

Scotland Deanery Quality Management Visit Report

Date of visit	23 May 2018	Level(s)	Foundation, Core and Specialty
Type of visit	Enhanced Monitoring	Hospital	University Hospital Hairmyres, East Kilbride
Specialty(s)	General Surgery	Board	NHS Lanarkshire

Visit panel	
Professor Alastair McLellan	Visit Lead and Postgraduate Dean
Professor Adam Hill	Associate Postgraduate Dean – Quality
Mr Chris Lewis	Royal College of Surgeons (Edinburgh) Representative
Mr Robin Benstead	GMC Representative
Ms Jill Murray	Quality Improvement Manager
Name Redacted	Lay Representative
In attendance	
Mrs Fiona Conville	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Surgery	
Lead Dean/Director	Professor William Reid	
Quality Lead(s)	Ms Kerry Haddow, Professor Adam Hill and Mr Phil Walmsley	
Quality Improvement Manager(s)	Ms Jill Murray and Ms Vicky Hayter	
Unit/Site Information		
Non-medical staff in attendance	4	
Trainers in attendance	9	
Trainees in attendance	12	8 x FYs, 1 x CST, 3 x STs
Feedback session: Managers in attendance	17	

Date report approved by Visit Lead	18 June 2018
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1. Principal issues arising from pre-visit review

Background information

This visit is a follow up to the most recent Enhanced Monitoring visit on 28 March 2017. The visit team will include College and GMC representation in line with the nature of this visit. The visit team will further investigate the issues previously highlighted and be informed of progress made towards their resolution. The visit team will also use the opportunity to regain 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.

In order to make the visit schedule more practical, CST and ST trainees have combined in one session for General Surgery.

NTS data for all trainees in General Surgery highlights two green flags for Handover and Reporting Systems and a red flag for local teaching.

Please note that the Foundation NTS data covers all surgical specialties at the site and not solely the specialty being visited. Issues highlighted by trainees include:

Foundation Trainees

NTS Data

Red Flags – FY2 – Adequate Experience, Clinical Supervision, Study Leave, Supportive Environment

Pink Flags – FY1 – Adequate Experience; FY2 – Clinical Supervision OOH, Feedback, Handover, Induction, Teamwork, Curriculum Coverage, Educational Governance and Overall Satisfaction

Light Green – FY1 – Supportive Environment, Educational Governance

The requirements following the visit in March 2017 are listed below:

- Vascular induction must occur for all trainees working in this department.
- The burden of non-educational tasks for Foundation trainees must be reduced. An example is that a system for covering arrangements for anti-coagulant service follow-up of patients must be developed that does not consume unrealistic amounts of Foundation trainees' time.
- SHO term: All reference to "SHOs" must cease. The SHO grade ceased to exist with the introduction of MMC and whilst it is colloquially used to refer to non-ST level trainees, the terminology has potential for misinterpretation regarding a trainee's skill level and can give rise to patient safety issues. The solution to this issue requires system-wide initiatives involving Service, Scotland Deanery and Medical Schools.

2. Introduction

A summary of the discussions has been compiled under the headings in section 3 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.

The panel met with Trainers and non-medical staff and the following trainee groups:

Foundation Trainees
Core Trainees
Specialty Trainees

3.1 Induction (R1.13)

Trainers: Trainers reported all trainees attend a hospital induction followed by a departmental induction. The departmental induction includes a tour of the wards, clinic area and theatres. The roles and responsibilities of the trainees is also covered in induction. Those that are unable to attend either hospital or departmental induction are met with at a later date.

Foundation Trainees: Trainees stated they all received a hospital induction which provided an overview of protocols and procedures. They were also issued with their IT passwords and given training on the IT systems. The trainees received a departmental booklet which a senior trainee took them through and also explained their role and responsibilities.

Core and Specialty Trainees: Trainees stated they had all received a hospital induction. Prioritisation was given to those working on-calls or nights to get their ID badges and IT passwords. Trainees confirmed they had all received a departmental induction which included introductions to the entire team and an explanation of roles and responsibilities. Induction also covers what to do with urological admissions through the Emergency Department. Induction includes how to escalate concerns and incident reporting.

