Scotland Deanery
Quality Management Visit Report

Date of visit	Tuesday 14 May 2019	**Level(s)**	Foundation, General Practice, Core and Specialty
Type of visit	Triggered	**Hospital**	Glasgow Royal Infirmary
Specialty(s)	General (Internal) Medicine	**Board**	NHS Greater Glasgow and Clyde

Visit panel	
Dr Fiona Drimmie	Visit Lead and Associate Postgraduate Dean (Quality)
Dr Alastair Douglas	Training Programme Director
Dr Claire Gordon	Foundation Programme Director
Mr Tom Carey	Lay Representative
Ms Jill Murray	Quality Improvement Manager
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Foundation	
Lead Dean/Director	Professor Clare McKenzie	
Quality Lead(s)	Dr Geraldine Brennan and Dr Fiona Drimmie	
Quality Improvement Manager(s)	Ms Jill Murray	
Unit/Site Information		
Trainers in attendance	11	
Trainees in attendance	38	FYs – 17, GPSTs – 5, CMTs – 6, STs - 10
Non-medical staff in attendance	3	
Feedback session: Managers in attendance	16 (including Associate Director of Medical Education and Clinical Director)	

Date report approved by Lead Visitor	18 June 2019

1. Principal issues arising from pre-visit review

At the Foundation Quality Review Panel there were some concerns raised regarding the trainee experience in this unit and the discussion resulted in this revisit being arranged.

Below is data from the GMC National Training Survey (NTS) and the Scottish Training Survey (STS). Please note that the Specialty trainees complete both the NTS and STS for their post in specialty and not General Medicine therefore we do not have any survey data for these trainees.

NTS Data – Programme Data
Foundation (FY1)– Red Flags – Induction, Educational Governance, Rota Design
Foundation (FY2) – Red Flags – Handover, Induction, Overall Satisfaction, Reporting Systems, Educational Governance; **Pink** Flag – Curriculum Coverage
GP – Red Flags – Clinical Supervision Out of Hours, Handover, Study Leave, Educational Governance, Rota Design; **Pink** Flag – Curriculum Coverage
Core – **Red** Flag – Handover; **Green** Flag – Supportive Environment; **Light Green** Flag – Reporting Systems, Teamwork, Educational Governance

STS Data
Foundation – Red Flags – Handover, Induction, Workload; **Pink** Flag – Teaching
GP – Red Flag – Handover
Core – **Red** Flag – Handover; **Green** Flag - Teaching

Previous Visit
There was a visit to this unit in October 2016 and the visit panel will investigate the progress of the requirements made following that visit. These requirements are listed below:

- The rota structure is perceived to be too demanding because of a lack of down time between nights and long days and must be addressed.
- Handover process must be improved to ensure there is a safe, robust handover of patient care.
- Induction must be provided to all trainees including trainees who start their post on nights.
- Increased opportunities for Consultant feedback to doctors in training when on Acute Receiving to support the delivery of ACATs. Increased opportunities for Consultant

feedback to doctors in training when on Acute Receiving to support the delivery of ACATs.

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
General Practice Trainees
Core Medicine Trainees
Specialty Trainees

2.1 Induction (R1.13)

Trainers: Trainers stated that all trainees receive a corporate induction and trainees receive a departmental induction from their allocated wards. Efforts are made to catch up with any trainee who cannot attend the scheduled induction. For FY1 trainees there is also a pan-West of Scotland Deanery induction held during their shadowing week in July/August. FY2 trainees based in Glasgow Royal Infirmary receive an on-site Deanery induction.

Foundation Trainees: Trainees reported they all received a corporate induction that was not specific to Glasgow Royal Infirmary. The trainees confirmed they received a departmental induction however this did not include their out of hours responsibilities or details of handover meetings.

GP and Core Trainees: Trainees stated that they did not all receive a corporate induction. Trainees who had worked in the hospital previously did not receive an updated induction.

Trainees all received a ward induction for their allocated sub-specialty but not all received the handout with information about out of hours responsibilities and the meeting place for collecting pagers, etc.

