Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	5th July 2023	**Level(s)**	Foundation, Core, GP and Specialty
Type of visit	Triggered (Virtual)	**Hospital**	Queen Elizabeth University Hospital
Specialty(s)	Floor 11 (Vascular, ENT, Urology)	**Board**	NHS Greater Glasgow & Clyde

Visit panel	
Dr Marie Mathers	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Fiona Cameron	Associate Postgraduate Dean Foundation (East)
Dr Gordon Wilkinson	Training Programme Director
Mr Gary Keatings	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Fiona Drimmie & Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	8
Trainees in attendance	25 (F1 - 13, F2 - 1, CT - 3, GP - 1, ST - 7)

Feedback session: Managers in attendance	Chief Executive	0	DME	1	ADME	1	Medical Director	0	Other	17
Date report approved by Lead Visitor	Dr Marie Mathers									

1. Principal issues arising from pre-visit review:

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.

Following review and triangulation of available data, including the GMC National Training Survey and NES Scottish Trainee Survey a Deanery visit is being arranged to Vascular, ENT & Urology (Floor 11) at the Queen Elizabeth University Hospital. This visit was requested by the Foundation Quality Review Panel held in October 2022 and will triangulate visits already conducted to Trauma & Orthopaedics and General Surgery.

Issues highlighted include: Note – NTS data combines all surgical specialties.
Triage List:
F1 Surgery, NTS Programme Group Triage List, number of red flags, persistent low scores, significantly low for specialty.
F2 Surgery, NTS Programme Group Trigae List, number of red flags, persistent low scores, significant change in scores, significantly low for specialty.

NTS 2022:
F1 Surgery – Quintuple Red Flag – Adequate Experience. Quadruple Red Flag – Overall Satisfaction, Supportive Environment. Triple Red Flag – Educational Supervision, Feedback. Red Flag – Facilities, Rota Design.
F2 Surgery – Quadruple Red Flag – Feedback, Overall Satisfaction. Triple Red Flag – Reporting Systems, Teamwork. Red Flag – Adequate Experience, Clinical Supervision, Educational Supervision, Handover, Induction, Supportive Environment.
Core CST – Lime Flag – Teamwork. Green Flag – Regional Teaching.
ST Otolaryngology – Green Flag – Induction, Rota Design.
ST Urology – Pink Flag – Feedback, Handover. Red Flag – Educational Governance.
ST Vascular – All Grey,

STS 2022:
Foundation Otolaryngology – Green Flags – Clinical Supervision, Educational Environment, Teaching.
Core Otolaryngology – Green Flag – Induction.
Core Urology – Pink Flag – Handover. Red Flag – Induction.
Core Vascular – All Grey.
ST Otolaryngology – All White.
ST Urology – All White.
ST Vascular – Aggregated Lime Flag – Clinical Supervision. Aggregated Green Flag – Educational Environment.

At the pre-visit teleconference the visit panel agreed that the focus of the visit should be around the areas highlighted in the survey data and pre-visit questionnaire.

Departmental Presentation:

The visit commenced with a presentation led by Christine Macandie, Consultant ENT Surgeon, Douglas Orr, Consultant Vascular Surgeon and Jane Hendry, Consultant Urologist. The presentation provided a useful overview of the structure and staffing on Floor 11. Each area provided information on how each ward runs with a focus on training and highlighted areas of good practice, areas for improvement and plans on how to address these.

2.1 Induction (R1.13):

Trainers: Trainers reported that trainees currently attend 3 separate departmental inductions across the 11th floor. To support these inductions there is a comprehensive handbook for vascular, a recently designed app for Urology and ENT has a section within the Greater Glasgow and Clyde (GGC) website where clinical guidelines, presentations on what to do in an emergency, contact details and clinic timetables can be found. They recognise the benefit of introducing a combined induction with specialty specific information included.

