Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	2nd July 2018	Level(s)	GPST/ Core/ ST3+
Type of visit	Enhanced Monitoring Revisit	Hospital	University Hospital Wishaw
Specialty(s)	Trauma & Orthopaedics	Board	NHS Lanarkshire

Visit panel	
Prof. Alastair McLellan	Visit Chair - Postgraduate Dean
Mr. Robin Benstead	GMC Visits & Monitoring Manager
Ms. Helen Richardson	GMC Enhanced Monitoring Associate
Mr. Sudhi Ankarath	Royal College Representative
Prof. Adam Hill	Associate Postgraduate Dean – Quality
Dr Patrick Hughes	Trainee Associate
Mr. John Dearden	Lay Representative
Mrs. Lesley Metcalf	Senior Quality Improvement Manager
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 Vicky Hayter

Unit/Site Information		
Non-medical staff in attendance	0	
Trainers in attendance	2	
Trainees in attendance	7	3 x GPST; 2 x CT1; 1 x ST4; 1 x post CCT
Feedback session: Managers in attendance	7 including Board Chief Executive; Director of Medical Education; Medical Director; Associate Medical Director & Clinical Director.	

Date report approved by Lead Visitor	8th August 2018

1. Principal issues arising from pre-visit review

The panel examined all available data from the GMC national trainee survey 2017, the Scottish trainee survey (STS), pre-visit questionnaires (PVQ) and previous visit reports. The following were the main issues of note prior to the visit:

Issue	Foundation	GPST	Core	Higher
Overall satisfaction	2017 visit report; PVQ concern	2017 visit report; PVQ concern	2017 visit report	PVQ positive
Induction	NTS pink flag; STS aggregated green flag.			
Workload	NTS pink flag; STS aggregated red flag; PVQ concern; 2017 visit report	STS aggregated red flag; PVQ concern; 2017 visit report	STS aggregated red flag; PVQ concern; 2017 visit report	
Clinical Supervision/ OOH	NTS pink flag			NTS pink Flag
Supportive Environment	NTS green flag			NTS green flag
Reporting systems	NTS green flag		NTS light green flag	
Educational Governance	NTS green flag			NTS green flag
Teamwork	STS aggregated green flag; NTS light green flag			
Handover		STS aggregated red flag; PVQ concern	NTS pink flag	STS green flag
Adequate Experience	PVQ positive	PVQ concern; 2017 visit report	NTS pink flag; 2017 visit report	PVQ positive
Service/ Education balance	PVQ concern	PVQ concern; 2017 visit report	2017 visit report	
Working beyond competence	PVQ concern	PVQ concern		
Teaching (including regional)			STS aggregated red flag	NTS green flag; STS green flag
Patient safety	PVQ concern		PVQ concern	
Educational environment		STS aggregated red flag	STS aggregated red flag	STS green flag

2. Introduction

In late 2013 all three acute LEPs in NHS Lanarkshire were placed on the GMC's Enhanced Monitoring process. This followed the publication of Healthcare Improvement Scotland's Rapid Review of the Safety and Quality of Care for Acute

Adult Patients in NHS Lanarkshire. This was due to concerns that impacted on the training environment.

In November 2016 T&O services In Lanarkshire were reconfigured. The T&O inpatient service at Monklands District General Hospital ceased and all activity was transferred to University Hospital Hairmyres and University Hospital Wishaw. A revisit was undertaken in March 2017 and, although improvements had been made, several serious concerns remained. These were particularly notable for trainees on the junior tier of the rota who felt their training was adversely impacted by workload and gaps in the rota. At this time trainees expressed concern regarding their ability to meet their curriculum competencies as they struggled to attend theatre and clinics.

This is the fourth revisit to T&O at University Hospital Wishaw with the main purpose being to consider whether adequate improvements have been made to allow de-escalation from enhanced monitoring.

A summary of the discussions has been compiled under the headings in section three below. This report is compiled with direct reference to the GMC's *Promoting Excellence - Standards for Medical Education and Training.* Each section heading includes numeric reference to specific requirements listed within the standards.

3.1 Induction (R1.13)

GPST/ Core trainees: All trainees advised that induction to the site was useful & informative. Access to IT systems and passwords were all provided in a timely manner.