Specialty Trainees: Trainees stated that there is an online induction package which is good. They also confirmed they received a departmental induction.

Non-Medical Team: The team stated that they believe the induction the trainees receive is good and prepares them for their role in the department.

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

Trainers: Trainers stated that trainees are all able to attend their regional teaching. It can be challenging for the FY1 trainees as their teaching is on a Thursday and that is usually a day off on their rota but they have been offered a VC link to QEUH on a Tuesday or Thursday.

Foundation Trainees: FY1 trainees reported that they are not always able to attend their teaching as it is held on a Thursday and this is the day they are usually rostered off. A number of trainees stated they had come in on their days off to ensure they achieved their required hours of teaching. FY1 trainees can attend the teaching in QEUH on a Tuesday or Thursday but this is not always practical with their workload. FY2 trainees apply for study leave as their teaching is a whole day and this makes it easier for them to attend.

GP and Core Trainees: Trainees advised that, due to their rota, it can be challenging to attend their regional teaching. There is weekly departmental teaching in most of the sub-specialties that the trainees attend as well as the weekly grand round meeting.

Specialty Trainees: Trainees reported they have regional G(I)M teaching every 2 months that they are able to attend unless they are on nights or long days. There is also a grand round on a Wednesday within the hospital that the trainees can attend.

Non-Medical Team: The team stated that all trainees usually go to their teaching. There are Nurse Practitioners on some of the wards who cover the Foundation trainee jobs to enable them to attend.

2.3 Study Leave (R3.12)

Trainers: Trainers reported that there are no issues supporting study leave requests providing trainees give enough notice.

Foundation Trainees: FY2 trainees stated that it can be challenging to get study leave for their regional teaching as it is often held on the same day as GP and CMT regional teaching.

GP, Core and Specialty Trainees: Trainees confirmed that they have no issues taking study leave.

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

Trainers: Trainers stated that trainees are allocated their Clinical and Educational Supervisor based on their ward or sub-specialty. There are a number of new Consultants in the department who undertake supervision but do not have time in their job plans for the role. Some of these trainers are giving up their formal supervision roles because of the lack of SPA time in job plans.

Foundation, GP, Core and Specialty Trainees: All trainees confirmed that they had a named Educational Supervisor whom they had met with.

Non-Medical Team: The team stated that there is always supervision and support available to all trainees in the department.

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

Trainers: Trainers stated that all trainees can meet their curriculum requirements. There are a number of sub-specialties within the department that allocate clinics to both GP and CMT trainees.

Foundation Trainees: Trainees reported spending a lot of time completing tasks of little educational benefit particularly when based in Cardiology. Trainees stated that when staffing levels are good then teaching is good as the senior trainees are keen to teach.

GP and Core Trainees: Trainees stated that they get allocated clinics on their rota for the majority of sub-specialties within the department but there are some that do not offer opportunities. Trainees also stated that it can be challenging to get some of their core procedures completed.

Specialty Trainees: Trainees stated that there are adequate opportunities for them to achieve their General (Internal) Medicine competencies. It can be challenging for them to achieve their chest drain competency as they are usually carried out by Core or Respiratory trainees.

Non-Medical Team: The team advised that the nurses on the ward provide ward-based training and support to the Foundation trainees.

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

Trainers: Trainers stated that they all complete assessments for trainees.

Foundation, GP, Core and Specialty Trainees: Trainees reported that there are no issues with assessment completion.

Non-Medical Team: The team advised that they complete certain assessments for all grades of trainees.

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

Trainers: Trainers stated that there are lots of opportunities for trainees to learn with other members of the team but in particular they attend MDT meetings.

Foundation, GP, Core and Specialty Trainees: Trainees stated that they all attend regular MDT meetings.

Non-Medical Team: The team advised that they attend MDT meetings along with the trainees. There is also a Friday educational meeting where trainees present unusual cases.

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

Trainers: Trainers stated that there is a quality improvement lead within the department and all trainees are encouraged to undertake a project. There are also opportunities across the hospital to present projects.

