Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	6th June 2023	**Level(s)**	FY, GPST, CT & ST
Type of visit	Triggered	**Hospital**	Hairmyres Hospital
Specialty(s)	General Surgery	**Board**	NHS Lanarkshire

Visit panel	
Dr Kerry Haddow	Visit Lead - Associate Postgraduate Dean (Quality)
Dr Marie Mathers	Foundation Programme Director
Mr Robin Benstead	General Medical Council
Mr Vittal Rao	College Representative
Dr Charlotte Soulsby	Trainee Associate
Mrs Natalie Bain	Quality Improvement Manager
Mr Richard Gibbons	Lay Representative
In attendance	
Mrs Susan Muir	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Surgery	
Lead Dean/Director	Professor Adam Hill	
Quality Lead(s)	Dr Kerry Haddow, Dr Phil Walmsley & Dr Reem Al-Sofi	
Quality Improvement Manager(s)	Mr Michael Hutcheson	
Unit/Site Information		
Non-medical staff in attendance		
Trainers in attendance	10	
Trainees in attendance	4 x FY1, 4 ST	

Feedback session: Managers in attendance	Chief Executive		DME	x	ADME	x	Deputy Medical Director	x	Other	x

Date report approved by Lead Visitor	27th June 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).

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 Mr Brain Stewart for his very detailed presentation and the team for the work that went into it. The presentation provided an overview of the organisation and ethos of the department overall. The presentation detailed the challenges faced by the site and their commitment to providing a supportive and excellent educational experience. The site confirmed that the Royal College of Surgeons will conduct a visit to NHS Lanarkshire surgery and it is proposed that the hospitals will return to a 3-site model again from August 2023.

For Information: The answers from the FY2/CT cohort of trainees were gathered from the answers to the pre-visit questionnaire.

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: The trainers report that hospital induction has evolved over the year, but they trainees still receive a base site induction. Inductions are held at the relevant time of the year at changeover dates. The trainers note that the specific site base inductions are recorded, therefore they can attend both the Monklands Hospital and Hairmyres Hospital induction when they are scheduled and watch

the recorded inductions back at a later time. The trainees inductions on the systems are led by the Training Quality Lead (TQL) on each site and is supported by the administration team. The teams on each site will induct the trainees to ensure they are familiar with the systems on the sites. As referred to in the department presentation, the two-site model is proposed to be reverted back to the original three site model (Monklands Hospital, Hairmyres Hospital and Wishaw Hospital), therefore trainees rotations away from their base site in Hairmyres Hospital will be the exception, not the rule. Therefore, the bulk of the activities that the trainees undertake will be on their base site. The trainers note that the majority of the systems the trainees use, for example TRAK Care, are universally used across NHS Lanarkshire sites and easily accessible.

FY1 Trainees: It was noted from the PVQ that trainees received an induction to Hairmyres Hospital. Trainees report that their induction to Monklands Hospital was more departmental than site orientated. The induction was facilitated by a urology trainee and there was no consultant present. The trainees report that induction to Monklands Hospital was adequate to begin in post. It was noted that there were some differences in computing systems, particularly with prescriptions being issued. However, the trainees commented that this did not impact on their ability to work effectively. The trainees stated that when rotating to Monklands Hospital, they would only be working within the Urology department.

FY2/CT Trainees: The trainees all received induction to Hairmyres Hospital and department and were satisfied with the information given. The trainees had no suggestion for improvement. The trainees report that there was no induction to Monklands Hospital or surgical department and trainees strongly state that trainees should not be rotating there unless they are part of a permanently based team there.

ST Trainees: The trainees report that there was no useful information distributed to them prior to beginning in post or when they began in post. The trainees felt that communication in relation to induction was poor. The trainees did not receive a formal induction to the Monklands site and were not notified that they would be required to rotate there until they received their rota one week before beginning in post. The trainees report that there was a short induction to Hairmyres Hospital that was a video led hospital induction and the remainder consisted of creating a rota. The trainees commented that a handbook has since been created, but this was trainee led. The trainees noted that they did not receive an ID badge for Monklands Hospital and are still using day passes when on shift

there. The trainees state that the chief residents are the ones who will work out week by week who will be based at Monklands Hospital and the trainees have to consider elective lists and other essential information to ensure trainees are getting adequate experiences.

