

Scotland Deanery Quality Management Visit Report



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| Date of visit | 27 th September 2024 | Level(s) | FY/Core/Specialty |
| Type of visit | Enhanced Monitoring Revisit | Hospital | Ninewells Hospital |
| Specialty(s) | General Surgery | Board | NHS Tayside |
| Visit panel | | | |
| Prof Adam Hill | Visit Chair - Postgraduate Dean | | |
| Mr Andrew MacDonald | General Surgery Deputy Training Programme Director | | |
| Dr Melvin Carew | Foundation Training Programme Director | | |
| Dr Ananya Santosh | Trainee Associate | | |
| Kate Bowden | GMC Representative | | |
| Nasreen Anderson | Lay Representative | | |
| Fiona Paterson | Quality Improvement Manager | | |
| In attendance | | | |
| Ashley Bairstow-Gay | Quality Improvement Administrator | | |

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| Specialty Group Information | | | |
| Specialty Group | <u>Medicine, Anaesthetics/Intensive Care Medicine/Emergency Medicine & Surgery</u> | | |
| Lead Dean/Director | <u>Professor Adam Hill</u> | | |
| Quality Lead(s) | <u>Dr Reem Al Soufi, Dr Alan McKenzie, Ms Kerry Haddow, Dr Fiona Drimmie & Mr Phil Walmsley</u> | | |
| Quality Improvement Manager(s) | <u>Jennifer Duncan and Vhari MacDonald</u> | | |
| Unit/Site Information | | | |
| Non-medical staff in attendance | | | |
| Trainers in attendance | 8 | | |

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| Trainees in attendance | FY x 14, Core & ST x 9 | |
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| Feedback session: Managers in attendance | Chief Executive | | DME | x | ADME | x | Medical Director | x | Other | x |
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| Date report approved by Lead Visitor | 7 th October 2024 |
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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 2022 visit serious concerns were raised by trainees which resulted in 13 requirements being identified. A further visit was scheduled for 2023 which found significant efforts had taken place to improve the training environment. Core and Specialty trainees told us their experience had significantly improved however, concerns remained around the negative experience for the Foundation trainees. 10 requirements were set and managed through SMART objective and action plan review meetings. This visit aims to review the site progress against the 2023 visit requirements as well as identifying any areas of good practice.

The 2023 visit requirements:

- 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.
- 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.
- 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.'
- 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.
- 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.
- Trainees must receive feedback on adverse incidents that they raise through Datix.
- 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.

- 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. 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).
- 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).

Review of Survey Data:

NTS Trend 2024

The overall post 1 year trend data presents upward significant change indicators (SCI) for Adequate Experience, Clinical Supervision, Educational Supervision, Feedback, Overall Satisfaction & Supportive Environment.

NTS Programme results for FY1 trainees in 2024 – Red flag and downward SCI for Educational Supervision. Upward SCI for Adequate Experience, Overall Satisfaction & Supportive Environment. all indicators are white.

NTS Programme results for FY2 in 2024 –. All flags are white with upward SCI for Adequate Experience, Clinical Supervision, Handover, Overall Satisfaction, Reporting Systems, Supportive Environment & Teamwork.

NTS Programme results for Core trainees in 2022 – Pink flag indicators for Educational Governance, Educational Supervision & Facilities. All other flags are white with Reporting Systems, Educational Governance & Facilities displaying downward SCI.

NTS Programme results for Specialty Trainees in 2024 – Upward SCIs for Adequate Experience, Feedback & Induction (Green flag).

NTS Free text comments: 2 received from trainees. 1 relating to handover, the other relates to handover & escalation.

STS Trend 2024

STS Post Trend 2024 – 3 red flags for Discrimination, Team Culture & Workload. 2 Pink indicators for Equality & Inclusivity & Induction.

Foundation Trainees: 2 new Pink flags for Discrimination & Workload. Team Culture is red. 3 negative free text comments (FTC's) re workload, rota & staffing. 2 Positive re supportive team culture and registrar teaching.