Foundation, GP, Core and Specialty Trainees: Trainees reported that they are encouraged and supported to undertake quality improvement projects.

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 that trainees all wear name badges with their name and grade clearly marked. It can be challenging for the nursing team to know what is appropriate for all trainees but the Consultants take responsibility for that. Trainees feel anxious when covering the Cardiology downstream ward as there is no allocated senior but there is always support available from a member of the Cardiology team based in the other ward.

Foundation Trainees: Trainees stated that they always know who is providing their supervision and there is always someone to contact both during the day and out of hours. Trainees agreed that there are times when they work beyond their competence and this is usually at the weekends when the FY2 trainees can be the only middle grade trainee on covering all the medical wards. It can also be challenging at night if the FY2 trainee is called to see a patient at Stobhill Hospital and they have to give their bleep to the senior trainee. The trainees stated that there is a solidarity between all grades of trainees and that they are well supported but all grades are under pressure.

GP, Core and Specialty Trainees: Trainees reported that clinical supervision is always available both during the day and out of hours. The GP and CT trainees also recognise that cover can be adversely affected if they feel it necessary to go in person off site to Stobhill/Lightburn sites. Trainees do not work beyond their competence and all agreed that the Consultant group are approachable.

Non-Medical Team: The team stated that they get to know the trainees in the department and each grade have specific jobs that they can carry out. Everyone always knows who is on-call and how to contact them. There is always senior support available and the nursing team encourage trainees to call for it if they need it.

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

Trainers: Trainers stated that trainees receive daily feedback on the downstream wards as they work closely with the trainees. It is more challenging to provide feedback out of hours, there are post-take ward rounds but trainees finish their shift at 8am which is when the Consultant team start their shift. Anything that has been done well is passed on to a trainee.

Foundation Trainees: Trainees stated that they receive feedback if they attend ward rounds during the day but otherwise they receive little feedback. A number of the trainees check the notes of patients they have dealt with overnight to see if their treatment was right or has been altered, if it has been altered they receive no feedback as to why this was done.

GP and Core Trainees: Trainees stated they receive regular feedback during the day but receive no feedback for their out of hours work.

Specialty Trainees: Trainees reported they receive feedback when doing assessments. The trainees regularly discuss patients and cases with Consultants and receive feedback during these discussions.

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

Trainers: Trainers advised that they have informal meetings with trainees and request feedback. There have been meetings held for junior trainees to discuss their trainee and gain feedback but so far these have not been well attended. There is also a Chief Resident who trainees can pass their feedback through.

Foundation Trainees: Trainees stated that they do not have opportunities to provide feedback.

GP and Core Trainees: Trainees advised that there is a Junior Doctor Forum and a Chief Resident but not all trainees are aware of these mechanisms.

Specialty Trainees: Trainees stated that they have had the opportunity to feedback to the H@N group and that there are Chief Residents who sit on groups to provide trainee feedback.

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

Trainers: Trainers stated that they have a number of gaps on their rota that impact training but they maximise the training opportunities available to trainees by providing continuity of ward placements. There are issues at the weekend when rota gaps are notified at the last minute and trainees are asked to cover wards that are not geographically aligned to those they are already covering. The rota is based on 48 trainees being available but currently there are only 42. There is a rota team who work proactively to fill all rota gaps.

Foundation Trainees: Trainees reported their rota during the day is manageable. At the weekend it is challenging, the FY1 trainees cover 4-6 wards and if there are any rota gaps they will have to cover additional wards. On occasions trainees did not know which ward they were covering when they came to work and were then asked to move during the day to another ward. The trainees on the middle grade rota, FY2s, CMTs or GPSTs, cover 3-4 wards as well. Trainees are bleeped to see patients they do not know and if they receive multiple calls they have to make a judgement on who to prioritise by looking at their numbers on the computer. Overnight trainees are frequently asked to cover additional wards due to rota gaps and they are not always geographically situated beside the ones they are already covering. There are times when trainees are contacted by a ward to review a patient and the trainee has been unaware that they are covering that ward. The FY2/GPST/CT rota trainees also cover Stobhill Hospital and Lightburn Hospital overnight and on occasion have been called to see patients at these sites which adds pressure to those covering their workload in GRI. Trainees reported that there is no flexibility to request annual leave. A number of examples were given of trainees requesting annual leave prior to being in post and this not being accommodated in the rota. The inflexibility of the rota also limits trainees' ability to swap days/shifts for annual leave. All the trainees agreed that the limitation of the rota had affected their enjoyment of the post.

