Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	7th March 2023	**Level(s)**	FY/CST/ST
Type of visit	Enhanced Monitoring re-visit	**Hospital**	Ninewells Hospital
Specialty(s)	General Surgery	**Board**	NHS Tayside

Visit panel	
Professor Adam Hill	Visit Chair - Postgraduate Dean
Dr Reem Al-Soufi	Associate Postgraduate Dean – Quality
Kate Bowden	Education QA Programme Manager (Scotland and Northeast England)
Mr Ian Hawthorn	College Representative
Dr Melvin Carew	Foundation Training Programme Director
Nasreen Anderson	Lay Representative
Dr Chris (Puo Nen) Lim	Trainee Associate
Alex McCulloch	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 Reem Al-Soufi, Dr Kerry Haddow, Mr Phil Walmsley
Quality Improvement Manager(s)	Alex McCulloch
Unit/Site Information	
Non-medical staff in attendance	Nil
Trainers in attendance	11
Trainees in attendance	FY x 11, CST x 1, ST x 13

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

Date report approved by Lead Visitor	10th April 2023 – Professor Adam Hill

1. Principal issues arising from pre-visit review:

Ninewells Hospital General Surgery was escalated to the GMCs Enhanced Monitoring process in March 2022 following a triggered visit to the site. It was previously on Enhanced Monitoring from October 2017 – March 2019. At the last visit in 2022 serious concerns were raised by trainees which resulted in 13 requirements being identified. Concerns raised by trainees included a Hands-off approach to ward rounds and 'hot clinics' by consultants in General Surgery, direct admissions from the Emergency Department to downstream wards without communication with the FY doctors and some major concerns related to trainee wellbeing and culture. This visit aims to review the site progress against the 2022 visit requirements as well as identifying any areas of good practice.

The 2022 visit requirements were:

- Measures must be implemented to address the (ongoing) patient safety concerns described in this report.
- All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. The department must have a zero-tolerance policy towards undermining behaviour. Specific example of undermining behaviour noted during the visit will be shared out with this report.
- Departmental induction must be provided which ensures trainees of all grades are aware of all of their roles and responsibilities and feel able to provide safe patient care in all areas including 'green zone' in and out of hours. This must also include a mechanism for any trainee who misses their induction. Handbooks or online equivalent may be useful in aiding this process but are not sufficient in isolation.
- All trainees must have timely access to IT passwords and system training through their induction programme.
- 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.
- A regular programme of formal teaching should be introduced appropriate to the curriculum requirements for Foundation trainees (departmental teaching)
- Educational supervisors must understand curriculum and portfolio requirements for their trainee group. Mechanisms for assigning ES in a timely manner should be in place

- Trainees must be provided with clearly identified seniors who are providing them with support during out of hours cover for all clinical areas. Those providing this supervision must be supportive of trainees who seek their help and must never leave trainees dealing with issues beyond their competence or 'comfort zone.'
- Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues, senior leadership and involvement of all trainee groups who would be managing each case with written or electronic documentation.
- Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.
- Rota/ timetabling management must be addressed to eliminate frequent, short notice, movement of trainees away from their base ward.
- The site must foster a culture of learning that includes doctors in training both in reporting critical incidents using channels such as the Datix reporting system but also in the consequent learning that comes from an effective system.
- Programme induction must be provided to ensure specialty trainees aware of the training opportunities within the programme and how they collectively meet curriculum needs. Programme Induction should provide information on potential educational supervisors and their areas of interests and guidance on formal assessments and ARCP requirements. An induction booklet or online equivalent should be sent to specialty trainees before commencing in post.

Review of Survey Data:

NTS Trend 2022

The overall post 1 year trend data presents red flags for Workload and Reporting Systems and a pink flag for Educational Supervision.

NTS Programme results for FY1 trainees in 2022 – No red flag outliers, almost all indicators are white (above average).

NTS Programme results for FY2 in 2022 – Red flag outliers for Adequate Experience, Overall Satisfaction (now quadruple red 2018 – 2022), pink flag outliers for Facilities and Handover.

NTS Programme results for Core trainees in 2022 - No red flag outliers, almost all indicators are white (above average).

