



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL  
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 June 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health Education and Improvement Wales (HEIW) Targeted Visits
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Professor Philip Kloer, Medical Director, Deputy Chief Executive & Responsible Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ms Helen Williams, Head of Medical Education & Professional Standards

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

This report presents an update on the Health Education and Improvement Wales (HEIW) quality assurance processes which monitor and report on the quality of medical education & training across Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

Every year the General Medical Council (GMC) run the annual National Training Survey (NTS) to gain a deeper understanding of the experiences of our trainees and trainers. The survey is open for responses between the months of March and May and is an integral part of the GMC's work to monitor and report on the quality of medical education and training. HDdUHB employs a total of 275 trainees, which is reflective of, therefore it is important to ensure that we are able to provide the best training experience possible.

As part of their role in the commissioning, delivery and quality management of postgraduate medical education and training across Wales, HEIW's Quality Unit review the results of the NTS to ensure that training and educational experiences meet national standards. Acknowledgement is made of areas of good practise identified and where the results of the survey suggest that further improvement is needed, risks are created and included as part of the HEIW risk register.

Where the risks are ongoing, or for higher scoring risks, targeted visits to the respective specialties will be arranged. In the event of ongoing challenges in ensuring the delivery of a sustainable solution, specific GMC input may be recommended, with an escalation to enhanced monitoring. GMC input can be useful for complex issues and experiences from similar challenges in other parts of the UK can be beneficial. However, GMC involvement will also raise the level of scrutiny both around the concern and the management of the concern. Enhanced monitoring concerns are published on the GMC website in collaboration with HEIW and the Local Education Provider (LEP) to enhance transparency.

It should be noted that HEIW does not limit its evidence sources to the NTS and will consider all sources of evidence in the management of training concerns. However, all current risk register concerns have come to light via the GMC survey.

### Asesiad / Assessment

The risks which are included on the HEIW risk register will be dependent upon the results of the NTS in addition to local feedback, investigations, actions and monitoring. Risks are categorised according to specialty, programme specialty, grade and site, summary of issues and risk rating. Results of the 2022 NTS were made available in August 2022 and the results of the 2023 survey will be made available in August 2023.

There are currently 19 risks on the HEIW risk register. 16 of these risks relate to the experience of trainees and 3 relate to trainer experiences. HEIW request regular updates on the risks included on the register and meetings are held three times a year between the Quality Unit and the Senior Medical Education Faculty Team, to discuss progress and updates. There are risks included on the register which date back many years and although the same issues have not been reported again as part of subsequent surveys, HEIW are reluctant to remove them completely from the register, as it is felt that the information provides a good historic background which may be useful in assessing future progress. Furthermore, there is a risk included on the register which relates to specialty training in ophthalmology however, Hywel Dda currently have no trainees in this department.

Risks associated with the Surgical Specialties (incorporating Surgery Ear Nose and Throat (ENT), Urology & Trauma and Orthopaedics (T&O) and Obstetrics and Gynaecology (OG) at Glangwili Hospital (GGH), along with General (internal) Medicine at Bronglais Hospital (BGH) have led to HEIW targeted visits.

The first targeted visit was made to the Surgical Specialties at GGH on the 28 March 2022, with further visits taking place on the 21 November 2022 and the 26 April 2023. Despite evidence of progress to meet recommendations following the first and second visits, it was felt that further work was required by the department to improve the trainee experience. The most recent report has yet to have been made available however, the recommendations have been shared with us via email and we have used them to populate the action plan, which can be accessed below, along with the previous visit reports:-

- Appendix 1 - Action plan arising from the HEIW visit to Surgical Specialties, GGH
- Appendix 2 - Surgery at GGH HEIW Visit Report November 22
- Appendix 3 - Surgery at GGH HEIW Visit Report March 22

The targeted visit to the OG Department at GGH took place on Friday the 27 January 2023. The NTS results followed a difficult time for the department, which had encountered significant challenges around rota gaps at the beginning of 2022, as well as the absence of the clinical lead at the time due to bereavement. However, the visit was a great success. The department were commended on the work undertaken to improve the experience for trainees. The visit resulted in the risk score being reduced and HEIW agreed that there was no need for a further follow up visit. The work of the department in improving the trainee experience has since been published by the GMC as a case study demonstrating the benefits of the NTS in raising standards. The case study, visit report and action plan can be accessed at:-

[Improving cultures at Glangwili Hospital – GMC \(gmc-uk.org\)](https://www.gmc-uk.org/improving-cultures-at-glangwili-hospital)

- Appendix 4 - GGH OG HEIW Visit Report January 2023
- Appendix 5 - Action plan arising from the HEIW visit to OG GGH

The targeted visit to General (internal) Medicine at BGH took place on Monday, 30 January 2023. This visit identified several areas for improvement but since the recommendations were reported, the teams on site have worked tirelessly to improve the trainee experience. The full report and action plan with up-to-date progress can be accessed at-

- Appendix 6 - BGH General (internal) Medicine HEIW Visit Report January 2023
- Appendix 7 - Action plan arising from the HEIW visit to BGH

There are some common themes detailed within the targeted visit reports with recommendations around staffing, rota gaps and quality of locums, supervision, induction, handover, quality of feedback and ensuring that trainees are working within their competence. In some areas reduced engagement of trainers with their trainees impacts on the quality of supervision, feedback and overall training experience in some posts. Trainers feel that the increasing demands of service and pressure applied during job planning means that this aspect of their role is not prioritised by their departments. As a University Health Board, it is vital that we continue to work on valuing, supporting and monitoring the trainer role to ensure quality supervision and training. Celebrating and building on success stories highlighting good educational practice where it is identified such as the OG department's case as an example. It is therefore important to identify opportunities to develop Health Board-wide standards and processes for these challenges. We will work with departments and service to ensure that the learning environment is valued as well as meeting clinical demands.

HEIW will be returning to both the General (internal) Medicine department at BGH and the Surgical Specialties at GGH however, dates have yet to be confirmed. Medical education will work closely with the departments to help ensure positive outcomes and support wherever possible.

### Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to take assurance from the attached action plans which outline the completed and planned work to address the identified areas of improvement.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act</a> <a href="#">(sharepoint.com)</a>	7. All apply Choose an item. Choose an item. Choose an item.

Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	4. Learning, improvement and research Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Potential positive impact on staff morale and future engagement opportunities
<b>Risg: Risk:</b>	Not applicable
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable



## **Action plan arising from the HEIW visit to Surgical Specialties, Glangwili General Hospital**

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
<p>Following the HEIW visit to the Surgical Specialties at Glangwili General Hospital on the 26<sup>th</sup> April 2023, please find below the recommendations that were set out during the visit. A date for an update of progress will be set once the visit report is finalised and distributed.</p>						
1.	<p>The Health Board must ensure that the trainees receive induction, (Hospital and departmental), before they undertake significant clinical duties, such as on-calls. The process should incorporate arrangements to release trainees from clinical duties to attend as well as a system to monitor attendance and respond if trainees appear to have missed their session. Arrangements should be made to accommodate those starting out of step with their peers.</p>	<p>To review the Induction Programme with full collaboration with current trainees, to ensure the relevance of topics and timing of sessions within the programme.</p> <p>To produce a PID/SBAR for an Enhanced Induction Programme for new Doctors who arrive out of sync to allow induction to the area, hospital and speciality, with an enhanced clinical skills element.</p> <p>Each clinical team to identify a named individual/deputy for departmental inductions and trainees to confirm receipt of this session.</p>	July 2023	All New Trainees and the Medical Education Centres	Lead Medical Education Manager and Medical Education Managers	<p>An enhanced Induction Programme has been produced and will be offered to new F1's prior to their shadowing period in August 2023. This includes orientation to the area/hospital, clinical skills teaching and wellbeing sessions.</p> <p>Format template for departmental induction has been shared with teams.</p> <p>Clinical teams are in the process of identifying induction lead.</p> <p>PID/SBAR for ongoing enhanced induction has been compiled, awaiting exec sign off.</p>

2.	<p>The Health Board should ensure that each induction has a core set of information, e.g., weekly routines, key members of staff, and location of equipment; as well as having the ability to tailor the induction for the specific needs of different levels of trainee grade and experience of working within the UK (outline duties expected of different trainees). Co-production with the educational team and current trainees is likely to be very useful when planning a suitable program</p>	<p>Induction reviewed and redesigned with current trainee collaboration. New structure being established with key members of clinical services and departments.</p> <p>Enhanced two week induction to be developed for new IMG doctors (possible rolled out to all doctors) to the Health Board, this to be run regularly to include out of sync doctors.</p>	<p>July 2023</p> <p>August 2023</p>	<p>Lead Medical Education Manager and current trainees</p> <p>Head of Medical Education and Professional Standards</p>	<p>Lead Medical Education Manager</p> <p>Head of Medical Education and Professional Standards</p>	<p>New Enhanced Induction Programme developed for new F1s as high number of IMGs in Foundation Roles. Induction to include sessions with the Service Managers and Rota Coordinators, as well as a GMC Welcome to UK, wellbeing and values.</p> <p>Induction app is being explored.</p> <p>PID/SBAR for ongoing enhanced induction has been compiled, awaiting exec sign off.</p>
3.	<p>There should be a named senior member of staff in each sub speciality who is responsible for leading the induction as well as arrangements to share responsibility to ensure induction is facilitated when the named lead is on leave.</p>	<p>Contact Clinical Leads/Service Delivery Manager for confirmation of named individual providing Induction.</p>	<p>August 2023</p>	<p>Medical Education Managers/ Clinical Leads/SDM</p>	<p>Medical Education Managers</p>	<p>Medical Education Centre to identify lead in each clinical area/deputy to provide Departmental Induction.</p> <p>Registers/departments to be monitored to ensure 100% attendance.</p>

4.	The Health Board should collect and discuss trainee feedback about the handover, particularly the cross-cover and T+O arrangements. In addition, the audit of handover that has been previously mentioned should be completed and appropriate recommendations made and implemented	To collect trainee feedback with regard to effectiveness of the new handover system.	June 2023	Clinical Leads and Medical Education Centre.	Clinical Leads	<p>Several meetings have been organised with Service Delivery Managers and Clinical Leads to develop the new handover system.</p> <p>Sessions held at induction and out of sync for new doctors to ensure they are aware of the system and obtain regular feedback.</p> <p><u>The following new processes have been developed:</u></p> <ul style="list-style-type: none"> <li>• <u>Night to Day Handover</u> Night cross cover doctor will hand over to the night T&amp;O doctor any issues with T&amp;O outlying patients @ 7.30am. Night T&amp;O SHO will then disseminate that to the morning Trauma Meeting.</li> <li>• <u>Day to Night Handover</u> ENT and Urology to handover to cross cover doctor @ 8pm in the Merlin doctor's office. Day Orthopaedic doctor to handover to night orthopaedics doctor @ 8pm in Orthopaedic handover room.</li> <li>• Cross cover night doctor and Orthopaedic night doctor</li> </ul>
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						<p>meet at 8.30pm to handover Orthopaedic outliers (this could be in person/phone call/teams)</p> <ul style="list-style-type: none"> <li>• <u>Hywel Dda Surgical Specialties Teams Channel</u> Teams channel has been set up. Admin rights given to Medical Education staff members, Service Managers and Educational Supervisors</li> </ul>
5.	A set format and location for all handovers should be agreed upon and implemented, and this should be clear for all members of staff, to improve consistency and effectiveness	<p>Induction to the new Handover Systems to continue to be held at Induction and at each changeover periods.</p> <p>A Hywel Dda Surgical Specialities Team Channel to be used to facilitate information sharing.</p>	April 2023	Clinical Leads and Trainees	Clinical Leads and Service Managers	<p>Induction has been provided at changeover and also for out-of-sync Doctors.</p> <p>Teams channel has been set up</p>