Non-Medical Staff: The group advised they are not involved in induction.

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

Trainers: Trainers stated all trainees are able to attend their regional teaching which is bleep free. There are departmental meetings and teaching sessions delivered on a regular basis. These meetings include a Monday lunchtime teaching session offering trainees the opportunity to present and lead the session and a monthly M&M meeting with a teaching session at the end of the meeting. There are a number of MDT meetings throughout the week that all trainees are encouraged to attend. A dedicated training scope list is run on a Friday afternoon which is specifically designed for trainees. Amongst themselves the trainees still run the WhatsApp group which details available opportunities, this was highlighted at the previous visit. Hospital wide teaching includes a Grand Round on a Wednesday lunchtime and a 'QI Friday' which is led by a Chief Resident and encourages trainees to discuss their quality improvement projects.

Foundation Trainees: Trainees stated there are good teaching opportunities on site. There is Monday lunchtime teaching in the department, a Grand Round on a Wednesday lunchtime and medicine teaching on a Thursday that they can attend. FY1 teaching is on Tuesdays. Trainees stated they are able to attend teaching and are encouraged to go. The FY2 trainees confirmed they are able to attend their regional teaching days (2 per block) which are bleep free. The Foundation trainees estimated being able to attend 2-3 hours of local teaching per week.

Core and Specialty Trainees: Trainees advised there is a Monday lunchtime teaching session where trainees are invited to present to the group. There is also a hospital wide Grand Round on a Wednesday lunchtime. There is a departmental monthly M&M meeting that trainees attend. All trainees confirmed they are able to attend their regional programme teaching bleep free. They estimate they can attend on average 1hr/week of local teaching.

Non-Medical Staff: The group advised they are aware of the teaching sessions and there are no issues with trainees attending.

3.3 Study Leave (R3.12)

Trainers: Trainers reported there were no issues supporting study leave.

All Trainees: Trainees confirmed they had all been supported in taking study leave.

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

Trainers: Trainers reported all General Surgery Consultants are Educational Supervisors whilst in the Vascular unit there are currently 2 Educational Supervisors. All Educational Supervisors have appropriate time in their job plan and the role is appraised as part of their annual appraisal.

Foundation Trainees: Trainees stated they have all met with their Educational Supervisor. The Educational and Clinical Supervisor roles are fulfilled by the same trainers.

Core and Specialty Trainees: Trainees reported they all have a named Educational Supervisor who they have met formally with.

Non-Medical Staff: The team stated there is always supervision available and all Consultants are approachable.

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

Trainers: Trainers stated trainees are paired with appropriate teams to ensure a spread of skillset, ie, Consultant, senior trainee, junior trainee whilst ensuring appropriate training opportunities for each. There are a number of vacancies that have been filled by staff grade doctors and they are allocated to teams on the same basis. Trainers in General Surgery and Vascular Surgery stated there are no issues with trainees meeting their curriculum competencies.

Foundation Trainees: Trainees stated they will be able to achieve their curriculum competencies in this post. The post gives them good opportunities to clerk in patients, particularly GP referrals, and then receive feedback from senior trainees. There are not many opportunities to attend clinics but the trainees do have opportunities to go to theatre. Trainees stated they do not spend too much time on non-educational tasks as there are a number of support roles in the department.

Core and Specialty Trainees: Trainees stated they were team-based, and that this provided good access to elective theatre lists and to clinics aligned to their teams. There are 3 morning CEPOD lists per week – providing some access to emergency operating but they reported there was scope to get more access to emergency operating than they got. CEPOD theatres tend not run overnight, but are available. Access to endoscopy was limited. There was a dedicated gastroenterology training list on Friday afternoons, that provided access to colonoscopy. Access to endoscopy training has been limited since a nurse-endoscopist trainer left 2 years ago. Those at the more junior end of the spectrum were struggling to get access to the operative experience they need and to endoscopy, in particular. There are limited opportunities for more senior trainees to teach more junior trainees.

Trainees in Vascular Surgery stated their endo-vascular experience is the best in the UK as the Interventional Radiologists support their training and work together with the Vascular Surgeons.