Departmental induction was useful and provided information on daily activity, contact details, a summary of the rota and escalation pathways. Trainees also advised that it was made clear to them that there was no pressure to consent patients where they felt this was beyond their competence and that support was always available. Although none of the trainees in attendance missed departmental induction it was made clear to them that this would be provided as a 1:1 session at a later date if they could not attend the main induction. Trainees suggested that some presentations on common clinical presentations may have been helpful as part of their induction but did highlight that this information was contained within their handbook on the shared drive. Trainees also highlighted the orthopaedic skills day as being very useful & enjoyable. It was suggested that it would be better if this took place closer to the induction day in future.

ST trainees: The trainees had not attended site induction as they had worked at the hospital previously and were familiar with the information given at this session. One trainee did not undertake a departmental induction as they had recently worked in the department and the other received a bespoke session which covered all relevant information. Trainees received information regarding their rota in advance of taking up post. Trainees also advised that details of their supervisor was provided a few months prior to their post beginning and that the department had been happy to accommodate requests for specific supervisors to meet trainees needs.

Trainers: The trainers were unable to comment directly on the site induction but advised that feedback from trainees suggested it was adequate for their needs.

Trainees had reported positively to them on the training they received on IT systems and the fact that passwords and access was provided in a timely fashion.

The departmental induction was described as following Deanery guidance on what should be included in induction. Admin information is emailed to trainees in advance of the session. Trainers advised that if a trainee could not attend the main departmental induction they would be offered a 1:1 session instead. Trainers noted they tried to issue rotas in advance of trainees taking up post but often received information regarding confirmed appointments late, making this more challenging. In additional to the induction meeting trainers also highlighted a number of resources on the shared drive which trainees can utilise. Trainers said they always want to stress to trainees their wish to be supportive and helpful during induction and ensure trainees feel prepared to begin work. Trainers also confirmed that they try to link trainees with an educational supervisor prior to the start of their post but if this is not possible it is confirmed during the trainees first week. Trainers felt that going forward they could improve induction by offering some formal presentations on common clinical presentations which could be available on the shared drive afterwards.

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

GPST/ Core trainees: Trainees described a range of formal teaching opportunities including lunchtime teaching sessions, a weekly x-ray meeting and the daily trauma meeting. Trainees advised that the lunchtime teaching is Consultant-led and of high quality but they can struggle to attend regularly due to workload, nights and zero-hour days. Trainees also advised that Registrars had run ad hoc teaching sessions on topics they were interested in when asked. Trainees valued the daily trauma meeting and found it a useful learning experience. Core trainees noted that their regional teaching took place ‘sporadically’ and that they had only been able to attend around 30% of the sessions which had taken place.

ST trainees: Trainees highlighted the same meetings as their GPST/ Core colleagues. They noted an understanding that the lunchtime teaching is sometimes cancelled due to Consultant workload. When lunchtime teaching takes place, it was felt to be of high quality and address the learning needs of a variety of trainee cohorts. Trainees advised they could attend both the local teaching meetings and regional teaching which takes place weekly.

Trainers: Trainers highlighted the following teaching opportunities during the week:

- Twice weekly ward round with a Care of the Elderly Consultant to learn about medical care of patients.
- Tuesday lunchtime Consultant led teaching
- Weekly x-ray meeting.
- Daily trauma meeting

Trainers felt there were good opportunities to attend the various educational meetings throughout the week. They did acknowledge that there was more opportunity for attendance at teaching, and at clinics and theatre, when the rota was fully staffed. Trainers confirmed that teaching sessions are not currently bleep free although their

perception is that attendance is supported and trainees are not often called away. Trainers confirmed that attendance at regional teaching is supported and every effort is made to arrange cover for trainees who wish to attend.

3.3 Study Leave (R3.12)

All trainees: All trainees advised that the department was supportive of their study leave needs and had, on occasion, organised locum cover to facilitate study leave requests.

Trainers: The panel noted that trainers were always happy to support study leave requests where a minimum of 6 weeks' notice is provided. On occasion locum cover has been arranged to facilitate trainees taking study leave and requests are almost never refused.

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

GPST/ Core trainees: All trainees had a named educational supervisor. GPST trainees were all able to meet with their supervisor in GP practice during their placement. Core trainees had 3-4 meetings with their supervisor during their post.