	6.	<p>The following processes around EDT, (Educational Development Time) should be put in place:</p> <ul style="list-style-type: none"> <li>a. A clear process to ensure that trainers and trainees understand the purpose of EDT time and how it should be used and recorded on the E-portfolio.</li> <li>b. An exception reporting system that monitors when EDT cannot be taken.</li> <li>c. A monitoring group should be established incorporating trainee and trainer representation to consider how EDT is used and to explore circumstances where it cannot be taken.</li> </ul>	<p>To ensure all Consultants, Trainees and Rota Coordinators are aware of the correct process and purpose of EDT.</p> <p>To develop a robust system to apply for EDT to ensure it can be taken and included in Rotas. This will allow exception reporting when EDT cannot be taken.</p> <p>EDT/SDT to be a standing item in the Junior Doctors Forums and the process explained at Induction.</p> <p>An exception reporting system to be developed. Discussion of this through the Junior Doctors Forums.</p>	<p>August 2023</p> <p>Monthly</p>	<p>Trainers, Trainees and Rota Coordinators</p>	<p>Rota Coordinators and Medical Education Centres</p>	<p>Meeting with all Rota Coordinators held on 12<sup>th</sup> May 2023 to discuss how EDT could be incorporated in the Rotas to ensure Doctors have protected time.</p> <p>To include a session at Induction showing examples of the EDT application process. Included in Junior Doctors Forum's agenda items.</p> <p>New system of exception reporting established to be circulated monthly to trainees, incorporating simple 4 question survey. Survey will be anonymous using MS Forms. Results will be shared with service leads and faculty leads for action where necessary.</p>
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7.	There needs to be a specific forum within the directorate that is a safe space for trainees and trainers to be able to raise and discuss concerns. This should be minuted and action points assigned and developed. It will be useful to involve the educational faculty team in this process	To develop regular departmental meetings consisting of Consultants and Trainees to ensure discussion of issues or concerns. To improve attendance of Educational Supervisors at Junior Doctors Forums, run by the Medical Education Centres.	21 <sup>st</sup> July 2023	Consultants and Trainees  Medical Education Centre	Medical Education Centre	Initial meeting with Trainers for 21 <sup>st</sup> June 2023 to consider departmental meeting format.  Educational Supervisors and their secretaries to be notified of future Junior Doctor Forums and dates to facilitate attendance.
8.	The Health Board should produce and share with HEIW, the previously requested document that covers the plans made to mitigate the effect of rota gaps on teaching, training, and curation of evidence for portfolios	To develop a document to identify how Dr gaps are affecting the ability of Trainees attending educational events.	June 2023	Medical Education	Faculty Team	Percentages of Doctors attendance at Core Teaching prepared and shared with Surgical Departments to identify those specialities with low attendance. Departments have been asked to comment on how they plan to mitigate effect on trainee experience.
9.	The Health Board should continue to build upon the work that is being undertaken to ensure clarification around which staff members may be expecting trainees to obtain consent for procedures inappropriately	To continue to identify procedures where trainees are required to obtain consent to ensure they are acting within their capabilities.	March 2023	Surgical Teams	Surgical leads	Several meetings have gone ahead with various clinicians. Lists of procedures have been collated to identify those that the trainees feel less confident to obtain consent for. Alternative systems have been identified e.g. It has been agreed that the CNS nutrition nurses may be better placed to take consent for PEGs.

	<b>10.</b>	That HEIW will increase the risk rating assigned to these concerns and arrange a further visit for 6 months. An interim catch-up meeting will be scheduled for three months in order to assess progress.					<b>Date has yet to be confirmed.</b>
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GIG  
CYMRU  
NHS  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

# HEIW TARGETED VISIT REPORT

Surgery

Glangwili General Hospital

Hywel Dda University Health Board

Monday 21<sup>st</sup> November 2022





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## Section One: Visit Remit

<b>Health Board</b>	Hywel Dda University Health Board	<b>Site</b>	Glangwili Hospital
<b>Visit Date</b>	21 <sup>st</sup> November 2022	<b>Risk Rating (Pre visit)</b>	<b>8</b>
<b>Specialty</b>	Surgery	<b>Grade(s)</b>	GP, Foundation, Core & ST
<b>Visit Panel</b>	<ul style="list-style-type: none"> <li>• Lee Wisby, Associate Dean of Quality (Chair)</li> <li>• Sarah Hemington-Gorse, Deputy Head of School of Surgery</li> <li>• Michael Stephens, Training Programme Director</li> <li>• Samy Ramadan Mohamed Salem, AMD Representative</li> <li>• Elenor Williams, Specialty Manager for Surgery</li> <li>• Ilona Schmidt, Faculty Lead</li> <li>• Mandy Martin, Quality Manager</li> <li>• Garon Skyrme, Quality Officer</li> <li>• Jan Huyton, Lay Representative</li> </ul>		
<b>LEP Representatives</b>	<ul style="list-style-type: none"> <li>• Anand Ganesan, AMD</li> <li>• Phil Kloer, Medical Director</li> <li>• John Evans, Assistant Director Medical Directorate.</li> <li>• Lisa Gostling, Director of Workforce &amp; Organisational Development</li> <li>• Andrew Dean, Clinical Lead for General Surgery</li> <li>• Mark Henwood, Deputy Medical Director for Acute Hospital Services</li> <li>• Owain Ennis, Clinical Lead for T&amp;O</li> <li>• Mahmoud Shafii, Clinical Lead for Urology</li> <li>• Lydia Davies, Service Delivery Manager Orthopedic, Trauma &amp; Plaster Services</li> </ul>		
<b>Evidence Considered</b>	<ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Evidence Timeline</li> <li>• GMC National Training Survey Results 2022</li> <li>• Previous Visit Report from March 2022</li> </ul>		
<b>Trainees Present</b>	3 x Foundation, 1 x IMT, 1 X ST	<b>Trainers Present</b>	4 x Trainers
<b>Status Summary</b>	<ul style="list-style-type: none"> <li>• This was the second visit to the department.</li> <li>• This concern is <b>not</b> in Enhanced Monitoring.</li> </ul>		

### Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The visits seek to support the identification of areas which are working well and those which may require further attention. Evidence obtained is assessed against GMC Standards as outlined in Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate to support the provision of high quality postgraduate medical education and training in Wales.

This Targeted Visit is to consider the quality of education and training for training grade doctors within Surgery at Glangwili Hospital. The visit was convened to support a more detailed review of the areas outlined below:

- The GMC National Training Survey results reported below outlier scores in the post specialty cohorts for reporting systems in general surgery, and supportive environment in urology. There were also several lower quartile results across post specialty and programme groups, including for clinical supervision, teamwork, induction, educational supervision, and feedback.

Since the previous visit in May 2022, the Health Board has indicated that the following progress has been made:

- Handover processes have been improved, and attendance was being monitored.
- Work surrounding a blame culture and workplace civility has been undertaken, with good engagement.
- Confirmation of the process of consenting patients has been clarified, with junior trainees being supported when doing so.
- Recruitment progress had improved.

## Section Two: Summary Findings

HEIW and the Health Board acknowledged that improvements have been made, and significant work has been undertaken to deliver them, with feedback from the visit being mostly positive. The pace of progress, however, was slower in some areas.

As the feedback received at the previous visit indicated there were issues with handover procedures, the HEIW panel previously made recommendations regarding this. It was agreed that handover procedures had improved based on the responses from the trainees and trainers. The only exception was the handover between the night and orthopaedic day teams, which still required improvement.

Generally, the trainees did not consent patients for procedures or perform duties beyond their level of competence, however, they were sometimes asked to do so. When consenting patients, junior trainees had access to senior support and the junior trainees could observe seniors taking consent for educational purposes.

Previous feedback had raised concerns about a blame culture and civility, and work had been completed in this area with positive results. The trainers indicated that they were not aware of any inappropriate interactions, and no trainees had raised concerns to them.

The feedback from this visit highlighted that there were issues with trainees' access to elective theatre due to elective cases being conducted in limited quantities. Trainee access to elective lists and non-cancer work was noted to be important to ensure that they could achieve the requirements of the curriculum.

Whilst the trainers confirmed that there was a multi-specialty trainee forum, the trainees present at the visit were not aware of it nor of any trainee representatives. Consequently, the need to undertake additional work regarding how the forum was advertised and accessed was necessary. Within the departments, the trainees were able to raise concerns and queries to the consultants with general surgery having an open-door policy.

The trainees explained that it was difficult to leave the ward to access training opportunities as it would leave the wards understaffed. Staffing issues and rota gaps were raised throughout the visit and the School of Surgery representative confirmed that there was not going to be a full complement of core trainees in the next rotation. Therefore, steps needed to be taken to mitigate the impact that predictable rota gaps would have on training.

The trainees were confident that they were going to be able to produce a portfolio of evidence to allow them to progress to the next stage of training. However, educational development time (EDT) was difficult to take. Consequently, the trainees reported that they were using their own time to ensure there was ample evidence for their portfolio. Concerns were raised about the proper use of EDT, and the need to provide guidance on the appropriate use of EDT time was noted. The HEIW panel considered that some of the comments reported by a trainee as being received from a supervisor about the potential for trainees to use EDT incorrectly were inappropriate, and as such the Chair would request that the AMD investigate the concern and act where necessary.

The F1 trainees who attended Prince Phillip Hospital to undertake administrative tasks, such as discharge letters, expressed that this had little educational value and was purely service provision. In addition, there were concerns that this was impacting the access to training opportunities at Glangwili Hospital.

Areas Working Well	Areas for Improvement
<ul style="list-style-type: none"> <li>• The trainees were confident that they would have a well populated portfolio by the end of their post.</li> <li>• Improved sense of clarity around junior trainees taking consent for procedures.</li> <li>• Consultants, registrars, and the wider teams were supportive.</li> <li>• Ample opportunities for workplace-based assessments.</li> <li>• Quality improvement projects could be undertaken.</li> <li>• Good access to theatre for most grades of trainees.</li> <li>• While there were still challenges with recruitment, there seemed to be some improvements.</li> <li>• There was good engagement with the work undertaken around civility and wellbeing. The trainees could also freely approach consultants with concerns.</li> </ul>	<ul style="list-style-type: none"> <li>• Educational development time was difficult to take, and there were concerns from trainers that it might not be used appropriately. At least one supervisor is reported as making comments which the panel felt were very inappropriate.</li> <li>• Junior trainees struggled to attend clinics.</li> <li>• Limited space in clinics was limiting trainees' access.</li> <li>• Foundation teaching in general surgery could be difficult to attend due to rota and staffing issues.</li> <li>• Handover between the night team and T&amp;O was still lacking.</li> <li>• The F1 trainees attending Prince Phillip to conduct administrative tasks was not deemed beneficial to training.</li> <li>• Most issues were associated with staffing levels and rota issues.</li> </ul>

## Recommendations

The following recommendations were made in response to the findings of the visit process. An update on progress is required by 6<sup>th</sup> February 2023.

1. The Health Board should take further action to ensure that the handover between daytime T&O and the Hospital at Night teams is improved. This should incorporate fixed time and specified personnel at each end of the night shift. Aids such as patient lists should be considered.

### GMC Requirement R1.14

Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

2. The Health Board needs to ensure that there is a plan to mitigate the risk of rota gaps affecting the trainees' ability to access education and training. This plan should be written out and shared with HEIW. The specialty school of surgery and the foundation school should be consulted in order to clarify expectations of curriculum and expected vacancies on future training rotations. Consideration should be given to discontinuing the practice of assigning F1 trainees to a different hospital site in order for them to do purely service tasks – both in the interest of mitigating rota gaps and of enabling reliable access to EDT and educational activities.

### GMC Requirement R1.12

Organisations must design rotas to:

- a) Make sure doctors in training have appropriate clinical supervision
  - b) Support doctors in training to develop the professional values, knowledge, skills, and behaviours required of all doctors working in the UK
  - c) Provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
  - d) Give doctors in training access to educational supervisors
  - e) Minimise the adverse effects of fatigue and workload.
3. HEIW requests that the AMD follow up on a comment, reported to the HEIW panel and attributed to a supervisor, which the HEIW panel felt to be inappropriate. (Specific details have been provided directly to the AMD separately).

