Date of visit	Tuesday 1st March 2022	**Level(s)**	Foundation/Core/Specialty
Type of visit	Triggered Visit	**Hospital**	University Hospital Monklands
Specialty(s)	General Surgery	**Board**	NHS Lanarkshire

Visit panel	
Kerry Haddow	Visit Lead and Associate Postgraduate Dean for Quality
Phil Walmsley	Associate Postgraduate Dean for Quality
Fiona Cameron	Associate Postgraduate Dean (Foundation) Foundation School Director
Joshua Newmark	Trainee Associate
Brian Winter	Lay Representative
Ms Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Ashley Bairstow-Gay	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow, Mr Phil Walmsley, Dr Reem Al-Soufi
Quality Improvement Manager(s)	Ms Vicky Hayter
Unit/Site Information	
Trainers in attendance	10
Trainees in attendance	9 FY, 7 LAT/ST
Feedback session: Managers in attendance	12
Date report approved by Lead Visitor	23rd March 2022

1. Principal issues arising from pre-visit review

A previous enhanced monitoring visit was held on 13th June 2018. The visit panel highlighted a number of requirements

- Core & Higher Surgical Trainees must have more access to emergency surgical opportunities March 2019
- While improvements are underway – there remains work to be done to improve the quality and safety of handovers including the necessity to incorporate unwell Urology patients in surgical handovers, to improve handovers for weekends and after weekends. March 2019
- Use of 'SHO' terminology must cease (but it is acknowledged this issue is not specific to this site) March 2019
- Foundation trainees' uneven distribution of workload must be addressed March 2019
- Departmental induction must be provided to all trainees whenever they start, and before they start working

This department was removed from enhanced monitoring following this visit in 2018.

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/Specialty Trainees

The Deanery would like to thank Mr Sanjiv Chohan (Clinical Director) for the helpful and informative presentation which gave a detailed overview of work being done to address the recent concerns raised internally via the WeCare survey. The presentation highlighted the issues raised and current action plan recently put in place to support staff and trainees. Staff are aware of serious concerns and ongoing challenges in the department and are focusing on improving clinical processes to ensure a high standard of training and patient care.

2.1 Induction (R1.13)

Trainers: Trainers advised induction takes place in February and August every year and consists of group meetings with trainees who are taken around different areas and told how to raise concerns. There is an induction booklet which all trainees are sent prior to starting in post, it is currently under review and not all processes and standard operating procedures are incorporated yet. Clinical fellows who could not make the standard induction were shown around the department individually and had a day of shadowing.

Foundation Trainees: Trainees advised they received hospital induction and received passwords which worked well except one trainee on nightshift did not receive any induction or passwords. Trainees advised there was no formal departmental induction only a document which was put together by a clinical fellow on how the ward was run and a chat arranged out of working hours. A consultant had a quick chat to ask if the trainees has read the induction document and if they had any questions.

Core/Higher Trainees: The majority of trainees received hospital and departmental induction. Hospital induction consisted of online information with modules to complete. For trainees on nights or a non-standard start they did not receive a hospital induction and did not have an ID badge, passwords or logins for Trak care when commencing in post. Trainees did not value the departmental induction and did not feel welcome by the team. Trainees advised there was no induction to Urology which they cover out of hours and were given an outdated induction booklet for General Surgery which was no longer relevant.

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

Trainers: Trainers reported four teaching sessions, Tuesday is hospital wide, Wednesday is a meeting presented by different departments, Thursday is Foundation year 1 teaching, deanery level Core and ST teaching and surgical bootcamp teaching based at Kirkland's hospital. There has recently been a redesign of the rota to help access to teaching. Trainees provide a wish list of topics and speakers can be from Gastroenterology, Anaesthetics etc. Trainees are not scheduled for clinical duties so they can attend teaching.

Foundation Trainees: Trainees reported attending weekly deanery teaching which is not recorded so they cannot catch up if they cannot attend. There is hospital wide teaching on a Tuesday which trainees advised can be difficult to attend. A specialty trainee has recently started teaching sessions on a Friday, a rough outline and schedule is sent to trainees, but this has not been formalised yet.