F1 Trainees: Trainees reported receiving hospital induction however no catch-up sessions were arranged to capture those who were unable to attend. They would find it useful to be shown around

the hospital especially for those who have not worked in the hospital previously. They did not receive a face-to-face departmental induction and commented on an online induction for the 11th floor with presentations and an induction handbook also provided. They do not believe induction equipped them to work in the wards and felt there were a lot of misunderstanding regarding roles and duties in the different wards. They would have found it useful to be given the expectations of each ward, specialty specific information, the team structure and workflow for each ward, ward rounds and handovers when these take place and where and finally information on boarders. They are aware of work being carried out on a written induction for August 2023 however no F1 trainees have been involved.

F2, CT and GPST Trainees: Trainees reported receiving a hospital induction. They commented that departmental induction was variable and dependant on department. They reported on a good ENT induction in August 2022 however noted no inductions as taking place at changeover dates. They commented on a practical induction to Urology which was helpful. Finally, they commented that vascular induction was minimal. This was fed back to the department who have made improvements.
ST Trainees: Trainees reported receiving hospital induction. They commented on joining the middle grade induction for ENT however there is no specific ST level induction. The Urology chief registrar has created an induction app which will be updated yearly. They found Vascular induction adequate.

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

Trainers: Trainers reported no concerns in middle and higher grade trainees attending regional and national teaching. They recognise that for F1 trainees teaching can often be interrupted due to high volumes of patients and rota shortages.

F1 Trainees: Trainees reported receiving no departmental teaching. On occasion there may be some informal teaching within the ENT ward round. They do not consider regional teaching to be supported or protected. They described no cover within the wards for the F1 phone or someone to hand jobs over to and no suitable private areas to watch teaching in off the ward. Sessions are however recorded although trainees are having to watch these in their own time. On the rare occasion they can attend a session they must view through their personal mobile phones and can be interrupted several times.

F2, CT and GPST Trainees: Trainees reported having recently attended a one-hour teaching session in ENT however no other departmental teaching has been provided across the 11th floor. Trainees welcomed opportunities and, on the job teaching provided by Kirsty in the ENT treatment room. They also commented on being unable to attend regional teaching due to workload in Vascular. They noted little concerns in attending Urology teaching sessions and are not aware of any regional ENT teaching sessions.

ST Trainees: Trainees advised that there is no formal departmental teaching programme however would welcome one being provided. No concerns were raised regarding attendance at regional/national teaching which is well supported. They commented on difficulties in providing teaching for F1 trainees due to frequent moves in ward these can change on a day-to-day basis. They are also aware of issues with F1 trainees in Vascular and have tried to improve their experience and note changes to the rota and move to team based structure from August 2023.

2.3 Study Leave (R3.12)

Trainers: Trainers reported no difficulties in supporting relevant study leave requests.

F1 Trainees: Not asked.

F2, CT, GPST and ST Trainees: Trainees reported no concerns in requesting study leave.

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

Trainers: Not asked.

F1 Trainees: Trainees reported difficulties in arranging mandatory meetings with designated educational supervisors. Concerns were escalated to the Foundation Programme Director (FPD).

F2, CT and GPST Trainees: Trainees confirmed having designated educational supervisors who they have met and set learning objectives. A breakdown in communication was noted for a trainee returning from maternity leave with the department being unaware of their return and therefore no plans put in place.

ST Trainees: Trainees confirmed having designated educational supervisors who they met regularly and have set learning objectives for the post.

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 reported clear lines of support for all trainees during the day and out of hours. All seniors and consultants are approachable and happy to help. Contact details are available via Rota Watch. Registrars and consultants also provide cover off site however this is not something Foundation trainees would be expected to provide. They are not aware of any instances where trainees have felt they have had to cope with problems out with their level of competence.

Trainees based in Urology are supported by a first on-call overnight, second on-call during the day and consultants who are in the building in hours. In Vascular the on-call registrar is contactable via the DECT phone and at night support is provided by the at home registrar. Consultants are also contactable during the day and out of hours (OOH). They publish on a weekly basis the clinical and theatre lists. In ENT there is onsite support from the on-call team 8am-5pm every day. Consultants are also easily contactable and are generally in the ward treatment room or theatre. OOH there are 2 consultants and 2 ST trainees who cover adult services with one based in QEUH and the other in the Royal Childrens Hospital Glasgow.

