Scotland Deanery
Quality Management Visit Report

Date of visit	20.07.2023	Level(s)	Foundation/Core/Specialty
Type of visit	Re-visit	Hospital	Golden Jubilee National Hospital
Specialty(s)	Cardiothoracic Surgery	Board	National

Visit panel	
Phil Walmsley	Visit Chair - Postgraduate Dean
Alastair Campbell	Associate Postgraduate Dean – Quality
Andrew Docherty	FDP
Rana Sayeed	College Representative
Katherine Quiohilag	Trainee Associate
Richard Gibbons	Lay Representative
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)	Mr Phil Walmsley, Dr Kerry Haddow, Dr Reem Al-Soufi	
Quality Improvement Manager(s)	Mr Michael Hutcheson	
Unit/Site Information		
Non-medical staff in attendance	Nil	
Trainers in attendance	4	
Trainees in attendance	8 in total. FY2 x 1, CT1 x 3, ST1 x 2, ST5 x 1, ST8 x 1	

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

Date report approved by Lead Visitor	13th August 2023

1. Principal issues arising from pre-visit review:

This visit is a re-visit and is to follow up the visit requirements identified at the 2022 visit. The visit aims to further investigate issues highlighted and to advise on steps towards addressing and resolving them where required. The visit team will also take 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.

PVQ results from June 23 revealed a slight increase in the average satisfaction score to 6.49 compared with 5.85 last year. However, concerns were raised by trainees around:

- local teaching,
- whether the post supports progression towards curriculum competencies,
- whether the facilities and resources are adequate to support learning,
- handover is not used as a learning opportunity.

Trainees also reported examples of what they perceived to be undermining behaviour.

At the Pre-Visit Teleconference (PVTC) the panel agreed to focus on: local teaching, undermining, and bullying, handover, facilities to support learning, as well as identifying any areas of good practice.

2022 Requirements:

- Measures must be implemented to address the patient safety concerns associated with escalation, handover, and lack of medical cover. There must be a clear escalation policy which is understood and followed by all involved.

- Departmental induction must be provided which ensures trainees are aware of all their roles and responsibilities and feel able to provide safe patient care.

- Appropriate training opportunities must be provided for Core trainees in line with Core Surgical Training curriculum requirements.

- Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care with adequate documentation.

- Any allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them.

- The department must ensure that there are clear systems in place to provide feedback to trainees.

- 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.

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

- All Consultants, who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.

Review of Survey Data

<u>NTS Trend 2022</u> – The overall post 1 year trend has the following flags:
Red flags (performing poorly): Facilities, handover, reporting systems and supportive environment.
Pink (performing below average): Adequate experience, education supervision and feedback.
Green (performing well): Workload.
White (above average): Clinical supervision, clinical supervision OOH, educational governance, induction, local teaching, overall satisfaction, regional teaching, rota design, study leave and teamwork.
Yellow (no responses): Curriculum coverage.

NTS Programme results for FY1 trainees in 2022.
All grey (<3 responses).

NTS Programme results for FY2 in 2022
Yellow (no responses): Curriculum coverage.

Grey – everything else.

NTS Programme results for Core trainees in 2022.
Red – adequate experience, clinical supervision, clinical supervision OOH, feedback, handover, induction, overall satisfaction, reporting systems, supportive environment, and teamwork.
Pink – educational supervision.
Green – workload.
White – educational governance, rota design and study leave.
Yellow – curriculum coverage.

NTS Programme results for Specialty Trainees in 2022
Pink – clinical supervision, clinical supervision OOH, educational governance, feedback, handover, reporting systems, supportive environment, and teamwork.
White – adequate experience, educational supervision, facilities, induction, local teaching, overall satisfaction, regional teaching, rota design, study leave and workload.

NTS Free text comments: None

<u>STS Trend 2022</u>

Foundation Trainees: All indicators are white (about average).

Core Trainees: Clinical Supervision, Handover and Team Culture are all red indicators (performing poorly), whilst everything else is white (about average).

Specialty Trainees: All indicators are white (about average).