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

Trainers: The trainers report that trainees who are based in Hairmyres Hospital all have access to teaching opportunities. The FY trainees have protected and bleep free teaching that is facilitated by the postgraduate department. The trainers note that there is grand round teaching that all trainees are invited to attend. The trainers highlight that there is departmental teaching held on a Wednesday morning at 8am, although this is not specifically bleep free, the trainees would only be interrupted if there was an emergency. All trainees are expected to attend their regional teaching and trainees will not be scheduled for elective sessions during their teaching time. The department would also use the specialty doctors to ensure the wards are staffed appropriately during this time. The trainers noted that FY trainees who rotate to the Monklands site have access to their teaching at the FY teaching is pan Lanarkshire. The trainers highlight they have made conscious efforts to make the departmental teaching appealing to all trainees. There is teaching programme that consists of journal clubs, case presentations and lessons learned teaching. It was noted that juniors are asked to lead these sessions with a senior for support. It was also stated that they host ‘consultant corner’ sessions that are short teaching sessions on clinical topics and pension talks. The trainers note that the trainees have access to simulation training, although this is based in Kirklands Hospital. Trainees have the opportunity to attend endoscopy sim and run induction on a simulator, it was also highlighted that trainees are encouraged to attend with a trainer when they can. The trainers note that they seek feedback in real time during these sessions. It was also stated that trainees of all grades have access to the robotic sim at Hairmyres Hospital.

FY1 Trainees: The trainees report that they attend at least 1 hour of teaching per week, and they also attend their NES Deanery delivered teaching. The trainees state that there are surgical teaching and grand rounds on a Wednesday that trainees can attend when available to do so whilst in post at Hairmyres Hospital. Workload and service pressure can prevent trainees from attending teaching as pharmacy services can be urgent prior to lunch time teaching. The trainees who are based in Monklands Hospital have not been able to attend any teaching whilst in post there. The trainees note that they were not always aware of when or where the teaching is being held. The trainees in

Monklands Hospital are not aware of any departmental urology/general surgery teaching. The trainees state that most of the teaching available is held in Hairmyres Hospital, and this teaching is bleep free. The trainees emphasised that there would prefer to receive more clinical based teaching in relation to what the trainees are experiencing within their posts. The trainees are conscious that the F1 curriculum does focus on well-being more, but the trainees feel that after several well-being sessions, they are no longer seeing the benefit of attending these sessions. The trainees feel they would benefit from more clinical skills sessions.

FY2/CT Trainees: The trainees reports that they receive weekly departmental teaching on a Wednesday in Hairmyres Hospital. The trainees note that they are also able to attend their formal FY2 teaching and hospital wide M&M meetings. The trainees feel they would benefit from wider topics of teaching. Teaching is not bleep free or protected time and on-call/rota commitments can prevent them from attending. The trainees state that there are no formal learning opportunities at Monklands Hospital.

ST Trainees: The trainees report that there has been the recent introduction of Wednesday morning teaching, but this has been organised by ST trainees. The trainees note that they cannot attend this teaching whilst rotating to Monklands Hospital. It is stated that there is no formal teaching available at Monklands Hospital and any teaching time is not protected. The trainees emphasise that the ST trainees are organising the FY teaching and any other teaching is organised by the trainees with consultant support. The trainees state that their regional teaching is once a month on a Friday, a although it can be awkward to attend at times, the rota is prepared to allow trainees to attend their teaching. The trainees do acknowledge that simulation training is available. However, the site in which the training is delivered is not easily accessible geographically.

2.3 Study Leave (R3.12)

Trainers: The trainers report that there are no issues with study leave being approved.

FY1 Trainees: Not asked, as no issues noted in PVQ.

FY2/CT/ST Trainees: No issues with study leave being approved.

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

Trainers: The trainers report that there are no issues with formal supervision and all trainees are allocated with an appropriate supervisor when beginning in post. The trainers all state they have time in their job plan to undertake their educational role.

FY1 Trainees: The trainees report that they were informed of their supervisor during induction. Some trainees reported having continuity issues with educational supervisors, but they were resolved. Trainees based in Monklands noted there is limited supported when rotating to Monklands Hospital, due to their supervisor not being based at that site.

FY2/CT Trainees: The trainees report that they are aware of their educational supervisor and have met with them on a regular basis to continually assess the educational objectives for the post.