F1 Trainees: Trainees stated that they are aware of who to contact for support during the day and OOH however there were notable concerns raised regarding requests for support being answered. Some trainees commented that they have had to deal with problems beyond their level of competence which related to having difficulties contacting or being unable to contact a senior for support and advice. Accessibility and approachability of seniors is also varied. They gave an example of the vascular registrar who is often in theatre and therefore it is not feasible for them to attend the ward. They have experienced being shouted at for contacting seniors for support and can feel under pressure to make decisions or risk being shouted at. OOH the F2 trainee in General Surgery provides cover on the 9th floor and 11th floor they are happy to provide support however are already stretched covering such a large area with no middle grade support. Support is often sought from the medical registrar who are extremely supportive, and they know who trainees are. They are extremely grateful for the support provided by the medical registrar. They commented on often working with inadequate

supervision. Should they be required to complete a task beyond their level of competence they would persist in seeking senior support however requests for help can go unanswered which they consider to be unsafe. They often must contact the High Dependency Unit (HDU), Critical Care Unit (CCU) or the bed manager regarding moving of patients which is a task F1 trainees should not be carrying out.

F2, CT and GPST Trainees: Trainees advised being aware of who to contact for supervision during the day and OOH. They commented that all seniors are accessible and approachable. Concerns were raised when on a night shift in Urology where the trainee is responsible for providing city wide cover over 6 hospitals and the inability to be in more than one site at the same time should an issue arise. Help and support is available from seniors if required. They are confident in escalating and requesting support for tasks beyond their competence.

ST Trainees: Trainees reported knowing who to contact for supervision both during the day and OOH with all consultants being accessible and approachable. All details are available via the rotawatch system which is very useful. They confirmed that they do not have to deal with problems that are beyond their level of competence.

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

Trainers: Trainers reported they are familiar with the curricula and portfolio for middle and senior grade trainees. They are aware of changes to the Foundation curriculum however some are less familiar with this as they have little interaction with Foundation trainees. All departments follow similar processes to ensure middle and higher grade trainees meet requirements for theatre and clinics and will also discuss with trainees to accommodate any specific learning needs they may have. Urology trainers noted concerns that there is not enough core Urology for junior doctors in the hospital. Robotics are also due to be integrated which may have implications at CT level. ENT trainers noted that all tertiary work is undertaken at QEUH they believe there is flexibility across the sites in mapping competences that may be lacking.

F1 Trainees: Most trainees reported that they had completed all required supervised learning events (SLEs) prior to commencing in post. They believe it would have been difficult to achieve these in this post due to receiving no feedback, little supervision and working without seniors on the wards most days. They were informed that should all jobs be complete then opportunities to attend theatre would

be available to those who wished to do so however in reality due to workload this is not achievable. They commented on being in a fortunate position regarding assessments for end of year sign off however raised significant concerns for F1 trainees starting in August 2023. Some trainees noted obtaining assessments from the medical registrar however commented on limited opportunities to do so particularly in Vascular and Urology. They have found it slightly easier within ENT to obtain assessments and welcome the opportunity to attend the treatment room in particular opportunities and support provided by Kirsty. They believe they have independently developed skills in managing the acutely unwell patient due to lack of supervision and receiving no feedback on decision making and management plans. They believe a large amount of their time is spent carrying out tasks that are of little or no benefit to their training or education. They provided an example when in Vascular where they clerk admissions, update HEPMA and take bloods. They often receive push back from the nursing team when requesting ECGs due to lack of training. They reported ongoing concerns with Hospital@Night and an unwillingness to undertake tasks.