### GMC Requirement R1.2

Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

4. The Health Board should develop a plan for the implementation of self-directed learning time, (EDT/SDT), ensuring a proactive approach which is accepted by all departments. Please provide assurance that all supervisors and rota co-ordinators accept the expectation that such time will be factored into the weekly activities of the trainees. Consideration should also be given to raising the profile of the junior doctors' forum as a vehicle to review and discuss concerns about the service and training environment.

### GMC Requirement R1.16

Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses, and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety

5. The training leads within each department should look into the circumstances under which trainees are being asked to obtain informed consent for procedures and who is requesting that they do so, in order to ensure that the stated objective that no trainees are required to do this beyond their level of knowledge and capability is met.

### **GMC Requirement R1.11**

Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent.5 Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.

6. HEIW will arrange a further visit to take place in six months' time.

### **GMC Requirement R2.6**

Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

### **Next Steps**

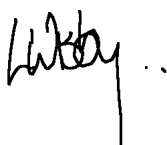
- The Health Board will submit an action plan in relation to the recommendations above by 6<sup>th</sup> February 2023.

### **Risk Rating Recommendation**

Prior to the HEIW visit, the risk rating for surgery at Glangwili General Hospital was scored at eight. It was agreed that the risk rating would remain at eight (medium).

### **Chair's Signature**

**Signature:**



**Date:** 15<sup>th</sup> December 2022.

### **Educational Supervision**

There was an overall sense from the trainees that their portfolios should be populated by the end of the year although some areas were more difficult than others to populate.

The majority of the trainees had not been able to use their Educational Development Time (EDT), and this was largely associated with rota and staffing issues. Whilst those trainees based in ENT had EDT incorporated into the rota, other trainees reported that audit activity, project work and other self-directed learning activity was being undertaken in their own time.

When the trainees started, they were provided with a document outlining how EDT was to be taken and how much they had. The document also outlined how EDT could be accumulated to enable trainees to use the time in a more meaningful way. However, it was raised that some trainees were told that they would not use the time appropriately indicating a potential lack of engagement with this on the part of the supervisors.

### **Clinical Supervision**

The trainees were not undertaking duties outside of their level of competence or confidence. Typically, the F1 trainees did not take consent for procedures, although the F2 trainees did sometimes. Some registrars and consultants would encourage the junior trainees to observe them taking consent as it was a good learning opportunity. The trainers confirmed that junior trainees should only consent patients for local anaesthetic procedures, and it would never be expected for the trainees to consent patients for procedures that they had little knowledge of. Teaching around consenting patients had also been conducted.

The trainees believed that there were usually appropriate levels of supervision, and the majority of consultants and registrars were supportive, as well as the wider teams. Those who progressed to registrar level reported they received good levels of support for the transition.

### **Workplace-based Assessments**

There were ample opportunities for assessments, audits, and projects, and some of the registrars were particularly supportive of the junior trainees with quality improvement projects.

The trainers explained that there were monthly faculty meetings to discuss MCRs. (Multi Consultant Reports)

### **Clinics**

While the more senior trainees were able to access clinics and had good consultant support, the majority of the core trainees were struggling to attend clinics.

The core trainees in trauma and orthopaedics confirmed that they had been taken off the SHO rota to be able to focus on clinics. However, elective clinics were more challenging to attend due to space being a limiting factor.

Most ENT and urology trainees had good access to clinics, as well as weekly theatre sessions in ENT.

### **Theatre**

As the rota had been re-organised to allow for set blocks of theatre days, the core trainees had good access, and the F1 trainees in general surgery also had the opportunity to attend theatre. However, the foundation trainees in urology struggled to attend theatre.

### **Teaching**

The F2 trainees in urology and core trainees were normally able to attend teaching. However, overall, access to the foundation teaching programme could be difficult for the trainees in general surgery, partly

due to not wanting to leave the wards unattended. In addition, teaching could not be accessed when trainees were on call.

There were ample training opportunities, and the trainees were normally able to access these. However, mandatory training has been missed due to service pressure, though most sessions were recorded.

### **Rota and Leave**

During out-of-hours, there was usually a registrar and foundation trainee covering the general surgery wards, and while this was usually manageable, it could be difficult when the registrar went into theatre. The foundation trainees were often first to assist in theatre during out of hours, therefore, the wards could be without a doctor for periods of time.

The core trainees provided cross cover for ENT, Urology and Trauma and Orthopaedics outliers during out of hours. However, there was no handover between T&O and the core trainees. Additionally, the trainees were not aware of where the T&O outlying patients were located. The trainees and trainers have tried to improve engagement with Trauma and Orthopaedics, however, there had been no notable sustained improvement. The trainers explained that this could be partly due to trauma and orthopaedics being busy, especially in the evening, making it difficult for the team to attend another handover. It was acknowledged that improvements with handover and interactions should be made.

### **Experience**

The training in general surgery was reported to be good despite there being rota and staffing issues, some of these were mitigated by using Locums and a physician associate to cover gaps. However, as the physician associate was moved from another rota, there had not been an overall increase in staffing levels. The trainees explained that they believed that the majority of the training concerns were related to the overall issues the Health Board was having with recruitment more generally.

While there were still challenges with recruiting staff, the trainers explained that recruitment was improving, for example in trauma and orthopaedics recruitment had improved, however, they had struggled to recruit into non-training posts.

The trainers confirmed that there was a junior doctors forum, and while it was a good platform for the trainee voice, as it was a cross-specialty forum the issues raised were more generic such as facilities and rota patterns. However, the trainees present at the visit were not aware of this forum, nor of any trainee representatives.

The trainees could raise queries and concerns during M&M meetings, and as consultants were approachable and supportive, they were comfortable raising concerns directly to them. In general surgery, there was an 'open door' policy, which meant the trainees could easily approach consultants. In addition, during the daily trauma meetings, the trainees were asked at the end of the meeting if they would like to raise anything.

The F1 trainees were sent to Prince Phillip Hospital to undertake routine duties, such as filling in discharge letters. Overall, the trainees perceived that this was not beneficial to their learning and subsequently missed opportunities in Glangwili. It was believed that the nurses and clinical fellows at Prince Phillip Hospital could undertake these duties.

The trainers were aware that in the previous visit the trainee feedback indicated that there could be a perception of a blame culture. However, the majority of the trainers were unaware of any concerns previously in their specialities. The panel noted that at Health Board level, work on civility and well-being had been undertaken, with external speakers coming in as well as discussing this during monthly meetings. There has been good engagement with these processes, and the trainers were aware that improvements have been made.



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# HEIW TARGETED VISIT REPORT

Surgery

Glangwili General Hospital

Hywel Dda University Health Board

Monday 28<sup>th</sup> March 2022



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## Section One: Visit Remit

<b>Health Board</b>	Hywel Dda University Health Board	<b>Site</b>	Glangwili General Hospital
<b>Visit Date</b>	28 <sup>th</sup> March 2022	<b>Risk Rating (Pre visit)</b>	<b>8</b>
<b>Specialty</b>	Surgery	<b>Grade(s)</b>	GP, Foundation, Core & ST
<b>Visit Panel</b>	<ul style="list-style-type: none"> <li>• Lee Wisby, Associate Dean of Quality (Chair)</li> <li>• Wyn Lewis, Head of School of Surgery</li> <li>• Michael Stephens, training Programme Director</li> <li>• Elenore Williams, Speciality Manager for Surgery</li> <li>• Christopher Horn, Local Foundation Programme Director</li> <li>• Gordon Lewis, GP Programme Director</li> <li>• Mandy Martin, Quality Manager</li> <li>• Garon Skyrme, Quality Officer</li> <li>• Jackie Evans, Lay Representative</li> </ul>		
<b>LEP Representatives</b>	<ul style="list-style-type: none"> <li>• Samy Ramadan Mohamed Salem, AMD Representative</li> <li>• Phil Kloer, Medical Director</li> <li>• Lisa Gostling, Director of Workforce &amp; Organisational Development</li> <li>• Jayne Noble, Head of Medical Education and Knowledge</li> <li>• Mark Henwood, Deputy Medical Director for Acute Hospital Services</li> <li>• Owain Ennis, Clinical Lead for T&amp;O</li> <li>• Lydia Davies, Service Delivery Manager Orthopedic, Trauma &amp; Plaster Services</li> </ul>		
<b>Evidence Considered</b>	<ul style="list-style-type: none"> <li>• Evidence Timeline</li> <li>• GMC National Training Survey Results 2017 – 2021</li> <li>• EPEF Data 2021</li> </ul>		
<b>Trainees Present</b>	<ul style="list-style-type: none"> <li>• 4 x Foundation Trainees</li> <li>• 3 x ST Trainees</li> <li>• 2 x Core Trainees</li> </ul>	<b>Trainers Present</b>	6 Trainers
<b>Status Summary</b>	<ul style="list-style-type: none"> <li>• This was the first visit to the department.</li> <li>• This concern is <b>not</b> in Enhanced Monitoring.</li> </ul>		

### Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The visits seek to support the identification of areas which are working well and those which may require further attention. Evidence obtained is assessed against GMC Standards as outlined in Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate to support the provision of high quality postgraduate medical education and training in Wales.

This Targeted Visit is to consider the quality of education and training for training grade doctors within Surgery at Glangwili Hospital. The visit was convened to support a more detailed review of the areas outlined below:

- The GMC National Training Survey showed red outlier scores in post specialty cohorts for reporting systems in general surgery, and for supportive environment in urology. There were also several below average results across post speciality and programme groups, including for clinical supervision, teamwork, induction, educational supervision, and feedback.

## Section Two: Summary Findings

Overall, the feedback received from the trainees was that they have enjoyed their experiences and were positive about the majority of trainers being proactive, present, and supportive. The majority of trainers were contactable and encouraged trainees to undertake quality improvement projects. Some clinical supervisors had proved difficult to contact and had not been present.

The foundation trainee's induction provided them with useful information on their post and cross cover; however, generic surgery information would have been advantageous.

Staffing issues and rota gaps were a prominent theme throughout the visit. Trainees reported that learning opportunities were being lost due to staff shortages and that there was a frequent need to be on call and to cover rota gaps.

Access to multi consultant reporting opportunities was felt to be good, particularly as they have been recently introduced and take some time to embed. Core and higher trainees reported good access to training and that the majority of trainers were engaged, enthusiastic and knowledgeable of curricula. In relation to foundation trainees, providing rota cover was felt to be affecting their ability to access training opportunities, clinics, and theatre.

There did not seem to be a formal process in place for handover from night shift to day shift and gaps in the rota meant that there was not a routine handover from night to day staff. This was particularly evident for trauma and orthopaedics.

There seem to be recovery plans to clear the COVID backlog and the trainers were confident that they ensured adequate provision for training. Additionally, if the recovery plan included outsourcing to the private sector it would not be considered to be detrimental to training. The trainees themselves were uncertain of any plans to clear the surgery backlog caused by COVID but they believed there were plans to introduce weekend lists.

While the trainees were aware of how to access pastoral support, there was uncertainty regarding the formal process to report incidents. Alongside the uncertainty of reporting incidents, the trainees had the perception that there was a blame culture and were reluctant to report things. The trainees were able to pass concerns to a trainee representative, however there was uncertainty about forums taking place. Further development of the forum was needed to ensure that trainees felt comfortable to raise concerns without senior management present.

## Recommendations

The following recommendations were made in response to the findings of the visit process. An update on progress is required by **15<sup>th</sup> June 2022**.

1. The Health Board should look into formalising handover and making particular plans for when daytime cover is compromised - particularly in Trauma and Orthopaedics.

### GMC Requirement R1.4

Handover\* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

2. The Health Board should take step to consult with the local faculty team to look into incident reporting and the perception of a blame culture.

### GMC Requirement R1.1

Organisations\* must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.

### GMC Requirement R3.3

Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance, or self-esteem.

3. The Health Board must ensure that when planning to clear the backlog, training needs are integrated into plans and involve the trainees in the discussions.

### GMC Requirement R1.19

Organisations must have the capacity, resources, and facilities\* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.

4. The Health Board should explore a local mechanism for supporting the trainee voice and investigate how to improve confidence to raise issues.

### GMC Requirement 1.1

Organisations\* must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.

