

# Scotland Deanery Quality Management Visit Report

<b>Date of visit</b>	30 January 2020	<b>Level(s)</b>	Foundation/Core/Specialty
<b>Type of visit</b>	Triggered Visit	<b>Hospital</b>	Ninewells Hospital
<b>Specialty(s)</b>	Plastic Surgery	<b>Board</b>	NHS Tayside

<b>Visit panel</b>	
Mr Phil Walmsley	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Marniram Ragbir	College Representative
Dr Saurabh Borgaonkar	Trainee Associate
Mr David Ramsay	Lay Representative
Ms Vicky Hayter	Quality Improvement Administrator
<b>In attendance</b>	
Mrs Susan Muir	Quality Improvement Administrator

<b>Specialty Group Information</b>	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Hadow, Mr Phil Walmsley, Dr Reem Al-Soufi
Quality Improvement Manager(s)	Ms Vicky Hayter
<b>Unit/Site Information</b>	
Non-medical staff in attendance	4
Trainers in attendance	10
Trainees in attendance	8 (FY/CT/ST)
Feedback session: Managers in attendance	13

Date report approved by Lead Visitor	10 <sup>th</sup> March 2020
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## 1. Principal issues arising from pre-visit review

At the Surgery Quality Review Panel there were some concerns raised regarding the trainee experience in this unit and the discussion resulted in a triggered visit being arranged.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). Please note that the NTS data includes all surgical specialties on site for the Foundation trainees and may not be wholly reflective of the experience in General Surgery.

### NTS Data

**The NTS Core & Foundation data is for Surgery not specifically Plastic Surgery.**

FY1 – All White Data

FY2 – **Red** Flags – Overall Satisfaction, Educational Supervision and Study Leave

**Pink** Flag – Clinical Supervision

CT – **Green** Flags – Clinical Supervision, Clinical Supervision OOH, Reporting Systems and Rota Design

ST – **Red** Flags – Overall Satisfaction, Induction, Teamwork and Rota

**Pink** Flags – Clinical Supervision, Reporting Systems, Adequate Experience, Supportive Environment, Feedback and Curriculum Coverage

### STS Data

FY – All White Data

CT – All White Aggregated Data with the exception of one **Green aggregated** Flag for Workload

ST – **Lime** Flag - Workload

### Previous Visit

There was a visit to this unit in August 2015 and the visit panel. These requirements are listed below:

- The induction handbook to be updated to include details of the online theatre diary and how to gain access to it.

- Consideration to be given to splitting the induction manual into more manageable guides with key information sent out prior to starting in post and the remainder of information provided once in post
- Core trainees to be given the opportunity to attend the departmental teaching.
- Dedicate some of the teaching to exam preparation for the Specialty trainees.
- Provide a copy of the audit carried out by the trainee regarding the number of lists attended by trainees.
- Consideration should be given to reducing the number of lists if they are limiting more valuable learning opportunities.

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.

The panel met with the following groups:

Foundation Trainees

Core Trainees

Specialty Trainees

Before the visit commenced the Training Programme Director gave a presentation highlighting that there had been significant structural and organisational changes which have impacted across the department. The number of red and pink flags from the National Training Survey (NTS) had been recognised and the department had been working on aligning improvements in each area. The presentation showed a clear drive and ambition to improve training.

## **2.1 Induction (R1.13)**

**Trainers:** Trainers stated that the trainees receive both a hospital and departmental induction. NHS Tayside arranged a corporate half day induction and the department run one whole day and two half days. Trainers meet with all the trainees face to face and each have a specialty trainee or trainer assigned to them. Trainees are given the comprehensive handbook and are encouraged to discuss anything they are unsure of with their Educational Supervisor.

**Foundation/Core Trainees:** All trainees reported they had received hospital and departmental induction. Core trainees reported a very good induction with a comprehensive handbook and introduction to staff. Foundation trainees received a joint induction for all specialties in west block and reported a welcoming team but would have benefited from a specific induction to Plastic Surgery.

**Specialty Trainees:** The majority of trainees received both hospital and departmental induction. Trainees received a tour of the department, key information relating to the ward, a comprehensive handbook and a formal sit down with the Training Programme Director. Trainees advised this equipped them well to work in the department. One trainee who was unable to attend induction received a one to one discussion and tour at a later date.

**Non-Medical Staff:** The team reported that although they are not involved in induction, they meet the trainees at clinic or on the ward.

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

**Trainers:** Trainers reported local teaching on a Thursday morning which is trainee led. Clinical commitments are reduced to accommodate. The clinical effectiveness meeting is a half day which is held every two months and trainees are entitled to use the other half day for teaching. There are ten sessions of regional teaching a year which is organised on a rotational basis. Attendance at regional teaching is good as this is an ARCP requirement. There is also teaching on a Monday evening for two hours which was initially for exam practice but now covers a wide range of topics and is well attended.