F2, CT and GPST Trainees: Trainees reported some difficulties in being signed off by seniors for Annual Review of Competence Progression (ARCP) due to seniors being very busy. They reported no problems in attending outpatient clinics and theatre sessions. They believe the post has allowed them to develop their skills and competencies in managing the acutely unwell patient. They commented that a significant amount of their time is spent writing discharge letters. They noted no concerns with ENT or Urology and consider there to be a good balance of non-educational tasks and training. They highlighted the lack of support available to F1 trainees across the 11th floor.

ST Trainees: Trainees reported no concerns in achieving all learning outcomes required for the post. They noted that rhinoplasties have become easier to obtain in the last 6 months. They have no concerns in attending outpatient clinics or theatre sessions and believe the post has allowed them to develop skills and competence in managing the acutely unwell patient. They consider there to be a good balance of non-educational tasks, training and education and do not consider this post to be service provision.

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

Trainers: Trainers reported no concerns in middle and senior trainees achieving assessment requirements whilst in post. Vascular trainers noted that some improvements could be made

regarding the multi-consultant report. Urology trainers stated that Foundation trainees can obtain assessments when on-call however have limited interactions with them day to day. ENT trainers stated that Foundation trainees can obtain assessments on the on-call week however rarely does a trainer have the same F1 for more than 2 days.

F1 Trainees: Trainees stated it is extremely difficult to complete workplace-based assessments as they are rarely observed on a day-to-day basis. Most obtained no SLEs or direct observation of procedural skills (DoPs) from the 11th floor when in post. Some commented on receiving assessments from Geriatric team, medical registrar and a general surgeon, a few stated they had received an assessment from a Vascular registrar and an ENT registrar.

F2, CT and GPST Trainees: Trainees reported some difficulties in obtaining assessments due to the busy workload of seniors. They noted that some assessments become tick box exercises for seniors or they have little knowledge regarding some assessments in particular the Multiple Consultant Report (MCR) for CT trainees and Placement Supervision Group (PSG) required for F2 trainees.

ST Trainees: Trainees reported no issues in obtaining workplace-based assessments in post which are completed by consultants.

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

Trainers/F1/F2/CT/GPST/ST trainees: Not asked.

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

Trainers: Not asked.

F1 Trainees: A few trainees noted being involved in quality improvement projects in Vascular and Urology.

F2, CT, GPST and ST Trainees: Trainees reported good opportunities for involvement in quality improvement projects.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Vascular trainers reported providing daily on the job feedback to trainees. They noted this is less likely to happen with F1 trainees however if they were to escalate something it would be utilised as a learning opportunity. Urology trainers also reported providing regular feedback and in the event of an adverse incident support is provided by consultants.

F1 Trainees: Trainees reported receiving no formal constructive or meaningful feedback on clinical decisions during the day or OOH. They commented on receiving feedback from the medical registrar and via the datix system. They reported attending ward rounds however are provided with no feedback at these and of having very little opportunity to ask questions in these settings.
F2, CT and GPST Trainees: Trainees stated that they are rarely provided with on-the-job feedback. Often, they will look up the clinical portal for any changes to management plans. They commented that ENT ward rounds can be useful to receive feedback however this is very much consultant dependant.

ST Trainees: Trainees reported receiving constant informal and formal feedback which is constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Vascular trainers stated that trainees provide feedback via the Specialty Training Committee (STC). They recognise that it can be difficult to keep negative feedback anonymous due to be a small department. Urology trainers commented that they do not actively seek trainee feedback however they believe that should trainees have any concerns they would be comfortable to discuss with consultants. Formal feedback is also sought through the National Training Survey (NTS) and Scottish Trainee Survey (STS).

F1 Trainees: Trainees stated that they have not been offered the opportunity to feedback to trainers on the quality of the training they experienced in post. They commented on attending 2 meetings within the block chaired by the Clinical Services Manager.

F2, CT and GPST Trainees: Trainees reported no opportunities to provide formal feedback on their training out with the NTS and STS surveys.