GP and Core Trainees: Trainees stated that the rota on weekdays and the weekend is manageable but out of hours is more challenging. It is difficult for trainees covering Cardiology out of hours who are not based in cardiology during the day as they often do not know who to contact about a new patient and as a result take a referral that may not always be appropriate. Trainees on the junior rota cover different wards overnight to the FY1 trainees so a trainee might be contacted about patients from 3 different FY1 trainees all asking for help. The rota is more challenging for the Foundation trainees, at the weekends the FY1 trainees spend all

their time doing bloods and the 1pm-1am shift on the acute receiving ward for the FY2 trainee was described as “brutal”.

Specialty Trainees: Trainees reported that their workload and rota are fine during the day and at weekends. At night their workload is more challenging as they are covering wards not geographically close to each other. They also have to deal with the occasional loss of a FY2/GPST/CT trainee who has to go off-site to Stobhill Hospital to see a patient. Trainees do not have any patient safety concerns however they advised that locums who cover rota gaps do not always have passwords to access the systems required to provide safe patient care.

Non-Medical Team: The team stated that it is a very busy department and the workload can be challenging for the trainees particularly when there are gaps on the rota.

2.13. Handover (R1.14)

Trainers: Trainers stated that handover works well, there is a handover at 8am-8.30am which is attended by the senior trainees who then finish their shift at 9am. Trackcare is used as an electronic handover and it is useful.

Foundation Trainees: Trainees stated that there are no handovers in the morning or evening for the downstream wards. In their induction pack the FY1s were encouraged to create a WhatsApp group to use for handover. There are handovers on the medical receiving ward, at the weekend and at night for the H@N team. Handovers are left to the individual and if they do not feel they have anything to handover then they just leave work. The trainees agreed that it is not clear who they would handover to at 5pm as it is not clear on the rota who the person on-call is.

GP and Core Trainees: Trainees reported that there are no handovers for the downstream wards. They believe the FY1 trainees have a WhatsApp handover. There is a handover for out of hours which works well as does the handover for the weekend. The weekend handover is electronic and there is a meeting with the nurse co-ordinator in the meeting room to go over the handover.

Specialty Trainees: Trainees stated that there is a formal handover meeting for H@N which is followed up by a further handover in the middle of the shift and this works well. There are no formal handovers for the weekend but there is an electronic handover document. Handovers

for the downstream wards rely on trainees overnight going to the wards to handover to trainees on dayshift.

Non-Medical Team: The team advised that there are handovers on the acute medical receiving ward at 8.15am and 8.15pm that are attended by trainees. There is also a handover at 5pm on the downstream wards but this is person dependent and does not always happen. There are safety huddles on all the wards at 9am which trainees can attend. At the weekend there is a handover sheet.

2.14. Educational Resources (R1.19)

Trainers: Trainers advised that the trainees have good computer access and there is access to a library.

Foundation Trainees: Trainees stated that they have access to computers. There is also a library on site that can be accessed although a number of trainees were unaware of this. There is a room for computer access on Ward 8 however this is used by other team members for their breaks or a meeting place and limits trainees ability to do their work there.

GP and Core Trainees: Trainees stated it depends on the wards with some having good space and facilities and others not so good. There is an NHS Greater Glasgow and Clyde app that the trainees advised is very good.

Specialty Trainees: Trainees reported that they all have access to the on-site library.

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 they have set up meetings with the trainees to ask them for feedback on their training experience and they continue to seek this feedback. Any trainee in difficulty would be discussed with their Educational Supervisor or Training Programme Director. The trainers are also aware of the support available from the Deanery.