Departmental presentation: The panel would like to thank Prof. Hany Eteiba for his helpful and informative report of the hard work that has taken place to address the recommendations from the last visit onwards and the challenges the site faced. The panel would also like to thank Mr Alan Kirk for his presentation reviewing the year in numbers. The panel heard of improved GMC results,

support for an inter-deanery transfer, their good reputation leading to them being approached by Yorkshire about a doctor in difficulty and also plans for the future about the potential for a robotic fellow.

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 foundation trainees have been taken from their PVQ**. This decision was taken as only 1 foundation trainee attended 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 told the panel they maintain a similar induction programme based on feedback from trainees over the last 5 years. Trainers report that August induction is good, but they have struggled occasionally with trainees who have been on call the night before. Trainers said they need to be sharper around changeovers at 6 months and 4 months. Trainees are requesting their rota 6 weeks in advance and trainers report that they have been doing this for the last 2 or 3 changeovers now.

Foundation Trainees: 2 trainees said they received their induction, whilst 1 trainee reported starting 5 days later and received an informal orientation by a trainee.

Core / Specialty Trainees: Trainees reported that they received induction and that it prepared them well. Trainees received handbook by email a couple of weeks before their start. Trainees said that having logins on the first day and explaining what to use when would be an improvement for induction.

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

Trainers: Trainers reported that regional teaching took place at 5pm each Wednesday with no bleeps other than those who are on emergency rota. Training is multi-level from consultants down to medical

students and the programme is produced 3 months in advance. Trainers keep attendance and share with the trainees to reflect on their attendance as it has proved difficult to get more than 60%. Trainers said they felt trainees prefer theatre to teaching. Trainers report that they moved teaching to a Thursday 5pm – 6.30pm and run reflective sessions with catering on a Wednesday now. Trainers send out a survey every 6 months and adjust training according to the responses. Trainers said CME occurs once a month for the whole day.

Foundation Trainees: Most trainees reported that the fact local teaching is outside working hours prevents them from attending, whilst 1 trainee said they have not had an issue attending teaching. Trainees reported that teaching could be improved if it was within working hours and more regular.

Core / Specialty Trainees: Trainees reported that local teaching is delivered 1 hour per week on a Thursday between 5pm and 6pm. Teaching is also on Teams for those who can't attend, although is not recorded. 2 trainees said they have issues attending due to theatre lists. Trainees reported enjoying teaching and would like more of it. Trainees would prefer 1 cardiac and 1 thoracic teaching each week instead of alternating. 1 trainee said teaching is focussed on junior level and they do not get the benefit. Trainees report no issues with study leave to attend regional teaching.

2.3 Study Leave (R3.12)

Trainers: Not asked.

Foundation Trainees: All trainees report that they find it easy to request study leave.

Core / Specialty Trainees: Trainees reported that requests are very easy.

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

Trainers: Trainers reported that they have time in their job plan for their educational role and that they are involved in design of curriculum. Trainers said their educational role is considered during appraisal and that they evidence this in the main part of the forms, although sometimes fail at part 7 of the form.

Foundation Trainees: Trainees reported that they each have a designated ES and that they have discussed their educational objectives for this post.

Core / Specialty Trainees: Most trainees reported that their ES are always available. Some said they see them every day, whilst others said they meet them formally at the start, middle and end of post. However, one trainee reported that they had difficulties completing some parts of portfolio because of challenges meeting their ES and felt that this was related to their ES having a busy schedule. All trainees reported they completed their ES reports.

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 reported that trainees are informed who to contact for advice and support during the day and Out of Hours (OOH) as part of their initial meeting on day 1. Trainers said this is also included in the induction booklet and that a consultant is available 24/7. Trainers said that in the last 12 months Core are happy to look after critical care patients and that they no longer believe that trainees working beyond their competence is an issue. Trainers said there are consultant-based systems in place where trainees learn how consultants do procedures and then perform them themselves whilst supervised.

Foundation Trainees: Trainees said that they do not feel like they have to cope with problems beyond their competence. All trainees reported that consultants are approachable. Trainees reported no concerns about the clinical supervision they receive, and all trainees completed their clinical supervisor report (CSR).