Non-Medical Staff: The group stated they provide assistance and advice to the Foundation trainees particularly when they start in post.

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

Trainers: Trainers stated they all complete assessments for trainees and have all received training on the portfolios and assessments being requested.

Foundation Trainees: Trainees reported no issues with having assessments completed by team members.

Core and Specialty Trainees: Trainees stated they work regularly with the same Consultants and they are all aware of the trainees' competence level. Trainees on the junior rota stated they may struggle to gain an appropriate number of emergency procedure numbers.

Non-Medical Staff: The group stated they complete multi-source feedback forms for the trainees.

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

Trainers: Trainers stated there are opportunities for multi-professional learning with training days offered at the Kirklands Hospital, Bothwell for the whole team as well as monthly CPD afternoons across Lanarkshire. There are also surgical Minor/Major Injury/Illness Nurse Treatment Service (MINTS) nurses involved in ambulatory care who attend training with senior trainees.

Foundation Trainees: Trainees stated they have attended ad hoc sessions with specialist nurses and dieticians.

Core and Specialty Trainees: Trainees stated although there are no specific sessions for multi-professional learning dieticians attend and participate in the lunchtime meetings.

Non-Medical Staff: The group advised there had been no recent sessions but they had attended joint sessions previously that had been useful.

3.8. Adequate Experience (other) (R1.22)

Trainers: Trainers stated there are opportunities to undertake audits and trainees know how to become involved in QI projects. Trainees are encouraged to attend and present at the Monday lunchtime meetings and there is also a hospital wide QI Friday afternoon that is organised by a trainee.

Foundation Trainees: Trainees stated they can either suggest an audit or have one allocated to them or engage in QI projects. This is done in discussion with the team running the QI Friday lunchtime meeting.

Core and Specialty Trainees: Trainees confirmed there is a system in place for them to undertake audit projects and opportunities for them to present both locally and nationally.

3.9. 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 stated NHS Lanarkshire has signed up to the colour coded badges scheme and there are posters throughout the hospital highlighting the levels of trainees (the 'SaynoSHO' campaign). There is also a clear escalation process that the trainees are advised about and no trainee works above their competence. Supervision is always available and all Consultants are available to be contacted. In the Vascular unit there is a weekly timetable on the wall that details the Consultants on site so everyone knows who to contact.

Foundation Trainees: Trainees stated clinical supervision is always available, they are never asked to work above their competence and everyone in the department is approachable.

Core and Specialty Trainees: Trainees reported clinical supervision is always available with good support both during the day and out of hours.

Non-Medical Staff: The group stated all grades of trainees have a colour badge and there are posters advising what colour represents which grade of trainee and there is always supervision available in the department.

3.10. Feedback to trainees (R1.15, 3.13)

Trainers: Trainers stated trainees are given feedback at the handover meeting in the morning, during the afternoon ward round and at M&M meetings. Feedback is also given more formally by Clinical/Educational Supervisors.

Foundation Trainees: Trainers reported they receive regular feedback from seniors and particularly from Specialty trainees when working out of hours.

Core and Specialty Trainees: Trainees reported they receive constant feedback 'on the job'.

3.11. Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported a questionnaire is distributed to the trainees asking for feedback and, where possible, changes are implemented. The Vascular unit is a small department and the trainers receive regular informal feedback from their trainees. Trainers advised that there is not a specific Surgical Chief Resident at the moment but the trainees can feedback to any of the Chief Residents and there is a Trainee forum that meets fortnightly.

Foundation Trainees: Trainees stated they are regularly asked for feedback by Consultants and their Educational Supervisor. There is also an opportunity at Monday lunchtime teaching

session to raise any issues. Trainees are aware of the Chief Residents within the hospital but have not used them as a feedback mechanism.

Core and Specialty Trainees: Trainees stated they provide regular feedback and it is always well received and acted on where appropriate.

3.12. Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported the trainee rota does not adversely affect patient safety or training opportunities.

Foundation Trainees: Trainees stated their workload and rota is manageable both during the day and out of hours.

Core and Specialty Trainees: Trainees reported their rota is manageable both during the day and out of hours and does not adversely impact on patient safety or their training.