ST Trainees: Trainees reported providing feedback to trainers within monthly governance meetings, at ARCP and through the NTS and STS surveys.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that they try extremely hard to be supportive, ensure a supportive environment and foster a zero-tolerance policy to behaviours of bullying and undermining. They hope that should someone witness such behaviours that they would address at the time or escalate appropriately. They consider there to be good multidisciplinary support across the 11th floor.
F1 Trainees: Trainees report concerns relating to experiencing and witnessing behaviours of bullying and undermining across the 11th floor by nursing staff in particular within Vascular and Urology (wards 11A, 11C and 11D). They commented that consultants are not on the wards to witness such behaviours and do not believe that they are aware of any of the F1 trainees names. They described various scenarios within Vascular. An incident reported via the datix system of an F1 being racially mocked in front of nursing staff, to which an apology was made via a chain of e-mail. Inability to access such items as a pen due to being in a locked cupboard which trainees are not allowed to access and being reprimanded if found to have taken a pen. They describe a feeling of lack of respect. They have found their experience on Vascular wards 11A and 11D to be directly obstructive, with all management plans, clinical decisions and prescribing questioned. They describe ward 11A as having a toxic culture and claim nursing staff are rude, they have been shouted at, had a phone thrown at them, called names such as ‘baby doctor’, have been overheard being talked about, refusal to communicate effectively and threatened with being reported to seniors. They do not believe when concerns are raised that they are taken seriously or acted upon and have been meet with passive aggressive attitudes. They also commented on several patient safety issues that have been raised via the appropriate channels. They find nursing staff in ENT ward 11B to be nice and supportive. Most commented that their confidence has been affected by their experience in post. They noted not being comfortable raising with some educational supervisors as they are consultants within these wards however would be comfortable in raising some of the issues with the Clinical Services Manager.

F2, CT and GPST Trainees: Trainees stated that seniors are supportive. They commented on receiving very good support from ENT and Urology nurses in particular from Kirsty in ENT. They reported witnessing behaviours of bullying and undermining from nursing staff to F1 trainees and have also witnessed F1 trainees speaking down to nursing staff. They also noted negative interactions with nursing staff to F1 trainees after submission of datix. They have not experienced any behaviours of bullying or undermining and would report to their educational supervisor if they had any concerns.

ST Trainees: Trainees reported no concerns regarding bullying and undermining behaviours and commented on very supportive environment.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated that trainees can achieve learning opportunities required for ARCP. They are not aware of any aspects of the rota that could compromise the wellbeing of ST trainees however they recognise challenges within the F1 rota.

F1 Trainees: Trainees reported 3 known long term gaps within the F1 rota which are unfilled. They commented on long unmanageable stretches within the rota, of feeling isolated on nights, frequently switching from day to night shifts and of feeling physically exhausted due to rota pressures. They are aware of planned changes to the rota from August 2023.

F2, CT and GPST Trainees: Trainees reported gaps in the rota that have been unfilled and are not proactively managed therefore trainees can be requested to provide cover at very short notice. Often trainees end up taking on the role that 2 trainees should have been undertaking. They believe the intensity of the rotas across all departments has impacted on their wellbeing, morale and is causing burnout. For some the experience of working across the 11th floor has impacted on future career paths.

ST Trainees: Trainees reported no gaps in the ST rota however note gaps within the junior and middle grade rotas which impacts on ST trainees. They confirmed the rota accommodates specific learning requirements relevant to their level of training. They do not believe the rota has compromised their wellbeing.

2.14 Handover (R1.14)

Trainers: Vascular trainers described a morning handover followed by consultant lead ward round where trainees can raise any issues. Urology trainers commented on handover between the first tier to first tier registrar. They believe support is always available and feedback is continuous. ENT trainers commented on 2 handovers per day with consultants present. Feedback is also continuous in the treatment room.