Core/Higher Trainees: Trainees advised up until recently there was no unit teaching programme. After raising concerns there is now one session held on a Friday which is still in the initial stages and is run by a specialty trainee. The last session was held out with the juniors shift due to the Radiologists timetable, but trainees are trying to find a time that suits everyone. Trainees can attend regional teaching unless on-call.

2.3 Study Leave (R3.12)

Trainers: Trainers advised that study leave can sometimes be challenging making sure that on call and clinical activity is covered however the recent redesign of the rota makes it easier.

Foundation/Core/Specialty Trainees: Trainees reported a struggle when requesting study leave due to a lack of response from the rota co-ordinator. Trainees were unsure if the leave had been granted which left the ward vulnerable. There have been changes recently as the rota co-ordinator is no longer in post.

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

Trainers: Trainers reported that due to current consultant absences in the last couple of weeks consultants have had to take on additional supervision. Additional support has been made available from consultants from University Hospital Wishaw and Foundation year 1s supervision has moved to Urology consultants. Trainees are given an opportunity to change supervisors if they wish and adjustments can be made accordingly. Trainers have time in their job plan to provide supervision. If trainees require support and there are known concerns consultants are informed through their previous post or through multi consultant reports via ISCP. There is a wellbeing champion and chief resident to support trainees.

Foundation Trainees: All trainees are aware who their educational supervisor is but not all have not had an initial meeting despite being in post since December. Trainees have recently been allocated a clinical supervisor within the last couple of weeks but have not met with them yet. Trainees advised they were told when starting in post to find a supervisor themselves and were aware of foundation trainees from the last block not being signed off.

Core/Higher Trainees: Trainees reported a mix of supervision depending on the allocated educational supervisor. Some trainees had an initial meeting whilst others had not, and for some, it had taken four months to arrange a meeting. Some described the meeting as a tick box exercise with the supervisor having no interest in teaching or education. One trainee raised concerns at the initial meeting which have not been addressed. No trainee has yet had a Multi-consultant report completed.

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 advised they are aware through the recent survey of trainees working beyond their competence and are writing out processes to support this and make the escalation policy available to trainees. The rota shows ward support and who to contact on a daily basis. Trainers are unaware of issues in relation to consent and these will be explored by consultants to find out where and an action plan developed with standard operating procedures to support this. Staff differentiate between trainees using the colour coded lanyards.

Foundation Trainees: Trainees advised they contact the person above them for assistance such as middle grade, specialty trainee then consultant. Some trainees advised they had been told informally not to contact certain consultants. Trainees reported phones can sometimes ring out when looking for help but there is now a ward contact in place which is working well, and things are beginning to change but these changes are not fully embedded yet. Trainees gave a couple of examples of working beyond competence and advised that nursing staff as very good and if struggling the medical team are available for assistance.

Core/Higher Trainees: Trainees advised they have no issues in theatre and are supervised adequately. The main issue is ward supervision trainees will do a ward round and the consultant will not be in the building and could be on annual leave. Trainees often have to make decisions on their own with no support. Trainees advised the wards are run by trainees with patient care as their responsibility. Trainees can email consultants across specialties with no reply. Patients constantly complain about their care plan changing and new staff looking after them with no continuity of care. Consultants are often not present, and patients can go weeks without being seen by a consultant with only junior trainees looking after them. Trainees have witnessed junior trainees crying in corridors after breaking bad news to patients and answering questions from relatives. Consultants frequently swap shifts making it impossible to know who to contact during the day on call and trainees gave reports of consultants not answering their phone when on-call. Junior trainees have been asked to consent patients where they did not feel qualified to do so.

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

Trainers: Trainers advised trainees discuss activities for the week including ward rounds clinics and theatre access. Trainees state preferences and try and buddy up to experience different training opportunities. Specialty trainees discuss who is doing what in the large operations while CT2 and ST3s have half day lists to discuss patients and maximise training opportunities. There is an action plan in place to move trainees to the golden jubilee hospital for robotic and colorectal training and other sites for breast surgery. Trainers are aware of foundation trainees undertaking non educational tasks and are working hard to improve this although it has been challenging due to staff shortages and the hospital being code black. The burden fell on foundation trainees to undertake phlebotomy and ECGs however there is now support and phones numbers are available on the ward to support these duties.