ST trainees: Trainees met formally with their named educational supervisor approximately 3 times during their placement although they could speak with them informally on a regular basis.

Trainers: Trainers advised that they allocate supervisors to trainees at a Consultant meeting and try to do this in good time but as previously mentioned it is dependent on having final trainee numbers. All Consultants who wish to be trainers must complete the requisite course and fulfil the requirements of Recognition of Trainers. Trainers noted that they were allocated 0.25 PA per trainee for supervision and generally considered that they had adequate time to fulfil their role.

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

GPST/ Core trainees: All trainees advised that when the rota was fully staffed the training opportunities in the department were excellent. Trainees particularly highlighted having assigned weeks to attend theatre/ clinics are being of value and supporting attainment of their curriculum competencies. GPST trainees felt the post would allow them to fulfill their curriculum competencies. Core trainees advised that when the rota was fully staffed they could attend enough theatre sessions to fulfill their curriculum requirements but that since December (when rota gaps began) access to theatre has been very significantly limited (and overall well short of target numbers) due to an inability to leave the wards. Trainees felt that when the rota was fully staffed there was a good balance of training & service delivery but since December 2017 their time had predominantly focused on service delivery. Core trainees highlighted that they may not attain a satisfactory ARCP outcome due to the lack of access to theatre and completion of requisite numbers of procedures.

ST trainees: Trainees advised they are assigned to work with a specific Consultant and they follow the timetable of that Consultant. Trainees also cover additional activities such as fracture clinics during their Consultants' SPA time. Trainees appreciated the flexibility of the department in tailoring activity to meet their learning needs and specialist interests. Trainees advised that they sometimes work in trauma cases more independently but that Consultant support is always available. Trainees also noted that they sometimes begin Consultant lists but that when this happens the case is chosen to meet the trainee's level of competence and that if the trainee was uncomfortable working independently the list would wait for the Consultant. Trainees appreciated the supported independence within the department and did not feel they worked beyond their competence. Trainees also advised that they sometimes cover fracture clinics without a Consultant but that another Consultant colleague undertaking their own clinic nearby could always be contacted for advice and support. Access to theatre sessions and to operative opportunities and to clinics is sufficient to meet their needs and requirements. Trainees felt the role supported their training and curriculum well.

Trainers: Trainers felt that they delivered the curriculum requirements for ST trainees well but were less confident regarding the GP curriculum which they find less specific. Trainers also highlighted that delivering training to core trainees can be challenging as this cohort is often required to provide ward cover. The Clinical Director encourages all trainers to be proactive in seeking opportunities for core trainees to attend educational opportunities in theatre and clinics. It was noted that there are advanced nurse practitioners (ANPs) on the wards who should be able to cover patient care when trainees are away at clinics and theatre. Trainers felt that trainees had the best experience when the rota was fully staffed.

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

GPST/ Core trainees: All trainees advised that Consultants were supportive of completing assessments. Assessments were felt to be fair & consistent and provide a good standard of feedback.

ST trainees: Trainees told the panel that it was easy to complete assessments and that Consultants were always happy to do so. The standard of feedback within their assessments was felt to be good.

Trainers: All trainers have received training in how to undertake work based assessments. The panel heard that trainers try to encourage trainees to see all activity as an opportunity to complete assessments. If trainers undertake a detailed discussion with trainees during a ward round they try to complete a case-based discussion assessment. Trainers have not formally benchmarked their assessments but do seek feedback from trainees regarding their experience at the end of their post.

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

GPST/ Core trainees: The panel were advised that there is a CME meeting once a month for a full afternoon which involves the whole team. Trainees also advised that a

doctor from care of the elderly undertakes teaching ward rounds which are valuable for learning about patient's medical needs.

ST trainees: The weekly x-ray meeting and daily trauma meetings were highlighted as offering opportunities for multi-professional learning.

Trainers: Trainers advised that an educational MDT had been trialed but was found to take too long given the other tasks required of Consultants and trainees. Trainers confirmed that ANPs are invited to the weekly teaching sessions.

