

Scotland Deanery

Quality Management Visit Report



Date of visit	16 th September 2021	Level(s)	Foundation/Core/Specialty
Type of visit	Revisit	Hospital	Ninewells Hospital
Specialty(s)	Plastic Surgery	Board	NHS Tayside

Visit panel	
Mr Phil Walmsley	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Marniram Ragbir	College Representative
Dr Peter Armstrong	Foundation Programme Director
Dr Saurabh Borgaonkar	Trainee Associate
Mrs Nasreen Anderson	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Susan Muir	Quality Improvement Administrator
Mrs Ashely Bairstow-Gay	Quality Improvement Administrator (shadowing)
Specialty Group Information	
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
Unit/Site Information	
Trainers in attendance	7
Trainees in attendance	2 x CT, 10 STs
Feedback session	27
Date report approved by Lead Visitor	18 th October 2021

1. Principal issues arising from pre-visit review

Following the previous visit, the Deanery arranged to re-visit the Plastic Surgery Department at Ninewells Hospital. The visit team investigated the issues previously highlighted and review progress made towards resolution. The visit team used 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.

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 Plastic Surgery.

NTS Data

FY1 – All White Data with **red** for Supportive Environment

FY2 – **Red** Flags – Educational Supervision, Clinical Supervision, Handover, Overall Satisfaction and Supportive Environment

CT – All White Data with **light green** for Reporting Systems

ST – **Red** Flags – Adequate Experience, Curriculum Coverage, Educational Governance, Feedback, Handover, Local Teaching, Overall Satisfaction, Reporting Systems, Supportive Environment and Teamwork

Pink Flags – Clinical Supervision and Rota Design

STS Data

FY – All White Data with the exception of one **Pink** Flag for Team Culture, aggregated all grey with **pink** for Handover

CT – All Grey Data, Aggregated all white

ST – All White Data, Aggregated **Red** for Educational Environment and Handover

Previous Visit

A previous visit was held on 30th January 2020. The visit panel highlighted a number of requirements listed below:

- Departmental induction must be provided which ensures trainees are aware of all their roles and responsibilities
- A programme of formal teaching that is appropriate to the curriculum requirements for trainees should be maintained
- Trainees must have more effective educational access to clinics and theatre and have active participation as is appropriate to the level of the trainee
- 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
- All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines
- All Consultants, who are trainers, must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements

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:

Core Trainees

Specialty Trainees

Foundation trainees were invited but none attended.

The Deanery would like to thank the Clinical Lead for Plastic Surgery for the helpful and informative presentation which gave a detailed overview of work being done to address the 2020 visit requirements. The presentation highlighted the structure and background of the department, a review of the NTS/STS data, action taken since previous visit, Plastic Surgery QI's and a summary of issues arising.

2.1 Induction (R1.13)

Trainers: Trainers stated there had been a vast improvement in induction which had been reflected in the recent training survey results as the previous red flag is now white. All trainees are sent paperwork in advance, if a trainee is unable to attend, they will be given one to one induction tailored to their needs. There are plans to record induction in the future. Trainers hoped hospital induction could be improved especially the setting up of IT and authorisation for trainees.

Core Trainees: Trainees reported an excellent departmental induction with helpful lectures and expectations of a trainee. There was a lack of documentation and communication regarding hospital induction.

Specialty Trainees: Trainees reported a comprehensive departmental induction which equipped them well to work in the department. Hospital induction was online, but no time was allocated to undertake this.

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

Trainers: Trainers advised a comprehensive teaching programme has recently been devised and will start in the next two to three weeks, this will take place every Friday morning for one hour. A Clinical Fellow has been appointed and holds the bleep enabling trainees to attend. Trainees are released to attend Pan Scotland teaching with no issues.

Core Trainees: Trainees advised there is a National IST formal teaching programme and trainees are invited to burns MDTs. There has been an effort to create a formal teaching programme locally which hasn't commenced as yet.