**Foundation/Core Trainees:** Core trainees advised there is departmental bleep free teaching on a Thursday which is intermittent and Monday evening teaching which is very useful. There is mandatory teaching for foundation trainees, but no specific plastic surgery teaching which trainees would find useful. Core trainees reported they can attend regional teaching with no issues, however trainees would like structured timetabled departmental teaching.

**Specialty Trainees:** Trainees reported excellent Monday evening teaching which is supplementary. Departmental teaching is held on a Thursday morning but due to workload this hasn't taken place

every week. Trainees advised they should receive a half day a month protected time in addition to teaching but due to work commitments this has only happened once in the past six months. Trainees have regular protected regional teaching which rotates around Scotland.

**Non-Medical Staff:** The team are aware of when teaching is being held and trainees inform nursing staff who to contact. Staff reported a reduction in clinic activity when teaching is being held.

### 2.3 Study Leave (R3.12)

**Trainers:** Trainers stated that there are currently no issues supporting study leave requests. It can be more challenging if there are gaps on the rota.

**Foundation/Core Trainees:** Trainees have no issues taking study leave and advised that the rota co-ordinator is very accommodating.

**Specialty Trainees:** Trainees advised there had been previous issues requesting study leave between February and July 2019 due to several rota gaps however there is now a full complement of staff therefore there are no issues.

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

**Trainers:** Trainers advised Educational Supervisors are allocated by grade. All trainers act as Clinical Supervisors and have completed the required training. Not all trainers have allocated time in their job plan to undertake educational roles.

**Foundation/Core Trainees:** Trainees stated that they knew who their Educational Supervisor was before commencing in post and have had the initial meeting.

**Specialty Trainees:** Trainees reported they have all met with their allocated Educational Supervisor and agreed a personal learning plan.

**Non-Medical Staff:** The team stated that trainees are assigned an Educational Supervisor and there is always someone available to provide support and supervision.

## **2.5 Adequate Experience (opportunities) (R1.15, 1.19, 5.9)**

**Trainers:** Trainers advised that the burns unit which was due to open in November 2019 is still closed. Trainees can still see burns patients and have access to operating lists and clinics, however the lack of the dedicated burns unit affects the case mix they will be exposed to. There are good educational lists such as Consultant supervised, Trauma and local anaesthetic lists on a daily basis and trainers do not feel there is an issue with trainees achieving the required numbers.

**Foundation/Core Trainees:** Foundation trainees advised that they are encouraged to attend clinics or theatre but due to ward commitments cannot attend. Core trainees have no issues attending both.

**Specialty Trainees:** Trainees reported NHS Tayside have introduced a number of STAR weeks which consists of four two-week blocks with no elective theatre lists. Unless trainees align their leave with these weeks, it impacts on training numbers and trainees may not achieve the SAC requirement of one and a half days in theatre and 4 supervised clinics per week.

## **2.6 Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11)**

**Trainers:** Trainers advised workplace-based assessments are completed consistently.

**Trainees:** Trainees reported no issues completing work placed based assessments and completion is Consultant dependent.

**Non-Medical Staff:** The team are involved in completing multi-source feedback forms for the trainees.

## **2.7 Adequate Experience (multi-professional learning) (R1.17)**

**Trainers:** Trainers advised that trainees attend the dressing clinics with the hand therapists as part of the morning trauma clinic. The department states they have lost over one hundred years of nursing experience resulting from a significant number of experienced nursing staff having recently left the department. Although it has been two years since the ward changes the lack of experienced staff is

still impacting and the current five nursing vacancies may be one of the reasons contributing to the burns unit not being able to reopen currently.

**Trainees:** Trainees reported no issues completing work placed based assessments and completion is Consultant dependent.

**Specialty Trainees:** Trainees advised that the ward structure had changed dramatically, and a lot of very experienced nursing staff have left the department. This has impacted on trainees who advised they had taken over the role of tissue viability.

**Non-Medical Staff:** There is no combined learning however all staff attend the monthly clinical governance meeting.

## **2.8. Adequate Experience (quality improvement) (R1.22)**

**Trainers:** Trainers encourage trainees to complete a quality improvement project and are invited to attend the monthly clinical governance meeting to give ideas and updates. There are regular audits running in the department.

**Trainees:** Trainees advised they are encouraged to undertake an audit or quality improvement project and there are ample opportunities.

## **2.9. 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 they are aware of the required curriculum competencies and discuss specific trainee requirements at the business meeting and tailor training to individual needs. Consent is Consultant led but supervised consent is done with specialty trainees and discussed as a learning opportunity. Some Consultants advised that they are not always based in Ninewells and time is split between the four peripheral sites.