Foundation Trainees: Trainees advised that the atmosphere and pressures in the department don't create an environment conducive to training and they feel they cannot ask questions. Shadowing the on-call team was the only opportunity for SLEs. Mini cexs are difficult to do as most consultants are not approachable to ask, TABs are very difficult to complete due to work pressures. Trainees reported having a lot of experience looking after acute unwell patients but 90/95% is spent on non-

educational tasks. Ward rounds are reportedly quick and there is not enough time to understand or explore the background of the patient and are therefore not a learning experience but purely scribing.

Core/Higher Trainees: Trainees advised that there are competencies difficult to achieve such as elective hernias and upper GI is sparse. One consultant takes months to trust trainees and trainees are only allowed to do paperwork or hold a camera. Trainees advised they can go to University Hospital Hairmyres for breast surgery, but this is not part of the required competencies. There are robotics at the Golden Jubilee but no training opportunities. There has been a lack of opportunities to attend clinics due to recent consultant absence. Trainees reported they have been asked to run clinics unsupervised. There are no endoscopy opportunities at Monklands and trainees have reached out to Gastroenterology to try and do some of their lists which the department is open to. Trainees regularly see and manage very sick patients however they advised that as there is little consultant input this experience has little or no benefit to education and training.

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

Trainers: Trainers advised there had been a reduction in cases due to Covid. All trainees are rotated around every couple of months to achieve a similar training experience. Trainers reported that trainees have plenty of opportunities to see and manage patients. Foundation trainees have managed to get most of their SLEs completed but team assessments of behaviour (TABs) are different to complete. Trainers would like to receive feedback from today to maximise training opportunities where possible.

Core/Higher Trainees: Trainees advised it was extremely difficult and impossible to get any workplace-based assessments signed off. Breast surgeons at University Hospital Hairmyres help and discuss cases but at Monklands there is no presence on ward rounds so it is impossible to develop learning. Trainees have not done any mini cex's or capabilities in practice and do not think consultants are aware of the new curriculum. If trainees, ask for feedback 15% will give it and it will be treated as a tick box exercise.

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

Trainers: Trainers advised there are no formal multi professional learning opportunities, but trainees regularly review patients with the stoma nurses and there are joint M&M meetings with other departments and a colorectal MDT weekly.

Foundation Trainees: Trainees advised there is no formal multi-professional learning, but trainees work well with pharmacists in General Surgery. Trainees reported feeling pressured to attend the Morbidity and Mortality meetings however this was not felt to be a learning opportunity as no discussion or assessment of cases takes place.

2.9 Adequate Experience (other) (R1.22)

Trainers: Trainers reported there are a number of quality improvement projects available for trainees these have been disrupted by Covid but are in the process of being back up and running with the assistance of the chief residents.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised that feedback is given on a case-to-case basis and during a robust handover meeting there are opportunities to discuss cases. Trainees are not given negative feedback in a group setting and any behavioural issues are discussed on an individual level. Trainers work closely with the ISCP structure and give feedback in a timely manner there are experience trainers who provide help and support to trainees providing a safe environment. Trainers are happy to take on board any mechanisms to improve this to ensure trainees received regular feedback.

Foundation Trainees: Trainees advised there is no formal procedure to receive feedback and they do not receive any. Trainees reported if you ask questions you can get answers. One trainee reported getting feedback in a group setting and the way in which it was delivered was humiliating. There is now a room for handover but the way it is conducted remains the same, there is no information to say what trainees have done is right or wrong and trainees feel unable to follow up on decisions made with patients from the day before.

Core/Higher Trainees: Trainees advised that consultants have no interest in training and there is never anyone around to give feedback. Trainees advised the department would run the same way if there were no Consultants. Trainees organise the rota, teaching, absence cover and handover.

2.11 Feedback from trainees (R1.5, 2.3)

Foundation Trainees: Trainees advised they recently completed the WeCare survey but were unaware of formal mechanisms before this. Since completion of the survey trainees have been offered support and are aware of a chief resident.