NTS Programme results for Specialty Trainees in 2022 – 7 red flag outliers for Clinical Supervision, Educational Governance (double red 2021 & 2922), Handover (double red 2021 & 2022), Induction (double red 2021 & 2022), Overall Satisfaction (double red 2021 & 2022), Regional Teaching (double red 2021 & 2022) and Reporting Systems. Pink flags for Feedback and Supportive Environment.

NTS Free text comments: 2 received from trainees. 1 related to patient safety and the other related to bullying and undermining concerns.

STS Trend 2022

Triage/Top-Bottom 2%

STS Level Triage list 2022						
Site	**Post specialty & level**	**N**	**red flags**	**Significant Change down arrows**	**significantly low**	**persist low**
Ninewells Hospital	General Surgery, ST	9	red	amber	red	red

Foundation Trainees: All indicators are white (above average), and no negative outliers are recorded. In the free text comments, 4 positive comments are recorded and 7 negative comments (in relation to staff shortages, workload, and rota cover).

Core Trainees: Mostly positive results, most indicators are white. One pink flag outlier recorded for Induction. No free text comments received from core trainees.

Specialty Trainees: 4 red flags recorded for Handover, Induction, Teaching and Team Culture. Overall trend has worsened slightly since 2021. 3 positive free text comments received from trainees and 2 negative comments (both in relation to a lack of endoscopy experience).

Department presentation: The visit team would like to thank Ms Dorin Ziyaie and the other members of the local training team that provided an informative update on the departments progress against the 2022 visit requirements. Such was the level of concern following the 2022 deanery visit, NHS Tayside commissioned an external review between July and September 2022.

The format of the external review included:

- A mixture of group sessions and individual meetings
- ~ 50% of doctors in training
- 16 Consultants
- The use of standard question sets
- Visits to ward areas
- Notes of individual meetings that were sent for approval
- Through the review themes were identified, conclusions drawn, and recommendations agreed

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.

2.1 Induction (R1.13):

Trainers: Trainers reported that they offer 2 dates for site inductions and the local post-graduate team would follow up on trainees that were unable to attend the initial face to face dates. They would then be offered another opportunity to receive a face-to-face induction from a member of the team, should they require it. Trainers said they had slimmed down the induction provided to act on feedback from previous cohorts of trainees who felt it was a lot of information to take in and induction included provision of a handbook for trainees. Trainers highlighted issues with regard to IT usernames and passwords being issued to trainees in time for them starting their post.

Foundation Trainees: All trainees present had received site induction; 1 trainee present had started on nights but received a catch-up session. Trainees had variable experience of departmental induction, some felt it was lacking in detail that would have provided them with a more informative induction. Some suggested it could be improved by standardising it and ensuring everyone received the same information, such as where the crash trolley is located and provision of a ward tour.

Core and Specialty Trainees: Trainees said they all had received both site and departmental induction and most felt it was highly informative. Some of the trainees said it was a bit repetitive for trainees who had been through it in previous years and felt it was aimed more at Foundation trainees. A trainee highlighted the induction as the best hospital induction they had ever received. Trainees appreciated the induction handbook provided, which included photographs of the local team.

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

Trainers: Trainers said they had appointed Training Co-ordinators, with Specialty Trainees (ST) departmental teaching taking place every 2nd Friday of the month. ST teaching was protected to ensure trainees could attend without interruption and trainees had no elective surgery commitment during these times. Trainers advised that 6 Clinical Fellows provided cover to allow the trainees both at Foundation and Specialty level to get to teaching. The content of teaching also included Morbidity and Mortality incident reviews (M&M). Although there was significant provision of teaching, trainers said sometimes signposting trainees to sessions could be an issue.

Foundation Trainees: Trainees said they found it difficult to get to any teaching, both local and regional, their workload was high and often they could not leave their wards to attend it. Trainees estimated they got to between 0 -1 hour of teaching per week. Trainees working in Vascular Surgery highlighted access to teaching as good.

Core and Specialty Trainees: Trainees reported good access to teaching and estimated they got to around 1 hour of teaching per week. Trainees said teaching was well planned and they were supported to attend by their Clinical Fellow colleagues who provided cover to allow them to attend.

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 said all trainees were now allocated their Educational Supervisors before starting their posts. Trainees who were previously allocated to non-recognised supervisors, had since been moved to Recognition of Trainers (ROT) approved Educational Supervisors. Foundation trainees could also now be signposted to peer support groups should they require it.

