Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	13th June 2022	**Level(s)**	Foundation/Specialty
Type of visit	Triggered visit (virtual)	**Hospital**	Queen Elizabeth University Hospital
Specialty(s)	Trauma & Orthopaedic Surgery	**Board**	NHS Greater Glasgow and Clyde

Visit panel	
Marie Mathers	Visit Lead and Associate Postgraduate Dean (Quality)
Surinder Panpher	Foundation Programme Director
Aaron Taylor	Trainee Associate
Brian Winter	Lay Representative
Vicky Hayter	Quality Improvement Manager
In attendance	
Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Geraldine Brennan & Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	5
Trainees in attendance	7 FY 6 ST
Feedback session	13

Feedback session: Managers in attendance	Chief Executive	0	DME	1	ADME	1	Medical Director	0	Other	9

Date report approved by Lead Visitor	08/07/2022 Dr Marie Mathers 15/07/2022 Professor Clare McKenzie

1. Principal issues arising from pre-visit review

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey, a Deanery visit was arranged to Trauma & Orthopaedic Surgery at the Queen Elizabeth University Hospital. This visit was requested by the Foundation Quality Review Panel.

NTS Data

Please note the Foundation data covers all surgical specialties and not only Trauma & Orthopaedic Surgery

Foundation Year 1
Red Flag - Adequate Experience, Curriculum Coverage, Educational Governance, Educational Supervision, Facilities, Feedback, Induction, Overall Satisfaction, Rota Design and Supportive Environment

Foundation Year 2
Red Flags - Educational Supervision, Facilities, Feedback, Overall Satisfaction, Reporting Systems, Supportive Environment and Teamwork

Specialty Trainees
Red Flag - Facilities
Pink Flags - Clinical Supervision, Clinical Supervision out of hours and Overall Satisfaction
Green Flag - Rota Design

STS Data

Foundation
Red Flags - Educational Environment and Teaching
ST
Red Flags - Educational Environment, Teaching and Workload
Pink Flag - Team Culture

The visit team investigated the issues highlighted in the General Medical Council NTS survey and used the opportunity to gain a broader picture of how training is carried out within the department visited and to identify any points of good practice for sharing more widely.

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
Specialty Trainees

The Deanery would like to thank Miss Sarah Gill, Consultant in Trauma & Orthopaedic Surgery, for the informative presentation which gave a detailed overview of the challenges and plans for development within the department. The presentation highlighted the work the department has been undertaking internally to address the red flags highlighted in the 2021 NTS/STS survey and planned future improvements.

2.1 Induction (R1.13)

Trainers: Trainers advised that the hospital induction is online which works well. The majority of higher trainees have worked at the hospital before however the departmental induction material includes information for those who have not. Trainers have a close working relationship with chief residents and trainees and are happy to discuss any suggestions or feedback to make improvements. The foundation induction consists of a hybrid model made up of an online component, hospital component and a physical component. Trainees are split into two groups and introduced to all staff and trainers discuss key information such as escalation policies and departmental guidelines. All induction handbooks have been recently updated and there are site specific handbooks available for QEUH.

Foundation Trainees: Trainees reported a comprehensive departmental induction which equipped them well to work in the department. There was an expectation for all trainees to attend even if on nights or zero days, but trainees would prefer to attend a session at a later date which is possible.

Specialty Trainees: Trainees advised induction worked well and consisted of online learning modules for hospital induction and a thorough departmental induction.

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

Trainers: Trainers advised there has been a recent change to teaching and trainers have now paired together a foundation year one, a foundation year two and a registrar. This rolling programme runs every week with six registrars running it. There is a What's App group to make sure someone is available, and attendance has been excellent so far. Trainers are aware it can be difficult to ensure teaching is bleep free and are currently working on this by putting up posters on the ward and asking staff to only contact trainees if it is urgent. The foundation year twos cover the foundation year ones whilst they are at deanery teaching which is recorded. The higher trainees have monthly regional teaching which is all day and trainees have no difficulties in attending.

Foundation Trainees: Foundation year 1s advised they received one hour teaching per week and can attend around 70/80% of sessions. Foundation year 2s find it difficult to attend teaching when they are with the on-call consultant as the ward round doesn't finish till mid-afternoon, however they can attend when working an 8-5pm shift. Trainees reported they can attend around 25% of sessions. Trainees advised not all consultants are aware of mandatory teaching days and nursing staff can bleep them numerous times.

Specialty Trainees: Trainees advised there is formal timetabled regional teaching once a month which is protected, and trainees have no issues attending. Although there is no formal departmental teaching programme trainees advised they learn on the job day to day via clinics and theatre and an x-ray meeting which happens once a month.