ST Trainees: The trainees report that there have been varying experiences with formal supervision. Some feel there has been a significant lack of supervision and they do not feel supported in the department. The trainees believe that internal politics have an impact on how trainers are delivering supervision, and there needs to be more administration support to the trainers in their roles. The trainees feel that they have been proactive and this has led to changes within the department. The trainees do feel that consultants are supportive in Hairmyres Hospital and there are some that have enabled change to move the department forward. Trainees stated that their AES and CS were usually the same person which could potentially cause issues.

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: The trainers report that the trainees are issued with colour-coded badges when they begin in post. The colour-coded badges identify their grades and this is used widely across all NHS Lanarkshire sites. The trainers highlight that there is a pan Lanarkshire departmental policy that covers escalation policies and contact details for support. This information is detailed to the trainees during induction, and an e-departmental handbook is distributed to the trainees, and this contains information about escalation. Specifically, in Hairmyres Hospital, there is an escalation policy that is run through on a daily basis at the 0830 handover. The trainers report that they are not aware of trainees working beyond their competence. The clinical director (CD) has not been made aware of

issues. The trainers feel that they are approachable and contactable both in hours and out of hours (OOH). This would cover both Hairmyres Hospital and Monklands Hospital.

FY1 Trainees: The trainees report that support is always available when required, and trainees would feel comfortable approaching a senior for advice and support. The trainees note that in the vascular department in particular Hairmyres Hospital, there are less people available, but the trainees can seek out the support. The trainees rotating to Monklands found there were some issues when trying to contact the urology senior for support. The trainees were not aware of the contact details prior to requiring support, however they noted that once they managed to reach out to the senior, they were supportive. The trainees noted that in Monklands and ward 1 at Hairmyres Hospital, during their OOH shifts, it was not always clear of the roles and responsibilities of an FY1 trainee, therefore they commented that it would be useful to have this clarified and detailed to the trainees, at induction. It was also noted that in ward 1 and HDU at Hairmyres Hospital, the trainees do not feel there are clear guidelines about who provides the patient care to the boarded patients in the unit. It would be useful if the trainees were provided with clear pathways for knowing who is providing the patient care to these patients.

FY2/CT Trainees: The trainees report that in Hairmyres Hospital they are aware of who is providing clinical supervision and the clinical supervision is of a good standard. Some trainees felt there are times when they feel they are working beyond their competence during their on-call shifts and it can feel isolating. The trainees feel that the consultants in Hairmyres are approachable and supportive when approached both during the day and OOH. The trainees state that clinical supervision is stretched at Monklands with consultants caring for over 50 patients for a four-day period, which is leading to lack of continuity in patients care.

ST Trainees: The trainees report that they are aware of who to contact both in hours and OOH whilst on shift at Hairmyres Hospital. The trainees note that at Monklands Hospital the experience can be variable due to the swaps, gaps and no awareness of who is on shift. The support and the amount of adequate experience at Monklands Hospital are not at a level of satisfactory for training. The trainees feel there are staff there who are making questionable choices and they feel that the onus is put on the trainees to be responsible for any actions. The trainees highlight that concerns about a specific consultant have been escalated to management and other consultants, but the trainees stated that these concerns have not yet been addressed. The trainees emphasise that there are times when they

feel anxious if there are locum consultants on shift. The trainees comment that they feel that the junior trainees work well with the senior trainees and they would usually approach them for advice and support. It is normal for the same FY to be rota'd on with the same senior and they feel that this creates a safe space for the junior trainees to approach them.

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

Trainers: The trainers report that they prioritise the trainees access to theatre, as well as looking at the development need for individual trainees. The trainers would identify any specific learning requirements for the trainees and allocate them on this basis. It is noted that the specialty doctors in post are understanding that training is a priority in the department. The trainers note that trainees are allocated at least 2 sessions in theatre to be able to catch-up on the national level expected for training. The trainers highlight that clinics are consultant led with trainees attending for specific learning opportunities and trainees would be expected to contribute to the clinics. As reported the trainees will potentially no longer be rotating to Monklands as the norm, but the trainers do not feel that this will compromise their exposure to learning opportunities as Hairmyres Hospital has many opportunities to more than cover the requirements of the trainees curriculum. The trainers report that trainees curriculum competencies and WPBA's are simple enough to complete at both sites, but this would vary on the grade of trainees. The FY's have more than enough exposure to complete their curriculum requirements. The core trainees have access to clinics and basic surgical skill competencies are simple to achieve, along with plenty of exposure to emergency and ward training. The challenging aspect for core trainees is operative experience, however the trainers note that this is being experienced at a national level post COVID. The trainers note that higher specialty trainees have experienced difficulty in gaining their CIP3 and CIP5 competencies, due to having to support the recent surgical 2 site model.