Core / Specialty Trainees: All trainees reported that they know who to contact for supervision during the day and OOH. No trainees reported that they have to cope with problems beyond their competence and experience. All trainees said senior colleagues are approachable and very supportive.

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

Trainers: Trainers reported that they are very familiar with curriculum requirements for the different grades but question the value of it. Example was given about a mid-point review in a 6-month placement which has incredible workload. Trainers report that the nature of changing ISCP is difficult to keep up with but they manage. Trainers said they ensure the rota incorporates a mix of operating

days and clinics for all trainees to ensure they get a satisfactory number of learning experiences. Trainers said that despite the different grades and needs they try to give trainees the same exposure.

Foundation Trainees: 2 trainees said they are not sure the post supports progression towards curriculum competencies.

Core / Specialty Trainees: Most trainees reported that they have no issues achieving competencies, whilst 1 trainee said cardiac can be more difficult due to cancellations. Trainees said they get regular theatre and clinic sessions. Trainees reported they are asked to do what is within competence. Some trainees said this is more difficult with cardiac due to time pressures or that SCPs do some of it.

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

Trainers: Not asked.

Foundation Trainees: Trainees reported they have no difficulty completing WBAs.

Core / Specialty Trainees: Trainees reported they have no difficulty completing WBAs and that the assessments are fair and consistent.

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

Trainers: Not asked.

Foundation Trainees: Not asked.

Core / Specialty Trainees: Trainees reported that they have monthly CME but don’t always get the time for it and is mostly doctors in attendance rather than multi-professional.

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

Trainers: Not asked.

Foundation Trainees: Not asked.

Core / Specialty Trainees: Trainees reported there are always people doing projects and they feel like they could ask to be involved. CME, regular forums, or thoracic meeting were mentioned by trainees as opportunities to present.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that if a critical incident occurred on nights, it would be followed up through normal procedures and word of mouth. If it occurred during the daytime, trainers said that they would chat with trainees and encourage reflective writing for portfolio. Trainers also stated that they encourage trainees to present challenges to everyone for feedback and weekly teaching.

Foundation Trainees: All trainees reported that they receive feedback from a senior clinician less frequently than weekly. A mixed response was received as to whether or not the trainees have local trainee forums to raise concerns.

Core / Specialty Trainees: Some trainees reported that they do not get feedback on management of patients if working overnight. Those trainees said they sit with handover team and present cases but is not used as a learning opportunity. 1 trainee said they get informal feedback in real time.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Not asked.

Foundation Trainees: Most trainees said they can provide feedback to their ES.

Core / Specialty Trainees: Not asked.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported there has been a change to surgical behaviour and have undertaken bullying and harassment training. Trainers said they are not aware of any bullying in the last 12 months.

Foundation Trainees: 1 trainee reported that they have been subject of behaviour that they perceive to be of an undermining nature.

Core / Specialty Trainees: 1 trainee reported they were made to feel uncomfortable and upset by comments they considered to be of a sexist nature. Another said they had an unpleasant experience in theatre. And another trainee said they are aware of an uncomfortable experience that a colleague had perceived to be of an undermining nature. 1 trainee said that if raising concerns, they would do so using Datix.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers said the junior rota was challenging in the past with empty slots and sickness. Trainers reported that they have no issues with rota now due to having flexible locums and fellows. Regarding well-being, trainers told of a situation where an FY had issues prior to coming to site that they think they handled rather well by supporting the trainee.

Foundation Trainees: Most trainees reported that the intensity of their workload is about right, whilst 1 trainee said it is not busy enough. All trainees report that there are no aspects of the rota that compromise their well-being or education and training.

Core / Specialty Trainees: Trainees reported that gaps on the rota were filled by locums and fellows and that there are no aspects of the rota that compromise their well-being.

2.14 Handover (R1.14)

Trainers: Trainers reported that they don't do individual handover well. Trainers explained that handover is done between ANP on the ward and including the hospital at night doctor and nurse. Trainers said they could involve registrars in a slight bigger and inclusive handover. Trainers reported that there is a template that is comprehensively updated for handover and is good written material. Trainers said handover is not used as a learning opportunity.