Foundation Trainees: All trainees had been allocated Educational Supervisors and had met with them. Some trainees highlighted delays in being able to set up initial meetings with their supervisors and for some this was 2 or 3 months into their rotation.

Core and Specialty Trainees: All trainees present had been allocated Educational Supervisors and were able to meet them. No concerns were raised by trainees.

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 said they had made changes to the supervision arrangements following the last visit to ensure that supervision is robust and is provided for trainees at all times. Changes included the audit and monitoring of ward rounds, the removal of upper GI elective surgery from specialist services, the allocation of a Consultant of the Week (COW) 3-tier model (Monday – Friday cover), 2 tier weekend cover and Registrars of the week (ROW) cover. The display of the escalation pathways for support was provided clearly in the ward areas and also in the induction handbook. A designated bleep system was provided with 4 pager numbers (5000, 6000, 7000, 8000) that trainees could contact for support. Trainers felt this provided a team-based support structure that was clear to everyone.

Foundation Trainees: Trainees appeared aware of supervision arrangements and escalation pathways, except when based in ward 7. Reaching Registrars or Consultants for support when they required it was felt to be difficult. Trainees felt they were often working beyond their level of competence, with some trainees mentioning it was almost on every shift. Trainees described delays in getting support from Registrars (who could often be in theatre), and trainees seemed to be unsure of who the consultant of the week was on a regular basis. Trainees described an incident of an FY1 being required to cover 2 wards out of hours as there was no nightshift cover on the one of the wards and said this has happened more than once. The trainees described following the escalation pathway to try and reach support but in this case were unable to get a response. Trainees who were working in Vascular Surgery felt the supervision they received there was good.

Core and Specialty Trainees: Trainees were aware of who to contact for support during the day as well as whilst working out of hours. They said there were 3 tiers of registrars and when it comes to ward support and supervision there were differences in each ward. They all felt they received the appropriate level of support when they required it. Trainees reported they were able to lead on ward rounds and got time afterwards to discuss patients. Trainees said their FY1 colleagues were ward based rather than team based which they felt could lead to frustration and of them feeling less part of a team.

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

Trainers: Trainers advised that Specialty Trainees allocated elective operating experience themselves through the rota to ensure a fair allocation amongst them, this also happened with clinics. Trainers said endoscopy experience could be difficult for trainees to get, however this was acknowledged to be a national problem for most training locations in Surgery.

Foundation Trainees: Trainees felt they were not receiving a good training experience, they described little opportunity to get to theatre, a lack of opportunity to participate in grand rounds and trainees said they often had to chase up Registrars in order to get their competences (such as Workplace Based Assessments) signed off. Trainees said the spread of ward cover made it difficult to formally review a patient and get feedback on their management of that patient. Trainees who were at FY2 level felt more opportunities opened up then, than at FY1 level. Trainees said they spent a significant amount of their time doing tasks they considered to be non-educational, such as providing

cover for the Phlebotomy service. Trainees advised that there were Advanced Nurse Practitioners (ANPs) present in the wards but a lot of them were in training themselves and were often not in the wards as a result. Trainees felt this created more jobs for FY1s in some wards, rather than providing them with cover to get to training opportunities.

Core and Specialty Trainees: Trainees could access most of the learning opportunities required by their curriculum and highlighted lots of opportunities and operating experience. Trainees said they struggled to get endoscopy experience and the experience that was available was mostly reserved for Colorectal Trainees.

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

Trainers: Trainers felt it could be a challenge for FY1s to complete Workplace Based Assessments, they allocated each FY1 an ST through a buddy system, to support their educational activities and to sign off Workplace Based Assessments for them. Trainers did not benchmark their assessments against other assessors, although they felt the requirement to complete the The Multiple Consultant Report (MCR) for the ARCP of each trainee would help with this in future.

Foundation Trainees: Covered in section 2.6

Core and Specialty Trainees: Trainees had no concerns with regard to completing and obtaining sign off for their Workplace Based Assessments.

2.8 Adequate Experience (multi-professional learning) (R1.17) – Not asked

2.9 Adequate Experience (quality improvement) (R1.22) – Not asked

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Not asked due to time constraints.

Foundation Trainees: Not asked due to time constraints.

