Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	Friday 24 May 2019	**Level(s)**	Foundation, Core and Specialty
Type of visit	Scheduled	**Hospital**	St John's Hospital, Livingston
Specialty(s)	Plastic Surgery	**Board**	NHS Lothian

Visit panel	
Dr Kerry Haddow	Visit Lead and Associate Postgraduate Dean (Quality)
Mr Satheesh Yalamarthi	Training Programme Director
Dr Aine McGovern	Trainee Associate
Ms Gillian Mawdsley	Lay Representative
Ms Jill Murray	Quality Improvement Manager
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Surgery	
Lead Dean/Director	Professor Adam Hill	
Quality Lead(s)	Dr Reem Al-Soufi, Dr Kerry Haddow and Mr Phil Walmsley	
Quality Improvement Manager(s)	Ms Vicky Hayter and Ms Jill Murray	
Unit/Site Information		
Trainers in attendance	7	
Trainees in attendance	9	FYs – 2, CSTs – 2, STs - 5
Non-medical staff in attendance	6	
Feedback session: Managers in attendance	6 (including Associate Director of Medical Education, Associate Medical Director and Clinical Director)	

Date report approved by Lead Visitor	21 June 2019

1. Principal issues arising from pre-visit review

Some concerns regarding the trainee experience in the Plastic Surgery department were raised by the local team at the Core Surgery Quality Review Panel. Following discussion, the panel agreed a visit to the department should be arranged.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). Please note that both the Foundation and Core trainees NTS data is grouped with all the surgical specialties on the site and may not be reflective of the specialty being visited.

NTS Data – Programme Data

Foundation (FY1)– Red Flags – Adequate Experience, Feedback, Overall Satisfaction, Reporting Systems, Curriculum Coverage; **Pink** Flag – Induction

Foundation (FY2) – Red Flags – Clinical Supervision Out of Hours; **Green** Flag – Adequate Experience, Supportive Environment, Educational Governance

Core – **Pink** Flag – Curriculum Coverage; **Light Green** Flag – Educational Governance

Specialty – **Green** Flag – Workload, Rota Design

STS Data

Core – **Red** Flag – Handover; **Lime** Flag – Teaching

Higher – **Lime** Flag – Workload

The visit team will take the opportunity to gain a broad picture of how training is carried out within the department and to identify any areas of innovation or good practice for sharing more widely. The visit provides an opportunity for trainees and staff within the unit/department to tell the Deanery what is working well in relation to training; and also, to highlight any challenges or issues, the resolution of which could be supported by the Deanery.

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 trainee groups:

Foundation Trainees
Core Surgical Trainees
Specialty Trainees

2.1 Induction (R1.13)

Trainers: Trainers stated that there is a hospital induction for all trainees on the Wednesday they start in post. A departmental induction is run by 2 of the Consultants and usually takes place the Friday after the trainees start in post. The induction covers the trainees roles and responsibilities, a range of hand injuries the trainees can expect to see and an induction to ENT which they cover out of hours. Trainees are advised to contact the department if they are unable to attend induction and an alternative session will be arranged for them.

Foundation Trainees: Trainees reported that the hospital induction was very good and they found the session about microbiology particularly useful. Their departmental induction was 2 days into their post and they agreed it would have been useful to have this earlier. Overall the induction was good and although there are handbooks they are not relevant to the Foundation trainees. The trainees would value a handbook that was aimed at Foundation and are happy to help write one. The departmental induction did not include induction to the areas they cover out of hours such as Maxillofacial Surgery and Ortho-Geriatrics. Trainees who are unable to attend the induction are sent the handbooks and presentation.

Core Trainees: Trainees reported that they received a hospital induction which they found useful. Trainees received a departmental induction which, for trainees starting in August, included an induction to ENT however this was not included in the induction for trainees starting out with August. Trainees cross cover ENT and received a good handbook for ENT which is regularly updated by trainees and covers the types of cases they are likely to see. The trainees stated that they are developing the same kind of handbook for Plastic Surgery. The trainees also work at the Royal Hospital for Sick Children in Edinburgh but receive no induction to the department there.

Specialty Trainees: Trainees stated that they had received both a hospital and departmental induction. All trainees had received a copy of a good departmental handbook.

Non-Medical Team: The team stated that induction could be a bit more structured and involve more orientation to the environment for the trainees.