Foundation Trainees: Trainees reported that there is no consultant leadership during handover and that it is not used as a learning opportunity.

Core / Specialty Trainees: Trainees reported that handover is mostly at senior registrar level and is informal. Trainees said handover is more comprehensive at night to ANPs. Handover structure is same at weekends as on weekdays. Some trainees said there is no opportunity for learning, whilst 1 trainee said handover is being looked at by management and is a work in progress.

2.15 Educational Resources (R1.19)

Trainers: Trainers reported that there is a library with 1 University computer and 5 PCs that are used by all members of staff. Trainers said there are many books that are out of date which they plan to remove and supplement with eLearning stations. Trainers reported that at a higher level all of the FY learning experience will be online or face-to-face.

Foundation Trainees: 1 trainee said the library is a bit old but there are plenty of computers, and another trainee said there should be a doctor's room.

Core / Specialty Trainees: 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)

Trainers: Trainers reported that they encourage Occupational Health referral for physical or mental health issues, with trainee permission. Trainers said they provide support in the way of informal chat too.

Foundation Trainees: Trainees reported that they do not know where support is available for the struggling with the job.

Core / Specialty Trainees: Trainees reported they have not had to access support for those struggling with the job so far. 1 Trainee said they did not know they have an Occupational Health dept. 1 trainee reported that they knew someone required a reasonable adjustment and was accommodated.

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 reported that they meet to discuss issues and progress of trainees. Trainers said the DME meets with them on a quarterly basis to discuss higher level items out with the specialty. Trainers said that at high-level issues are dealt with by NES Deanery. Lower issues trainers said are dealt with by informal meetings and over coffee.

Foundation Trainees: Most trainees said they would raise concerns to their educational supervisor. 2 trainees said they know that there are local trainee forums to raise concerns, whilst 1 said they were unsure whether there is or not.

Core / Specialty Trainees: A couple of trainees reported that they raised issues with their ES and felt supported and that the issues were dealt with appropriately. 1 trainee said CS and ES are very accessible on thoracic side. All trainees but one reported that they were aware of forums to raise concerns.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that trainees get a talk from Clinical Governance on day 1 regarding Datix and how to use the tool. Trainers said they make it clear at induction they want to know at the earliest stage if there are any issues and encourage trainees to speak up. Trainers give details of a consultant and confidential contact at induction.

Foundation Trainees: Not asked.

Core / Specialty Trainees: Trainees reported no concerns but know which consultants and senior registrars to raise them with and trust they would be dealt with appropriately.

2.19 Patient safety (R1.2)

Trainers: Trainers reported no concerns. There are 11 beds in the cardiac ward and are constantly boarding.

Foundation Trainees: 2 Trainees reported that they have concerns about patient safety.

Core / Specialty Trainees: Trainees reported no issues with quality of care.

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

Trainers: Trainers reported M&M meetings take place in both cardiac and thoracic with everyone invited. The meeting is short, and trainers said this is the forum to discuss adverse incidents. Trainers also said that there is a “what I learned last week” session on a Wednesday evening which is trainee led.

Foundation Trainees: Trainees reported that they discuss concerns at M&M meetings and using Datix.

Core / Specialty Trainees: Trainees reported that if a serious adverse event occurred, they would report through SAER, if involved write a statement for the SAER panel and finally expect feedback on the event.

2.21 Other

Overall satisfaction – Foundation Trainees:
6.67 (Scores ranged from 6 to 7).

Overall satisfaction - Core / Specialty Trainees:
6.7 (Scores ranged from 6 to 9).

3. Summary

Is a revisit required? (Please highlight the appropriate statement on the right)	Yes X	No	Dependent on outcome of action plan review

The visit panel commended the engagement of the local training team and the significant efforts they had made to improve the training environment for trainees since the last visit. There were positive comments regarding the way training is structured and the range of opportunities available for trainees. The panel were pleased to hear about the appointment of Educational Leads however it was felt clarity of the roles is required. There were significant cultural and undermining concerns voiced by trainees. The Visit Lead held an urgent meeting with the Associate Medical Director following the visit feedback to discuss next steps which will include a SMART Objectives meeting.