Foundation Trainees: Trainees believe they would be supported if they were struggling with their job but do not know who would provide that support as they are not sure who they would ask. Trainees all agreed that they feel unable to take time off because of the impact it would have on their colleagues.

GP, Core and Specialty Trainees: Trainees reported they would be supported if there were any issues with the job and those who worked less than full-time or had taken a career break were supported by the department.

Non-Medical Team: The team stated there is a lack of continuity with the Foundation trainees changing ward frequently to cover gaps which limits their ability to gauge the performance of these trainees. However, if any issues were identified they would be discussed with the Consultant of the week 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 reported that each department has an education lead supported by a postgraduate administrator. There is a Director of Medical Education for NHS Greater Glasgow and Clyde. There are 3 clinical governance meetings each year.

GP and Core Trainees: Trainees were unaware of the Medical Education department.

2.17 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that there is a high Consultant presence on all the medical wards and any issues regarding patient safety would be raised directly with them. Trainers regularly seek feedback from their trainees about their training and encourage them to complete the various surveys to enable them to gain feedback.

Foundation Trainees: Trainees stated that they would speak to the Consultant of the patient if they had any concerns about patient safety. Any issues regarding their training they would feedback via the various surveys they are asked to complete.

GP and Core Trainees: Trainees stated that they would use Datix to report any concerns but they do not always get feedback from the system. Any concerns regarding their training would be discussed with their Educational Supervisor.

Specialty Trainees: Trainees stated that they would raise any concerns regarding a patient with the on-call Consultant. For any issues with their training they would discuss this with their Educational Supervisor or their Training Programme Director.

Non-Medical Team: The team reported any patient safety concerns can be reported via the Datix system or in discussion with the team on the ward.

2.18 Patient safety (R1.2)

Trainers: Trainers reported that trainees are well supported in the department and as such there are no patient safety issues. Patients are boarded across the hospital but there is an electronic list to keep track of them to ensure they are reviewed appropriately.

Foundation Trainees: Trainees stated that they have no patient safety concerns during weekdays but they do have concerns out of hours, at the weekend and on public holidays. Out of hours and weekend they have to cover too many patients. On public holidays the rota is not clear who is working, what is being covered and patients do not receive a Consultant review for 4 days over a public holiday weekend. On a public holiday there is a meeting in the discharge lounge to work out who is covering what and the nurse co-ordinator asks the FY1 trainees who is in charge as there are no middle grade or senior trainees in attendance. Trainees gave examples of patients being boarded which resulted in them lengthening their stay in hospital as they were reviewed less frequently or returned to the medical wards in need of further treatment. Patients are sometimes boarded to specialties with no FY1 trainees and are therefore not managed by anyone until a FY1 trainee from their parent ward can attend.

GP and Core Trainees: Trainees stated that they have no concerns regarding patient safety if patients are admitted direct to the wards or via the admissions unit. However, patients are also admitted via the Emergency Department and these patients are admitted directly to wards with no consultation with the medical team. Trainees then rely on the nursing team on the ward to advise them of a new patient. Trainees described regularly touring the wards to find new patients that may be missed. Nurses frequently Datix these cases but the trainees are unaware of any feedback or action taken following these incidents. Trainees stated that patients boarded to other wards do not always receive the same standard of care as they are usually seen later in the afternoon by the trainees. The boarded wards are not geographically close to the medicine department so it takes trainees time to get to these patients. A number of patients are boarded straight to wards instead of through AAU who would send them to appropriate downstream wards. A list of boarders is put in each of the wards and the trainees

share them amongst themselves to be seen. Trainees also described cases when Consultants had written on patient notes not to board but the patient had been boarded.

Specialty Trainees: Trainees stated that they have no patient safety concerns for patients on the wards. Patients who are boarded do not receive the same level of care, they are usually boarded to wards 15-20 minutes away from the medical wards, which delays their medical investigations as well as their discharge. Trainees stated that they are asked who is being discharged in the morning and pressured to do them as soon as possible. If the patient discharge has not gone ahead quickly a new patient is allocated the bed the patient and is sent to the ward r to wait until the bed is free. The hospital operates an escalation system based on RAG ratings which may mean that, depending on escalation status an extra bed may be allocated to certain wards and trainees reported that they are frequently reminded about this when the wards are at capacity.