Core and Specialty Trainees: Trainees said they received feedback on a regular basis, and some said that it was both regular, constructive, and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Not asked due to time constraints.

Foundation Trainees: Not asked due to time constraints.

Core and Specialty Trainees: Trainees were aware of how to provide feedback regarding their training to their consultant colleagues as well as hospital management and reported no issues with being able to do this.

2.12 Culture & undermining (R3.3)

Trainers: Trainers felt they were honest about and transparent with regard to the management of undermining concerns and highlighted themes of recent concern made with regard to banding supplements. Trainees had reported other recent undermining concerns, which had been resolved through mediation between the supervisors in the department.

Foundation Trainees: Trainees reported concerns with regard to what they perceived to be undermining incidents. These incidents have been reported to the Director of Medical Education and will discussed out-with this report directly with them.

Core and Specialty Trainees: Trainees said their consultant colleagues were supportive and approachable. No instances of undermining were reported by the trainees.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers had implemented changes to the rotas to try and address previous concerns that Foundation trainees had raised about them in the 2022 visit, which were around them not being compliant with regulations. Trainers said a new compliant Foundation trainee rota would begin in April 2023, however planning breaks into the shift patterns in the rota had proved challenging to make it

compliant. The 2 tier ST rota remained in place and was popular amongst the trainees. Elective experience was planned into the rota for STs. Annual leave was also planned into the rota through Medirota and was approved by a consultant lead.

Foundation Trainees: Trainees said there were gaps in their current rota. They highlighted 1 long-term FY1 gap, which had not been filled or the rota adjusted to accommodate it. Trainees advised that e-mails were sent out asking for cover for gaps but often they would be left unfilled with trainees on shift being left to cover the areas where the gaps were themselves. Trainees advised they had raised concerns around the process for filling gaps but had not received any response from management and were unaware of what was being done to resolve these concerns.

Core and Specialty Trainees: Trainees advised they worked on a 2-tier rota with 3 levels of seniority. There was a gap on the rota up until February, but trainees said it had been filled quickly. Overall, trainees had few concerns regarding their rota.

2.14 Handover (R1.14)

Trainers: Trainers had made changes to handover since the 2022 visit, these changes included increasing senior presence at handovers, changing the format of handovers to dictated ward rounds 2 times per week in the downstream wards and daily ward rounds in the acute admissions ward. The need for electronic ward rounds had been highlighted to senior medical team.

Foundation Trainees: Trainees said handover worked well generally but that rota gaps could sometimes cause issues as there had been occasions where they had no-one to handover to.

Core and Specialty Trainees: Trainees said handover took place twice daily at 8.00 am & 8.00 pm, with a Registrar of the week to the on-call registrar handover taking place at 5.00 pm daily Monday – Thursday, although this differed on Friday's when a new Consultant of the week and Registrar of the Week started. This could often mean they were unfamiliar with the patients and could lead to some confusion over the patients care. For the most part trainees said handover worked well and was a good learning opportunity for them, as well as their Foundation colleagues. They acknowledged it could be challenging for Foundation trainees to feel part of the team as they were ward based.

2.15 Educational Resources (R1.19) – Not asked.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12) – Not asked.

2.17 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1) – Not asked.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers felt they operated an open-door policy for trainees to approach them and raise any concerns they had about their training and also about patient safety. They felt they had robust process in place for the recording of adverse incidents. They said they supported trainees to raise Datix reports and would discuss with them their learning from those incidents.

Foundation Trainees: Trainees were aware of the procedures for raising concerns and of how to raise Datix reports, some of the trainees present had been involved in Datix incidents but had yet to receive any feedback on the ones they had raised despite them being raised around 3 weeks ago.

Core and Specialty Trainees: Trainees felt a more robust process was now in place for raising concerns since the last deanery visit in 2022. The trainees commended Ms Claire Carden, for changing the process and ensuring that trainee's feedback around incident reporting was heard. Trainees also felt that any changes made to incident reporting were now assessed to ensure they were working.

2.19 Patient safety (R1.2)

Trainers: Trainers said that in 2018 a decision was taken by the Scottish Government for all unscheduled admissions in Tayside to be directed to Ninewells Acute Receiving unit, with 2 consultants providing cover during the day and 1 at night. At the time they felt this arrangement was unsafe and a further consultant cover was required to ensure the unit was safe for patients. Further consultant cover was added to the unit in 2022 and trainers felt this significantly improved safety in the unit, and they were now in a better place with regard to safety.