Positive aspects of the visit:

- It was acknowledged that a significant amount of work has gone in to make improvements against the last visit recommendations.

- The panel feel there is excellent structure to training and exposure given to trainees at theatre, clinics, and MDT.
- The panel heard about additional robotic training and focussed training for ST8 trainees.
- Previous concerns around other specialties from outside hospitals/units using the facilities appears to have been improved.
- OOH support appears to be improved for Core trainees compared to previously.
- Educational Leads appointed for cardiac, thoracic and EDI.

Less positive aspects of the visit:

- Impact on culture change has been significant, but we still received notification of incidents that are unacceptable and recommend that the organisation continues to embed the change of culture and put specific reporting systems in place for this.
- Whilst appointment of lead clinicians within the unit is a positive, they require clarity about the roles and support for them.
- Teaching is provided but this is OOH and would like the site to consider if this is the best model. Ideally it should be considered whether moving within the working day similar to other sites would make it more accessible for all.
- Ensuring stability of some rotas is required. There are reports of gaps continuing to occur, meaning some trainees being moved around.
- There should be a clearly identified representative to the STC to raise any concerns at every STC meeting.
- Improvement required around handover to be inclusive of the junior trainees.

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 patient safety concerns associated with escalation, handover, and lack of medical cover. There must be a clear escalation policy which is understood and followed by all involved	Addressed

7.2	Departmental induction must be provided which ensures trainees are aware of all their roles and responsibilities and feel able to provide safe patient care.	Addressed
7.3	Appropriate training opportunities must be provided for Core trainees in line with Core Surgical Training curriculum requirements	Addressed
7.4	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care with adequate documentation.	Partially Addressed
7.5	Any allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them.	Little progress noted
7.7	The department must ensure that there are clear systems in place to provide feedback to trainees.	Partially Addressed
7.8	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
7.9	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	Little progress noted
7.10	All Consultants, who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	Addressed

Requirements with little progress noted will be carried forward to section 6 for continued follow up. An alternative follow up will be taken for the requirements which are partially addressed and will be discussed with site during SMART Objective meetings as the panel heard that handover is currently being looked at by management.

4. Areas of Good Practice

Ref	Item	Action
4.1		

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		

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Any allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them.	As soon as possible	All
6.2	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	As soon as possible	All
6.3	All trainees must have timely access to IT passwords and system training through their induction programme.	April 2024	All
6.4	Barriers preventing trainees attending their dedicated teaching days must be addressed.	As soon as possible	All
6.5	Trainees must be given the opportunity to be an effective member of the multi-professional team by promoting a	April 2024	All

	culture of learning and collaboration between specialties and professions.		
6.6	Handovers involving all grades of trainees must include senior input to ensure patient safety and learning opportunities.	As soon as possible	All
6.7	Rota/ timetabling management must be addressed to eliminate frequent, short notice, movement of trainees away from their base ward.	As soon as possible	All
6.8	A formal mechanism for all trainees to be able to feedback to the department must be established.	As soon as possible	

7. DME Action Plan:

Ref	Issue	By when	Owner	Action(s)	Date Completed
7.1	Any allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them.	17th May 2024	DME		
7.2	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	17th May 2024	DME		
7.3	All trainees must have timely access to IT passwords and system training through their induction programme.	17th May 2024	DME		
7.4	Barriers preventing trainees attending their dedicated teaching days must be addressed.	17th May 2024	DME		
7.5	Trainees must be given the opportunity to be an effective member of the multi-professional team by promoting a	17th May 2024	DME		

	culture of learning and collaboration between specialties and professions.				
7.6	Handovers involving all grades of trainees must include senior input to ensure patient safety and learning opportunities.	17th May 2024	DME		
7.7	Rota/ timetabling management must be addressed to eliminate frequent, short notice, movement of trainees away from their base ward.	17th May 2024	DME		
7.8	A formal mechanism for all trainees to be able to feedback to the department must be established.	17th May 2024	DME		