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

Trainers: Trainers advised that all trainees are able to attend their regional teaching. Specialty trainees have a whole day pan-Scotland teaching session once a month and Foundation trainees have weekly sessions that they attend. There is departmental teaching on a Friday afternoon that is open to all trainees but Foundation trainees have specific departmental teaching on a Tuesday. This teaching can be challenging to attend due to their shift system. There is often teaching on a Friday lunchtime which is informal and involves reviewing interesting cases and x-rays and is run by a hand Consultant.

Foundation Trainees: Trainees reported that they are able to attend their regional teaching bleep free. There is departmental teaching but it does not run regularly and is not on a set day because of the rota and the variability of trainees available on any given day. The Foundation trainees were unaware of the Friday afternoon teaching.

Core Trainees: Trainees reported that they are able to attend their regional Core Surgical teaching. There is teaching on a Friday afternoon in the department but this relies on Specialty trainees being available to teach and is therefore sporadic. Very often trainees only find out on the day whether departmental teaching is going ahead or not. There is very good teaching from a hand Consultant who does X-ray teaching during their lunchbreak.

Specialty Trainees: Trainees stated that they are able to attend their monthly pan-Scotland teaching programme. There is departmental teaching held on a Friday afternoon but this is run infrequently as it is Specialty trainee led with no Consultant input. There is also a quarterly Clinical Governance meeting which incorporates M&M meeting. The Consultants are very good at providing sessions when the FRCS exams are approaching.

Non-Medical Team: The team stated that the trainees always tell them when they are going to teaching and they try not to disturb them during that period.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that there is a 2-person approval system with a service manager checking the availability for the leave requested and the programme of study. The Clinical Director then checks the validity of the request and signs it off. The majority of requests have been approved.

Core and Specialty Trainees: Trainees reported that there are no issues getting study leave approved.

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

Trainers: Trainers stated that there is a training lead within the department and they allocate the Specialty trainees to their Educational Supervisors. Specialty trainees rotate through different posts within the department and are allocated Supervisors each time they rotate. There are regular Consultants meetings and trainees are discussed at these meetings in order to provide group Consultant feedback to trainees.

Foundation, Core and Specialty Trainees: Trainees reported that they all had a named Educational Supervisor who they had met with.

Non-Medical Team: The team stated that there is always supervision available and if help was needed a member of the nursing team would contact a Consultant.

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

Trainers: Trainers stated that trainees know their own curriculum and discuss their training needs with their Educational Supervisor. Educational Supervisors discuss their trainees' needs at the Consultant group meeting and those who need experience in a specific area can be accommodated. The Specialty trainees rotate through the department in 4-monthly placements covering all the sub-specialties within the department. Core trainees are mainly allocated to emergency on-call as that offers them the best experience for their training. They are also assigned elective theatre and clinics lists and the department try to align these to the trainees' interest. The trainers were unaware of the new Improving Surgical Training (IST) curriculum.

Foundation Trainees: Trainees stated that they did not believe this to be the best job for their learning and development due to the specialised nature of the work and the general wellness of the patients. The trainees will achieve their competencies because they cover the medical wards out of hours as part of the H@N team. The trainees were appreciative of the opportunities to go to theatre and clinics and specifically the allocated weeks of elective theatre they have on their rota.

Core Trainees: Trainees reported that they can attend elective theatre days but these are usually spent with the Specialty trainees with limited theatre access to Consultant lists. Trainees do not have access to theatre or clinics when working an on-call week however when they are on an elective week they have 5 theatres and 2 clinics allocated. When on-call the trainees take referrals and see patients in the Emergency Department. The Specialty trainees will usually do any emergency surgery with the Core trainees having no opportunity to follow a patient they have referred from the Emergency Department. The trainees work in the Royal Hospital for Sick Children in Edinburgh and stated that they believe this to be service provision with little learning opportunities. They work on that site one day at a time and spend their time holding the Plastic Surgery bleep, taking referrals, discharging patients and booking follow-up appointments. Trainees do have access to OPLA lists but only 4-5 in their placement and they believe that they could do more of these as they are particularly relevant to their training but the department allocate these lists to the Specialty trainees.