**Foundation/Core Trainees:** The trainees reported there is a clear escalation plan and they know who to contact both during the day and out of hours. The majority of consultants are approachable.

**Specialty Trainees:** Trainees reported a safe environment with a clear chain of command and have not had to cope with problems beyond their competence or experience.

**Non-Medical Staff:** The team advised there is a colour-coded badge system that identifies the grade of trainee.

## **2.10. Feedback to trainees (R1.15, 3.13)**

**Trainers:** Trainers advised trainees are regularly given informal feedback at the ward round, clinics and the morning Trauma clinic. Formal feedback is given through work placed based assessments and Educational Supervisors meetings.

**Foundation/Core Trainees:** Trainees advised they are given informal feedback which is constructive.

**Specialty Trainees:** Trainees reported receiving feedback which was variable depending on which Consultant they were working with.

## **2.11. Feedback from trainees (R1.5, 2.3)**

**Trainees:** Trainee's reported there is no formal way to provide feedback to trainers, but the majority are approachable, and trainees would have no issues feeding back any concerns. There is a specialty trainee representative on the specialty training committee.

## **2.12. Workload/ Rota (1.7, 1.12, 2.19)**

**Trainers:** The trainers reported one gap in the on-call rota which is being covered by internal and external locums. The rota has recently been re-designed by specialty trainees to maximise training which was supported by Consultants. The rota would be more resilient if there was one additional person in the event of sickness etc.

**Foundation/Core Trainees:** Foundation trainees advised they cross cover for a number of specialties and routinely cover general surgery breast patients. Mainly evenings, weekends and



nights are covering other specialties which can be challenging due to the workload. The Core trainees attend clinics and theatre and carry the pager most days. The rota has been changed a few times over the last few months and trainees would feel comfortable feeding back any concerns regarding the rota.

**Specialty Trainees:** Trainees stated there is currently a gap in the on-call rota only which is being covered by trainees. Trainees anticipate issues with the rota and the proposed solution is that the trauma trainee will hold the bleep during the day which would impact training and take time away from clinical activity. This has not been implemented currently. Trainees have fed back concerns to the Training Programme Director, Educational Supervisor and rota co-ordinator.

**Non-Medical Staff:** The team reported an upcoming gap in the rota due to maternity leave which is in the process of going out to locum agencies.

### **2.13. Handover (R1.14)**

**Trainers:** Trainers reported an effective handover which is updated twice a day and saved on the shared drive. The Reg to Reg handover is either face to face or over the phone, there is a separate Consultant handover.

**Trainees:** Trainees reported an effective handover which happens at 8am, 4pm and 5pm and is stored on the shared drive. Handover is not used as a learning opportunity.

**Non-Medical Staff:** The team advised that there is an effective handover every morning.

### **2.14. Educational Resources (R1.19)**

**Trainers:** Trainers reported trainees have easy access to educational facilities, including library and IT resources. There is WIFI & PC access in the Reg office, NHS Scotland Online Resources, small departmental library and 24 hours University Library. Trainees have a protected half day per week to allow for audit and research.

**Trainees:** Trainee's advised there are adequate facilities to support learning but would benefit from more computers on the ward. Specialty trainees have simulation training as part of regional teaching.

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

**Trainers:** Trainers reported that if they had any concerns regarding a trainee, they would contact their Educational Supervisor or Training Programme Director.

**Trainees:** Trainees reported if they require any support regarding the job or health, they would contact the senior nurse in charge or Consultants. The department accommodates requests for reasonable adjustments however it could be improved.

**Non-Medical Staff:** The team advised that any concerns regarding a trainee would be raised with their Educational Supervisor.

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

**Trainers:** Trainers are aware of the NHS structure and both the Director of Medical Education and Associate. If there were any issues the Training Programme Director would report these through the Deanery however the recent NHS Education for Scotland training programme management structure has changed and administration is no longer provided locally but nationally which has caused issues, these have been fed back to the Deanery.

**Foundation/Core Trainees:** Trainees advised they were unaware of the Director of Medical Education. Trainees would escalate any issues or concerns via the Foundation Programme Director or Training Programme Director.

**Specialty Trainees:** The trainees are aware of the Director of Medical Education. Although there is no trainee forum, trainees have a trainee rep who attends the Specialty Training Board and a Whats app group.

## 2.17 Raising concerns (R1.1, 2.7)

**Trainers:** The trainers advised that they encourage and support trainees to raise any concerns in relation to patient safety with their Educational Supervisor or Training Programme Director.

**Foundation/Core Trainees:** Trainees advised if they had patient safety concerns, they would contact the specialty trainee on-call, bleep holder or Consultant.