FY1 Trainees: The trainees report that the spend a large amount of time completing tasks like bloods, ECG's, notes and cannula's particularly at Monklands. The trainees state that there is plenty of surgical support in the units, but the nurses do not do bloods or cannula insertion at Monklands , therefore the FY1's are given most of these tasks to complete on a daily basis. The trainees emphasise that there are days when there is very little educational learning completed on the surgical wards in comparison to a medicine rotation. The trainees do appreciate that there is fewer decision-making responsibilities during a surgical rotation, but they would appreciate more support from the

nursing staff with the non-educational tasks. The trainees state that when there are sick patients, the seniors are supportive and provide learning opportunities.

FY2/CT Trainees: The trainees report that they are able to complete their WPBA's without any difficulty.

ST Trainees: The trainees report that there is good exposure to experiences and they are pleased to have access to the robotic equipment. The trainees state that their logbook and indicative numbers are not at a level they would expect, as the consultants have lost a significant amount of elective work due to multisite working. At Hairmyres Hospital there are good training lists but there is not enough access to elective lists due to multisite working. It is noted that at the Monklands site there is a trainer who is not engaged with training and will not train the trainees. The trainees emphasise that the access to clinics is poor and they have attended a very small number of clinics. They stress that adhoc clinics are the norm but they would prefer to have regular access to clinics. It is stated that there is only one training list that focuses on lower GI work, therefore there is limited learning on upper GI cases. The trainees highlight that they do a large amount of on-call activity and would prefer to have more time in theatre and clinics. They stated that they would prefer that these activities were timetabled in advance.

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

Trainers: Not formally asked but no issues were raised in the pre-visit questionnaire by the trainers.

FY1 Trainees: The trainees report that they are able to find cases to complete workplace-based assessments (WPBA's). They trainees can have varying experiences on how quickly the supervisors complete these, but most are completed quickly.

FY2/CT Trainees: No reported issues

ST Trainees: The trainees report that WPBA's have been reasonable to complete and the trainers proactively tell the trainees to submit tickets for certain procedures.

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

Trainers: The trainers note that in Hairmyres Hospital there are many advanced nurse practitioners (ANP's) based in acute care and ambulatory care that work alongside the trainees on a regular basis. It was also stated that there are physician assistant (PA's) in theatre to assist the trainees. There is a weekly MDT meeting that all staff are encouraged to attend.

FY2/CT Trainees: No relevant comments in PVQ

All Trainees: Not formally asked.

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

Trainers: The trainers report that trainees are encouraged to discuss any topics or issues they would like to address through a quality improvement project. The trainers note that there is a team member that have a special interest in audit and research and they are looking to expand their role with the addition of SPA time. The trainers report that the chief residents are assigned the role to lead on quality improvement projects (QIP's) in the department with the trainees.

FY1 Trainees: The trainees reported that they did not have a requirement to complete an audit during this post, however they feel that they would be able to access the support if required.

FY2/CT Trainees: No relevant comments in PVQ

ST Trainees: Most trainees report that they have not have enough time to engage with QIP's due to the workload and the high amount of administration tasks they undertake. Some trainees note that they however have had the opportunity to engage in QI work and have been supported throughout.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The trainers report that during the 8am handover, the trainees are given feedback on cases and trainees are directed to the learning points of these cases. If there are elective theatre discussions, trainees are involved and learning points can be taken from these. The trainers note that

if DATIX's are submitted these are also discussed feedback is given. It was noted that there is a dedicated endoscopy list, to which there is a formal brief and debrief of the list to seek any learning gained from the list.

FY1 Trainees: The trainees report that there is little feedback given on clinical decisions, due to the seniors making all the decisions in relation to the patients. The trainees highlight there will be discussion has about patients and the trainees will be directed by the seniors at this point. The trainees who completed their urology block at Monklands Hospital were given feedback after they completed their three weeks there and they found this to be useful and constructive.

FY2/CT Trainees: The trainees report that feedback is variable in Hairmyres from the senior clinicians, it can range from weekly to less frequently. The trainees who are rotating to Monklands do not receive any feedback during their time there.