Specialty Trainees: Trainees advised that they rotate through all the sub-specialties in the department every 4 months and that some placements offer better learning experiences than others. The trainees highlighted that there are a number of Specialty trainees of the same grade all competing for the same competencies and they are concerned that they will meet their requirements. Previously the department had a mix of different levels of Specialty trainees which ensured everyone had access to their relevant level of training and competencies. Trainees stated that they believe their posts here contain more service provision than previous posts, particularly when attending clinics. There is limited learning opportunity at clinic as the majority of clinics are Specialty trainee led with little teaching or input from Consultants, however if help is needed it would be available. The trainees are assigned a number of OPLA (Operations under Local Anaesthetic) lists which are not relevant to their training and they believe should be allocated to Core trainees.

Non-Medical Team: The team stated that they have more interaction with the Foundation and Core trainees and talk them through procedures on the ward. There are sometimes rare and interesting cases on the ward and trainees are encouraged to become involved with these.

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

Trainers: Trainers stated that they know how to complete the assessments trainees request and they have attended the Training the Trainers course.

Foundation Trainees: Trainees reported that it is easier to get assessments completed when they are on their allocated week in theatre as they work alongside a Specialty trainee. It is more challenging getting them completed when they are working on the ward as the senior trainees and Consultants are in theatre.

Core Trainees: Trainees reported that there are issues getting their work-place based assessments (WPBAs) completed by Consultants as they do not work with them often. Core trainees are required to have 50% of their WPBAs completed by Consultants, currently the trainees are not achieving this. Trainees are assigned theatre days but, unless it is a hand fracture list, these theatre days have no input from a Consultant. Trainees stated that, in relation to the new IST programme, the current post does not appear to meet the curriculum requirements, particularly regarding Consultant interactions.

Specialty Trainees: Trainees stated that it is very easy to have their work-place based assessments completed and they are done in a timely manner.

Non-Medical Team: The nursing team stated that they complete multi-source feedback forms for the trainees.

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

Trainers: Trainers stated that there are a number of multi-disciplinary team (MDT) meetings that trainees attend. There is a quarterly Clinical Governance meeting that everyone attends and all clinical commitments are cancelled for the afternoon.

Foundation Trainees: Trainees advised that there is a Burns unit MDT that they can attend and that the ward round is also attended by member of the multi-disciplinary team.

Core Trainees: Trainees stated they are unaware of any multi-disciplinary learning opportunities. They do not attend any MDT meetings but do attend the Clinical Governance

meeting which includes a M&M meeting however these meetings are attended only by the medical team.

Specialty Trainees: Trainees reported that there are opportunities for multi-disciplinary learning at the Royal Hospital for Sick Children in Edinburgh. There are Clinical Governance and M&M meetings but these are not attended by members of the multi-disciplinary team.

Non-Medical Team: The team advised there is tracheostomy simulation session which is a multi-disciplinary learning opportunity as both trainees and members of the nursing team attend as is a similar session held on burn situations. They had not been part of the Clinical Governance afternoons as there was a clash with another meeting.

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

Trainers: Trainers stated that there is a research and audit lead Consultant in the department who co-ordinates all the projects and audits in the department. All trainees are offered the opportunity to undertake or participate in a project or audit.

Foundation, Core and Specialty Trainees: Trainees reported that there are opportunities to undertake a quality improvement project.

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 reported that everyone has colour coded badges that identifies them and their grade. Trainees are told at induction to escalate any concerns they have to their Educational Supervisor or anyone in the department. There is a mentoring system for the Core trainees and they can choose who they would like to be mentored by.

Foundation Trainees: Trainees stated that they always know who to contact and that support is always available. It can be daunting being on the ward with no senior support as the senior trainees and Consultants are in theatre and the specialty is so specialised but the trainees do not feel they work beyond their competence.

Core Trainees: Trainees stated that there is always supervision available to them and they are not asked to work beyond their competence.

Specialty Trainees: Trainees reported that they are not working beyond their competence and that the Consultants are all accessible and approachable when they do need help.

Non-Medical Team: The team advised there is now a leaflet posted up in the ward detailing the grade of trainee by the colour of their name badge. The trainees are well supported on the wards and no trainee works beyond their competence.

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

Trainers: Trainers stated that the trainees receive regular informal feedback when on-call with a Consultant. The hand team holds a lunchtime meeting and the trainee who has been on-call overnight can attend the meeting to discuss cases they have seen overnight and receive feedback. Trainees regularly attend clinics with Consultants and receive feedback in that setting.