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

GPST/ Core trainees: All trainees agreed that they had been offered the opportunity to undertake a quality improvement project or audit during their placement. The GPST trainees had chosen to undertake this activity during their practice placement. Core trainees advised that they had completed a project and believed both foundation trainees in the department had too. They noted that they had the opportunity to present the findings of their work to the lunchtime teaching session in the department and at an NHS Lanarkshire educational event.

ST trainees: Trainees confirmed that they had the opportunity to undertake a project/ audit but that without the support of an audit team locally not all felt well supported. They also highlighted that as they are required to identify their own topic the opportunity is more suited to those who have a specific piece of work already in mind.

Trainers: Trainers noted that trainees are generally proactive about their quality improvement projects and core & ST trainees often come to them with projects they wish to complete. There are several identified activities in the department, such as audits, which FY trainees can be given to complete if they do not have a project in mind. Trainers discuss these projects at their initial educational supervisors meeting and later encourage trainees to lead or participate in teaching sessions about their projects.

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)

GPST/ Core trainees: Clinical supervision in hours was noted as being excellent. Trainees also felt adequately supervised out of hours but did note that if the Consultant & registrar were both in theatre they had to wait for advice. Trainees always knew who to contact for more senior support and highlighted how approachable everyone in the department was. Trainees never felt they worked beyond their competence.

ST trainees: This trainee group felt their level of supervision was supportive of their development by allowing them enough independence to gain skills whilst still having access to support. Trainees always knew who to contact for advice and could reach people using their mobile numbers.

Trainers: Trainers advised that there had been an attempt in the hospital to have a visible way of identifying different levels of doctors but that, at present, this was not

universally adopted or understood. Trainers were confident that trainees always worked within their competence. Trainers were confident that trainees knew who to escalate concerns to, noting that in-hours a Consultant is always available and out of hours more junior trainees would first escalate to the ST trainee. Consultants noted that they often consent patients themselves to ensure trainees are not expected to do so where they lack the necessary competence.

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

GPST/ Core trainees: Trainees advised they received informal feedback fairly regularly and valued the discussion and feedback at the trauma meeting which they felt was always delivered in a supportive manner.

ST trainees: Trainees reported receiving regular, helpful feedback on their clinical decisions.

Trainers: Trainers advised that they try to provide ongoing feedback to trainees on a day-to-day basis. Trainers also use the trauma meeting to provide positive feedback but would not highlight concerns in a public meeting. Trainers noted their appreciation for the work their trainees do and try to express this regularly.

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

All trainees: The panel heard from all trainees that supervisors in the department were open to receiving their feedback which they would consider and respond to. Trainees all felt comfortable providing feedback in their meetings with their supervisors. There was awareness of the Chief Resident role. There are no meetings where trainees can feedback on their experiences as a group.

Trainers: Trainers highlighted that at present they do not receive any outputs from trainee's end of post surveys or the GMC national trainee survey. Trainers welcomed informal feedback from trainees and when this is received it is discussed at the Consultant meeting.

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

GPST/ Core trainees: Trainees noted that in-hours their rota generally felt manageable although did highlight that some parts of the rota are more challenging than others. Out of hours can be challenging due to covering gaps in the rota that is currently '2 down'. Trainees did not feel their rota posed a patient safety risk although did acknowledge that their views were dependent on the number of hours they had worked and how tired they were. They were not aware of any adverse incidents involving patient care.

ST trainees: Trainees noted that they felt they could do more on the elective element of their rota but were prevented by perceived theatre inefficiencies (in relation to management of theatre sessions). Trainees were happy with the trauma elements of their rota and felt that overall the rota was manageable. There was some concern

amongst the ST trainees regarding patient safety in relation to rota issues relating to junior colleagues. ST trainees perceive that this is a busy receiving role where more junior colleagues can be stretched.

Trainers: Trainers were aware that when there were rota gaps this made workload challenging for trainees in the department. Trainers highlighted that locum cover had been sought but that the quality of such cover had been variable and occasionally resulted in datix cases regarding patient safety. Trainers advised that in the preceding months a specialty doctor has covered three nights a week to maximise the time trainees were working in-hours.

3.13. Handover (R1.14)

GPST/ Core trainees: Trainees advised that the morning handover is facilitated by the 'trauma list' discussed at the trauma meeting where all patients who have been seen, and those there may be concerns about, are discussed. This is Consultant-led and works well. There is trainee to trainee handover at 1pm and 9pm where there is overlap in shift pattern to allow handover. Trainees felt this worked well in conjunction with the handover document on the shared drive which is updated by all members of the team.