ST Trainees: The trainees report that in Hairmyres Hospital they get valuable feedback on their clinical decisions and they state that the feedback is useful and constructive. The trainees note that feedback at Monklands hospital is variable.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers report that there is a chief resident that leads on providing feedback to the trainers on the quality of the training received. It is also noted that there is a M&M trainees can attend to feedback any concerns. The trainers believe that the trainees are aware about how to feedback to management above the trainer level. The trainers highlight that there is a junior doctor forum where trainees can raise any concerns and this would be directed to the TQL to address and escalate as required. It is noted that there are 2 chief residents in post and they are encouraged to feedback to the CD or anyone appropriate to address their concerns. The trainers highlight that there is not a formal process in place to feedback, but they believe there is ample opportunity to feedback.

FY1 Trainees: The trainees report that there is a trainee forum to feedback any concerns about the quality of training they receive. They would also complete the surveys from the deanery and the GMC. The trainees feel they would be able to approach their trainers easily to raise any specific

concerns. The trainees based in Monklands Hospital report that they would not know how or to whom to feedback.

FY2/CT Trainees: The trainees report that they are able to provide feedback to the approachable and helpful consultant body in Hairmyres Hospital and also the management team if required. The trainees can also access the trainee forum should they wish to feedback any issues via this route.

ST Trainees: The trainees report that they have not had the opportunity to feedback to management at either Hairmyres Hospital or Monklands Hospital.

2.12 Culture & undermining (R3.3)

Trainers: The trainers report that they are not aware of any issues with bullying or undermining behaviours on either site. The trainers state that there have been no issues raised in Hairmyres Hospital. The trainers emphasise that there is a zero-tolerance approach to these behaviours and this is underpinned at induction. It is noted that there are on occasion some low-level passive aggressive comments with the nursing staff at Hairmyres Hospital, but this was addressed in a simple manner and no further issues have arisen. The trainers feel that the same policy applies across both Monklands Hospital and Hairmyres Hospital. The trainers highlight that culturally there have never been big issues across the sites and as there is a strongly leadership, the trainers believe they would be made aware of any issues.

FY1 Trainees: The trainees based at Hairmyres Hospital report that the all the consultants and registrars are supportive, kind and approachable, and the trainees note they have had a positive experience whilst being in post. The trainees report that in the vascular department there have been previous undermining concerns raised about the nursing staff. However, it was felt that this has not been the experience of those in post to date.

FY2/CT Trainees: The trainees report that there are no culture or undermining issues at Hairmyres Hospital and there are good relationships with the nursing staff on site.

ST Trainees: The trainees report that in Hairmyres Hospital that the overall experience is good. The trainees notes that there have been a few individual comments made by trainers, but the trainees

raised this concern to the trainers and it was escalated. However, the trainees state that at Monklands Hospital there has been sexist behaviours by one particular consultant directed towards female staff members that has not been addressed or escalated appropriately. The trainees believe there has not been a culture change in Monklands Hospital.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers report that there is a weekly allocation meeting, and this is guided by the college and JSCP to ensure the trainees are able to achieve their curriculum competencies. It is noted that the FY1's attend theatre and they are encouraged to follow the patient through their journey, although F1's are not allocated nightshifts, therefore they can follow the patients through the week. The trainers report that when trainees rotate to Monklands Hospital, there is a bigger focus on emergency surgery. The trainees do attend elective work there, however this is not allocated specifically on the rota. The trainers highlight that there have been rota gaps frequently over the last year, but they have recently secured funding for a 15-person rota, and they have managed to fill 14 of the posts. The trainers highlight that there has been an issue with recruitment nationally, therefore they are unlikely to be the only site affected by this. The trainers believe that trainees would prefer more theatre exposure and more elective time. However, the trainers state that there is ample amount of emergency work in Monklands Hospital and trainees do benefit from their time in Monklands Hospital.

FY1 Trainees: The trainees report that they are involved in the rota design and there have not been many rota gaps. If gaps arise, then these are usually filled with locum or trainee can choose to pick up these shifts. The trainees note that the rota is flexible and has improved. The trainees are allocated long stretches of shifts, but overall, the surgical rota is flexible with a specific trainee point of contact and supports annual leave.

FY2/CT Trainees: The trainees report that they have a busy workload and this can impact on their education and training. The trainees highlight that the issues they encounter when rotating to Monklands Hospital has created less clinic and elective theatre opportunities. The trainees strongly emphasise that the amount of on-call work and trainees working overnight with less staff can create patient safety issues as well leading to burnout of the trainees.