F1 Trainees: Trainees stated they do not believe that handover arrangements provide safe continuity of care. They commented that there is no morning handover, and that Wednesday is a particular problem as there is no space to deliver an effective handover. That 5pm evening handover rarely takes place due to staff being too busy or it clashes with a Vascular ward round. They commented on morning and evening F1-F1 peer handover as taking place with no senior involvement which can often be interrupted to start ward rounds. They are provided with no communication from Vascular or Urology senior handovers and are unaware of who is going to theatre as lists are not shared. As these handovers are taking place F1 trainees are expected to prepare for ward rounds. Finally, there is no handover of medical boarders. They are provided with and have access to ENT handover sheets. They also commented that they are not invited to attend Vascular Multi-Disciplinary Team meeting (MDT) or Morbidity and Mortality meetings (M&M).

F2, CT and GPST Trainees: Trainees reported adequate handover arrangements across all wards. They advised of a peer middle grade handover in the evening and handover with a registrar as taking place in the morning. Urology has a site wide handover with the middle grade responsible for ensuring the handover sheet is kept up to date. There is also a verbal handover between the day and night team. They do not consider handovers to be learning opportunities.

ST Trainees: Trainees reported adequate handover arrangements across all wards. They advised that there is a standard process for handover and a handover list produced. There are no consultants present at handover. They noted that in general handovers are not used as learning opportunities however they can provide opportunities and feedback to middle grades.

2.15 Educational Resources (R1.19)

Trainers/F1/F2/CT/ST trainees: Not asked.

2.16 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 good levels of support are in place across the 11th floor to support the health and wellbeing of trainees. All have named educational and clinical supervisors who they meet regularly they also have access to occupational health services if they wish.

F1 Trainees: Trainees stated that their first point of contact for raising concerns is via their educational supervisor however they noted some difficulties in being able to contact some educational supervisors. They commented that they have tried to raise concerns relating to the post with seniors however have had no follow-up or feedback. They commented that in the event of being off on sick leave that a return to work would be completed by the Clinical Services Manager.

F2, CT and GPST Trainees: Trainees advised of being unsure to what support was available to them if they were struggling in post or with their health as they have not had to access the system. Comments were made regarding maternity leave with difficulties noted in who to contact after being off for a period of 2 weeks however once direction was given support was provided by the Clinical Services Manager and the educational supervisor.

ST Trainees: Trainees advised that good support would be available to them should they be struggling with their health or any aspects of the job.

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

Trainers: Not asked.

F1 Trainees: Trainees commented that they had attempted to raise concerns relating to the quality of training in post however they do not believe these were acted upon or taken seriously and received no follow-up or feedback.

F2, CT, GPST, ST Trainees: Trainees stated that concerns regarding the quality of training in post would be raised through the NTS and STS survey or an educational supervisor.

ST Trainees: Trainees stated that concerns regarding the quality of training in post would be raised through the datix system or verbally within a governance or M&M meeting.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers commented that trainees are encouraged to speak to their educational supervisor or use the datix system to raise concerns relating to patient safety. Escalation pathways are covered within induction.

F1 Trainees: Trainees stated that they have raised concerns regarding patient safety with their FPD who was helpful however limited in how they could help due to not working in the department. They have also raised with the Lead Co-ordinator and Mr Rhodes to which they received no response. They commented on keeping note of some issues which they plan to raise after exiting the post due to fear of repercussions from doing so. They hope that being open and honest within this visit that concerns will be investigated and addressed.

F2, CT, GPST, ST Trainees: Trainees advised that they escalate any concerns regarding patient safety with seniors.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that they have no concerns regarding the quality or safety of patients who are boarded on the 11th floor. They believe they provide a safe environment with good levels of easily accessible support.

F1 Trainees: Trainees stated that they would not be comfortable if a friend or relative were to be admitted to a Vascular or Urology ward as they consider the floor to be run by F1 trainees who are aware of their own limitations and knowledge of patient management. They noted concerns with the boarding of medical patients who are scattered over the 11th floor with no clear parent team who is responsible for the patients. They described a lack of communication and of having to chase

management plans. There is also no handover of medical boarders, and a lack of support available. Notes can often be in the form of a post-it notes and often calls for assistance can be declined. They also commented on the F1 trainee in ward 11D being significantly under pressure due to the removal of the middle grade trainees from this ward. This change was made very recently with no communication to staff.