Foundation Trainees: Some of the trainees had concerns with regard to patient safety. Trainees stated that they would not be comfortable if a friend of family member were admitted to the department, as they felt there was a lack of consultant cover. Trainees also described a lack of handover for patients returning from theatre to the wards, which meant they were unaware the patient had returned to the ward or what the plan for their care was. They also highlighted concerns with regard to what they considered to be short ward rounds and a lack of team safety huddles and also with regard to the records of patient information, which were often written down and could be difficult to read. There appeared to be no electronic method used to capture this information.

Core and Higher Trainees: Trainees felt the environment they worked in was safe for patients and would be comfortable if a family member or a friend was admitted to Ninewells General Surgery. Although the environment was busy, they felt there were safeguards in place and a clear escalation pathway for reporting incidents.

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

Trainers: Trainers highlighted Morbidity and Mortality (M&M) meetings and structure as a way of learning from adverse incidents. Trainers advised M&M took place on the 2nd Friday of each month, which were led by consultants and had trainees involved in both the preparation of and presentation of cases.

Foundation Trainees: Covered at section 2.18.

Core and Specialty Trainees: Trainees felt supported by their consultant colleagues and said their consultants would take the lead in discussions in incidents were things had gone wrong with a patients care. Trainees were aware of the M&M meetings and were able to attend and participate in them.

3. Summary

Is a revisit required? (Please highlight the appropriate statement on the right)	**Yes**	**No**	**Highly Likely**	**Highly unlikely**

The visit panel commended the engagement of the local training team and the significant efforts they had made to improve the training environment in Ninewells General Surgery department for trainees. The visit team observed a transformational change in the Core and Specialty trainees experience which had significantly improved since the 2022 visit. Despite these improvements made for Core and Specialty Trainees, significant concerns were voiced by the Foundation trainees, who now are having a much more negative experience than their Core and Specialty Trainee colleagues. This disparity is captured in the differences in the trainee's overall satisfaction scores which are highlighted below, as well as the positive and negatives that the visit panel heard. The visit panel along with GMC colleagues came to the decision that the site should remain on Enhanced Monitoring due to the concerns related to the Foundation Trainees experience.

Overall Satisfaction scores:

Foundation Trainees: Trainees scored between 0 – 7 out of 10, with an average score of 4.5.
Core and Higher Trainees: Trainees scored between 6 – 10 out of 10, with an average score of 7.5

Positive aspects of the visit:

- Transformational change in a brief period of time.
- Cohesive teamwork to address a number of the previous concerns identified in previous visits by Higher trainees.
- NHS Tayside commissioning an external review and learning gained from the training team visiting other Surgical units.
- Core and Higher high overall satisfaction score at 7.5 out of 10.

- Real improvement in induction, feedback, teaching, and handover for Core and Higher Trainees.
- Robust M&M involvement and feedback for Core and Higher Trainees.
- Core and Higher trainees highlighted the efforts of their pro-active consultant colleagues to improve their training.
- Core and Higher trainees were able to attend bleep free teaching.
- Operating/theatre experience highlighted as good by trainees.
- Simulation experience highlighted by Core and Higher trainees.
- Access to Workplace Based Assessments for Core and Higher trainees was good.

Less positive aspects of the visit:

- A lack of access to endoscopy.
- Training experience for Foundation trainees was low and they rated their overall satisfaction on average at 4.5 out of 10.
- Lack of a team base for Foundation trainees- they are ward based as opposed to team based.
- Foundation trainees reported a lack of clinical supervision and found it difficult to get support when they required, either from Registrars or Consultants.
- Foundation trainees were on occasions unaware of escalation pathways or who the Consultant of the week or Registrar of the week was.
- Undermining concerns were raised by trainees and will be discussed with the Director of Medical Education out with this report.
- Foundation trainees raised concerns around the management of rota gaps, their perception was that there was a lack of effort to cover gaps and they were left to provide that cover.
- Foundation trainees highlighted a lack of phlebotomy cover, which resulted in them providing that cover.
- Foundation trainees felt they received little feedback from Datix incidents they were involved in.
- Foundation trainees' access to teaching is extremely limited due to service pressures.
- Foundation trainees felt departmental induction could be improved and more standardised as there were differences between one ward and another. They thought walk rounds would be helpful.
- A lack of electronic records was highlighted with some concerns around the potential patient safety aspects of using paper records.