2.3 Study Leave (R3.12)

Trainers: Trainers stated that there are no issues supporting study leave requests as trainees submit these in a timely fashion.

All Trainees: Trainees have no issues regarding study leave which is easy to request and take.

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

Trainers: Trainers advised educational supervisors are assigned to trainees in advance and trainees are advised before induction. Each supervisor has one trainee, and the recent introduction of blue days has increased contact time with juniors providing new insight and traction into clinical practice. Job plans are currently being reviewed to ensure trainers have the allocated protected time required.

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

2.5 Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Trainers advised the escalation policy is discussed at induction highlighting elective and emergency pathways and each trainee tier escalate to the tier above. Elective patients are escalated to a consultant via the foundation year two or on-call service. Trainers are not aware of trainees working beyond their competence but understand when the rota is short staffed it can be challenging for foundation trainees as they must cover the high dependency unit (HDU) and the trauma ward. Trainers advised trainees can sometimes be overstretched due to rota shortages and last-minute sickness absence.

Foundation Trainees: Trainees advised they know who to contact during the day and out of hours and do not feel they have had to cope with problems beyond their competence. There have been occasions when the rota has not been fully staffed which can be challenging. Gaps are not always covered in a timely fashion and trainees may only find out at the beginning of their shift they have to cover HDU. Trainees advised that getting advice can be variable depending on the senior and it can be difficult if there is a medical problem and who makes the decision if a patient is deteriorating.

Specialty Trainees: Trainees advised they know who to contact during the day and out of hours and have clear pathways of escalation. Trainees do not work beyond their competence and find trainers approachable and accessible.

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

Trainers: Trainers advised it can be difficult to keep abreast of curriculum changes, but this is done via Turas, and trainees and supervisors are encouraged to meet early on to discuss personal learning plans and targeted training. There have been major curriculum changes which have been very challenging for higher trainees as there have been some technical issues however the training programme director has been very accommodating, and the transition is still ongoing. Trainers advised after having met with foundation year two trainees they found that could not always leave the ward to attend clinics or theatre and have introduced blue days to give them allocated time to do so and more opportunity to learn about Trauma and Orthopaedics. Higher trainees have an excellent relationship with the rota master and chief resident and senior trainees alongside the training programme director allocate trainees to teams based on their clinical interests. Trainers have been looking at opportunities for informal teaching for foundation trainees and are looking at the possibility of them following the on-call team in the afternoon and have more floating foundation year ones around on the ward.

Foundation Trainees: Foundation year 1 trainees advised they had achieved most of their competencies before starting in this post however HDU offers good exposure. Foundation year 2 trainees have very limited opportunity to complete their portfolio as it is a ward-based job with little opportunity to work with seniors. Trainers are good at allocating clinic and theatre sessions and there are opportunities to do so. All trainees reported that this post was 95% service provision as it is a largely admin-based job with variable tasks out of hours.

Specialty Trainees: Trainees advised their greatest difficulty is a lack of elective exposure which they are aware the department has little control over. Trainees are concerned they will not achieve their required competencies for completion of training. Trainees have a good mix of clinic opportunities with two full days operating and two clinics per week. However, some weeks there is a lack of cases and trainees can only attend one theatre session and one clinic per week due to twenty-two trainees assigned on the rota.

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

Trainers: Trainers reported there are no issues for trainees completing workplace-based assessments and reported that foundation year two assessments are largely signed off by registrars with engagement from consultants.

Foundation Trainees: Trainees advised they very rarely work with a consultant or make any clinical decisions therefore no workplace-based assessments have been signed off by a consultant. There are opportunities in HDU to get a number of assessments completed which are all signed off by a registrar.

Specialty Trainees: Trainees may sometimes have to send reminders to consultants to complete work placed based assessments but generally they have no issues getting these completed. Trainees have difficulty meeting some assessments such as level 4 PBAs which they require three of.

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

N/A

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

Trainers: Trainers advised there is an audit programme which integrates all tiers of the team and trainees are supported and encourage to complete.

All Trainees: Trainees advised there is a well organised audit team and Foundation trainees are paired with a registrar and consultant to complete and present a project.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers advised there is clear communication about clinical decisions. The specialty trainees have very close working relationships with trainers and have a mentorship style of training providing both informal and formal feedback. Foundation trainees receive feedback via the consultant ward round and the discussion of patient management plans. There is also an opportunity via the virtual trauma meeting to discuss clinical issues.