Specialty Trainees: Trainees reported excellent weekly Monday evening teaching before COVID hit. There has been intermittent local teaching since then run by Consultants. National teaching is every two weeks. Trainees advised Pan Scotland teaching last year was excellent.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that there are currently no issues supporting study leave requests. All recent study leave requests have been approved. If a course or conference is oversubscribed, trainees giving presentations on the selected course are given priority. The department have access to an endowment fund as well as the yearly study leave budget.

Core Trainees: Trainees have no issues regarding study leave which has been accommodated. Consultants are flexible and work around trainee's requirements.

Specialty Trainees: Trainees advised that two trainees can be take study leave at any one time and there have been 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 have time recognised within job plans and a tariff is agreed with NHS Tayside, however there is a disconnect between the local tariffs allocated in job plans and the recommended national tariffs. There is currently a job plan review pending.

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

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: Trainers are aware of the curriculum requirements for each grade of trainee. Trainers meet with trainees to discuss specific interests and logbook requirements and training can be tailored to individual needs. The vast majority of trainees are ST3 level. Every daytime session is directly supervised by a Consultant at Ninewells and also at peripheral sites. Following the previous visit all trainees were strongly supervised in their first month in the department to assess their capabilities. All trainees a familiar with escalation plans and know who to contact out of hours. Consultants mainly take consent from patients for procedures, but this is discussed with the trainees and used as a training opportunity.

Core/Specialty Trainees: Trainees reported they know who to contact during the day and out of hours and that Consultants are accessible, approachable, and helpful. Trainees advised there is excellent supervision in clinics and theatre.

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

Trainers: Trainers advised concerns that curriculum competencies will not be met due to COVID and national recovery of elective surgery is a major concern. Discussions have taken place with NES about using private/external contractors but there are no local external providers which can be utilised; therefore, this doesn't provide a solution to elective activity.

Core Trainees: Trainees advised there is currently limited access to trauma due to COVID however Consultants are aware of this and are trying to get procedures done.

Specialty Trainees: Trainees reported a lack of exposure to procedures and significantly reduced operating due to the effects of COVID. Access to theatre lists prior to COVID was difficult, and the current situation is worse. One specialty trainee reported only one shared theatre session every few weeks which is not sustainable and still acquire the competencies needed for CCT.

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

Core/Specialty Trainees: Trainees reported lots of opportunities to complete work placed based assessments and are encouraged to do so.

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

Trainers: Trainers advised there are strong working relationships with Oral and Maxillofacial Surgery, Orthopaedics, Dermatology, and breast. There is a monthly Rheumatology hand clinic and COBIS run national burns MDT which has improved working relationships across Scotland.

Core/Specialty Trainees: Trainees reported lots of opportunities for multi-professional learning and regularly work with nurses, occupational therapists, and hand therapists in the trauma clinic. Trainees also work closely with Plastic Surgery nursing staff in dressing clinics.

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

Trainers: Trainers advised trainees are encouraged to identify projects and have protected time for audit and research. There are Clinical Governance meetings bimonthly, M&M meetings and ongoing departmental audits which are trainee led.

Core/Specialty Trainees: Trainees advised they have protected time for audit or quality improvement projects and there are ample opportunities.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that feedback is given mainly through handovers or the beginning of the trauma clinic as well as before or after the ward round. Trainees attending the hand clinic see the results of their procedures and feedback is given to the trainee by the supervising Consultant. Trainees are given regular verbal feedback, written feedback through written work placed based assessments, clinical governance meetings and informal chats.

Core/Specialty Trainees: Trainees advised they receive regular feedback which is constructive and meaningful. A consultant can be with a trainee when on call for the full duration and feedback is given on referrals, phone calls, clinics, and theatre. Trainees reported good working relationships with Consultants.

2.11 Feedback from trainees (R1.5, 2.3)

Core Trainees: Trainees are unaware of any trainee forums or a formal way to feedback to trainers.