F2, CT and GPST Trainees: Trainees stated that they would not be comfortable if a friend or relative were to be admitted to the 11th floor. They consider medical boarders in surgical wards to be unsafe due to lack of support.

ST Trainees: Trainees were unable to comment on the systems for the boarding patients within the hospital as they are not required to look after boarders.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4)

Trainers: Trainers reported that all staff engage in clinical governance with the datix system used to report adverse incidents. Regular scheduled meetings are also held where learning from incidents take place.

F1 Trainees: Trainees stated that the datix system is used for reporting adverse incidents. They have been involved in datix however have not been provided with feedback. They believe there is no conformity to duty of candour, with information not conveyed to patients, this is a particular problem within wards 11A and 11D.

F2, CT and GPST Trainees: Trainees reported that the datix system is used to report adverse incidents however perceive the system makes people feel anxious. They commented on weekly M&M meetings within Vascular however note that F1 and F2 trainees are not invited to attend. They also commented on the hot and cold debriefs provided by Vascular consultants which are excellent. They have no negative experience in any of the wards regarding near misses or when something goes wrong with a patients care.

ST Trainees: Trainees reported that should they be involved in an adverse incident that consultants are very supportive and approachable and would have no concerns in receiving feedback. Adverse incidents are also discussed within regular M&M meetings.

2.21 Other

Overall Satisfaction Scores:

F1 – average 1/10

F2/CT – average 2.5/10

ST – average 8.66/10

3. Summary

Is a revisit required?	**Yes**	**No**	**Dependent on outcome of action plan review**

The panel commended the engagement of the DME team and department in supporting the visit. The panel noted a good training environment for CT, GPST and ST trainees however serious concerns were raised at Foundation level relating to clinical supervision and team culture. The key areas for improvement noted at the visit also relate to integration of F1 trainees into the wider team, induction, departmental teaching, regional teaching, assessments, feedback, rota/workload, handover, discontinuity of ward placements, patient safety. The next steps will be to conduct a SMART Objectives meeting and Action Plan Review meeting.

Serious Concerns – Clinical Supervision and Team Culture:

Lack of robust arrangements for supervision. F1 trainees noted poor accessibility to senior support during the day and out of hours due to seniors being in theatre and no middle grades on the wards (with the exception of ENT). Responses to calls for support are variable and can go unanswered with support often being provided by the medical registrar and HDU team.

F1 trainees provided examples of witnessing and being subject to bullying and undermining behaviours from staff within Ward 11A (Vascular) and Ward 11C (Urology). Attempts have been made to raise issues however they do not believe these have been listened to or acted upon. They

noted a vulnerability in accessing appropriate levels of support and of feeling afraid to raise some issues in real time due to fear of repercussions. They perceive the culture across floor 11 to be toxic. Following the visit, a number of concerning e-mails were received by the Deanery which were collated and shared with the DME.

Positive aspects of the visit:

- Excellent engagement from site and department pre visit with an informative presentation delivered on the day.
- Proactive engagement with the different sources of feedback providing insight into areas for improvement and plans to implement change from August 2023.
- Enthusiastic and engaged group of trainers who wish to provide a good training environment for all grades of trainee.
- All visit sessions were very well attended.
- ST trainees reported no barriers to attending regional teaching.
- Good access to study leave for F2, Core, GP and ST trainees.
- ST trainees confirmed having allocated educational supervisors with learning agreements set.
- All training grades are aware of who to contact for support during the day and out of hours.
- Positive praise for the nursing team on 11B (ENT) in particular the training opportunities and support provided by Kirsty in the treatment room. Also, excellent support provided by Sam Zecanovsky, Clinical Services Manager which is very much appreciated by trainees.
- Positive team culture in ward 11B (ENT) noted by all.
- ST trainees reported on a good training environment with a good range of experience provided.
- Good opportunities for involvement in quality improvement projects for F2, Core, GP and ST trainees.
- Consistent flow of constructive, meaningful feedback provided to CT and ST trainees.
- F1 trainees noted good support from the medical registrar and HDU team.
- Middle and senior grade trainees reported attending useful clinical governance and M&M meetings.
- Good peer relationships between F1 trainees who are supporting each other.
- The Rotawatch system was noted by senior trainees as being very useful in knowing who is on duty and pathways for escalation.