Review of previous visit requirements: Progress against 2022 visit requirements that have been categorised into Addressed, Partially Addressed and Little progress noted:

Ref	Requirement	Status
7.1	Measures must be implemented to address the (ongoing) patient safety concerns described in this report.	Partially addressed, some concerns remain with regard to cover arrangements for rota gaps and handover of patients returned from theatre to the wards.
7.2	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. The department must have a zero-tolerance policy towards undermining behaviour. Specific example of undermining behaviour noted during the visit will be shared out with this report.	Partially addressed. Addressed for Specialty Trainees but several incidents highlighted by Foundation trainees.
7.3	Departmental induction must be provided which ensures trainees of all grades are aware of all of their roles and responsibilities and feel able to provide safe patient care in all areas including 'green zone' in and out of hours. This must also include a mechanism for any trainee who misses their induction. Handbooks or online equivalent may be useful in aiding this process but are not sufficient in isolation.	Addressed.

7.4	All trainees must have timely access to IT passwords and system training through their induction programme.	Addressed
7.5	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.	Partially addressed. Further work required to address this issue for Foundation trainees.
7.6	A regular programme of formal teaching should be introduced appropriate to the curriculum requirements for Foundation trainees (departmental teaching)	Addressed, however Foundation trainees struggle to access the teaching
7.7	Educational supervisors must understand curriculum and portfolio requirements for their trainee group. Mechanisms for assigning ES in a timely manner should be in place	Addressed
7.8	Trainees must be provided with clearly identified seniors who are providing them with support during out of hours cover for all clinical areas. Those providing this supervision must be supportive of trainees who seek their help and must never leave trainees dealing with issues beyond their competence or 'comfort zone.'	Partially addressed. Further work required to address this issue for Foundation Trainees.
7.9	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues, senior leadership and involvement of all trainee groups who would be managing each case with written or electronic documentation.	Partially addressed. Further work required to address this issue for Foundation Trainees.
7.10	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	Partially addressed. Further work required to address this issue for Foundation Trainees, particularly in regard to Phlebotomy cover.
7.11	Rota/ timetabling management must be addressed to eliminate frequent, short notice, movement of trainees away from their base ward.	Addressed.

7.12	The site must foster a culture of learning that includes doctors in training both in reporting critical incidents using channels such as the Datix reporting system but also in the consequent learning that comes from an effective system.	Addressed.
7.13	Programme induction must be provided to ensure specialty trainees aware of the training opportunities within the programme and how they collectively meet curriculum needs. Programme Induction should provide information on potential educational supervisors and their areas of interests and guidance on formal assessments and ARCP requirements. An induction booklet or online equivalent should be sent to specialty trainees before commencing in post.	Addressed.

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 in regard to these items.

Ref	Item	Action
5.1	Nil	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Measures must be implemented to address the (ongoing) patient safety concerns described in this report.	December 2023	FY
6.2	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. The department must have a zero-tolerance policy towards undermining behaviour. Specific example of undermining behaviour noted during the visit will be shared out with this report.	December 2023	FY
6.3	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.	December 2023	FY
6.4	Trainees must be provided with clearly identified seniors who are providing them with support during out of hours cover for all clinical areas. Those providing this supervision must be supportive of trainees who seek their help and must never leave trainees dealing with issues beyond their competence or 'comfort zone.'	December 2023	FY
6.5	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	December 2023	FY
6.6	Alternatives to doctors in training must be explored and employed to address the short- and long-term gaps in the junior rota that are impacting on training.	December 2023	FY

6.7	Trainees must receive feedback on adverse incidents that they raise through Datix	December 2023	FY
6.8	Handover of care of patients transferred from theatre to the downstream wards must be introduced to support safe continuity of care and to ensure unwell patients are identified and prioritised.	December 2023	FY
6.9	The learning environment for Foundation trainees must be supportive and inclusive and consideration should be given to making them team based as opposed to ward based.	December 2023	FY
6.10	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced (particularly in regard to Phlebotomy cover that FY1 provide)	December 2023	FY