ST trainees: Trainees noted that they are involved in the handover in the morning at the trauma meeting and in the evening handover with more junior colleagues and MINTs nurses if they are still on site. They felt the use of the document on the shared drive was effective and that handover supported safe patient care.

Trainers: Trainers described the morning trauma meeting where all new admissions, patients seen overnight or patients requiring review are discussed. Trainers noted that they try to make the meeting an educational experience and have further plans to remove some of the administrative discussions to further support this. In the afternoon and evening there is trainee to trainee handover with an overlap in shift times to allow this to happen and ensure trainees can leave on time. Trainers also described the handover document on the shared drive as a useful resource.

3.14. Educational Resources (R1.19)

All trainees: All trainees were happy with the facilities on site. They found the library a useful resource and noted the staff were helpful. All had adequate access to IT resources & doctors' rooms.

Trainers: Trainers highlighted the library facilities and education centre at the site. They confirmed that trainees have access to a number of online learning resources.

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

GPST/ Core trainees: The panel heard that trainee all felt that they could approach their supervisors and discuss any concerns they may have about their training or

wellbeing. Trainees noted that all Consultants and senior trainees were approachable and supportive and they were confident that any issues they raised would be sympathetically addressed.

ST trainees: As with GPST and core trainees this group highlighted that they would be happy to discuss any concerns or need for support with their supervisors who were all friendly & approachable. The panel noted that the department was supportive of less than full time training and happy to tailor arrangements to trainees wishing to work less than full time.

Trainers: Trainers were aware that trainees can complete surveys which provide feedback on their experience but at present they do not see the results of these surveys. Trainers perceived this maybe to ensure trainees were comfortable being honest in their responses. Trainers are also happy to receive trainee feedback directly but they do not have a meeting to facilitate this and are not aware of a junior doctor's forum at the site.

Trainers confirmed that if they felt a trainee was struggling they would discuss this at the Consultant meeting and follow the processes outlined by the NES performance support unit. Most supervisors in the department were reported as having completed the supporting trainees course.

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

GPST/ Core trainees: This cohort of trainees was unaware how the quality of education was managed at the site. They felt that if they had concerns they would raise them with the supervisor but they were unsure of how they may be escalated further. Trainees were aware of a Chief Resident but had not interacted with the person holding this role and were unsure how they contributed to the management of education locally. Trainees were not aware of any groups they could attend to discuss educational concerns as a group of junior doctors.

ST trainees: Although this cohort of trainees were aware of a number of local meetings, including the Quality Improvement Forum & CME meetings they were unsure how the quality of education was managed at the site. The trainees had been contacted by the Chief Resident but they had no concerns. Trainees noted there was no junior doctor forum at the site that they were aware of.

Trainers: Trainers advised that a senior person from each department attends a meeting with the training quality lead at the site where education and training is discussed. Trainers perceived this to be a helpful interaction.

3.17 Raising concerns (R1.1, 2.7)

GPST/ Core trainees: Trainees advised they would be happy to raise any concerns regarding patient safety with the on-call Consultant, their supervisor or the Clinical Director. In regard to concerns about their education & training they would discuss with their supervisor. They also felt they could contact their TPD if the issue was not

adequately addressed locally. Trainees noted that although their training was currently being limited by rota gaps and service provision they were aware that the department were actively trying to address this. Potential solutions have included seeking locum cover for out of hours shifts to maximise trainee working time in hours when clinic and theatre attendance is more likely.

ST trainees: Trainees noted that they were happy to raise patient safety concerns and had done so in relation to an incident in Accident & Emergency. This was discussed with a Consultant and subsequently a Datix case was created, although the trainee had not received feedback on the outcome. Trainees highlighted again the supportive nature of Consultants and advised that if they had to come in out of hours and had concerns Consultants are also happy to attend. ST trainees had no concerns about their education but noted that if they did they would be happy to discuss these with their supervisor and then escalate to their TPD if required. ST trainees did note that they did not feel more junior trainee in the department had as positive an educational experience.