**Specialty Trainees:** Trainees advised they would contact the Consultant on-call if they had any patient safety concerns. Concerns were raised in relation to the ward restructure via Datix which have not been addressed.

**Non-Medical Staff:** If the team had any concerns in relation to patient safety they would speak to a colleague or Consultant and escalate if necessary.

## 2.18 Patient safety (R1.2)

**Foundation/Core Trainees:** Trainees advised they would have no concerns in relation to patient care if a friend or relative was admitted to the ward. A closed ward may be filled overnight which is an additional number of patients increasing the workload for foundation trainees. Foundation trainees may have an additional 14 boarded patients and can cover Ophthalmology, ENT Oral & Maxillofacial Surgery, Breast Surgery and Plastic Surgery which can be a challenge.

**Specialty Trainees:** Trainees reported concerns regarding patients admitted to the ward following surgery. Due to the ward restructure basic post observations are not always carried out. There are early warning scores to assess patients however there is a risk that these are not always highlighted promptly to trainees. Trainees also reported a delay in patients going to theatre due to inefficiencies which impacts on teams the following day.

**Non-Medical Staff:** The team reported a safe environment for patients. Patients are rarely boarded out but can be boarded into the ward. Foundation trainees look after boarders and there is a clear system in place.

## **2.19 Adverse incidents and Duty of Candour (R1.3)**

**Non-Medical Staff:** The team advised that the Datix system is used to report incidents. There is a Clinical Governance monthly meeting which is used to discuss any adverse events and is used as a learning opportunity for staff. There is also a Quality Performance review meeting where adverse incidents are reviewed and considered with the Director of Medical Education and the Associate Nurse Director.

## **2.20 Culture & undermining (R3.3)**

**Trainers:** Trainers advised there is an open-door policy in the department and trainees are encouraged to discuss any concerns. This department has trainees rotating from other regions around Scotland, plus have experience of supervising trainees who may have had issues in other units and subsequently achieved CCT successfully.

**Trainees:** Specialty trainees reported a supportive approachable team. Trainees advised they had witnessed undermining in the department some of which had been discussed with a supervisor and dealt with.

**Non-Medical Staff:** The team introduce themselves to trainees at induction and establish a good rapport and are unaware of any bullying or undermining issues. Foundation trainees overlap for the last week and the new trainees are introduced to all staff.

### **Overall satisfaction scores:**

Foundation & Core trainees average score 5.6/10.

Specialty trainees: average score 5.2/10.

## **3. Summary**

The visit panel found a department that has been focused on making improvements following the NTS results and have put several changes in place prior to this visit. The loss of experienced nursing staff has had a significant effect on the department. The loss of the burns unit and introduction of

STAR weeks impacts on training. The very recent introduction of the specialty trainee in Trauma solely holding the bleep may have further training implications. There is a willingness to improve and an enthusiasm to teach. The visit panel plan to revisit to ensure that progress is achieved in a reasonable timescale.

**What is working well:**

- The panel acknowledge several changes which have been put in place prior to the visit following the NTS/STS results
- Significant improvement in rota
- Majority of Consultant body are approachable and supportive
- Comprehensive induction booklet
- Excellent Monday evening teaching which is well received by all
- Good Clinical Supervision
- Very good attendance at regional teaching

**What is working less well:**

- The panel acknowledge the effect the ward restructure has had on the department in particular the loss of experienced nursing staff which impacts on patient safety
- Lack of specific Plastic Surgery induction for foundation trainees
- Although significant changes have made the rota remains vulnerable to any staffing changes
- Lack of tissue viability support
- Continued absence of burns unit impacts on training opportunities in this area
- STAR weeks lead to reduced theatre activity 8 weeks of the year which may impact on trainee’s experience and logbook numbers depending on whether their leave is aligned with this
- Intermittent departmental teaching and clinical effectiveness half days
- Not all trainers have allocated time in job plans to undertake educational roles

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

Ref	Item
5.1	N/A

#### 5. Areas for Improvement

Ref	Item	Action
6.1	The visit panel recommends that the concerns raised by the department regarding the closure of the burns unit, STAR weeks and the loss of experienced nursing staff be investigated further by NHS Tayside.	

## 6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities.	October 2020	Foundation
6.2	A programme of formal teaching that is appropriate to the curriculum requirements of trainees should be maintained.	October 2020	FY, CT, ST
6.3	Trainees must have more effective educational access to clinics and theatre and have active participation as is appropriate to the level of trainee.	October 2020	ST
6.4	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.	October 2020	FY, CT, ST
6.5	All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	October 2020	All
6.6	All Consultants who are trainers must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	October 2020	N/A