not asked.

FY1 Trainees: Trainees reported that there is no dedicated room at UHW to support learning. Trainees said there is only 1 computer which the clerk uses but another has been ordered. Trainees reported that the lack of computer prevents them from doing their job as they get interrupted when using the current set up. Trainees reported that UHM has a designated room but it is not without interruption because it is also where the nurses make up the drugs.

FY2 / Higher Trainees: Trainees feel the room at UHW is appalling. Trainees added that when doing phone clinics, people are having lunch in the same space. Trainees feel that UHM has a decent room but accept there aren't as many trainees as possible there at the same time.

Specialty Trainees: 2 trainees reported that the room at UHW is too small. Trainees said there are too few computers.

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

Trainers: not asked.

FY1 Trainees: Trainees gave an example where 1 of them had to go LTFT and take time off and received good support. Other trainees haven't required support so far but felt they could be directed to it if needed.

FY2 / Higher Trainees: Trainees reported that they know the support is there and they know the hierarchy to access it if needed.

Specialty Trainees: 2 trainees felt that support is available for those who need it. Whilst 3 trainees said they did not know.

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: not asked.

FY1 Trainees: not asked.

FY2 / Higher Trainees: Trainees felt they can raise concerns about the quality of training with their TPDs who are always there for an informal chat. Trainees added that they can also raise concerns via GMC survey and to training lead for the hospital. Trainees' local forums have tried to run but were not well attended.

Specialty Trainees: Trainees said they can raise concerns at CME or with their TPD. 1 trainee reported that issues have been raised but little has changed. 2 trainees said local forums exist where they can raise concerns. Whilst 3 trainees said they were unsure whether forums existed.

2.18 Raising concerns (R1.1, 2.7)

Trainers: not asked.

FY1 Trainees: Trainers: not asked.

FY1 Trainees: 1 trainee raised a patient safety concern at UHM and felt it could have been dealt with better but have been advised an extra FY1 is planned to be put on at weekends, but no confirmed start date for this at present.

FY2 / Higher Trainees: Trainees said they would raise patient safety concerns with their consultant or Mr Bryce. Trainees said they would do the same at both sites because consultants cover both.

Specialty Trainees: no answers recorded.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that they take safety seriously on ward rounds. They discuss each patient on the ward. Trainers mentioned that some safety issues relate to communication skills and involve the whole team in those conversations. Ward round is reportedly well established across all three Lanarkshire sites. Example was given where UHM issues were flagged, and team were able to implement QI to offer improvement. UHM have locum consultants and feedback is not as great as that compared with the established consultants.

FY1 Trainees: Trainees said they have no patient safety concerns about UHW. Trainees feel UHM is a patient safety issue due to volume of patients and having only 1 FY there.

FY2 / Higher Trainees: Not asked.

Specialty Trainees: The trainees stated that they had no concerns about patient safety at UHW.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4)

Trainers: Trainers have Datix set up for trainees to report adverse incidents. These incidents will be reviewed by the team and there is a process to follow. Trainers reported that there have been significant adverse incidents at UHM which are worked through with trainees and consultants and put

in different pathways to prevent them reoccurring. Trainers provide verbal and written reflections to trainees after an incident.

Foundation Trainees: Trainees reported that they were unsure how to raise an adverse incident. 1 trainee said they might struggle to communicate when something has gone wrong with a patient's care. That trainee put this down to a personal issue.

FY2 / Higher Trainees: Trainees reported they have not been involved in any adverse incidents. Trainees said they would contact a consultant and involve Mr Bryce if one occurred at UHW. Trainees stated they were now sure how this might be handled at UHM.