ST Trainees: The trainees report that they require more exposure to all aspects of the curriculum requirements, and specifically have limited access to endoscopy lists. The trainees note concerns when they are attending the Surgical Ambulatory Care Unit (SACU) at both Hairmyres and Monklands Hospital. When the trainees attend this unit , it can be busy and the trainees feel that there need to be clarity on expectations of the roles and responsibilities of people there. The trainees also state that there is no consultant leadership in the SACU and this needs to be addressed along with the patient safety concerns around the number of patients that require to be cared for. The trainees emphasise that there are patients that attend the Monklands SACU when they would be best cared for at a consultant clinic instead.

2.14 Handover (R1.14)

Trainers: The trainers report there has been a significant improvement to handover recently and Monklands Hospital have adopted the same structure. There is a structure in place and a written handover for each patient and the trainers are thoughtful in their feedback to trainees during handover.

FY1 Trainees: The trainees report that at Hairmyres Hospital there is an all-staff handover each day at 8am. There is a written record of handover kept and this is updated by trainees for the Hospital Emergency Care Team (HECT) who cover the nights as FY1 trainees do not do nightshifts. The trainees state that at times there can be confusion with the ward 1 handover and the downstream care, the trainees feel that clarification about who is responsible for these patients could be clearer at handover. The trainees based at Monklands Hospital report that there is an electronic document that is updated for the 8.30am handover, however there is no formal sit-down handover of patients.

FY2/CT Trainees: The trainees report that in Hairmyres Hospital there is a satisfactory handover process, with consultant leadership and an electronic written record. Handover is also used as a learning opportunity. The trainees note that the handover at Monklands Hospital particularly on a Monday and Friday lack the continuity of people working there from the previous days. The trainees feel that if they are used to prop up the handover system at Monklands, then their elective experience will suffer as a consequence.

ST Trainees: The trainees report that handover is scheduled into the rota and everyone is good at attending and participating in the discussions.

2.15 Educational Resources (R1.19)

Trainers: Not formally asked, but the trainers refer to simulation experiences available in section 2.2.

FY1 Trainees: Not formally asked.

FY2/CT Trainees: The trainees note that there is adequate facilities at Hairmyres Hospital, however there is scope for improvement with computer access.

ST Trainees: The trainees report that there is no dedicated office space away from the ward environment on both sites and there is limited access to 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: The trainers report that there is a well-designed policy to ensure doctors are supported during their time in post. The trainers noted specific supportive experiences with trainees during their placements at both Monklands Hospital and Hairmyres Hospital. The trainers highlight that the surgical team have shown that they are a caring team, who have the time for their educational role. The trainers state there is a good knowledge of the deanery process within their teams, and they work alongside the deanery to be able to provide all avenues of support to the trainees. The trainers would also work in conjunction with the deanery's Trainee Development and Wellbeing Service (TDWS).

FY1 Trainees: The trainees report that there is always support available for those struggling with the job or in any other way.

FY2/CT/ST Trainees: The trainees report that there is support for those struggling with the job, and there are understanding and flexibility with less than full time (LTFT) trainees.

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: The trainers report that the chief residents would collate feedback and fed this back through the TQL. The TQL would work with the education leads to react and implement change on site. The trainers state that there is a hospital training committee at Hairmyres Hospital that have both trainer/trainee representation. It is also noted that there is a site education meeting held to ensure that trainees are getting targeted training reflective of their needs.

All Trainees: Not formally asked

2.18 Raising concerns (R1.1, 2.7)

Trainers: The trainers report that any concerns would be flagged appropriately and this is emphasised further at handover to ensure trainees feel comfortable raising concerns. If a DATIX is submitted, the trainees supervisor is notified automatically and the trainers would be supportive throughout the process. The trainers note that they are all aware of one another in the hospital and if there were any issues raised with other specialties, they believe these would be addressed in a timely manner. The trainers emphasised that there is an open-door policy for raising concerns.

FY1 Trainees: The trainees report that they would escalate their concerns through the grades if there were any concerns relating to patient safety. The trainees also state that they can approach their ES/CS or consultants dependant of the issue they need to raise. The trainees feel that the culture is open to trainees raising concerns and they would be escalated and addressed when appropriate.

FY2/CT Trainees: The trainees report that they would be able to approach the consultants in Hairmyres Hospital to raise any concerns and they feel they would be address and escalated.