Foundation Trainees: Trainees stated that they do not make decisions, they only follow the notes therefore they do not need or get feedback.

Core Trainees: Trainees reported that they receive regular feedback when on-call as well as receiving feedback via email from Consultants regarding patients. There is always a hand Consultant on-call and they always provide feedback for any patient the trainees have seen. The trainees seek out feedback themselves if they have dealt with a patient out of hours.

Specialty Trainees: Trainees stated that they receive frequent feedback both in hours and out of hours and agreed that the Consultants are very good at giving them feedback.

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

Trainers: Trainers reported there is a trainee rep who attends their Consultant meeting and raises any issues they have received from trainees.

Foundation Trainees: Trainees advised that they are unaware of any mechanisms within the department for them to provide feedback.

Core Trainees: Trainees stated that they provide their feedback via the various survey requests they receive from the GMC and the Deanery. The trainees were unaware of a trainee representative attending the Consultant meeting to provide trainee feedback.

Specialty Trainees: Trainees reported there is a trainee representative who attends the Consultant meeting and feeds back any concerns from trainees. Trainees also feedback to their Educational Supervisor at their regular meetings.

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

Trainers: Trainers stated that the trainees' workload is designed to maximise their training and learning opportunities. There is a need to cover the emergency work first then trainees are allocated to theatre and clinic lists.

Foundation Trainees: Trainees stated that their rota is good and their workload manageable both during the day and out of hours. The rota is variable in that some days there can be 5 Foundation trainees in the department and on other days there are only 1 or 2.

Core Trainees: Trainees reported that their rota and workload is manageable both during the day and out of hours. There is currently an additional trainee on the rota which allows the trainees to be allocated extra elective theatre days.

Specialty Trainees: Trainees reported that their rota is management during the day and out of hours.

Non-Medical Team: The team advised that the rotas are all compliant and the department is preparing for their rotas to be monitored. There are 5 FY1 trainees in the department and on a good day 4 will be rostered to work on the ward. The trainees cover Medicine for the H@N team.

2.13. Handover (R1.14)

Trainers: Trainers reported that there is an electronic handover on the shared drive that everyone can access, this is particularly useful for Specialty trainees who work across multiple sites. The on-call team overnight are rostered on the ward the following day which enables the on-call Specialty trainee to provide a face to face handover to the on-call Specialty for the day. The Core trainees have their own handover which is face to face as do the Foundation trainees. The trainers advised that, as they cover multiple sites, they had requested access to the online TRAKCARE system to improve their current handover process.

Foundation Trainees: Trainees stated that they do not attend any handover meetings which they feel is a missed learning opportunity. The 8am handover between the Core trainees is at the same time as the ward rounds that the Foundation trainees attend. The trainees were confident if they needed to know anything the Core trainees would tell them.

Core Trainees: Trainees reported that there is a handover at 8am on Ward 18. The Foundation trainees are not always there as the ward round starts at 8am or 8.15am, Consultant dependent, if 8.15am then the Foundation trainees can attend. There is also a night handover at 8.30pm on Ward 18.

Specialty Trainees: Trainees reported that they cover multiple sites so the nightshift person contacts the dayshift person to handover. The trainees all have access to the rota on an app so they know who to contact. The middle grade trainees have their own handover which is stored on the shared drive. When on-call for trauma the Specialty and Core trainees review the handover sheet together before the ward round.
Non-Medical Team: The team stated that the trainees handover in the Doctors Room at 8am but there are no other team members present at handover. There is a brief handover on the ward round that is attended by trainees and members of the nursing team.

2.14. Educational Resources (R1.19)

Foundation Trainees: Trainees advised that they have access to the library and as part of their regional teaching they have access to simulation training.

Core and Specialty Trainees: Trainees reported a good selection of books is available in the library and they have access to micro simulation equipment and microscopes.

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 stated that trainees can raise any concerns regarding their training with their Educational Supervisor or via the trainee rep at the Consultant meetings. Any issues with a trainee would be discussed with their Training Programme Director or the regional Associate Postgraduate Dean.

Foundation, Core and Specialty Trainees: Trainees stated that they would be supported if they had any issues with the job or required time off.