Less positive aspects of the visit:

- All trainees reported receiving no or an inadequate departmental induction.
- All trainees noted no departmental teaching programme. Efforts to provide a junior teaching timetable were noted in the ST session however were poorly attended due to ward pressures and was therefore cancelled.
- Difficulties were noted in F1, F2, Core and GP trainees attending regional teaching due to workload.
- Difficulties were noted in F1, F2, Core and GP trainees obtaining workplace-based assessments.
- No formal mechanisms for F1s to receive feedback on their day-to-day decision making.
- F2, Core and GP trainees reported rarely receiving feedback during the day or out of hours.
- Poorly managed long term rota gaps are impacting trainees' wellbeing. Comments of burnout were made due to intensity of the rota.
- Trainees report undertaking peer to peer handovers with no senior input or learning.
- Frequent movement of F1 trainees across the 11th floor is providing poor continuity of training and patient care and is subsequently impacting on middle/senior trainees.
- F1 trainees reported boarded patients now being scattered across the 11th floor with lack of clarity around lines of escalation.

4. Areas of Good Practice

Ref	Item	Action
4.1	Positive praise for the nursing team on 11B (ENT) in particular the training opportunities and support provided by Kirsty in the treatment room. Also, excellent support provided by Sam Zecanovsky, Clinical Services Manager which is very much appreciated by trainees.	n/a
4.2	The Rotawatch system was noted by senior trainees as being very useful in knowing who is on duty and pathways for escalation.	n/a

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

Ref	Item	Action
5.1	n/a	n/a

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Trainees must be provided with clearly identified seniors who are providing them with support during out of hours cover for all clinical areas they cover. Those providing clinical supervision must be supportive of trainees who seek their help and must never leave trainees dealing with issues beyond their competence or 'comfort zone'.	Immediately	F1
6.2	The departments must have a zero-tolerance policy towards undermining behaviour. All staff must behave with respect towards each other and conduct themselves in a manner befitting Good Medical Practice guidelines. Specific example of undermining behaviour noted during the visit will be shared out with this report.	Immediately	F1
6.3	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. Handbooks or online equivalent may be useful in aiding this process but are not sufficient in isolation.	December 2023	All
6.4	The department must develop and sustain a local teaching programme relevant to curriculum requirements of all training grades including a system for protecting time for attendance.	April 2024	All

6.5	There must be active planning of attendance of doctors in training at regional teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.	December 2023	F1, F2, CT, GP
6.6	There must be senior support, including from consultants/recognised trainers to enable doctors in training to complete sufficient WPBAs/SLEs to satisfy the needs of their curriculum.	December 2023	F1, F2, CT, GP
6.7	A process for providing formal and informal feedback to doctors in training on their decision making and input to the management of acute cases must be established. This should also support provision of WPBAs.	April 2024	F1, F2, CT, GP
6.8	Alternatives to doctors in training must be explored and employed to address the chronic gaps in the junior rota that are impacting on training.	April 2024	
6.9	The discontinuity of ward placements for Foundation doctors must be addressed as a matter of urgency as it is compromising quality of training, feedback, workload and the safety of the care that doctors in training can provide. The duration of ward attachments of Foundation doctor must be increased to be for at least 4 weeks.	April 2024	F1
6.10	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.	April 2024	All
6.11	There must be robust arrangements in place to ensure the tracking of all boarded patients. In addition, for boarded patients, there needs to be clarity which Consultant and clinical care team are responsible, how often patients are reviewed and what the escalation policy is.	April 2024	All