5. The Health Board should investigate how rota gaps and covering them are affecting training and take steps to minimise this.

### GMC Requirement R1.12

Organisations must design rotas to:

- a) make sure doctors in training have appropriate clinical supervision
- b) support doctors in training to develop the professional values, knowledge, skills, and behaviours required of all doctors working in the UK
- c) provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme
- d) give doctors in training access to educational supervisors
- e) minimise the adverse effects of fatigue and workload.

6. HEIW to re-visit in 6 months

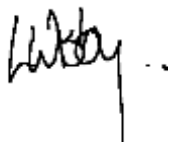
## Next Steps

- The Health Board will submit an action plan in relation to the recommendations above by **15<sup>th</sup> June 2022**.

## Risk Rating Recommendation

Prior to the HEIW visit, the risk rating for surgery at Glangwili General Hospital was scored at eight. It was agreed that the risk rating would remain at eight which is an amber risk.

## Chair's Signature

A handwritten signature in black ink, appearing to be 'W. J. ...', written over a dark blue horizontal bar.

Signature:

Date: 19.04.22

## Appendix One: Trainee & Trainer Meetings

### Induction

#### Foundation Trainees

Trainees received a good induction in ENT and the urology induction provided useful information about cross cover. They would have preferred that the induction included more generic information about surgery.

### Educational Supervision

#### ST and Core Trainees

The trainees have met with their educational supervisors, there had been good engagement and they could arrange meetings easily. When theatre exposure was raised by the trainees, plans were created to improve this, which the trainees appreciated.

The trainees explained that on occasion when they have raised a concern with their supervisors, they have been dismissive in nature. While they did not ignore the concern, there could be a lack of engagement and protectiveness.

Areas Working Well	Areas for Improvement
<ul style="list-style-type: none"><li>Overall, good contact and engagement with educational supervisors.</li></ul>	<ul style="list-style-type: none"><li>Occasional lack of engagement when trainees raised issues.</li></ul>

### Clinical Supervision and Support

#### Foundation Trainees

The trainees were complimentary of the knowledge that clinical supervisors had on the foundation training programme. While several clinical supervisors were accessible and present, the trainees have struggled to contact others through email and their secretaries. There was a perception from the foundation trainees that the middle and higher trainees struggled to get senior support on the wards.

Areas Working Well	Areas for Improvement
Foundation Trainee Specific <ul style="list-style-type: none"><li>Several clinical supervisors were very present and proactive.</li><li>Good on-ward supervision and support.</li></ul>	Foundation Trainee Specific <ul style="list-style-type: none"><li>A small number of clinical supervisors have not been seen in person by the trainees.</li><li>The trainees were unsure of the placement supervision group. They were aware of the group but unsure of the group's makeup and its purpose.</li></ul>

### Teaching

#### Foundation Trainees

Teaching sessions were often cancelled, especially in ENT. Rota gaps and on-calls made it difficult for the trainees to attend and deliver teaching. Teaching sessions also have not taken place as there were not enough trainees to attend, to justify holding the session. The trainees were aware that GP trainees were able to attend their teaching on Tuesday afternoon.

## ST and Core Trainees

Teaching was usually well organised, engaging, and relevant.

Areas Working Well	Areas for Improvement
<p>Foundation Trainee Specific</p> <ul style="list-style-type: none"> <li>Seniors gave valuable feedback to those who delivered teaching.</li> </ul> <p>ST and Core Trainee Specific</p> <ul style="list-style-type: none"> <li>Teaching became virtual during COVID and was well organised.</li> </ul>	<p>Foundation Trainee Specific</p> <ul style="list-style-type: none"> <li>Teaching in ENT was often cancelled.</li> <li>Scheduled foundation teaching was difficult to attend.</li> </ul> <p>ST and Core Trainee Specific</p> <ul style="list-style-type: none"> <li>The trainees could not access material or recordings after virtual teaching sessions.</li> </ul>

### Trainers

- Urology and Ophthalmology were short of consultants and seniors, which has made it difficult to have organised teaching.
- There was online teaching which focused on preparing the trainees for their exams.

### Training

#### ST and Core Trainees

Overall, those in general surgery felt that the training was good, with the rota being tailored to make it as varied as possible. The trainees explained that they have had a valuable experience. The trainees within ENT were highly complementary of the trainers who were supportive and were proactive in trying to improve the training environment.

Multi consultant reporting was taking place in ENT, and initially the trainees and the trainers went through them together for the first time as it was new to both groups. Consultants seemed engaged with the new process. In general surgery, multi consultant reporting took longer to embed but they eventually completed them.

The trainees were having less opportunities to go to additional learning experience as they were having to do an elevated level of on calls and were regularly covering rota gaps.

Areas Working Well	Areas for Improvement
<p>ST and Core Trainee Specific</p> <ul style="list-style-type: none"> <li>ENT trainers were well regarded and proactive.</li> <li>Trainees were actively encouraged to undertake quality improvement projects and consultants in most department supported trainees.</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities being lost due to elevated levels of on calls and rota gaps having to be covered.</li> </ul>

## Trainers

- The new curriculum with the multi consultant reporting had been initially problematic, however, there have been meetings where they have been discussed and they have been completed in multiple surgical specialities.
- There were robust recovery plans to clear the COVID backlog, and the trainers were confident that they ensured adequate provision for training. Additionally, if the recovery plan included outsourcing to the private sector it would not be felt to be detrimental to training.
- Higher surgical trainees were doing well and were able to access theatre and other learning opportunities.

## Theatre and Clinics

### Foundation Trainees

The trainees in ENT struggled to attend clinics as there were supposed to be five trainees, however, there were currently only three.

### ST and Core Trainees

While trainers have been proactive with trying to improve trainees access to theatre, the trainees were unsure of any plans to clear the surgery backlog caused by COVID. However, they believed there were plans to introduce weekend lists.

Areas Working Well	Areas for Improvement
ST and Core Trainee Specific <ul style="list-style-type: none"><li>• There were ample opportunities for trainees in general surgery to access theatre.</li></ul>	Foundation Trainee Specific <ul style="list-style-type: none"><li>• The current rota and subsequent gaps and covering them was impacting theatre attendance.</li></ul> ST and Core Trainee Specific <ul style="list-style-type: none"><li>• No discussion with trainees of how they would be involved when clearing the surgery backlog.</li></ul>

## Rota and Workload

### Foundation Trainees

Rota gaps and having to cover them made it difficult to attend theatre, clinics, and other training opportunities. In ENT they have introduced a locum doctor which has helped trainees to access learning opportunities.

### ST and Core Trainees

The trainees explained that due to an unstructured rota, they were regularly unsure when they would be going to clinics and theatre. While work was being undertaken to implement a more routine rota, the trainees acknowledged this was a significant task to undertake.

Areas Working Well	Areas for Improvement
	Foundation Trainee Specific <ul style="list-style-type: none"> <li>• Limited guidance and support on occasion due to rota gaps.</li> <li>• Escalation processes were unclear.</li> <li>• Foundation doctors on occasion hold several bleeps.</li> </ul> ST and Core Trainee Specific <ul style="list-style-type: none"> <li>• Lack of structured rota.</li> </ul>

### Trainers

- There have been issues with staffing levels, and providing F2s with their protected times was challenging, however, they should be up to full SHO posts in August 2022 and should be able to make more improvements.

### Governance

#### Foundation Trainees

The trainees were uncertain if there were any trainees' forums taking place and were unsure of the governance structures in place. While trainees were aware of trainee representatives and had raised concerns to them, outcomes and improvements were not visible nor communicated to them.

Areas Working Well	Areas for Improvement
	Foundation Trainee Specific <ul style="list-style-type: none"> <li>• Overall lack of awareness and understanding of governance structures and meetings.</li> </ul>

### Trainers

- Since the HEIW visit in 2019, the consultant body has worked together to focus on training and the issues. There was now a contact point for trainees to raise concerns.
- There have been departmental meetings which had an educational focus on adverse events, however, it was acknowledged that more could be done to make them more structured.

### Patient Safety

#### Foundation

The trainees felt that there were several situations which could potentially impact patient safety and the patient experience. During ward rounds and general ward work, the workload meant that patients had to be seen quickly and there was poor allowance for documentation. The trainees believed that aspects could get missed, and medical issues might not always get addressed as promptly as they should.

During night shifts there was cross cover, however, there was no one to handover to in the morning, and there have been times when there had been no one to contact when the trainees were cross covering.

## ST and Core Trainees

The trainees were not aware of any patient safety issues in general, however, one-off incidents have been reported through DATIX.

Areas Working Well	Areas for Improvement
	<p>Foundation Trainee Specific</p> <ul style="list-style-type: none"> <li>• Focus to get patients discharged as quickly as possible, potentially affecting the patient experience.</li> <li>• The trainees were unaware of how and not comfortable to raise concerns.</li> <li>• Perception that there was a blame culture, therefore, there was a reluctance to report incidents.</li> </ul>

## Trainers

- In relation to patient safety there have been no incidents that have been raised to them. Although they were aware that there had been some busy weekends and a single SHO stretched thinly across the site.
- The trainers have tried to meet with F1s to discuss their experiences and if they wanted to raise any concerns.

## Handover

### Foundation Trainees

There was a formal and efficient handover from day staff to night staff, however, if there was not someone to handover to, then a handover did not take place, and the nursing team would be unaware who to contact if needed.

### ST and Core Trainees

When cross covering urology and ENT the trainees were confident as they could contact relevant registrars when needed and could usually handover patients. However, when overseeing trauma and orthopaedics outliers they were unsure who to contact to discuss patients, and there was usually no one in the morning to pass information onto.

Areas Working Well	Areas for Improvement
<p>Foundation Trainee Specific</p> <ul style="list-style-type: none"> <li>• When all relevant staff were present there was efficient handover from day to night.</li> </ul>	<p>Foundation Trainee Specific</p> <ul style="list-style-type: none"> <li>• Issues surround lack of handover from night shift to day shift.</li> </ul> <p>ST and Core Trainee Specific</p> <ul style="list-style-type: none"> <li>• Lack of trauma and orthopaedics handover after night shifts.</li> </ul>

## Trainers

- There was acknowledgment that improvements had to be made in relation to the organisation of roles for trauma and orthopaedics. Specifically in relation to handing over from night shifts.

## Experience

### Foundation Trainees

The trainees were aware of how to access pastoral support and received frequent emails on how to access various support routes.

Areas Working Well	Areas for Improvement
<p>Foundation Trainee Specific</p> <ul style="list-style-type: none"><li>• Overall, the trainees have enjoyed their placement.</li></ul> <p>ST and Core Trainee Specific</p> <ul style="list-style-type: none"><li>• The Trainees have not witnessed bullying or undermining.</li><li>• Good relationships with trainers in ENT and overall good department environment.</li></ul>	<p>Foundation Trainee Specific</p> <ul style="list-style-type: none"><li>• When working in Prince Phillip Hospital over their placement, the trainees believed they were only there for service provision and there was no educational value.</li></ul>

## Trainers

- The Health Board has been slow to recover from COVID compared to other Health Boards. It was hoped that capacity would return soon, however, this seemed to not be the case. There were plans to open a day unit, to improve capacity.
- A larger office for trainees was secured.
- The general surgery emergency ward had not been restabilised since the space was used for COVID purposes.

### Visiting Panel Feedback

- The feedback received during this visit did not reveal any incidents or reports that there were currently any significant patient safety issues. However, there was a sense of concern from the foundation trainees that the rota gaps were a potential risk.
- Feedback indicated that the trainees were reluctant to report incidents as there was a perception of a blame culture, and they also believed that no positive action would be taken when using formal reporting mechanisms.
- There did not seem to be a process in place for a formal handover from night shift to day shift, and gaps in the rota meant that there was not a routine handover from night to day staff. This was particularly evident for trauma and orthopaedics.
- The feedback gave the perception that core and higher trainees had good access to training, and the majority of trainers were engaged, enthusiastic and knowledgeable of curricula. In relation to foundation trainees there was still an issue with the impact of providing rota cover, which was affecting the ability to access training opportunities.