Trainers: Trainers told the panel they are always happy to receive feedback or discuss concerns with trainees. Trainers felt they encouraged trainees to speak to them about any concerns and, where this happened, they supported trainees to complete a datix.

3.18 Patient safety (R1.2)

All trainees: In general trainees had no patient safety concerns regarding the care in the department and would be happy for a friend or relative to receive treatment there. Concerns were highlighted about boarded patients where trainees were unclear about the policy in regard to who was expected to care for such patients. Although trainees were confident it did not happen often they did acknowledge there was a risk of boarded patients being missed for review and waiting several days to be seen. This was reported to be related to inaccuracies in assigning patients' named Consultants on Trakcare. Trainees noted that normally boarded patients are reviewed daily, unless they are only in hospital awaiting arrangement of social care at home. Trainees were aware of the hospital boarders list and noted that the trauma coordinators have a role in keeping track of boarded patients. At weekends, however, trauma coordinators were not present to track boarded patients. Trainees were not aware of any patients coming to harm because of being boarded but they felt this was an area of potential risk.

Trainees reflected concerns, at times, about the calibre of some middle grade locums.

Trainers: Trainers felt that patient safety in the department had improved and their main concern at present was the requirement to closely supervise locum doctors. Trainers hoped that trainees always felt supported and that Consultants were willing to take responsibility for patient decisions. Trainers advised that weekend workload was felt to be a risk previously. This has been addressed by having additional ANP cover at

the weekend and restructuring shift patterns to allow two trainees to be present at the busiest part of the day.

In regard to boarders, Trainers advised there is a hospital wide boarders list and boarded patients are all reviewed by a Consultant or middle grade trainee. Like trainees, trainers acknowledged the risk that boarded patients could be missed but felt this was a lower risk than previously. Trainers also noted that there is a safety huddle each morning but Consultants do not attend.

3.19 Adverse incidents (R1.3)

GPST/ Core trainees: Trainees were aware of the Datix system for reporting concerns or adverse incidents but none had used it. One trainee advised they had been the subject of a Datix previously and that this has been discussed and feedback to them appropriately but other than this, trainees had little experience of feedback from adverse events. The panel noted that trainees were familiar with having case discussions inkling incidents at the trauma meetings, CME, M&M meetings and x-ray meetings where the correct course of action would be highlighted in order that everyone could learn from it.

ST trainees: Trainees had completed Datix cases for adverse incidents and received formal and informal feedback. Trainees also noted that case lessons were sometimes shared by email and often discussed at the trauma meeting. Trainees highlighted that the discussion at the trauma meeting was always conducted in a supportive manner.

Trainer: Trainers were aware of a hospital wide datix review meeting which took place but acknowledged that there was no formal mechanism for providing feedback to the submitter of the datix from this meeting. If there was a significant adverse incident it would be reviewed using the appropriate methodology, such as SBAR. Trainers noted that trainees can attend the quarterly morbidity & mortality meeting. Trainers also encourage trainees to complete reflective pieces for their portfolio if an adverse incident occurs.

3.20 Duty of candour (R1.4)

GPST/ Core trainees: Trainees had not been in the position of having to deal with a situation that had gone wrong but all were confident they would feel comfortable seeking support from Consultants and senior nurses to fulfil their duty of candour.

ST trainees: Trainees were confident that the department would always be supportive if something had gone wrong.

Trainers: Trainers advised that they ensure trainees are aware of the guidance around duty of candour and support them, through informal conversations, to always be honest as this minimises risk to all concerned.

3.21 Culture & undermining (R3.3)

GPST/ Core trainees: All trainees highlighted the sense of team working in the department and the positive and supportive nature of Consultants and nursing staff. None of the trainees had experienced or witnessed any undermining behaviours.

ST trainees: There were no concerns expressed by the trainees who all felt that interactions in the department were positive. The trainees said that if they experienced or witnessed any negative behaviours they would be comfortable raising their concerns and were confident their concerns would be positively received and addressed.

Trainers: Trainers felt there was a good sense of team working in the department and they were keen to be friendly & approachable at all times. They were encouraged by the fact that trainees wanted to return to the department and work there post CCT. Trainers also wanted to build a reputation as a positive training environment to encourage junior trainees into the training programme later in their career. Trainers perceived there were not issues of undermining or bullying and stressed they have a zero-tolerance culture of such behaviours. The Clinical Director makes clear to all trainees that they can approach always him with concerns. Trainers also felt that trainee could raise concerns with their clinical or educational supervisor and were confident that matters would be addressed sensitively.