Non-Medical Team: The team stated any issues with the performance of a trainee would be raised with the Clinical Lead or the trainee's 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 advised that there is a Director of Medical Education for NHS Lothian.

Foundation and Core Trainees: Trainees were unaware of the Medical Education Directorate.

2.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that there is an escalation procedure for the trainees to follow. Trainees can also raise any issues at the regular M&M meetings or at the Consultant meetings via their trainee rep.

Foundation Trainees: Trainees stated that there is an escalation procedure and they would go to senior trainee or the Charge Nurse in the first instance.

Core and Specialty Trainees: Trainees reported that they would speak to any Consultant if they had any patient safety concerns and their Educational Supervisor or Training Programme Director if they had any concerns regarding their training.

Non-Medical Team: The team advised that there is an escalation process in the department and this is clearly displayed above the nursing station in the Level 1 area. Any issues would also be discussed with the Clinical Lead.

2.18 Patient safety (R1.2)

Trainers: Trainers stated that their department is very safe for patients and trainees. Consultants discuss patients with their colleagues to ensure appropriate treatment and there is a buddy system in place when combined surgeries are undertaken. There are training operating lists available to trainees. The department do board medical patients sometimes and they are looked after by the FY1 trainees in the department.

Foundation Trainees: Trainees reported that they have no patient concerns. Their patients do get boarded out which can be challenging for patients as the Plastic Surgery nurses have

specialised skills and specific dressings that are not always available on other wards. Patients can be missed during the week when boarded out, particularly if there is no ward doctor on their boarded ward, as there is no departmental list of boarded patients. The department also gets patients boarded in and these are usually medical patients.

Core Trainees: Trainees stated that they had no patient safety concerns and that boarding is not an issue that particularly affects the department.

Specialty Trainees: Trainees stated that patients receive very good care in the department and there are no patient safety concerns. Any patient that is boarded out is done in consultation with a Consultant as Plastic Surgery patients require specialised nursing care and therefore boarding out options are limited.

Non-Medical Team: The team stated that there are no patient safety issues. The nursing team ensure the ward is safe for patients and in theatre there are safety huddles and checks carried out before an operation begins.

2.19 Adverse incidents (R1.3)

Foundation Trainees: Trainees stated that they would use the Datix to report an adverse incident. Any Datix incidents are reviewed by the Charge Nurse and discussed at MDT meetings.

Core Trainees: Trainees stated that incidents are discussed and they receive feedback if involved in an adverse incident.

Specialty Trainees: Trainees advised that they use Datix to report adverse incidents and that they receive feedback on these incidents.

Non-Medical Team: The team stated that adverse incidents are reported via the Datix system however these incidents are sporadic and there is no particular trend to them. There are frequent safety huddles where minor incidents are discussed and there is a QUIT team (Quality Improvement team) that reviews and discusses specific surgical cases. Feedback is given to any trainee and their Educational Supervisor if they are involved in an incident.

2.20 Duty of candour (R1.4)

Trainers: Trainers stated that their department is open and friendly and their M&M meetings are non-accusatory. They are honest with their patients and if trainees see that they can take that forward in their own behaviour.

Foundation, Core and Specialty Trainees: Trainees stated that they believe they would be supported if they were involved in an incident when something went wrong with a patient. They advised that everyone in the department is protective towards their patients and would want to know if something had gone wrong.

2.21 Culture & undermining (R3.3)

Foundation Trainees: Trainees reported that all the senior trainees are very good but with the Consultants in theatre the majority of the time they do not interact a lot with them. The nursing team is very experienced and provides advice when needed.

Core Trainees: Trainees stated that the medical team is very supportive in the department. However, the trainees reported that sometimes the nursing team on Ward 18 can be obstructive regarding patient flow. The trainees are told they are not allowed to see patients in the Ward 18 treatment room despite not being able to see direct emergency referrals in the Emergency Department. Trainees are told if they want to admit a patient to the ward and there are no beds available then they must find a bed elsewhere themselves. The trainees also reported witnessing the undermining of FY1 trainees by the nursing team on Ward 18.

Specialty Trainees: Trainees reported a good culture within the medical team in the department however stated that there are tensions with the nursing team. Trainees are not always treated well by the nursing staff however this could be due to a lack of clarity with the departmental processes. Trainees often do not know where they are allowed to assess patients and this results in tension between them and the nursing team.