Specialty Trainees: Trainees said they report adverse incidents at UHW by the following methods:

- Datix
- M&M
- SAER
- on a local level

2.21 Other

Overall satisfaction – FY1 Trainees:

- UHW average 7.6 (scores range between 7-8)
- UHM average 5.6 (scores range between 4-6)

Overall satisfaction – FY2 / Higher Trainees:

- UHW average 7 (scores range between 6-8)
- UHM average 2.3 (scores range between 1-5)

Overall satisfaction – Specialty Trainees (taken from PVQ for UHW):

- UHW average 6.4 (scores range between 3 - 9)

3. Summary

Is a revisit to UHW required? (please highlight the appropriate statement on the right)	**Yes**	**No**	**Dependent on outcome of action plan review**

The visit panel were impressed with the commitment of the trainers at UHW and their innovative approach to teaching. The panel heard that there is a good allocation of both Clinical and Educational Supervisors, with no concerns around study leave or regional teaching. The panel noted there are clear escalation policies in place with good supervision and team dynamic. The panel were impressed with the simulation set up, however later heard from trainees about the difficulty in accessing it. Overall satisfaction scores for UHW continue to rise from Feb to May PVQ and again when captured during the visit. In contrast, the panel heard the challenges trainees face covering the UHM site. In particular around heavy workload and skeleton staffing, leaving trainees vulnerable to challenges. Trainees informed the panel of what they perceived to be occasional undermining despite being vastly reduced from before. The panel heard there is a plan to move back to 3 sites but next steps were not fully known. Overall satisfaction scores for UHM range between an average of 2.3-4.6. The requirements detailed in this report will be split into 2 sites; section 6 for UHW and section 7 for UHM.

Positive aspects of the visit:

- It was acknowledged that the trainers at Wishaw are very committed, enthusiastic, creative, and innovative group.
- The panel heard that all trainees at UHW have Clinical and Educational Supervisors assigned who are all approachable and accessible.
- Taster weeks are highly valued by FY1 trainees.
- FYs stated that they are able to attend deanery teaching.
- The panel heard that trainees have no issues around study leave.
- Trainees communicated that there is a good, strong induction at UHW.

Less positive aspects of the visit:

- Departmental teaching is not well publicised, and trainees felt that access to teaching was limited.
- Whilst simulation is available, it is off site with limited accessibility thus having an impact on the successful completion of work-based assessment.
- The panel heard that there are issues with trainees getting sufficient elective opportunities due to increased on-call at UHM.
- Universally it was heard that there is a lack of space (rooms/office space etc) at UHW to undertake educational activities using the IT equipment available to them.
- Whilst it was noted there had been a significant reduction in alleged undermining of trainees since last visit, the panel were informed of isolated incidents that were perceived to be of an undermining nature. These were communicated to the Director of Medical Education after the visit.
- Trainees stated that they do not get sufficient feedback at Urology due to there being no clear structure for handing over at UHM.
- The panel heard that trainees feel there is little continuity in handover at UHM.
- Clinical supervision was highlighted as a concern at UHM, trainees reporting difficulties in obtaining support from senior colleagues when they required it.
- Induction was highlighted as variable at UHM, with some trainees not receiving it.
- There appears to be a lack of clarity around the modified arrangements that are potentially planned to be implemented for the beginning of the August 2023 training year. The panel voiced concerns about a return to UHM as a standalone site.

4. Areas of Good Practice

Ref	Item	Action
4.1	Nil	

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information regarding these items.

Ref	Item	Action
5.1	Nil	

6. Requirements - Issues to be Addressed at UHW

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.		FY
6.2	Lack of access to clinics for Core trainees must be addressed to improve the training opportunities for these cohorts in line with their curriculum requirements. There should also be opportunities for Foundation doctors to be able to attend OPD during their attachments or taster weeks if of educational benefit.		FY and Higher
6.3	Ensure that service needs do not prevent trainees from attending clinics and other scheduled learning opportunities		FY and Higher
6.4	Access to more a formalised study area with computers must be provided for FY/GPST/CMT trainees.		All

7. Requirements - Issues to be Addressed at UHM

Ref	Issue	By when	Trainee cohorts in scope
7.1	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. Specific example of undermining behaviour noted during the visit will be shared out with this report.		
7.2	The handover process must be clear to all those involved in handover.		FY and Higher
7.3	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care.		All
7.4	Review and clarify the clinical supervision arrangements to ensure a clear understanding of who is providing supervision and how the supervisor can be contacted.		FY
7.5	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care. Handbooks or online equivalent may be useful in aiding this process but are not sufficient in isolation		All