ST Trainees: The trainees report that they would use DATIX to report any concerns, but they note that not much is addressed from these and there is limited communication following any submissions. The trainees state that serious adverse events do get discussed, but they believe the feedback is not effective. It is highlighted that there are no formal M&M meetings in both Hairmyres and Monklands Hospitals, however, there has been an attempt to re-establish regular M&M meetings at Monklands Hospital. The trainers had highlighted that there are pan NHS Lanarkshire M&M meetings, but the

trainees report that these are for consultants only and they have not attended them. The trainees can raise formal and informal concerns with their supervisors; however, they note that some concerns are not actively addressed and escalated. The trainees note that they have raised clinical concerns about a trainer at Monklands Hospital to four different trainers and it should have been escalated to management, however, there have been no actions taken to date.

2.19 Patient safety (R1.2)

Trainers: The trainers report that there is a robust system in place to address any patient safety concerns. The trainers do note that there are concerns with the continuity of care at Monklands Hospital. It is noted that there is consultant care at Monklands, but patient follow up can be distinguished as being concerning. The trainers note that this could be due to the difficulty of operating a three site two tier model. The focus is always on patient safety and care, but it is not always 100%. The trainers highlight that if any significant issues that are raised, the whole NHS Lanarkshire reacts and responds, therefore this is the reason to change once more, to build and improve on the changes being maintained. The trainers report that there are many avenues to monitor the safety of patients, there is a hospital wide policy to ensure trainers are contactable, there is a monthly departmental M&M meeting, a pan NHS Lanarkshire newsletter about adverse events. It is also noted there are hospital wide M&M's, with cases and learning points summarised and shared appropriately. Lastly, there is a pan Lanarkshire general surgical meeting to discuss learning from adverse events.

FY1 Trainees: The trainees based in Hairmyres Hospital report that there can be confusion in the vascular department and why patients are there. The trainees note there is varying success when trying to contact the vascular registrar to know what tasks are required to be completed for the patients. The trainees feel that they are trying to gather information and it can be challenging to clerk in the patients. The trainees also report that up 75% of patients on certain surgical wards can be medical boarders, which can present the trainees with challenges. The trainees can contact the medical team when required, however it is not always clear what tasks are required to be done. It is also not always clear as to who is provide a review and ongoing care for the boarded patients. The trainees note that at induction they are instructed to not provide care to medical boarded patients, however it can be a grey area when teams are asking to be supported. Trainees state they have missed teaching sessions due to providing care for boarded patients. The attitude towards trainees

from medical teams in relation to boarders can be tenuous as there is an assumption that the surgical trainees are caring for these patients. The trainees based in Monklands Hospital report that there is a boarders specific doctor that reviews and provides ongoing care to boarded patients.

FY2/CT Trainees: The trainees report that they have some patient safety concerns at Hairmyres Hospital due to the isolation felt overnight. The trainees report that the lack of continuity of care at Monklands Hospital and different consultant cover will lead to patients safety issues.

ST Trainees: The trainees report that the main patient safety concern they have is around the continuity of care and lack of follow up at Monklands Hospital. The handover of these patients lacks clarity and insufficient details to provide a decent level of care. The nursing staff have similar concerns and they have also raised this issue with the management with no change to date. The trainees feel that patients are receiving better quality of care at Hairmyres Hospital in comparison to Monklands Hospital.

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

Trainers: The trainers report that adverse incidents are reported and addressed through DATIX. If a trainee is involved through a DATIX, the supervisor would be informed and they would be supported throughout. The trainers note that there is informal feedback with local incidents. It was also stated that there are rapid local reviews and if there are serious adverse events, feedback would be given through that formal process. As stated in section 2.19, there are many local and pan NHS Lanarkshire meetings to learn from adverse events.

FY1 Trainees: The trainees report that there are adverse event reviews in surgery and they are discussed as a team with learning points advised. The trainees feel that this is managed well.

FY2/CT Trainees: The trainees report that they would use DATIX to report any adverse events and there is learning fostered from these submissions. However, they note that there are no M&M meetings held at Monklands in the time they have been there.

ST Trainees: As above in section 2.19, the trainee would use DATIX to report and there is limited feedback from these and attendance at M&M meetings.