### Health Board Feedback

- Progress was being made to improve quality of training. The trainee forum had been organised and feedback was used to help shape plans. The trainees were able to pass concerns to a trainee representative to bring to the forum. Further development of the forum was needed to ensure that trainees felt comfortable to raise concerns without senior management present.
- There was ongoing development of a website for medical education and various stakeholders were invited to input into the websites content and function. The website would include induction material, both generic and departmental, and the trainees could update the website information as part of quality assurance projects.
- There were plans to introduce an education fellow in each department.
- In relation to handovers, there were plans to look into using IT based systems to improve the process.
- Plans were in development to recruit international medical graduates to help with staffing issues as well as to get them more involved with medical education.



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Health Education and  
Improvement Wales (HEIW)

# HEIW TARGETED VISIT REPORT

Obstetrics and Gynaecology

Glangwili Hospital

Hywel Dda University Health Board

Friday 27<sup>th</sup> January 2023





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Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

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## Section One: Visit Remit

<b>Health Board</b>	Hywel Dda University Health Board	<b>Site</b>	Glangwili Hospital
<b>Visit Date</b>	27 <sup>th</sup> January 2023	<b>Risk Rating (Pre visit)</b>	<b>9</b>
<b>Specialty</b>	Obstetrics and Gynaecology	<b>Grade(s)</b>	Foundation, GP & ST
<b>Visit Panel</b>	<ul style="list-style-type: none"> <li>Malcolm Gajraj, Director of Quality Management (Chair)</li> <li>Euan Kevelighan, Head of School for Obstetrics and Gynaecology</li> <li>Makiya Ashraf, Training Programme Director</li> <li>Ilona Schmidt, Faculty Lead for Trainees</li> <li>Mandy Martin, Quality Manager</li> <li>Garon Skyrme, Quality Officer</li> <li>James Davies, Lay Representative</li> </ul>		
<b>LEP Representatives</b>	<ul style="list-style-type: none"> <li>Phil Kloer, Medical Director, and Deputy CEO</li> <li>Prem Kumar Pitchaikani, Clinical Director</li> <li>Islam Abdelrahman, College Tutor</li> <li>Helen Williams, Head of Medical Education</li> <li>John Evans, Assistant Medical Director</li> <li>Lisa Humphreys, Interim General Manager</li> <li>Ihab Abbasi, Clinical Service Lead for Obstetrics &amp; Gynaecology</li> </ul>		
<b>Evidence Considered</b>	<ul style="list-style-type: none"> <li>Evidence Timeline</li> <li>GMC National Training Survey Results 2018 - 2022</li> </ul>		
<b>Trainees Present</b>	1 x GP, 2 x Foundation, 4 x ST, 2 x MTI Doctors (ST3 level equivalent)	<b>Trainers Present</b>	7 x Trainers
<b>Status Summary</b>	<ul style="list-style-type: none"> <li>This was the first visit to the department.</li> <li>This concern is not in Enhanced Monitoring status</li> </ul>		

### Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The overall purpose of visits is to support the identification of areas which are working well and those which may require further attention. Evidence obtained prior to and at the visit is considered in relation to GMC standards outlined within Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate in supporting the provision of high quality postgraduate medical education and training in Wales.

The risk for obstetrics and gynaecology at Glangwili Hospital was opened following the 2022 GMC National Training Survey results which reported a significant deterioration, with below outliers for overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, teamwork, handover, supportive environment, induction, adequate experience, study leave and rota design.

Feedback gathered by the Health Board indicated that there were potential issues with discrepancies in the allocation of training opportunities for the trainees, trainees working beyond their level of competence, issues around culture and challenging departmental interactions.

It should be noted that prior to the visit, the department provided HEIW with a comprehensive action plan that had already started to address issues.

## Section Two: Summary Findings

The majority of feedback from trainees and trainers was positive. The trainees were complimentary about the proactive, well-organised training environment. The consultants were engaged with training and were supported in their training role. Several trainees expressed a desire to return to the department, with some previous trainees already doing so as consultants.

Overall, there was good access to training opportunities. However, ultrasound training was not incorporated into the rota and could therefore be difficult to gain access to.

The department had a proactive approach to educational and clinical supervision, and there were ample workplace-based assessments including for ATSMs (Advanced training skills modules) and the teaching programme was highly regarded and well organised. All trainees received a robust induction and had the opportunity to provide feedback on their experiences.

The impact of rota gaps on training was raised, however, the trainees perceived that it did not significantly impact their training. The introduction of an electronic rota was expected to better manage and further improve access to training opportunities.

The trainees felt comfortable raising concerns through various channels, and the department had robust processes in place to address them. Improvements with departmental interactions were reported by the trainees although the department did not yet have its own behaviours champion or group.

The Medical Training Initiative (MTI) doctors received a good induction that covered both clinical and social aspects and were well supported. However, they felt that there were missed learning opportunities when the consultant completed a procedure without allowing them to do it. Despite the need to work at both tier one and two at times due to staffing issues, they were given the chance to showcase their skills and experience.

The department handbook was highly regarded and provided helpful information throughout their time in post. The HEIW panel was aware that the handbook would be updated soon and encouraged the availability of a digital copy.

The Health Board representative emphasised the importance of open and honest dialogue in improving collaboration and training within the department. They acknowledged that a positive training environment also contributes to improved recruitment and retention.

Based on the positive feedback, the HEIW panel agreed that the risk rating would be reduced, a review visit was not necessary, and monitoring would be via the Faculty Leads.

Areas Working Well	Areas for Improvement
<ul style="list-style-type: none"> <li>• All grades of trainee and MTI doctors received comprehensive inductions.</li> <li>• Comprehensive departmental handbook.</li> <li>• MTI doctors received a social induction to help them settle into the NHS and UK.</li> <li>• All education supervisors were engaged and proactive and met formally with the trainees regularly.</li> <li>• Overall, the trainees were well supervised and supported.</li> <li>• MTI doctors were supervised and were able to complete a substantial shadowing period.</li> <li>• MTI doctors were progressing to registrar level within six months of starting.</li> <li>• Good access to workplace-based assessments.</li> <li>• There was good access to training opportunities.</li> <li>• Trainees were being trained in Kielland forceps.</li> <li>• Good access to clinics.</li> <li>• The teaching programme was well structured, and time was protected.</li> <li>• MTI doctors had good access to teaching and training.</li> <li>• All trainers were job planned.</li> </ul>	<ul style="list-style-type: none"> <li>• The F1 trainees and MTI doctors perceived that on occasion they were over supervised.</li> <li>• Ultrasound teaching, while good quality, was not incorporated into the rota.</li> <li>• There were often gaps in the rota.</li> </ul>



## Recommendations

The following recommendations were made in response to the findings of the visit process. An update on progress is required by 11<sup>th</sup> April 2023.

1. The Health Board should develop a proactive rota management system to ensure training opportunities were adequately directed.

### **GMC Requirement R1.12**

Organisations must design rotas to:

- Make sure doctors in training have appropriate clinical supervision.
  - Support doctors in training to develop the professional values, knowledge, skills, and behaviours required of all doctors working in the UK.
  - Provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
  - Give doctors in training access to educational supervisors.
  - Minimise the adverse effects of fatigue and workload.
2. The Health Board should ensure trainees have opportunities to raise concerns about patient safety, support, and education.

### **GMC Requirement R1.1**

Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.

3. The Health Board should ensure that a workforce behaviours group is created, which includes a senior midwife, a senior gynaecology nurse, trainee representation and a consultant.

### **GMC Requirement R1.2**

Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.

4. The Health Board should update the handbook to incorporate the workplace behaviours champion and the process for raising concerns.

### **GMC Requirement R1.6**

Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.

5. The Health Board should make the induction handbook available online.

### **GMC Requirement R1.12**

Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:

- Their duties and supervision arrangements.
- Their role in the team.
- How to gain support from senior colleagues.
- The clinical or medical guidelines and workplace policies they must follow.
- How to access clinical and learning resources.

6. The Health Board should take steps to incorporate ultrasound training into the trainees' rota.

### **GMC Requirement R1.12**

Organisations must design rotas to:

- Make sure doctors in training have appropriate clinical supervision.
- Support doctors in training to develop the professional values, knowledge, skills, and behaviours required of all doctors working in the UK.
- Provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
- Give doctors in training access to educational supervisors.
- Minimise the adverse effects of fatigue and workload.

7. The Health Board should make consideration of how to improve the MTI doctors' experience to ensure training is optimised.

### **Next Steps**

The Health Board is required to submit an action plan to HEIW in response to the recommendations provided with the report by 11<sup>th</sup> April 2023.

### **Risk Rating Recommendation**

It is recommended that the current risk of nine be reduced to six given the positive feedback. A further review of the risk rating will be undertaken after the 2023 results of the GMC National Training survey results are available.

## Chair's Signature

Signature:

A handwritten signature in black ink, appearing to be 'M. S. Singh', written over a horizontal line.

Date: 14<sup>th</sup> March 2023.

## Appendix One: Trainee & Trainer Meetings

### Induction

All of the trainees present at the visit received a thorough induction. The foundation trainees appreciated the tailored foundation induction, which provided them with useful information to start their roles, such as history taking, common obstetrics and gynaecology presentations, contact lists, ward round locations, and other practical aspects.

The GP trainees underwent a two-day induction, with the first day covering their general GP role and the second day focused on obstetrics and gynaecology-specific information, helping them smoothly transition into their post.

The MTI doctors received a comprehensive induction, including both clinical aspects of their role and a social induction, as they were new to the UK. The induction was well-received and delivered, and the support received from the consultants was highly valued. The MTI doctors undertook an initial period of shadowing and supervision before they could work independently as a registrar. Although the information presented was extensive, the MTI doctors were well-supported at the start of their post to process it.

A video had been produced that introduced the staff members and provided a comprehensive overview of the department. The trainees also created a QR code, linking those who scan it to information about the hospital.

### Educational Supervision

All trainees at the visit had proactive and engaged educational supervisors who helped them plan and fulfil their training needs. The trainees had regular meetings with their supervisors, both formal and informal. During these meetings, the trainees were asked about their training progress, and if additional exposure to other areas was required. Where gaps were identified, the supervisors would communicate these to the rota coordinator.

Educational supervisors also attended workshops and training to continuously improve their skills, and the department was working towards increasing the frequency of such opportunities. Their job plans also included time for their training role and all consultants were proactive in their training responsibilities.

### Clinical Supervision and Support

The F1 trainees were well-supervised and supported, but there were instances where they sought more independence to develop their skills and confidence. The trainers met with the F1 trainees to explain that due to the complexity of obstetrics and gynaecology, close supervision and support were necessary. However, the trainers acknowledged that the F1 trainees could seek more independence when they were confident to do so.

The F2 trainees expressed satisfaction with the level of clinical support and supervision they received, and they were expected to see patients independently while support was always readily available when needed. The positive learning and well supervised environment allowed the trainees to meet their educational needs effectively.

The junior trainees felt adequately supported but expressed that a brief introduction to the department's operations and tasks before they started working independently would have been helpful during their first week.

Throughout the day, there was a separate registrar for obstetrics and gynaecology, and during the night, the registrar covered both specialities. The trainees felt that this arrangement was balanced, and consultant support was always accessible.

The MTI doctors received ample support and guidance, and despite feeling occasionally over-supervised, they appreciated the necessity of it given their unfamiliarity with the NHS. Progression to registrar level was gradual, with increased responsibilities over time, eventually leading to more independence and less direct supervision. At times, the MTI doctors were required to step up and work at higher levels due to staff shortages, offering them opportunities to demonstrate their skills and expertise. The MTI doctors were confident in their progress towards becoming registrars within six months, a sentiment confirmed by their trainers, who reported positive advancements.

### **Workplace Based Assessments**

There was good access to assessments, and trainers were proactive in identifying opportunities and signing them off. The trainees were confident that they were going to undertake enough assessments to meet their training requirements. Of particular note, the ST trainees were able to complete their ATSMs.

### **Training**

Overall, access to training was good, with both trainees and trainers ensuring ample opportunities for diverse learning experiences. There was an appropriate balance of obstetrics and gynaecology in the trainees' education enabling them to develop skills in both areas.