Specialty Trainees: Trainees advised that Consultants listen to any concerns raised and try their best with the limitations they have in the department. Educational Supervisors and the Training Programme Director are very approachable and helpful. A trainee representative is invited to the Consultant Management meeting to give feedback.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised there had been a couple of incidents previously involving another department which had been discussed and addressed satisfactorily. Trainees attended an away day for the civility matters campaign. Culture is part of the trainee's induction and the department have regular reviews with NHS Tayside for wider hospital issues which are discussed regularly. Trainers operate an open-door policy and encourage trainees to discuss any concerns.

Core Trainees: Trainees reported a very supportive team and are not aware of any bullying or undermining.

Specialty Trainees: Trainees reported a couple of incidents out-with the department involving two different specialties. Excellent support was given by Plastic Surgery Consultants, but they felt similar issues can arise often.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised that trauma week/burns MDT is incorporated into the rota. The rota is themed and is made up of three blocks, breast/skin head and neck and hands and upper limb. Trainees are allocated based on their training requirements. As training opportunities arise reallocation can be adjusted day to day. There had been some rota gaps due to covid and self-isolation, but the clinical fellow was utilised to cover this. Covid has impacted on trainees and two requested interdeanery transfers.

Core Trainees: Trainees reported a demanding rota which is maximised for service provision. The rota is helped by a clinical fellow however without one or if there were unfilled gaps in the rota, it would create problems. There are many opportunities, but on-call shifts are very exhausting, and the unit would benefit from more core trainees. Thirteen-hour days, five days a week can be a heavy rota which can affect wellbeing.

Specialty Trainees: Trainees advised that a lot of effort had gone into the rota. Trainees find that starting and finishing on time whilst in the trauma job is particularly challenging. Depending on which group you are allocated to depends on how much operating you do. This is a potential cause of some

unhappiness between trainees from an unequal balance of cases. During COVID teams were split into groups and trainees received more of an equal share of cases however this changed back in August this year.

2.14 Handover (R1.14)

Trainers: Trainers advised that time is built into the rota for handover. There is information on how to handover and when in the handbook. Handover isn't always in person due to various sites and can be done over the phone or via Microsoft teams. Departmental handovers are robust and involves trainees updating the handover sheet throughout the day in addition to verbal handover at changeover times. Trainers recognise that handovers from Hospital at night could be improved.

Core/Specialty Trainees: Trainees advised there is a handover sheet on the shared drive which is very useful. Core trainees reported spending a lot of time moving between wards as some patients are based on the Neurology ward, this has recently improved by decreasing from five wards to two. There has been a huge loss of experience in plastic surgery nursing staff resulting in non-specialised nurses are looking after burns patients, which has affected patient care. Consultants and are accessible, step in to meet the demand and help with reviews.

2.15 Educational Resources (R1.19)

Core/Specialty Trainees: Trainees advised there are only two computers which have no microphones, cameras, or printers. Trainees struggle to complete day to day tasks such as looking up results or typing up notes due to a lack of computers and space.

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

Core/Specialty Trainees: Trainees reported a supportive environment within a collaborative unit. One specialty trainee advised it was the best group of Consultants they had ever worked with.

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

Specialty Trainees: Trainees reported Consultants are engaged and keen to train but they cannot provide the training they want to give due to the current constraints enforced by management. These issues have been raised but remain unresolved.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that trainees are encouraged to raise any concerns with a Consultant or Educational Supervisor. Trainees can also speak to the Clinical Services Manager, nursing staff or use DATIX. It can be difficult to encourage trainees to raise concerns when they see Consultants have raised several concerns, for example in relation to the burn's unit following national guidelines and no action has been taken to resolve or address this.

Core Trainees: Trainees advised they would raise any concerns with a Consultant or Educational Supervisor.