Non-Medical Team: The team stated there is a good culture in the department, particularly in the nursing team who nominate a staff member of the month each month and they believe having a good culture in that team spreads across the department. The team stated that undermining behaviours would not be tolerated on the ward or in theatre.

2.22 Other

Specialty Trainees: Trainees reported that Core trainees do a lot of admin and their roles and responsibilities within the department are not conducive to a good training experience. Trainees stated that they believe a Trauma Co-ordinator is required in the department to free trainees from organising beds and lists.

The visit panel noted the constant use of SHO terminology. Trainees across all groups referred to the middle grade rota as the "SHO rota" and the trainees on the rota as "SHOs".

Summary

The panel was impressed by the supportive and approachable medical team that work within the department. There are good feedback mechanisms both to and from the trainees although access to the trainee rep needs to be widened. Provision of multi Consultant feedback to the trainees is very good. However, the panel were particularly concerned regarding the suitability of the Core Surgical training posts to support the new Improving Surgical Training curriculum and agreed this should be addressed immediately due to the imminent arrival of IST trainees.

What is working well:

- Open, supportive and approachable medical team, protective of their patients.
- Hand team particularly praised for their teaching and feedback mechanisms.
- Trainee representative at Consultant meeting however all grades of trainees need to be aware of this mechanism and their feedback sought.
- Provision of multi Consultant feedback discussed at Consultant meeting.
- Elective weeks for FY1 trainees appreciated.
- Mentoring system offered to Core trainees, possibly extend this to Foundation trainees.
- All grades of trainee able to freely attend their regional teaching.
- There are good induction handbooks these should be extended to include more relevant information for Foundation trainees.

What is working less well:

- The current Core Surgical training post does not appear to meet the quality indicators for Improving Surgical Training.
- Reports of tension between middle grade trainees and nursing staff with witnessed episodes of undermining. These tensions seem to arise in relation to a lack of clarity around processes. Particularly about where patients are to be assessed and whose responsibility it is to find a patient a bed outside the Plastic Surgery ward.
- Induction has improved with an induction to ENT, this should be extended to include the RHC and be available at every changeover.
- Handover remains an issue, understand the issues around multi-site working which could be improved by TRAKCARE.
- There needs to be a formal tracking system for boarded patients.
- There is a disconnect between onsite Foundation and middle grade trainees handover and the ward round that could be better co-ordinated as a learning opportunity.
- Friday afternoon teaching sessions are sporadic and would benefit from being Consultant led, structured, planned in advance and open to all trainees.
- Nursing staff to be involved in quarterly Clinical Governance meetings.
- Constant use of SHO terminology.

Overall satisfaction scores:

Foundation Trainees – a range between 6-7 with an average of 5.6
Core Trainees – a range between 5-8 with an average of 6.5
Specialty Trainees – a range between 6-8 with an average 7

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

5. Areas of Good Practice

Ref	**Item**	**Action**
5.1	Provision of multi Consultant feedback which discussed and agreed at Consultant meeting.	

6. Areas for Improvement

Ref	Item	Action
6.1	All references to “SHOs” and “SHO Rotas” must cease.	
6.2	Include nursing staff at the quarterly Clinical Governance meetings.	
6.3	The issues around multi-site working and handover challenges could be improved with the introduction TRAKCARE.	
6.4	Clarity is required in relation to the process of where patients are to be assessed and whose responsibility it is to find a patient a bed outside the Plastic Surgery ward. This would reduce tensions between the medical and nursing teams.	
6.5	Promote the inclusion of a trainee representative at Consultant meeting to all grades of trainees.	
6.6	Whilst handovers are effective they should include Foundation trainees to ensure access to learning opportunities.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee/Trainer cohorts in scope
7.1	Educational supervisors must understand curriculum and portfolio requirements for their trainee group.	Immediate	Core
7.2	All staff must behave with respect towards each other.	24 February 2020	Foundation and Core
7.3	Trainees must receive adequate induction to all sites they cover out-of-hours to allow them to begin out-of-hours working safely and confidently.	24 February 2020	Foundation and Core
7.4	There must be robust arrangements in place to ensure the tracking of all boarded patients.	24 February 2020	Foundation
7.5	The department must develop and sustain a local teaching programme with Consultant oversight.	24 February 2020	Foundation, Core and Specialty