Core/Higher Trainees: Trainees advised following the recent WeCare survey management had been very supportive. There is no formal opportunity to feedback to Consultants and trainees are very reluctant to do so as they do not feel comfortable, when issues were raised previously trainees were met with hostility.

2.12 Culture & undermining (R3.3)

Trainers: Trainers were aware of issues highlighted in the recent survey in relation to culture and undermining concerns and advised that HR processes had been introduced which have improved things over the last few weeks. Trainers are aware there is work to be done but big changes have already taken place and it is now easier for trainees to take study leave and annual leave. There is support in place for trainees via the chief resident and quality lead. A plan is in place to monitor and measure the improvements.

Foundation/Core/Higher Trainees: Trainees advised they are aware of ongoing dignity at work investigations despite this there are ongoing allegations of undermining and bullying by Consultants. The majority of trainees reported a hostile environment and are afraid to ask questions.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised that the current rota has been redesigned and will be implemented in the next few weeks. The new rota is more predictable for trainees. The senior rota no longer supports the junior rota and the number of staff on the senior rota needs to be increased. The service manager has secured funding for this and it is currently going through the process with a view to recruiting more staff before August and adverts going out in the next few weeks.

Foundation Trainees: Trainees advised there was a lack of coordination with the rota and no contingency plans or bank protocol in place when staff are off sick or on leave. Trainees advised that the rota coordinator has not responded to emails and makes no effort to get cover for staff. One weekend a foundation trainee reported covering 70-80 patients on call whilst trying to find cover and get another staff member via a What's app group.

Core/Higher Trainees: Trainees stated the rota is trainee lead with no consultant involvement. The recent rota changes have been approved by the Clinical Director with implementation on 14th March 2022. It has been altered to distribute on-calls evenly and not to optimise elective work.

2.14 Handover (R1.14)

Trainers: Trainers advised there is now a dedicated room for handover with a computer to access information. There is a formulised start time and trainers ensure there is the correct interactions with other departments of the hospital. There is a registrar 24 hour on call who is no longer required to come into the hospital to handover and it can be done over the phone or via Microsoft teams.

Foundation Trainees: Trainees reported recent changes with handover as more consultants attend and staff now wait till everyone has arrived however this is no more engagement, and it is still rushed with no time to consider issues in depth. It is not a learning event There is no evening handover, but trainees raise outstanding jobs if anyone is sick.

Core/Higher Trainees: Trainees reported handover now takes place in a room with a computer. Trainees advised handover is rushed and there is no time for learning or education, in addition a

small number of consultants refuse to participate in handover adding time and additional stress to the junior trainees.

2.15 Educational Resources (R1.19)

Core/Higher Trainees: Trainees advised there is one new computer in the handover room, but IT is still inadequate both to do their jobs and for education events on Teams.

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

Foundation Trainees: Trainees reported if they required any support regarding the job or health, they would contact their Foundation Programme Director or Educational Supervisor.

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

N/A

2.18 Raising concerns (R1.1, 2.7)

N/A

2.19 Patient safety (R1.2)

Trainers: Trainers advised they had recently introduced a standard operating procedure for handover as they were aware of some trainee concerns. The consultant rota is a work in progress and once this is finalised it will address concerns and support trainees.

Foundation Trainees: Trainees reported patients safety concerns in relation to the way ward rounds are conducted. These are extremely fast pace and there is no time to document all the information and things can get missed. Trainees reported consultants lack of willingness to deal with any non-surgical issues or downstream elective patients which could result in patients deteriorating and delays in escalation.

Core/Higher Trainees: All trainees reported patient safety concerns with no systems in place to rectify them. There is no team culture, the M&M process is non-existent only one meeting has taken place since September, there is no discussion or follow up and it is not used as a learning opportunity. Trainees are repeatedly contacted by secretaries to phone patients as no consultant follow up has been arranged. Trainees are dealing with issues beyond their competence and feel stressed and overwhelmed. Trainees described patient safety concerns for both in and outpatients as there is a lack of consultant care and a lack of continuity. Team communication is exceptionally poor and patient management and important decisions are all made by junior staff.

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

Trainers: Trainers advised any incidents are discussed and addressed by the clinical or educational supervisor and discussed at the M&M meeting which is held once a month. Individual incidents are discussed at one-to-one meetings and cases are used for presentations at educational meetings and used as a learning event, so this doesn't happen again in the future.