Core Trainees: Aggregated data shows 1 red flag for induction and 1 pink for Handover. Workload is green.

Specialty Trainees: All indicators are white. 3 positive FTC's, 2 negative re training opportunities within Colorectal and rota compliance.

Department presentation: The visit team would like to thank Miss Claire Carden and the other members of the local training team that provided an informative update on the departments progress against the 2023 visit requirements. Information from the presentation has been incorporated below.

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: All trainees receive induction to both hospital and department. Trainee feedback was sought and changes implemented to further enhance the induction. Trainers told us they were aware induction can be overwhelming for trainees and they had tailored sessions to focus on the escalation policy, raising concerns and the structure of the on call and elective teams.

Foundation: Some trainees reported that they did not receive site or departmental induction. The majority of those who attended told us it was of a good standard.

Core & ST: Trainees reported they all had received both site and departmental induction and most felt it was highly informative.

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

Trainers: Rota changes have facilitated a redesign of the teaching programme to maximise trainee attendance at sessions. Fridays are designated teaching days for all trainees. Trainers acknowledged the challenges in providing interruption-free training but aim to prioritise teaching when possible. Ward staff are aware when teaching takes place and trainees encouraged to attend. To further help facilitate access to teaching, clinical fellows provide cover on the wards. Trainers told us they hoped that a bleep free culture will soon be embedded in the unit. New initiatives are in place linking regional teaching sessions with other rural regions. Sessions are recorded using MS Teams which allows trainees to access later.

Foundation Trainees: Trainees can access weekly teaching sessions which have been relevant to their curriculum. Some trainees described difficulties in attending teaching when working in both the Surgical Receiving and Surgical High Dependency Unit due to workload. Recording of teaching sessions can be variable with some tutors unaware this should be happening.

Core & Specialty Trainees: Trainees told us that rota changes had enhanced access to local and regional teaching. They stated teaching is well planned and maps to their curriculum. Some trainees are working alongside consultants and the deanery to help improve regional teaching.

2.3 Study Leave (R3.12) – Not asked.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6) – Not asked.

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 unit has invested in clinical supervision over the past 4 years ensuring robust supervision is in place for trainees. There is a dedicated emergency consultant working in the acute unit and 2 consultants on the floor in downstream wards. Escalation policies are clear and detailed at induction. A designated bleep system (5000, 6000, 7000, 8000) is in place for trainees to contact for support.

Trainers reflected that the unit can be busy and providing direct 1 to 1 supervision at all times is not achievable. This can result in some junior trainees feeling that they are working out with their level of competence however, support is always available.

Foundation Trainees: All trainees were aware of supervision arrangements and escalation pathways. Almost half of the trainees told us they had worked out with their level of experience. Some trainees detailed instances of seeking support through the correct channels and delayed to no response. They also provided examples of registrars being unwilling to take ownership of patients when seeking support. Trainees working within Vascular Surgery described a supportive and responsive team.

Core & Specialty Trainees: Clinical supervision is always available, consultants were described as accessible and approachable. Changes to the consultant rota are well communicated and trainees have never worked beyond their level of competence. Trainees who had worked within the unit previously told us there had been major improvements to provide dedicated supervision from the consultant team.

Trainees said their FY colleagues were ward based rather than team based which could lead to them feeling isolated. They considered themselves responsible for the junior doctor's day to day clinical supervision and stated they were happy to cross cover departments.

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

Trainers: We were told trainers are familiar with the curricula and Eportfolio requirements for specialty trainees. The Associate Post Graduate Dean for Foundation delivered teaching sessions on the new FY curricular ensuring all trainers were aware of requirements.

Trainers reported no concerns for FY trainees achieving their competences and told us the rota changes have improved their access to teaching. FY's have access to Clinic weeks and taster sessions however it was noted that sickness within the junior cohort has been high which has negatively impacted on their ability to provide full access to these learning opportunities.