Initially, higher trainees were worried that the unit was too small to support advanced training. However, they have since had good access to opportunities and the department has been proactive in meeting their learning needs.

The trainees had good access to quality ultrasound training, although it was not integrated into the rota, making it sometimes difficult to access. MTI doctors received good training but occasionally felt they were missing out when a consultant performed a procedure rather than supervising them. However, they appreciated that registrars were more likely to supervise.

While training in Kielland forceps was not mandatory, the trainers encouraged the trainees to become confident in it, and many trainees were eager to do so.

### **Clinics**

The trainees had good access to clinics and specific arrangements were in place to allow the GP trainees more access when they requested it enabling them to achieve their learning requirements.

### **Teaching**

All trainees present were satisfied with the teaching they received, which was grade-appropriate and covered a diverse range of topics. Teaching and study time was protected, allowing trainees to attend departmental teaching, and foundation and GP trainees to attend their formal teaching. The MTI doctors also had the opportunity to attend the teaching and, along with the ST trainees, delivered some teaching.

The Friday CTG (cardiotocograph) reflection group, which was well-organised and multidisciplinary, was highly valuable for the trainees' education.

## **Rota**

The current rota was one-in-eleven, but the trainees were aware of plans to move to a one-in-twelve schedule. When fully staffed, the rota operated well, but there were sometimes gaps that trainees filled, which they felt was more about service provision.

When trainees requested exposure to other areas or experiences, the rota coordinator accommodated their request, but learning requirements were not always considered proactively. There were plans for an electronic rota was going to be introduced to improve monitoring of and access to relevant opportunities.

## **Experience**

The environment and culture in the department was friendly, with positive staff relationships formed over time. Despite some initial cultural challenges, these had improved after an action plan was developed following the 2022 GMC National Training Survey results. The Hospital's Behaviours Team had been involved with sessions to address behavioural and cultural issues, although a dedicated departmental behaviour champion or group had yet to be appointed.

Trainees had multiple avenues to raise concerns, such as supervisors, monthly forums with the College Tutor, and surveys, and the department encouraged an open dialogue. Incidents were dealt with thoroughly and all parties involved received support and guidance to achieve amicable outcomes. The department had robust processes in place for reporting concerns and behaviours, which would be fully incorporated into the handbook and covered in the induction. The department was proactive with its policies and governance arrangements and regularly held clinical governance meetings.

Both the trainees and MTI doctors were satisfied with their training and some trainees expressed a desire to return to the site. The MTI doctors felt they were treated equally to the trainees and had the same opportunities. The department has worked closely with the trainees to ensure that the action plan helped to improve their training experiences.

The department had invested in the learning environment for both undergraduate and postgraduate trainees, with simulation-based training, new tablets for easy access to online resources and virtual teaching, and opportunities for trainees to support undergraduate students. The department's handbook was also due to be updated soon, reflecting the significant work that has gone into it.



**Action Plan arising from the HEIW visit to O&G, Glangwili**

Number	Recommendation	Actions to be taken	Timeline	Responsible Person	Progress / Current Status
Further to the HEIW Targeted Visit to Surgery at Glangwili Hospital on 27 January 2023, please find recommendations below. A response on the updates to these recommendations is required by 11 April 2023.					
1.	The Health Board should develop a proactive rota management system to ensure training opportunities were adequately directed.	Dedicated Rota Manager to be appointed	Immediate	Lisa Humphrey, General Manager, Dr Prem Pitchaikani, Clinical Director, Mr Islam Abdelrahman, Royal College Tutor	The department has appointed a dedicated roster manager who supports both the Obstetrics/Gynaecology and the paediatric service. They have been in post now for several months and are well established. They work directly with the clinical leads and appointed clinical points of contact for roster management and have clear lines of communications set up directly with all levels of the medical staffing models to help manage shortfalls, short notice absence, cover and support for training and any other issues that may arise. This also provides a valuable link to service leads in relation to roster management and any issues that may arise. This provision ensures that no training opportunities are missed and that all trainees are aware or have a point of contact to arrange access to training.

		Introduce and implement proposed Medirota that provides live, dynamic rota information.	Immediate	Lisa Humphrey, General Manager, Dr Prem Pitchaikani, Clinical Director, Mr Islam Abdelrahman, Royal College Tutor	The Women's and Children's directorate are in the initial stages of piloting a new electronic roster management system across the medical staffing for Obstetrics and Gynaecology. This will provide clinicians with easy access to a live roster and have details of any areas that require cover, volumes of leave and importantly training session opportunities. It will also allow them to update their own availability and provide a clear and accurate live update on the current staffing situation across the services. This is the early stages of introduction.
2.	The Health Board should ensure trainees have opportunities to raise concerns about patient safety, support, and education.	Improved access to key staff members with regular trainee forums.	Immediate	Lisa Humphrey, General Manager, Dr Prem Pitchaikani, Clinical Director, Mr Islam Abdelrahman, Royal College Tutor	Work has been carried out to improve access to clinical leads, service managers, the general manager, the clinical director and the College Tutor. This is through an open-door policy promoted through improved communication process, making trainees aware of who to contact if any issues should arise or if they have any requests that require auctioning, this is delivered through face to face, email or telephone. The trainees have regular trainee forums with the College Tutor, Service Manager, Rota Coordinator, and Clinical Lead. These forums provide opportunities to raise concerns, receive support, also discuss their educational needs as well as the rota .

		Provide relevant information on how to raise concerns at induction.	August 2023	Lisa Humphrey, General Manager, Dr Prem Pitchaikani, Clinical Director, Mr Islam Abdelrahman, Royal College Tutor	Work has been undertaken to incorporate relevant information into the induction programme. We have shared access to Health Board 'raising concerns' team and how to access this service and sign posted on how to access to external support and procedures if or when required.
3.	The Health Board should ensure that a workforce behaviours group is created, which includes a senior midwife, a senior gynaecology nurse, trainee representation and a consultant.	Monthly Workforce Behaviours Group	August 2023	Lisa Humphrey, General Manager, Dr Prem Pitchaikani, Clinical Director, Mr Islam Abdelrahman, Royal College Tutor	As a service we are currently exploring the formulation of a workforce behaviours group which will meet on a monthly basis. This will include the service delivery lead, Senior nurse for Gynaecology, the head of Midwifery, Obstetrics and Gynaecology clinical lead and appointed trainee representation. A standard operating procedure document and terms of reference are being generated to guide the structure and effectiveness of the group. This will be fully implemented in the coming weeks.
4.	The Health Board should update the handbook to incorporate the workplace behaviours champion and the process for raising concerns.	Update the departmental handbook	Immediate	Mr Ihab Abasi, Clinical lead, Mr Islam, College Tutor & Dr Roopam Goel, Education Lead	The handbook has been reviewed by the clinical lead, college tutor and education lead and has been updated accordingly, A copy of which has been provided.
5.	The Health Board should make the induction handbook available online.	Upload the handbook to SharePoint	Immediate	Helen Williams, Head of Medical Education & Professional Standards	A copy has been provided to Medical Education for upload to the health boards SharePoint site, a supporting video has also been created and is also to be shared for dissemination shortly.

6.	The Health Board should take steps to incorporate ultrasound training into the trainees' rota.	Include ultrasound in the Trainee rota	August 2023	Lisa Humphrey, General Manager, Dr Prem Pitchaikani, Clinical Director, Mr Islam Abdelrahman, Royal College Tutor	The incorporation of ultrasound training into the Trainee's schedule is underway. One of our Consultants has recently been appointed as the gynaecology scan lead for Wales and will be working with the clinical lead for Obstetrics and Gynaecology, College tutor and Service management team on a programme to develop trainees in ultrasound, which will be implemented in the coming months.
7.	The Health Board should make consideration of how to improve the MTI doctors' experience to ensure training is optimised.	Improve MTI training experience	August 2023	Dr Prem Pitchaikani, Clinical Director, Mr Islam Abdelrahman, Royal College Tutor	The Clinical director has identified a potential opportunity to work with one of the current MTI doctors in an attempt to gain an understanding of their perspective and experiences. This information will be fed into the work of the service management team and the clinical lead for Obstetrics and Gynaecology, to identify areas for improvement in the educational support and structure for the MTI Drs currently in the service and for those due to join. This will enable the development of a more robust training plan, which will be in place over the coming months.



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CYMRU  
NHS  
WALES

Addysg a Gwellfa Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

# HEIW TARGETED VISIT REPORT

General Internal Medicine

Bronglais Hospital

Hywel Dda University Health Board

Monday 30<sup>th</sup> January 2023





GIG  
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NHS  
WALES

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Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

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## Section One: Visit Remit

<b>Health Board</b>	Hywel Dda University Health Board	<b>Site</b>	Bronglais Hospital
<b>Visit Date</b>	30 <sup>th</sup> January 2023	<b>Risk Rating (Pre visit)</b>	<b>9</b>
<b>Specialty</b>	General Internal Medicine	<b>Grade(s)</b>	Foundation and GP
<b>Visit Panel</b>	<ul style="list-style-type: none"> <li>Malcolm Gajraj, Director of Quality Management</li> <li>Sarah Davidson, Faculty Lead for Trainers</li> <li>Ilona Schmidt, Faculty Lead for Trainees</li> <li>Yousaf Khan, Foundation Programme Director</li> <li>Mandy Martin, Quality Manager</li> <li>Garon Skyrme, Quality Officer</li> <li>Caryl Davies, Lay Representative</li> </ul>		
<b>LEP Representatives</b>	<ul style="list-style-type: none"> <li>Phillip Kloer, Medical Director</li> <li>John Evans, Assistant Medical Director</li> <li>Rita Stuart, Service Delivery Manager</li> <li>Annette Snell, Hospital Director</li> <li>Matthew Willis, General Manager</li> <li>Helen Williams, Head of Medical Education &amp; Professional Standards</li> <li>Hilary Edwards, Medical and Dental Education Manager</li> <li>Claire Davies, Hospital Service Manager for Unscheduled Care</li> <li>Nicky Pearce, Lead Medical Education Manager</li> </ul>		
<b>Evidence Considered</b>	<ul style="list-style-type: none"> <li>Evidence Timeline</li> <li>GMC National Training Survey 2018 - 2022</li> </ul>		
<b>Trainees Present</b>	1 x GP, 14 x Foundation	<b>Trainers Present</b>	6 x Trainers
<b>Status Summary</b>	<ul style="list-style-type: none"> <li>This was the first visit to the department.</li> <li>This concern is not in Enhanced Monitoring status</li> </ul>		

### Visit Background

Targeted Visits are the responsive component of HEIW's quality framework. The overall purpose of visits is to support the identification of areas which are working well and those which may require further attention. Evidence obtained prior to and at the visit is considered in relation to GMC standards outlined within Promoting Excellence. The visits provide a constructive way of enabling HEIW and Local Education Providers to collaborate in supporting the provision of high quality postgraduate medical education and training in Wales.

Concerns with General Internal Medicine training were originally identified through the 2019 GMC National Training Survey results, which reported several indicators in the lower quartile, and Clinical Supervision out of hours, Reporting systems, Workload, Rota Design as below outliers. The 2022 GMC National Training Survey results highlighted a further deterioration for Medicine F1 and F2, with Clinical Supervision, Clinical Supervision out of hours, reporting systems, teamwork, handover, induction, educational governance, educational supervision, rota design being reported as below outliers.

## Section Two: Summary Findings

During the visit, good practice was observed such as supportive Educational Supervisors, some departments being proactive and engaged with training, and overall, the quality of teaching was considered good. However, there were indications that training was not given appropriate priority due to the high demand for service provision. The majority of the trainees would not recommend the post, and the experience of F1 trainees during on-calls was particularly highlighted as being an ineffective training and service environment.

The F1 trainees had high workloads whilst on-call, which was predominately jobs to be carried out, and due to the significant list of jobs and limited experience with task prioritisation, the trainees sometimes struggled to complete all of the jobs. The trainees had been reprimanded the following morning by some departments when important jobs had not been completed, especially over a weekend. The Health Board representatives acknowledged that the F1 trainees were not receiving quality training whilst on-call, and solutions were being looked into.