Average overall satisfaction scores from the pre-visit questionnaire:

Foundation trainees average score 3.25/10
Core/Higher trainees: average score 3.6/10

3.0 Summary

There are significant concerns regarding patient safety, culture and undermining and the duty of care for trainees at University Hospital Monklands. Trainees reported lack of supervision and decision making at senior level. There is poor continuity of care of patients. In view of the challenges facing this department a recommendation for the department to be place on Enhanced Monitoring has been issued to the General Medical Council to ensure training standards can be met.

We have highlighted below both the positive aspects from the visit, and some areas for improvement and requirements.

What is working well:

- The visit panel commend the Director of Medical Education and Consultants on identifying and isolating issues before today's visit and constructing an action plan
- Recent input and support from 4 Consultants within Lanarkshire now based at Monklands
- Trainees praised nursing staff for their support

What is working less well:

- Reports of a culture which fails to meet GMC standards - several examples of trainees and patients being undermined. This culture potentially leaves trainees unable to ask for help which may impact on patient safety.
- Inadequate educational and clinical Supervision - not all trainees have had a meeting with their named supervisor despite being in post for months and whilst some have, these can vary dramatically with some meetings described as hostile. Little engagement with new surgical curriculum with no trainee yet having a Multi Consultant Report.
- Reports of an inadequate departmental induction and no induction to Urology cross cover.
- Concerns regarding consultant supervision - reports of elective patients not seeing a Consultant for weeks as there is no plan for consultant cover while on leave. This leaves junior trainees managing complex surgical patients without consultant supervision. Reports of FY2 trainees being expected to take consent for complex procedures.
  Lack of feedback to trainees – reports of work placed based assessments being virtually impossible to complete and rejected by all but 1 consultant.
- All trainees reported potential patient safety concerns – due to working beyond competence, rushed ward rounds with no time to discuss patients and inadequate handovers.
- Poor consultant communication and continuity about planning for ongoing care on wards and particular concern for end-of-life care.
- Inadequate rota management where there is an expectation for foundation trainees to organise their own sickness absence, although a new rota is due to commence mid-March this does not maximise training opportunities.
- Significant concerns over an unsafe training environment which is potentially detrimental to patient and trainee's safety and wellbeing.

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

4. Areas of Good Practice

Ref	Item
5.1	N/A

5. Areas for Improvement

Ref	Item	Action
6.1	N/A	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Doctors in training must not be expected to work beyond their competence.	Immediately	All
6.2	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues, senior leadership and involvement of all trainee groups who would be managing each case.	Immediately	All
6.3	Measures must be implemented to address the patient safety concerns described in this report.	Immediately	All
6.4	Allegations of undermining behaviour must be investigated, and if upheld, put in place an appropriate action plan must be instigated to address them.	Immediately	All
6.5	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	Immediately	All
6.6	Hospital and departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care.	By August 2022	All
6.7	A process must be put in place to ensure that any trainee who misses their induction session is identified and provided with an induction.	By August 2022	All
6.8	Educational Supervision structures must be formalised, and regular meetings held with trainees. Educational Supervisors must understand the	August 2022	All

	curriculum and portfolio requirements for their trainee group.		
6.9	Review and clarify the Clinical Supervision arrangements to ensure a clear understanding of who is providing supervision and how the supervisor can be contacted.	August 2022	All
6.10	The Board must design rotas to provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.	November 2022	All
6.11	Trainees must be able to access learning opportunities to meet curricular objectives including, for example, outpatient clinics/theatre.	November 2022	All
6.12	The department must develop and sustain a local teaching programme relevant to curriculum requirements including a system for protecting time for attendance.	November 2022	All
6.13	There must be access to study leave for all eligible trainees and this must not be dependent on trainees arranging their own service cover.	November 2022	All
6.14	Trainers must engage in developing a culture of routinely supporting opportunities to provide informal feedback.	November 2022	All
6.15	A formal mechanism for all trainees to be able to feedback to the department must be established.	November 2022	All
6.16	All staff must be behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines.	Immediately	All