Trainees get good operative numbers with trainers reviewing individual required competencies, adapting when necessary. If a trainee requires exposure to certain clinics or operative lists not available at this site, a process is in place across Scotland to move trainees to a site that can provide this. Trainees have also had the opportunity to attend the NHS Scotland Academy at the Golden Jubilee to further enhance training. Scheduled theatre closures in January provided the unit with the opportunity to create mini-immersion endoscopy lists which allowed trainees to achieve their competencies. The department have been selected as the pilot site for robotic colorectal surgery. This will provide excellent training opportunities for trainees.

Foundation Trainees: Trainees commended the concept of team days however told us their workload routinely prevented them from being able to access the learning opportunities these provided. Invitations from the General Surgery team to attend theatre were welcomed however, rota shortages due to staff sickness impacted on their ability to participate. 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. They considered junior ward rounds to be a tick box exercise with limited learning and no opportunity to present. Clerking of patients for day or emergency surgery can be burdensome and trainees received no feedback on the management of patients.

Core & Specialty Trainees: Theatre opportunities are high with trainees able to achieve most competencies within their programme. Previous challenges to accessing endoscopy experience had improved due to the department ran mini-immersion initiative and via the opportunities arising from the robotic pilot project. ARCP requirements had changed to requiring 15 clinics per year which trainees felt was reasonably achievable, on occasions there has been a lack of available rooms for trainees to host clinics.

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

Trainers: Trainers did not benchmark their assessments against other assessors, although they felt the Multiple Consultant Report (MCR) completed for each trainees ARCP provided adequate opportunity to assess trainees as a group.

Foundation Trainees: Trainees had no concerns with regard to opportunities for workplace-based assessments however obtaining senior sign off was challenging with trainees having to send multiple reminders, with little progress.

Core & Specialty Trainees: Trainees stated that in general they were able to complete WPBAs and have them signed off easily.

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) – Not asked.

2.11 Feedback from trainees (R1.5, 2.3) – Not asked.

2.12 Culture & undermining (R3.3)

Trainers: Trainers have continued work to build a positive culture within the workplace developing trainee relationships. Pastoral leads have been appointed for Foundation trainees to provide support during their time in the department. All groups of trainees have designated trainee representatives

that have regular meetings with departmental leads to share areas of concern or suggest improvements. Where possible Foundation trainees are aligned with their own unit helping to create a teams based working approach. Trainers were unaware of any instances of undermining or bullying within the unit.

Foundation Trainees: Most trainees did not feel part of the surgical team although stated that support was available when required. Trainees reported concerns regarding what they perceived to be undermining incidents. These incidents have been reported to the Director of Medical Education and will be discussed out-with this report directly with them.

Core & Specialty Trainees: Trainees said their consultant colleagues were supportive and approachable. No instances of undermining were reported by the trainees. Trainees were invited out to a social dinner with the Training Programme Director (TPD), Miss Carden which provided an informal opportunity to raise concerns and suggestions for improvements within the unit.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Both the Foundation and Registrar rotas have been redesigned and are compliant. Consultant job plans have been amended to provide enhanced direct clinical supervision. Covered within 2.2 & 2.5.

Foundation Trainees: Trainees were unaware of any long-term gaps on the rota. They told us short term gaps 'in hours' are not put out for locum cover due to fiscal challenges. These gaps are sent to trainees to cover. The rota provides adequate rest days for trainees. Occasionally the workload can be high and trainees struggle to take their breaks.

Core and Specialty Trainees: There are no gaps on the rota which has positively impacted on trainees ability to attend outpatient clinics. Whilst they acknowledged the improvements to teaching on the new rota some trainees told us that the shift to maximising trainee attendance on Fridays affected the volume of non-working weekend shifts for their personal life.

2.14 Handover (R1.14)

Trainers: An electronic patient record system is now in place which generates the handover list. Handover was described as thorough with contributions from the wider team. Trainers acknowledged progress with the acute handover but noted there could be further improvements within the downstream wards as it is not possible to have a consultant present at each ward. Foundation trainees working in the downstream ward attend the handover at night and morning handover. They then handover any issues or concerns to their colleagues. Ward rounds are ringfenced on the rota and provide the foundation trainees the opportunity to discuss patients with senior clinicians.