Non-Medical Staff: The group stated the workload can be busy over the weekend for the trainees but otherwise manageable.

3.13. Handover (R1.14)

Trainers: Trainers reported the handover had been revamped and at 8am there is a sit down meeting on the Acute ward with every patient discussed. The handover is led by the senior trainee and Consultant on-call. There is a set Agenda for the meeting and everyone is asked to discuss any patient they have concerns about. Members of the nursing team are also present.

Foundation Trainees: Trainees reported that the handovers at 8am and 8pm are 'brilliant' and every patient and outlier is discussed. There is a formal written handover at the weekend.

Core and Specialty Trainees: General Surgery trainees stated that handover is very good with the team sitting down in an office and discussing every patient. This also provides a learning opportunity for the junior trainees and medical students. Handover happens at 8am and 8pm however there is no Consultant presence at the 8pm handover. At the weekend there is a written record of handover. The Vascular unit have a verbal handover that is then stored on a web-based system that is shared with Radiology and General Surgery.

3.14. Educational Resources (R1.19)

Trainers: Trainers stated there are good teaching resources available in the Education Centre in University Hospital Hairmyres, East Kilbride and simulation facilities in Kirklands Hospital, Bothwell.

Foundation Trainees: Trainees reported there are good IT and library facilities. There are simulation courses at Kirklands Hospital, Bothwell.

Core and Specialty Trainees: Trainees reported good IT and library facilities with simulation opportunities available at Kirklands Hospital, Bothwell.

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

Trainers: Trainers advised they send out a questionnaire to the trainees asking for feedback on their training and there had been a few concerns and those that were raised have been addressed. The Vascular Consultants ask for feedback at the specialty's face to face ARCPs. The department has been well supported by a Foundation Programme Director when they have had a Foundation trainee with difficulties.

Foundation Trainees: Trainees stated the department is supportive. One trainee advised they had been well supported returning from a period of sick leave. The Foundation trainees all have a 'buddy' (a new system run by seniors who volunteer for this role); the day to day role of 'buddies' is to look after for those they are assigned to, but also to provide general support and some career guidance.

Core and Specialty Trainees: Trainees reported the department is supportive.

3.16 Educational Governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: Trainers referred to the Director of Medical Education.

All Trainees: Trainees were unaware of the person responsible for their Education and training on the hospital site, and were generally unaware of how educational governance works.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers stated trainees are told at Induction how to escalate concerns. There is a hospital-wide campaign, RESPOND, that details the route to escalate, and that encourages escalation to Consultants. When on-call the elective commitment of the Consultant is cancelled to ensure they are available. There is a good senior management structure in the hospital that is approachable and visible.

Foundation Trainees: Trainees reported they would discuss any concerns regarding their training or patient safety with their Educational Supervisor. The trainees also advised there is a buddy system for the FY1 trainees to provide support if they have concerns; the trainees are allocated a more senior trainee who provides support and advice on an informal basis.

Core and Specialty Trainees: Trainees stated all Consultants are approachable and there is an open-door policy in the unit so they would feel comfortable talking to any Consultant. Trainees with specific concerns about their training would discuss these with their Educational Supervisor and an example of this was provided.

Non-Medical Staff: The group stated there is a daily meeting every morning as well as a Directorate safety huddle followed by a hospital wide safety huddle. Any concerns are reported to the Consultant, the Senior Nurse or hospital management.

3.18 Patient safety (R1.2)

Trainers: Trainers stated there were no patient safety concerns. There are occasionally medical boarders on the surgical wards and the senior trainees are aware of these patients.

Foundation Trainees: Trainees stated they had no concerns relating to surgical patients however they were less confident regarding the medical boarded patients on their wards. The medical boarded patients are not handed over to the Foundation trainees on the surgical ward and on occasion they have found it difficult to contact the appropriate team to pass on concerns or updates. The concerns around boarding were consistent with concerns across the NHS.

Core and Specialty Trainees: Trainees reported they had no concerns regarding patient safety.