Verbal handovers before on-call shifts were detailed, but the overall process was ineffective due to insufficient information in handover notes. Trainees found it difficult to understand what was expected of them due to the high workload and incomplete information, such as the rationale for ordered blood tests.

Staffing issues were raised throughout the visit and it was collectively agreed that the rota gaps were a significant factor in much of the feedback provided, especially for daytime ward cover. In addition, the trainees perceived that there was not a proactive approach regarding the redistribution of staff to support understaffed wards.

There were instances where trainees were expected to perform tasks that were beyond their level of competence or made them uncomfortable. For instance, they were asked to accompany patients during transportation or refer to consultants at other hospitals when they would often be asked questions they were unable to answer, or would be subject to hostility regarding their lack of seniority.

The induction process was reported to have a lack of information, especially about the trainees' roles and on-calls, and should be improved, including during the year when trainees rotate into different specialties. It should be led by senior staff, in contrast to the current approach.

The trainees perceived that some supervisors lacked a clear understanding of their role and the trainees' curriculum. In addition, there was a lack of engagement from some supervisors which the Foundation trainees associated with their short time in posts. The trainers had been provided with information on requirements of the trainees' curriculum, but some were unsure about the best structure and approach to deliver it.

The trainees felt that their voices were not being heard and considered that the Junior Doctor forum focussed on service rather than their education and training needs.

The teaching was generally deemed of good quality, and the trainees were usually able to attend. The Health Board representatives mentioned that efforts had been made to emphasise the importance of protecting teaching time and encouraged trainees to raise any concerns if they were unable to attend.

The feedback the trainees received varied; some trainers were constructive in their feedback while others were less so. There were occasions when feedback was highly critical and at times this occurred in a public setting.

Overall, it was felt that the experience of the International Medical Graduate (IMG) doctors was also being affected and that additional support when they started in the post would be beneficial to help them settle

into the NHS. The Health Board representatives acknowledged that the experience of the IMGs should be improved.

The panel from HEIW reached a collective agreement that patient safety was a cause for concern, due to only F1 trainees covering the ward during on-calls, and on occasion there being a lack of direct support. Therefore, assurance around progress in improving patient safety was requested within three months of the visit. The panel advised that an inability to provide this would lead HEIW to consider referral to the GMC to discuss placing Medicine at Bronglais Hospital into Enhanced Monitoring.

Areas Working Well	Areas for Improvement
<ul style="list-style-type: none"> <li>• Majority of educational supervisors were supportive.</li> <li>• Some trainers were very proactive with supporting the trainees.</li> <li>• Teaching was of good quality.</li> </ul>	<ul style="list-style-type: none"> <li>• The induction was not well organised or informative.</li> <li>• International medical graduates were unable to complete a shadowing period.</li> <li>• Some uncertainty about the trainers' understanding of the curriculum.</li> <li>• On-call support and supervision of the F1 trainees was limited.</li> <li>• On-call shifts were seen to have little education value, and service took priority.</li> <li>• Trainees were being asked to undertake duties they were either uncomfortable in doing, or outside their level of competence.</li> <li>• Trainers were uncertain if the trainees were clear about escalation pathways.</li> <li>• Feedback was not always provided in a constructive manner and could be undermining.</li> <li>• Staffing issues and rota gaps were negatively affecting the training environment.</li> <li>• Staff distribution was not seen to be managed efficiently.</li> <li>• Handovers were not perceived to be effective, and written notes usually lacked detail.</li> <li>• The trainees did not feel listened to.</li> </ul>

## Recommendations

The following recommendations were made in response to the findings of the visit process. An update on progress is required by 11<sup>th</sup> April 2023.

1. The Health Board should take steps to ensure that the management of patients on the ward is not left to F1 trainees.

### GMC Standard S1.1

The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers, and families.

2. The Health Board must ensure that the induction is effective both at the start of the trainees' posts and when they rotate into new departments.

### GMC Requirement R1.13

Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:

- a. Their duties and supervision arrangements.
  - b. Their role in the team.
  - c. How to gain support from senior colleagues.
  - d. The clinical or medical guidelines and workplace policies.
  - e. They must follow.
  - f. How to access clinical and learning resources.
3. The Health Board should consider improving support for new IMG trainees.
  4. The Health Board must ensure that all feedback is constructive, informative, and never undermining.

### GMC Requirement R1.15

Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance and gives an appropriate breadth of clinical experience.

5. The Health Board should offer the consultants with training roles education and training around their role, with information about the curriculum, and the use of the e-portfolio and these opportunities should be accessed by the trainers as needed.

### GMC Requirement R4.1

Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.

6. The Health Board should make sure that all job plans for the consultants are adequate to cover workload and time for training.

#### **GMC Requirement R2.10**

Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.

7. The Health Board should take steps to ensure that the handover has senior support, takes place in a structured way, and ensures clinical prioritisation is emphasised.

#### **GMC Requirement R1.14**

Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

8. The Health Board should consider better coordination of the rota to balance staffing and workload.

#### **GMC Requirement R1.12**

Organisations must design rotas to:

- a. Make sure doctors in training have appropriate clinical supervision.
  - b. Support doctors in training to develop the professional values, knowledge, skills, and behaviours required of all doctors working in the UK.
  - c. Provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.
  - d. Give doctors in training access to educational supervisors.
  - e. Minimise the adverse effects of fatigue and workload.
9. The Health Board must ensure that F1 trainees are not given inappropriate tasks, including communication.

#### **GMC Requirement R1.9**

Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.

10. The Health Board should implement more formal and regular meetings between the consultants where training is a standing item for discussion.

**GMC Requirement R2.1**

Organisations must have effective, transparent, and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.

11. The Health Board should take steps to implement a forum for the trainees to raise concerns with managers and consultants.

**GMC Requirement R1.1**

Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.

12. HEIW will re-visit in six months' time.

**GMC Requirement R2.6**

Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.

Whilst significant training concerns were raised with implications for patient safety, it was agreed that an Enhanced Monitoring referral would not be made at this time. However, given the severity of the concerns an update in three months is required to provide evidence of where improvement has been made and this should incorporate trainee feedback as well as information around the steps taken. In the event that progress has not been made then an Enhanced Monitoring referral will be considered at that time.

## Next Steps


The Health Board is required to submit an action plan to HEIW in response to the recommendations provided with the report by 11<sup>th</sup> April 2023.

## Risk Rating Recommendation

It is recommended that the current risk of nine remained in place A further review of the risk rating will be undertaken at the next visit which will be scheduled for six months' time.

## Chair's Signature

Signature:



Date: 14th February 2023.

## Appendix One: Trainee & Trainer Meetings

### Induction

Although an induction was conducted by an F2 and covered the basics for junior trainees, the trainees did not receive a well-organised senior-led induction. This was particularly challenging for those who were new to medicine, as they found it difficult to transition smoothly into their roles without proper guidance on the ward structures, job expectations, and on-call procedures. As a result, their first on-calls were somewhat stressful.

In some cases, trainees did not receive departmental inductions and were expected to carry on from the previous cohort with little support. Additionally, although some trainees attempted to arrange a shadowing period prior to starting their posts, this was not possible partly due to the fact DBS certificates were not received on time.

### Educational Supervision

Although all the trainees had either an Educational or Named Clinical Supervisor, they felt that while most were supportive, and the quality of the meetings was generally good they could be difficult to organise. They found it challenging to build a rapport with their supervisors as a result.

The trainees also perceived that some supervisors lacked a clear understanding of their role and the curriculum, and the lack of engagement could partly be due to Foundation trainees' short time in the posts. Whilst the trainers had been provided with information about their role and the topics that the trainees should be covering, they were unsure about the best structure and approach to take. Overall, the trainees felt that more support and guidance were needed from their supervisors to ensure a more effective and efficient learning experience.

### Clinical Supervision and Support

The trainees reported feeling well-supported in cardiology, respiratory, and stroke medicine during the day, but other specialties were not as well-staffed or proactive, which limited the support they received. During the day, there were approximately four doctors per ward, but during on-call periods, only one F1 was covering the wards, with a registrar and F2 who were clerking patients; this meant that the F1 trainee had limited support at times. The lack of formal guidance for Foundation trainees regarding on-calls and high workload contributed to the trainees feeling unsupported during on-calls.

Whilst the registrar was available for support, they were sometimes too busy to see the patients on the ward in person. In addition, there was reluctance to call the consultant although this reluctance was not based on any negative experiences. The trainers suggested that as some of the registrars were trained outside of the UK and were not trainees, there may have been unclear expectations of the supervision and support they should provide to more junior doctors.

The trainers were uncertain whether all trainees were clear about the escalation pathways, despite pathways being in place. The panel highlighted that the junior trainees may not always express when they needed support, so a more proactive approach to offering support should be taken.

When trainees received feedback, it was often neither constructive nor positive. Some seniors were critical of the trainees in front of others, while some seniors did not provide direct constructive feedback when the trainees had done something incorrectly, which limited the ability of the trainees to learn and improve.

## Teaching and Training

In general, the quality of teaching was deemed satisfactory, and trainees were able to participate in most sessions. Due to the division of acute medicine into two areas, trainees had limited exposure and experience with acute patients, as their focus was on completing assigned tasks and seeing new admissions thereby limiting the breadth of their experience.

## Rota and Leave

Staffing problems were identified at all levels, and trainees believed that the shortage, especially of middle-grade doctors, was affecting their learning and preventing them from accessing training opportunities.

The allocation of staff was also seen as ineffective, with some wards having generous staffing at times while others were understaffed. The trainees suggested that redistributing staff to support understaffed wards could help address the issue. Trainees had been criticised for helping out in this way.

The trainees were often asked to cover night shifts at short notice, further depleting the daytime teams.

The trainers recognised that staffing problems were affecting both service and training, and trainees were being assigned multiple consecutive weekends due to the shortage, with service provision taking precedence over training. However, the trainers and trainees did not have any input into the organisation of the rota, despite their attempts to participate.

## Experience

While verbal handovers before on-call shifts were often detailed, the trainees believed that the handover process was ineffective due to limited detail in the handover notes. Consequently, the trainees found it difficult to understand what was expected of them. For instance, some notes lacked information on why blood tests were ordered. The trainees also lacked experience in prioritising tasks, which compounded the problem. The trainees believed this was not an ideal situation as patient care and discharges could be delayed. Consequently, some trainees were reprimanded by consultants for incomplete tasks.

As the F1 trainees' on-call duties were job-based, patients were usually reviewed only when requested by the nurses.

The trainees felt that they were given tasks beyond their competence level, including calling consultants at other hospitals to discuss patients. At times, those consultants were not receptive to Foundation doctors and could be rude or aggressive. They were also likely to ask questions the trainees could not answer. The trainees were also asked to undertake tasks they should not be, such as transporting patients to other hospitals.

As the F1 trainees were the only doctors covering the ward while on call, and the F2 and registrar were occupied with other duties, they often made decisions and patient plans with little support.

Although some specialties were more supportive and fostered a positive learning environment, the trainees believed there was not a proactive attitude toward training. This view was supported by the trainers who acknowledged that the trainees were not receiving a good training experience overall.

The trainees felt that their voices were not being heard, and they had little influence to change things which was demoralising. The potential for a regular forum to improve opportunities for trainees to

provide feedback and enhance their sense of being heard was noted. In addition, the potential for this to provide an effective mechanism to discuss education and training more collaboratively was acknowledged by the trainers.

Overall, the majority of trainees would not recommend the post.