Foundation Trainees – Trainees reported that handover provides safe continuity of care for patients. They had not yet worked with the electronic note system.

Core and Specialty Trainees: Robust handovers using electronic notes take place twice daily at 8am and 8pm, appropriate swaps are always done to ensure a responsible senior presence. Trainees acknowledged there may be some confusion for their junior colleagues as to whom to escalate medical issues as they do not attend the main handover.

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)

Foundation Trainees: Trainees would raise any concerns regarding their training with their TPD. There are 2 FY representatives who meet biweekly to share and escalate any issues or areas for improvements, feedback is provided where necessary.

Core & Specialty Trainees: Trainees told us that they feel listened to when raising any concerns. They have a variety of paths to do so such as:

- Educational Supervisor,
- Training Programme Director,
- Trainee representative, and
- Anonymous feedback via Google Jamboard.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Escalation pathways are detailed at induction. Trainees have a number of avenues to raise concerns and the department operate an open door policy.

Foundation Trainees: Concerns would be raised via their Educational Supervisor or Pastoral lead.

Core & Specialty Trainees: Trainees once again highlighted the supportiveness of Miss Carden
Concerns of patient safety would be raised via any consultant and recorded via the Datix system

2.19 Patient safety (R1.2) – Not asked

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4) – Not asked

2.21 Other

3. Summary

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| Is a revisit required? | Yes | No | Dependent on outcome of action plan review |
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The visit panel would like to acknowledge the vast amount of work that has been undertaken since previous visits to improve education and training at the site. We would like to commend the ongoing engagement of the local team and DME in addressing these issues. There is a committed group of trainers with a strong and clear vision for the department. Whilst the Core and Specialty trainee experience remains positive, some work is required to further improve the Foundation experience. Discussions will now take place with the GMC around whether or not the site has reached the threshold for removal of its Enhanced Monitoring status.

Positive aspects of the visit:

- Highly engaged trainer cohort and senior management team working well together to improve training
- Core and Higher trainees described an excellent training environment
- There is an established peer support network
- The introduction of electronic patient records has been beneficial to all in the clinical area.

Less positive aspects of the visit:

- There is a considerable difference of experience of the FY trainees compared to the Core and Specialty trainees. Work has been undertaken to improve this however further work is required
- Escalation policies are in place, but FY trainees frequently find it difficult to access support when needed.
- Dignity at work issue will be shared DME post meeting.

Review of previous visit requirements: Progress against 2023 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. | Addressed |
| 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 incidents highlighted by Foundation trainees. |
| 7.3 | 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. | Addressed |

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| 7.4 | 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 | Partially addressed. Trainees are aware of escalation pathways however at times support can be delayed or not provided. |
| | never leave trainees dealing with issues beyond their competence or 'comfort zone.' | |
| 7.5 | 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. | Partially addressed. Further work required to address this issue for Foundation trainees. Merge with 7.10 |
| 7.6 | 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. | Addressed |
| 7.7 | Trainees must receive feedback on adverse incidents that they raise through Datix. | Addressed |
| 7.8 | 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. | Addressed |
| 7.9 | 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 | Partially addressed. Further work required to address this issue. |
| 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 (particularly in regard to Phlebotomy cover that FY1 provide) | Partially addressed. Further work required to address this issue for Foundation Trainees, particularly in regard to Phlebotomy cover. |

4. Areas of Good Practice

| Ref | Item |
|-----|--|
| 4.1 | Collaborative working with other regions to share best practice and joint teaching sessions. |
| 4.2 | TPD informal dinner night. |
| 4.3 | Senior trainees feel part of a supportive team which is invested in their training. |

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 |
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6. Requirements - Issues to be Addressed

| Ref | Issue | By when | Trainee cohorts in scope |
|-----|--|-----------|--------------------------|
| 6.1 | 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. | July 2025 | FY |

| | | | |
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| 6.2 | 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.' | July 2025 | FY |
| 6.3 | 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) | July 2025 | FY |
| 6.4 | 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 | July 2025 | FY |