Specialty Trainees: Trainees reported they would continue to raise concerns, but it is frustrating when Consultants have raised several concerns and there has been no resolution.

2.19 Patient safety (R1.2)

Core Trainees: Trainees reported that the hospital had been overwhelmed due to COVID which is an NHS wide problem but feel this has compromised patient care. Trainees reported that Foundation trainees are ward based and not team based. If a Plastic Surgery patient is on another ward they are looked after by the Foundation trainee on that ward, rather than one from the Plastic Surgery department therefore care could be improved.

Specialty Trainees: Trainees reported significant concerns regarding patient safety due to the lack of specialist nursing staff and burns unit. Trainees would not want any friends or family coming to the department as the facilities are inadequate and unsafe. A recent audit showed that 11% of the remaining nursing staff have had plastic surgery training.

2.20 Adverse incidents and Duty of Candour (R1.3)

Trainers: Trainers advised that any incidents are reported both informally and formally.

Core Trainees: Trainees reported a recent complaint and advised they had felt very supported and had worked together with the Consultant to address this. Trainees believe they would be supported by the team following an adverse incident.

Specialty Trainees: Trainee would raise any adverse incidents via DATIX.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely
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The visit panel found a department that has been focused on making improvements following the previous visit in March 2020 despite the impact of Covid. There are still significant concerns regarding the loss of the burns unit which impacts on patient safety and there is no current plan or timescale in place for this to reopen or a decision to close permanently. The interim arrangements for management of burns patients in Tayside is unclear. Elective theatre capacity has been significantly reduced which impacts the ability to train across the full range of curriculum requirements, the visit panel understand this is out-with the departments control but something that will continue to be monitored and addressed. The visit panel plan to revisit this department to ensure that progress has been made within 12 months.

What is working well:

- The panel acknowledge several improvements have been put in place following the previous visit held in 2020
- Significant improvement in induction which was highly praised
- Consultant body are very supportive, accessible, and approachable
- Excellent team culture
- Developing cross specialty placements to allied surgical specialties to provide surgical training opportunities

What is working less well:

- Significant patient safety concerns due to ongoing closure of the burn's unit in a Major Trauma Centre, no clear interim pathway for these cases and no structured plan or date for when or if the Burns unit is to re-open
- Although there is a new formalised teaching programme this has not started yet and should have a structured timetable and occur regularly
- It is recognised there has been a reduction in training opportunities due to COVID, however opportunities that are available should be equitably split amongst trainees
- The junior rota is currently compliant but is vulnerable to any absence or unfilled gaps
- There is a lack of available computers, WIFI connectivity is poor or intermittent in parts of the hospital, there is no access to printers, web cams or microphones all of which impacts a trainee's ability to carry out their role
- Internal departmental conflicts across 2 specialties, which should have a process in place to resolve these sustainably
- Long shifts may compromise decision making
- Elective theatre capacity in Plastic Surgery significantly reduced which impacts the ability to train across the full range curriculum requirements
- No Foundation trainees attended the visit (current and previous trainees were invited).

4. Areas of Good Practice

Ref	Item
4.1	N/A

5. Areas for Improvement

Ref	Item	Action
5.1	N/A	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Measures must be implemented to address the patient safety concerns associated with the closure of the burn's unit as soon as possible.	As soon as possible	All
6.2	A regular programme of formal teaching that is appropriate to the curriculum requirements of trainees should be introduced and maintained.	July 2022	All
6.3	Trainees of similar grades must have equal access to the same training opportunities	July 2022	CT, ST
6.4	The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs. Including additional workstations, printers, web cams/microphones.	July 2022	All
6.5	The department must have a clear process for supporting trainees who have been undermined from staff outwith the department. These trainees should be provided with feedback on actions taken to address this.	July 2022	All
6.6	Rota patterns must ensure sufficient rest time for trainees in transition from night to day working and must avoid patterns which result in excessive fatigue.	July 2022	CT