## Action Plan arising from the HEIW visit to Bronglais – General Medical Specialties

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
Following the HEIW visit to General Internal Medicine at Bronglais Hospital on Monday 30 January 2023, please find below the recommendations that were set out during the visit. Update in three months is required to provide evidence of where improvement has been made and this should incorporate trainee feedback as well as information around the steps taken.						
1.	The Health Board should take steps to ensure that the management of patients on the ward is not left to F1 Trainees.	Consider changes to rota to support the balance of staffing to reduce workload and support the management of patients on the ward – please see recommendation number 8				
		Consider ways of reducing FY1 /FY2 bleeps at weekends, e.g additional staff	<b>31/01/2023</b>	Consultants, Management Team	Claire Davies, Service Manager	Clinical fellow has been appointed to cover 9am-5pm on a Saturday and Sunday to help manage patients at weekends. Working with SAS and juniors re: reducing bleeps.
		Annual leave process to be reviewed to ensure that Consultants and SAS doctors are not on annual leave at the same time and consider possible restrictions around annual leave during vulnerable times of the year.	<b>June 2023</b>	Management Team & Medical Staffing	Claire Davies, Service Manager	Regular scrutiny of annual leave occurs via Intrepid, requires effective communication between team members and this has been reinforced. In some exceptional circumstances other teams might be asked to support. If Consultant is on A/L we take the SAS doctor off the on-call rota so that they are on the ward to maintain senior presence.

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
2.	The Health Board must ensure that the induction is effective both at the start of the trainees' posts and when they rotate into new departments.	General Health Board Induction, provided by Medical Education, with main one being in August. We will also ask that trainees sign so that we can ensure attendance.	<b>July/August 2023</b>	Medical Education, trainees, Management	Hilary Edwards, Medical Education Manager	Induction completed for April changeover with more structured approach. Evaluation sheets disseminated to attendees for feedback and identification of potential improvements.
		Medicine Departmental Induction for covering the on-calls, out of hours, weekends, etc – might need to extend this to trainees working in Surgery as they do nights. This will need to be provided whenever a trainee rotates into the medical department. We will also ask that trainees sign so that we can ensure attendance.	<b>April 2023</b>	Medical Education, trainees, Management	Dr Ian Thompson, Consultant Physician	Induction for April changeover completed. To be evaluated, improvements to be made where applicable.
		Ward based Departmental Induction, i.e Clinical Supervisor or SAS Doctor show trainee the work area and explains daily routines, support network etc. This will need to be provided whenever a trainee starts work on a new ward. We will also ask that trainees sign so that we can ensure attendance.	<b>April 2023</b>	Medical Education, trainees, Management	Dr Ian Thompson, Consultant Physician	All departments completed induction for the new trainees. Some trainees not able to attend due to extenuating circumstances but bespoke induction will be provided upon their return.
		Updated induction handbook, add to SharePoint page and distribute to trainees	<b>June 2023</b>	Medical Education	Dr Ian Thompson, Consultant Physician	Updated induction booklet added to SharePoint and sent to all trainees prior to changeover.

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
3.	The Health Board should consider improving support for new IMG trainees.	Extended period of shadowing for IMG trainees as suggested by HEIW during Team Appraisal	August 2023	Medical Education, Trainees	HEIW to agree period of extended shadowing	HEIW have yet to confirm financial support for extended shadowing however, we have offered this to the new FP1s as an option and have put an enhanced induction programme together for them.
		Ensure that the new IMGs are introduced to key staff that have worked within the new team for 12 months or more, to support and embed hospital and ward systems. These staff members will include PAs and nurses.	Immediate	Service Managers, Trainees, PAs & Nurses	Claire Davies, Service Manager & Hilary Edwards, Medical Education Manager	Key team members have been identified within each team and new IMG starters will be introduced to these staff members going forward.
		Scenario based workshops to be arranged during the period of extended shadowing and/or when the new IMG trainees start	August 2023	Medical Education	Hilary Edwards, Medical Education Manager, Dr Gabor Dudas, Clinical Skills & Simulation Tutor, Dr Megan Thomas, Medical Education Teaching Fellow, Dr Oliver Harry, Clinical Teaching PA	The Health Board have started to introduce these sessions on the Withybush and Glangwili sites and a task and finish group has been set up to further develop this work. In Bronglais, we have appointed a Clinical Teaching PA who will support these workshops and a new Medical Education Teaching Fellow will be starting in August 2023 and will further support this provision.
		Raise awareness of HEIW and GMC workshops and resources aimed at supporting IMGs, such as the 'GMC Welcome to the UK Workshop', supporting attendance through organising sessions locally and Health Board wide where possible	August 2023	Medical Education	Hilary Edwards, Medical Education Manager	The Medical and Dental SharePoint site includes dedicated pages for IMGs and includes useful links, guidance and resources. The GMC facilitated a workshop in August and we will look to arrange the workshops for trainees locally on an annual basis.
		Use recommendations from local research into experiences of IMG doctors employed by Hywel Dda to inform improvements to processes and systems.	August 2023	Medical Education, Management Teams	Helen Williams, Head of Medical Education & Professional Standards	Report is now complete. PID and SBAR has been created detailing proposal for 2-week Enhanced Induction Programme for IMGs – could also be used for all other doctors. Awaiting exec sign off.

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
4.	The Health Board must ensure that all feedback is constructive, informative and never undermining.	We are developing a programme to support trainers, sessions will take place every two months to focus on relevant topics including feedback, as per AOME standards for trainers covering 7 domains	15/03/2023	Medical Education, Trainers	Dr Yousaf Khan, FPD, Dr Sarah Davidson, FL Trainers & Mr Samy Mohamed FL Quality	First local session delivered on the 15/03/2023. July Grand Rounds to be dedicated to trainer development session as part of 'Educator Month'. This will take place every year. Trainer Development day will take place in Sept 2023 and we are considering the best format for further programme delivery. Support has also been given for monthly CPD afternoons for Consultants, trainer education to be incorporated.
		Foundation Programme Director to supervise and review quality of feedback through TURAS and feedback/discussions with trainees. He will discuss with trainers regularly as part of the programme above.	June 2023	Trainees, Trainers	Dr Yousaf Khan, FPD	
		Senior clinicians to facilitate the handover and encourage the trainees to present	June 2023	Consultants, SAS Doctors, Trainees	Senior clinicians	
		HEIW to consider including feedback training in annual CPD programme for trainers	2023-2024	Trainers, Medical Education	HEIW	

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
5.	The Health Board should offer the consultants with training roles education and training around their role, with information about the curriculum, and the use of the e-portfolio and these opportunities should be accessed by the trainers as needed.	Quarterly event to take place to share key information relating to educational roles, curriculum and the use of e-portfolio, with further events to be held in response to any updates and changes – this could be HB wide	<b>August 2023</b>	Trainers, Trainees, FPDs, Medical Education	Dr Yousaf Khan, Dr Jon Morris, Dr Antony Matthew & Dr Jo McCarthy	Programme of training and education relevant to trainers is in the process of being drafted. July will be ' <i>Educators Month</i> ' where we dedicated the weekly Grand Round sessions to trainer related topics. SAS conference to take place on the 30 June and Trainers Forum/Educational Development Day incorporating talks on Differential Attainment, Neurodiversity, Burnout and RNLI talk based on Team Work to take place at the end of Sept.
		Raise awareness of the Medical and Dental SharePoint page which includes useful information, links and resources to support Consultants in their training roles (Trainers Forum, email, medical director's newsletter, posters with QR codes, business cards for trainers with QR codes)	<b>June 2023</b>	Medical Education	Helen Williams, Head of Medical Education & Professional Standards	
		We are developing a programme to support trainers, sessions will take place every two months to focus on relevant topics including feedback, as per AOME standards for trainers covering 7 domains	<b>15/03/2023</b>	Medical Education, Trainers	Dr Yousaf Khan, FPD, Dr Sarah Davidson, FL Trainers & Mr Samy Mohamed FL Quality	As per information above.
		A programme of contact points between the FPD and ES/CS to be set up, possibly linking with the rolling programme (as above point)	<b>August 2023</b>	Medical Education, Trainers, FPDs	Hilary Edwards, Medical Education Manager	Identify and confirm set dates and times when FPDs will be in the medical education centres so that trainers can access them

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
6.	The Health Board should make sure that all job plans for the consultants are adequate to cover workload and time for training.	Time is formally allocated for ES / CS weekly in each job plan for every trainee supervised - separate from other SPA or activities. Ensuring this time is used as allocated will need to be reinforced.	June 2023	Trainers, Management teams	Rita Stuart, Service Delivery Manager	Job plans have been scrutinised to ensure that appropriate time is allocated for ES and CS responsibilities. No issues raised during this process. Ensuring time is used effectively to be reinforced at each consultant meeting, with a standing agenda item to discuss education.
		SPA allocated to long term locums to be reviewed to enable recognition of trainer role	June 2023	Locums	Mr Mark Henwood, Deputy Medical Director	Completed. All grades are given SPA/SDL time in this department.
		Health Board wide review is in the process of being undertaken to ascertain total numbers of trainees and trainers within each specialty, across each site to determine the total time allocation required to ensure that trainers across the Board are provided with sufficient time to carry out the roles. Information will be shared with service delivery managers to support business planning.	June 2023	Trainers, Management teams	Helen Williams, Head of Medical Education & Professional Standards	

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
7.       	The Health Board should take steps to ensure that the handover has senior support, takes place in a structured way and ensures clinical prioritisation is emphasised.	Start and implement the EQIP Handover project initiated by the FY2 trainees to improve the handover process.	June 2023	Clinical Teams	FY2 doctors	Consultants are fully engaged and supportive of the improvements to the handover process. Robust and effective handover every morning and there is now Consultant presence at the Friday afternoon and weekend handovers. Continued progress needs to be made with regards the general night-time handover. The trainees involved with the QI project will be presenting a poster at the Bristol Patient Safety Conference in May 2023.
		Reinforce the Friday handover approach which is included at induction	June 2023	Clinical Teams	Dr Annette Snell, Hospital Director	Approach was reinforced during April induction.

Number	Recommendation	Actions to be taken	Timeline	Teams affected	Responsible Person	Progress / Current Status
8.	The Health Board should consider better coordination of the rota to balance staffing and workload.	Consider changes to rota to support the balance of staffing to reduce workload	June 2023	Clinical team	Claire Davies, Service Manager	Increase in workload has identified the need for a long term solution to support the trainee workload over the weekend. Additional foundation posts created will also support additional staffing on the rota.
		Additional locum to be employed on a Saturday and Sunday to support the increased demand on the service	Immediate	Clinical Team	Claire Davies, Service Manager	Locum has been employed regularly to support the service 9am – 5pm at the weekend and reduce workload.
9.	The Health Board must ensure that F1 trainees are not given inappropriate tasks, including communication.	Senior clinicians including SAS doctors, will ensure that tasks allocated reflect training requirements and relevant support will be provided – this will be made clear in the induction	Immediate	Consultants & SAS doctors	All Consultants & SAS doctors in Medicine	
		Standard operating procedures for physicians involved with the transfer of patients to be developed to ensure that the needs of the patient are balanced with the competence of the clinician.	June 2023	All physicians	Mathew Willis, General Manager, Dr Annette Snell & Mr Said Awad & Senior Nurse	
10.	The Health Board should implement more formal and regular meetings between the consultants where training is a standing item for discussion.	Consultant representatives identified as part of a task and finish group to support the development of this action plan meet on a weekly basis and the wider consultant body meet on a monthly basis. Training is a standing agenda item. There is a plan to have regular meetings– where training and education will be at the top of the agenda.	June 2023	Consultants, Service Management	Dr Ian Thompson, Dr Graham Boswell, Dr Zubair Syed, Dr Kevin Joseph, Consultant Physicians	Task and finish group established and meet weekly.

Number	Recommendation	Actions to be taken	Timeline		Responsible Person	Progress / Current Status
11.	The Health Board should take steps to implement a forum for the trainees to raise concerns with managers and consultants.	Junior Doctor Forum which includes management representation meet on a monthly basis to raise concerns.	Immediate	Medical Education	Dr Ilona Schmidt, Faculty Lead for Trainees	These meetings are well established on the Bronglais site providing ample opportunities for concerns to be raised.
		SAS Doctor and Junior Doctor Advocate to be invited to the start of the monthly Consultant meetings to share concerns with Consultants, as part of the training and education agenda item.	June 2023	Consultants, SAS Doctor, Junior Doctor Advocate, Management Team	Claire Davies, Service Manager	
12.	HEIW will re-visit in six months' time.		Date to be confirmed			