Non-Medical Team: The team advised that they do not have any patient safety concerns. They do not board a significant number of patients and there is a boarding policy which is followed. Any patients that are boarded without a medical review are highlighted to staff at changeover to ensure the patient is picked up. Any patients sent to a non-medical ward direct from Emergency Medicine would be seen by a medicine Specialty trainee prior to the ward allocation.

2.19 Adverse incidents (R1.3)

Trainers: Trainers stated that the Datix system is used to record concerns and any issues raised are then discussed at the M&M meeting. Trainees are encouraged to submit cases to the M&M meeting for discussion.

Foundation Trainees: Trainees reported they would use Datix to record any incidents. They do not receive any individual feedback but do attend M&M meetings where Datix reports are discussed. The trainees stated that their ability to complete a Datix on something being missed at the weekend is limited due to a lack of continuity. Something may not be picked up until the Monday following a weekend shift and the trainee on over the weekend will only find out if they review the patient's notes as they receive no feedback. A number of trainees stated they were confident nothing does get missed because someone will catch it and fix it before it becomes an issue.

GP, Core and Specialty Trainees: Trainees stated that they would use the Datix system to report adverse incidents.

Non-Medical Team: The team reported any incidents would be recorded in the Datix system and it is the Senior Charge Nurse who manages Datix reports and sends email feedback to any trainee involved. Datix reports are used as a learning opportunity and discussed at M&M meetings.

2.20 Duty of candour (R1.4)

GP, Core and Specialty Trainees: Trainees believed that they would be supported if they were involved in an incident when something went wrong.

2.21 Culture & undermining (R3.3)

Trainers: Trainers advised that there are departmental meetings that all trainees attend. Trainees present work at these meetings and are asked for feedback. The meeting helps create a culture of team within the department. Undermining behaviours are not tolerated in the department and if any issues did arise trainees could speak to any of the Consultants and action would be taken.

Foundation Trainees: Trainees stated that because of the shortage of staff everyone is stressed and sometimes it is not the most pleasant environment to work in.

GP and Core Trainees: Trainees reported that the department is very supportive and there is no undermining or bullying in the department.

Specialty Trainees: Trainees reported that there is a good relationship with colleagues in the department. However, there is not an effective mechanism to challenge undermining behaviours because there is a minority of people who speak to others inappropriately, this is not cultural but rather occasional.

Non-Medical Team: The team stated that the department is very inclusive and all staff members are made to feel welcome and part of the team. The majority of working across the wards is multi-disciplinary so there is a feeling of being part of a team. The group stated that there is no undermining in the unit and everyone is encouraged to put forward their own point

of view. Any issues that did arise would be dealt with in line with NHS Greater Glasgow and Clyde's HR Dignity at Work policy.

2.22 Other

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". The trainees were asked if this terminology was used regularly in the department and they stated that it was.

Trainers: Trainers stated that they have really good trainees who are very motivated and exposed to a wide range of patients. The trainees receive a good training experience, are successful with their exams and always get the sub-specialty they want. The department is welcoming and friendly and there is a collegiate atmosphere amongst the team as well an as institutional pride working in Glasgow Royal Infirmary.

GP and Core Trainees: Trainees reported that they like working in the department, they have good senior support and direct access to senior trainees and Consultants.

Specialty Trainees: Trainees advised that Foundation trainees get moved to other wards a lot and do not spend a lot of time on their designated ward. The trainees do not have access to the Foundation trainee rota but feel there is a lack of accountability for the rota and if a Foundation trainee is not on their ward they do not know who to contact to find out why they are not there. There is a lack of phlebotomy service at the weekends and the junior trainees spend a great deal of time taking bloods at the weekend. They feel that the Foundation trainees, particularly FY1 trainees, are missing really good opportunities to learn. The trainees stated that it is a really good hospital to be a senior trainee in as they get very good training and feel like a senior member of the team. They also feel a valued member of the team by the Consultant group.