Foundation Trainees: Foundation year 1s advised they very rarely make any clinical decisions and only discuss cases with their foundation year 2 colleagues therefore they do not receive any formal feedback. Foundation year 2s can discuss plans with the registrar but they do not receive any feedback day to day.

Specialty Trainees: Trainees advised that cases get presented as part of the trauma meeting and around 60 plus patients can be discussed, this can cause time constraints on feedback however trainees find it is useful. Trainees advised it is a much busier department then a few years ago and as a registrar on nights there is a burden of responsibility due to increased workload and trainees can worry about feedback. When trainees are in theatre, they receive immediate feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers advised feedback to trainers is something that has been lacking and there has been significant engagement and discussion in the last few weeks to create a mechanism for this. Trainers have a meeting with trainees after a few weeks of starting in post to identify any initial problems and there has been a recent introduction of an online questionnaire at the end of the block which will gather real time feedback. Trainers recognise that foundation trainees may have felt isolated from the group in the past and trainers are working hard to improve this by engaging more on the ward and being a more open and collaborative team.

Foundation Trainees: Trainees advised it is quite easy to feedback to trainers as they regularly ask for it. Consultants regularly ask how to improve the rota and trainees believe their comments are taken on board and consultants are engaging and responsive to their suggestions.

Specialty Trainees: Trainees advised they regularly provide feedback through the GMC national training survey and the Scottish training survey. They also have the opportunity at educational supervisor meetings three times a year and there is an annual internal survey for feedback sent by the chief resident.

2.12 Culture & undermining (R3.3)

Trainers: Trainers create a team culture by asking trainees for honest comments regarding bullying and undermining and recently send a survey to trainees. The response was largely positive and did not identify any issues. Trainers gave an example of a recent issue on the ward which was dealt with productively with good mechanisms in place for reflection with all those involved.

Foundation Trainees: Trainees reported the pharmacists as amazing and a very supportive team. Trainees advised there is a lack of communication and prioritisation of tasks particularly around medical concerns and patients can become quite unwell on the wards. Trainees have not personally been involved in any bullying or undermining concerns but are aware of one incident which was addressed. Trainees would be happy to raise any concerns should they arise and feel they would be supported.

Specialty Trainees: Trainees advised that the team are very supportive and there is always someone available to contact for help or support. Trainees reported there can sometimes be interdepartmental tensions an gave an example of a recent incident where the trainee stated they have been well supported and the issue had been dealt with effectively and professionally.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised the rota is currently evolving at all levels. The foundation rota had no gaps but had a large number of absences due to sickness which put a strain on trainees who had to cross cover. The foundation year one rota has been redesigned based on monitoring results and discussion with the foundation programme director which removed last shift to increase educational opportunities over service provision. The foundation year two trainees had the introduction of blue days which gives them weekly assignment of clinic/theatre experience. The specialty trainees are allocated to the rota weekly from the rota master and clinical activities are assigned appropriate to the training level. Specialty trainees normally fill any gaps, or these can be filled by agency locums. Trainers do not feel the rota compromises wellbeing and feel the introduction of protected breaks will ensure trainees can get away from the job and help with tiredness.

Foundation Trainees: Trainees advised there are the correct number of foundation year ones on the rota, but gaps can arise which are very hard to cover. The Foundation year twos can cover up to 200 patients, some of whom can have medical issues which can make workload challenging. Trainees reported patches of the rota are challenging and three sets of nights can be tiring. Trainees advised that HDU are an incredibly supportive team and trainees thoroughly enjoy their training there.

Specialty Trainees: Trainees reported the rota is made up of 21 slots which will be filled by 18 come August. Any gaps are covered by internal staff if possible or external locums. Trainees advised if they are on their own overnight it is impossible to manage the workload however, they advised there is benefit of working in such a big centre and there is help available from other overnight teams if necessary. Trainees do not feel their health has been compromised due to rota intensity.

2.14 Handover (R1.14)

Trainers: Trainers advised there is a foundation handover from the night to day team which trainers are currently streamlining and improving with efficiency and volume of detail over the next few months. The main handover happens at the trauma meeting, which is a very good, detailed handover providing safe continuity of care. Issues can sometimes arise with the foundation handover as there can be a detachment from the FY1, FY2 and registrar which is something that is currently being looked at.

Foundation Trainees: Foundation year 1s advised they go to the pod to handover in the morning with the night team and highlight any overnight issues. There is similar process at night which works well. Foundation year 2s attend the trauma meeting and present patients which works well and is used as a learning opportunity.