2.21 Other

3. Summary.

Is a revisit required?	**Yes**	**No**	**Dependent on outcome of action plan review**

Positive aspects of the visit

- Universally it was heard that the consultant body are accessible, engaged and understanding of trainees specific training requirements. It is commendable that there has been a huge measure of work completed to reconfigure the services in NHS Lanarkshire. It is noted that there is ongoing engagement to implement change and this has been reflected in survey data received.
- The panel heard that there is good support for trainees with specific learning requirements.
- It was stated that handover is well structured at Hairmyres Hospital.
- The panel would like to commend the fact that the FY1's at Hairmyres Hospital are content in their job. The FY's were complimentary of their flexible and manageable rota. It was reassuring to see that there is trainee input to their rota design.
- It was pleasing to hear teaching is bleep free and trainees are able to attend most of their teaching.
- There was acknowledgement that there is quality elective experience for trainees in Hairmyres Hospital.

Less positive aspects from the visit:

- As the Monklands site was on Enhanced Monitoring the panel are concerned about a return to a 3-site model and will need monitored.
- The panel heard that in the FY trainees group at Hairmyres Hospital there is conflicting information given to trainees relating to the management of boarders in the surgical unit. It would be beneficial to clarify the roles and responsibilities for those involved.
- It was perceived that there are communication issues within ward 1.
- The ST trainees would benefit from increased support with administrative tasks, such as ID badges and rota management and consultant involvement in departmental teaching.

- The panel heard that there are concerns with the management of the Surgical Ambulatory Care Unit (SACU) on both Hairmyres Hospital and University Hospital Monklands sites. It was felt that there is a requirement to clarify the roles and responsibilities of those based within this unit. The SACU would also benefit from a designated consultant to provide oversight and leadership.
- It was felt that there needs to be more training opportunities to attend clinics and endoscopy lists and have these embedded in the rota.
- The panel heard from the trainers that there is a host of M&M meetings held not only within the training site but across NHS Lanarkshire. The trainees access to these meetings are limited and would benefit from more access to these.
- The ST's do not have access to their own space away from the ward, and they have limited access to computers to complete their electronic workload.
- It was noted by all groups that there are significant concerns with lack of continuity of care and handover at the Monklands site, although this impacts the junior middle grade trainees more substantially and raises potential patient safety issues.
- University Hospital Monklands would benefit from clear leadership to address any administrative concerns, such as ID badges and computer access for those rotating to the site.
- It was found that the FY trainees are completing a significant amount of non-educational tasks, such as bloods and ECG's on the Monklands site and this requires to be addressed.
- It was apparent that alleged culture and undermining issues remain a concern at University Hospital Monklands, these concerns will be addressed with out with the Deanery visit.

The deanery and GMC will review the content of this report and following this the GMC will write to the Health Board regarding the status of enhanced monitoring.

4. Areas of Good Practice

Ref	Item	Action
4.1	The consultant body are accessible, engaged and understanding of trainees specific training requirements	

4.2	Handover at Hairmyres is well structured and noted to have educational points of learning.	

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	n/a	

6. Requirements - Issues to be Addressed – Hairmyres Hospital

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be robust arrangements in place to ensure the tracking of all boarded patients. In addition, for boarded patients, there needs to be clarity which Consultant and clinical care team are responsible, how often patients are reviewed and what the escalation policy is.	6th March 2024	All trainees
6.2	All trainee cohorts should be made aware of M&M meetings and invited to participate.	6th March 2024	All trainees
6.3	There must be clarity regarding who is providing on-site to cover and is available to attend patients in the Surgical Ambulatory Care Unit (SACU) at both Hairmyres Hospital & Monklands Hospital .	6th March 2024	All trainees
6.4	The Board must provide sufficient IT resources and office space to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.	6th March 2024	All trainees

6.5	There must be provision on the rota to ensure CT & ST's can attend clinics and endoscopy lists relevant to their training needs.	6th March 2024	CT & ST

7. Requirements - Issues to be Addressed – Monklands Hospital

Ref	Issue	By when	Trainee cohorts in scope
7.1	Measures must be implemented to address the patient safety concerns associated with continuity of care at Monklands Hospital.	6th March 2024	All trainees
7.2	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, specifically in Monklands Hospital	6th March 2024	FY
7.3	Allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them. Specific example of undermining behaviour noted during the visit from Monklands Hospital will be shared out with this report.	6th March 2024	All trainees
7.4	There must be clarity regarding who is on-site to provide cover and are available to attend patients in the Surgical Ambulatory Care Unit (SACU) at both Hairmyres Hospital & Monklands Hospital .	6th March 2024	All trainees