Non-Medical Team: The group stated that there is a lack of continuity of staffing on the downstream wards with trainees frequently moved to other wards. Often patients have complex medical issues and their care would benefit from medical staffing continuity. The number of gaps on the rota have been recognised by the department and applications have been made to employ Advanced Nurse Practitioners to help cover the gaps and support trainees.

Summary

The panel was disappointed to note that handover remains a significant concern as highlighted in the previous visit in October 2016. There were a number of concerns raised by the majority of the groups regarding the FY1 rota, in particular, the continuity of their placement. The panel noted the willingness of the Consultant body to teach and to improve the trainees' experience however there is a sense of being overwhelmed by the pressures of service. Undoubtedly the Specialty trainees receive a very positive training experience however this is not reflected by the junior and middle grade trainees. The panel were unanimous in their decision for a revisit within 12 months.

What is working well:

- The training experience in Acute Receiving Unit works with opportunities for trainees to clerk patients and receive feedback.
- There is a very supportive collegiate atmosphere across the department.
- Senior trainees are able to develop leadership skills and work clinically at the appropriate level for their training.
- Good clinic access in most sub-specialities for GP and CMT trainees.
- The Chief Resident is a positive step but further development in raising awareness of the role to junior trainees is required.
- Trainee access to a Doctors Mess.
- There is active engagement by the department to appoint locums to vacancies.
- On site delivery of Training the Trainers courses offered to those new to a supervision role.
- Trainees above the grade of Foundation would recommend the post to others.

What is working less well:

- Significant numbers of Consultants providing educational supervision do not have this in their job plans and some have given up the role due to this.
- Induction does not currently provide information about out of hours roles and responsibilities in a way which supports trainees on their first out of hours shifts.
- A number of issues with the Foundation trainee rotas were highlighted by all trainees:
  - The rotas are designed for 48 instead of 42 (FY1);

- There is a high frequency of short-term gaps the management of which is not working for trainees with frequent moves and late notification of these. They feel pressurised and undervalued;
- There is no current trainee involvement in the development of the rota;
- Trainees believe they have no power to request annual leave.

- The trainees perceive that boarding happens a lot with increased pressure on their workload.
- The H@N handover works well however hand back to the downstream wards at 8am appears random and trainee dependent as does the downstream ward handovers at 5pm and at the weekend. There is also lack of clarity around communication relating to direct admissions from ED to downstream wards out of hours.
- Constant use of SHO terminology by all groups of trainees, particularly in reference to the middle grade rota.

Overall satisfaction scores:

Foundation Trainees – a range between 2-8 with an average of 5.6
GP Trainees – a range between 6-9 with an average of 7.6
Core Trainees – a range between 7-9 with an average of 7.6
Specialty Trainees – a range between 5-10 with an average 8.3

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

5. Areas of Good Practice

Ref	Item	Action

6. Areas for Improvement

Ref	Item	Action
6.1	All references to “SHOs” and “SHO Rotas” must cease.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee/Trainer cohorts in scope
7.1	All Consultants who are trainers must have time within their job plans for their roles to meet GMC Recognition of Trainers requirements.	14 February 2020	Trainers
7.2	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.	14 February 2020	Foundation, General Practice and Core
7.3	Involve trainees in the ongoing design of their rota.	14 February 2020	Foundation
7.4	Rota/ timetabling management must be addressed to eliminate frequent, short notice, movement of trainees away from their base ward.	14 February 2020	Foundation
7.5	Alternatives to doctors in training must be explored and employed to address the chronic gaps in the junior rota that are impacting on training.	14 February 2020	Foundation
7.6	Barriers preventing trainees attending their dedicated teaching days must be addressed.	14 February 2020	Foundation, General Practice and Core
7.7	The site must ensure an effective system of safe selection and managing boarded patients and ensuring appropriate clinical ownership and oversight of patient care.	14 February 2020	Foundation, General Practice and Core, Speciality
7.8	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.	14 February 2020	Foundation, General Practice and Core