Non-Medical Staff: The team stated there are mechanisms in place to raise concerns and all Consultants are approachable. There are ward safety huddles and receiving huddles that junior trainees attend to get updates on patients. The team expressed concern regarding the support mechanisms for medical patients' boarded on the surgical wards as it can be difficult to identify and contact the team responsible for them.

3.19 Adverse incidents (R1.3)

Trainers: Trainers reported that Datix is used to record incidents and they are then discussed at the M&M meeting. Surgical Datix incidents may also be discussed at the hospital wide M&M meeting which is held twice a year.

Foundation Trainees: Trainees stated they would use the Datix system to report an incident. There is a M&M meeting on the first Wednesday of each month where Datix feedback is given.

Core and Specialty Trainees: Trainees stated they would use Datix to report any incidents and they would then be discussed at the M&M meetings. There is also a hospital wide M&M meeting that involves all specialties and surgical Datix reports may also be discussed there.

Non-Medical Staff: The group stated Datix is used to report incidents and feedback is shared with the relevant team.

3.20 Duty of candour (R1.4)

Foundation Trainees: Trainees stated they would be supported in the event of an incident. An example of the support provided was given by a trainee.

Core and Specialty Trainees: Trainees reported the department is very supportive and has a culture of openness.

3.21 Culture & undermining (R3.3)

Foundation Trainees: Trainees reported they feel part of the team and that the majority of Consultants were approachable. A concern around behaviours in relation to one trainee and a Consultant was shared with the panel but this had been escalated within the department and the indications are that this was being dealt with appropriately.

Core and Specialty Trainees: Trainees stated there are no undermining issues with everyone in the team being respectful of one another. Trainees advised any issues would be reported to their Clinical or Educational Supervisor but all Consultants are approachable.

Non-Medical Staff: The team stated there are no issues.

4. Summary

This was a very positive visit. Huge improvements have been noted in these training environments over the series of visits conducted in association with the GMC's enhanced monitoring process since 2014. This reflects the leadership of the Chief Executive, Medical Directors and the Director of Medical Education but crucially also the engagement and commitment of the Consultant trainers in General Surgery and Vascular Surgery. The improvements are such that the Deanery will make a recommendation to the GMC to consider de-escalation from enhanced monitoring.

What is working well:

- The culture supporting education & training in General Surgery.
- The culture supporting education & training in Vascular Surgery.
- The buddying system.
- 'QI Fridays' – a novel initiative instigated by a Chief Resident.
- Training provision in Vascular Surgery – with tailoring of training provision to trainees' needs and excellent endovascular training opportunities.
- The learning from incident reporting, with effective use of Datix that ensures feedback is generally provided to trainees who submit concerns via this route, and that feeds learning through departmental and hospital morbidity and mortality meetings.
- Excellent range of local teaching meetings for General Surgical; that are accessible to trainees, some of which are 'protected' by being 'bleep free'. Also, the trainees can access their regional teaching programme.

What is working less well:

- While University Hospital Hairmyres, East Kilbride has a Chief Resident programme and provides a trainee forum, there was a surprising lack of awareness of both among the trainee cohorts we met.
- The experience of medical patients boarded in General Surgery.
- Lack of emergency surgical opportunities and limited access to endoscopy.

Overall satisfaction scores:

Foundation trainees – ranging from 7-9 with an average of 7.8,
 Core and Specialty trainees – ranging from 8-10 with an average of 8.8

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
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5. Areas of Good Practice

Ref	Item	Action
5.1	The buddying system in place where a FY1 trainee is allocated a more senior trainee who provides pastoral support and advice.	
5.2	'QI Fridays' where trainees are allocated and able to discuss or present their Quality Improvement projects.	

6. Areas for Improvement

Ref	Item	Action
6.1	Handover structure is good but weakness is no audit trail as only weekend handover is written.	
6.2	Awareness should be raised of the Junior Doctors Forum and the role of the Chief Resident as both are very positive mechanisms of feedback for trainees.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	All surgical trainees must have access to the appropriate procedural opportunities including operative and endoscopic opportunities to enable them to meet the requirements of the curriculum and to achieve satisfactory ARCP outcomes.	23 Feb 2019	CT & ST3+
7.2	There must be an escalation policy for medical boarders in surgical wards.	23 Feb 2019	All