3.22 Other

When trainees were asked to score their 'overall satisfaction' with their training in their current post, with '0' being 'lowest level possible for overall satisfaction' and 10 being the 'highest level of satisfaction possible', the following average scores were recorded:
GPST/ Core trainees: range 5-9; average score 6.6
ST trainees: range: 9-9; average score 9

4. Summary

Overall the panel felt that there had been further improvements to the training environment since the previous visit. The panel recognised the challenges to training caused by gaps on the rota and were encouraged to hear of planned changes from August 2018 which should help address this issue. It was difficult to make a full assessment of the training environment due to the lack of opportunity to speak to foundation trainees. Ongoing issues mean that full de-escalation from enhanced monitoring will not be possible currently but the removal of some cohorts of trainees from enhanced monitoring will be requested, and clarity around this will be provided following discussion between the Deanery and the GMC when the visit report has been finalised.

Positive aspects of the visit:

- The positive training culture within the department was praised by all trainees. There was particular mention of the supportive, approachable & friendly consultant body.
- Specialty trainees report an excellent training experience in the department. Other trainees highlighted the educational value of their on-call work.
- There is good provision of formal educational meetings with trainees particularly valuing the daily trauma meeting.

- The approach to scheduling time for GPST and Core trainees' attendance at clinics and theatre is to be commended but the panel heard that service pressures arising from rota gaps can be a barrier to this happening in practice.
- The orthopaedic skills training day was valued by trainees who attended.
- Handover is working well and supports safe patient care. The panel did note that boarded patients are not currently included in the handover.

Less positive aspects of the visit:

- Rota gaps are compromising access to training & educational opportunities for trainees. This is particularly evident for core surgical trainees who are unable to meet their curricular requirements.
- The care of boarded patients has improved since previous visits but all those who met with the panel acknowledged that there is still a danger of patients being 'lost' and not receiving regular review. This appears to be linked to issues with the wrong Consultant being assigned to patients on the Trakcare system.
- There is a lack of a formalised structure for trainees to discuss their educational experience and provide feedback as a group. Trainees were aware of the Chief Resident role as a means of providing feedback.
- It is unclear how local quality control systems link with the department to share awareness of trainees' feedback from surveys such as the GMC's NTS.
- There is a lack of consistency in how different levels of trainees can be differentiated (it was not clear how the 'SayNotoSHO' campaign was being implemented).
- Due to the lack of attendance from any Foundation trainees from the department is was not possible to report on the quality of their training experience within trauma & orthopaedics.

Is a revisit required?	Yes X	No	Highly Likely	Highly unlikely

5. Areas of Good Practice

Ref	Item	Action
5.1	Trainees report their on-call time to be a valuable training experience, contrary to experiences reported during other deanery visits.	There should be consideration of lessons that can be learned and shared regarding adding value to on-call experience.
5.2	The orthopaedic skills training day was highlighted by trainees as educational and enjoyable.	If possible, the day should be repeated for new trainees to the department.

6. Areas for Improvement

Ref	Item	Action
6.1	Departmental induction could be further improved by the inclusion of presentations on common clinical presentations.	Consider introducing such presentations to departmental induction
6.2	Increased middle-grade trainees' attendance at teaching.	Consider ways to release trainees from ward activity in order that they can maximise attendance at teaching and educational meetings.
6.3	Introduction of a system to enable trainees to discuss experiences and share feedback collectively.	The site should consider how capturing group feedback might support the effectiveness of their Chief Resident role.

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	All doctors in training must have rotas and access to opportunities that enable them to meet their curricular requirements. In particular, CSTs must have access to clinics and theatre sessions.	1st March 2019	GPST; CST
7.2	Trainers must have access to quality control information including trainees' feedback to support ongoing improvements.	1st March 2019	All
7.3	There must be a clear system in place to differentiate between different levels of doctors in training and to ensure trainees are not working beyond their competence.	1st March 2019	All
7.4	Tracking of patients, including patients who are 'boarded out' from their parent units, must be robust to support continuity and safety of care.	1st March 2019	All

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