Specialty Trainees: Trainees attend the trauma meeting every morning which they advised was structured like a business meeting and not a great learning opportunity. There is an evening handover at 8pm between the registrars and juniors and trainees discuss patients which is done thoroughly and works well. The on-call teams have a handover, the foundation doctors have a handover, and the registrar overnight will discuss patients with the foundation doctors.

2.15 Educational Resources (R1.19)

N/A

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 advised that support would be available if a trainee is struggling with the job or their health or they require reasonable adjustments. If they had any issues, they would contact their GP or occupational health.

Specialty Trainees: Trainees advised if they required support in relation to the job or their health they would speak to their clinical or educational supervisor or chief resident. One trainee reported they had required support in the past and had felt incredibly supported by peers.

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

Foundation Trainees: Trainees advised they had not raised any concerns in relation to the quality of their training but are aware they could do this through their educational supervisor, national training survey or Scottish training survey.

Specialty Trainees: Trainees would raise any concerns regarding the quality of their training at either the initial, mid-point or end of placement meeting with their educational supervisor.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers advised that trainees are aware of the Datix system to raise any concerns. Trainers have recently discussed increasing bonds within the team both formally and informally and discuss any concerns. There is a consultant ward round every day and each patient is seen giving continuity of care and a visible consultant presence to patients.

Foundation Trainees: Trainees advised they would raise any concerns about patient safety with the nurse in charge, but it would depend on the individual concern and risk to patient as to who they would contact in the first instance.

Specialty Trainees: Trainees would raise any patient safety concerns with a consultant or Clinical Director.

2.19 Patient safety (R1.2)

All Trainees: Trainees reported they would not have any concerns if a friend or relative was admitted to the Trauma and Orthopaedic department but would have concerns over the lack of beds in the hospital. Nurses do a daily brief and safety huddles twice a day.

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

Trainers: Trainers advised that any adverse incidents would be reported via Datix. There is a Morbidity and Mortality meeting which fosters learning and there is protected time for all to attend.

Foundation Trainees: Trainees advised if they had been involved in an adverse incident, they could raise a Datix. There are Morbidity & Morality meetings however trainees are unaware when they happen and haven't received any information about them.

Specialty Trainees: Trainees reported any adverse incidents are recorded on the well-established Datix system and feedback is given to all those involved. There is a Morbidity and Mortality meeting held every 6 weeks and trainees can present.

3.0 Summary

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

The panel commended the site and medical education team in supporting the visit and note the considerable effort in being proactive with a view to improving a number of key areas before today's visit. The panel are aware that elective theatre capacity has been significantly reduced which impacts the ability to train across the full range of curriculum requirements and understand this is out-with the departments control but something that will continue to be monitored and addressed.

What is working well:

- The panel acknowledged a positive active and engaged Consultant group who recently created an education team to discuss concerns before the visit. The panel were encouraged to see they had implemented a number of recent changes and had plans to keep the group going to monitor and improve training.
- HDU was highly praised for being an incredibly supportive unit with good access to practical procedures.
- Handover is working very well for all grades of staff and provides safe care to patients.

- Induction is working well for all trainees who felt equipped for their role.
- Trainees praised the daily ward round although it can be lengthy it covers around 120 patients every day providing safe patient care.
- There is a well organised audit programme with a database of a range of projects for all grades of trainees.
- Foundation trainees found the morning trauma meetings very useful and a good learning opportunity.

What is working less well:

- Foundation trainees have little opportunity for direct interaction with consultants therefore they advised that none of their workplace-based assessments are signed off by a consultant.
- Foundation trainees reported a lack of decision making and no formal mechanisms to receive feedback.
- Foundation teaching is not bleep free, but the panel are aware this is one of the early changes being embedded at the moment.
- Lack of visibility of Morbidity and Mortality meetings at Foundation level.
- Elective theatre capacity has been significantly reduced which impacts the ability to train across the full range of curriculum requirements, the visit panel understand this is out-with the departments control but something that will continue to be monitored and addressed.

4. Areas of Good Practice

Ref	Item
4.1	Blue days to ensure protected clinic and theatre time

5. Areas for Improvement

Ref	Item	Action
5.1	Improve awareness of Morbidity and Mortality meetings to all grades of trainees.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	There must be senior support, including from consultants to enable Foundation doctors in training to complete sufficient WBAs	February 2023	FY
6.2	A process for providing feedback to Foundation doctors in training must be established.	February 2023	FY
6.3	Tasks that do not support educational and professional development for Foundation doctors should be reduced.	February 2023	FY