Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 August 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Health Education and Improvement Wales (HEIW) Targeted Visits
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mark Henwood, Executive Medical Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Helen Thomas, Head of Medical Education & Professional Standards

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

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 and training across Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

Every year the General Medical Council (GMC) runs 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 the survey 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 reviews 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 are 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

There are currently 21 risks on the HEIW risk register. 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. Of the risks included on the register, one is considered a high risk, 13 are considered medium risks and there are seven which are considered low risks. Many of the lower scoring risks are those which have scored higher in the past but have been managed sufficiently that they are no longer considered a priority. These will be removed where no further concerns are reported.

Since the last update report provided to PODCC in June 2023, HEIW have made three visits to Hywel Dda, following up on visits made the previous year to the Surgical Specialties at Glangwili Hospital (GGH) (incorporating Surgery, Ear, Nose and Throat, Urology and Trauma and Orthopaedics) and the General (internal) Medicine Department at Bronglais Hospital (BGH).

The first of these visits was made to the Surgical Specialties at GGH on 18 October 2023. Whilst General Surgery was the initial focus of the visit process, good progress was evidenced in terms of the experiences offered to trainees and trainers across General Surgery, Ear, Nose and Throat and Urology. However, residual concerns were identified within Trauma and Orthopaedics. A heavy out of hours workload, pressure to review Emergency Department referrals quickly, limited theatre and clinic access, inefficient handovers, and difficulty accessing Educational Development Time (EDT) were reporting as being factors which were impacting the experience. Therefore, the visit process was refocused onto Trauma and Orthopaedics and a follow-up visit to the department was undertaken on the 13 March 2024 (please see Appendix 1 for visit report 18 October 2023).

During the visit in March 2024, progress was noted, specifically around: clinical supervision and the completion of workplace assessments; access to theatre lists and release for teaching; the introduction of a twilight shift and weekend support to help manage the workload; and the trainees' understanding of how to report concerns. Despite the progress made, improvements were considered necessary to address concerns raised in relation to induction and clarity around educational supervision; staffing; access to trauma lists; the post-on call rest period; and handover attendance. Furthermore, due to reports of misogynistic comments and behaviours, work was required to address the culture within the department and the experiences offered to female trainees (please see Appendix 2 for visit report 13 March 2024).

Following the recommendations made as part of the visit, an action plan was submitted to HEIW and work continues to be made to implement relevant actions. Of the eight recommendations, seven actions have been implemented and action taken will be evaluated once the new doctors have started in their roles post changeover to ensure that they continue to be effective. The recommendation relating to time allocation and support offered to trainers to carry out their role is currently the action requiring significant work. There are low numbers of current job plans in place across the department however, the Medical Directorate and Workforce colleagues will continue to support the team to improve compliance (please see Appendix 3 for action plan submitted to meet the recommendations set out in the March 2024 visit).

The next follow-up visit to Trauma and Orthopaedics at GGH is in the process of being confirmed and this will be undertaken towards the end of 2024.

Teams on site have worked tirelessly to improve the trainee experience following the targeted visit to General (internal) Medicine at BGH which took place on Monday, 30 January 2023. The visit identified several areas for improvement including staffing; rota gaps and quality of locums;

supervision; induction; handover; quality of feedback and ensuring that trainees are working within their competence,

The follow-up visit to Bronglais Hospital took place on 16 October 2023. The visit was a great success, and significant progress was clearly evidenced during the discussions with trainees and trainers. All trainees who attended the meeting with HEIW in October 2023 reported that they would recommend their posts, while at the visit in January 2023, the majority reported that they would not. Progress was noted in all areas where concerns had previously been raised and so, HEIW did not consider the need to conduct a further review visit (please see Appendix 4 for report of the October 2023 visit to Bronglais).

In addition to the HEIW visit to Trauma and Orthopaedics at Glangwili Hospital which will take place at the end of the year, results from the recent National Training Survey have identified concerns relating to the experiences offered to trainees in General Surgery at Withybush Hospital. The concerns are considered high risk and so a targeted visit will be arranged over coming months. Issues raised relate to supervision; overall satisfaction; support; educational governance; feedback and rota design. The Medical Education Team will meet with the Surgical Team in Withybush over coming weeks to offer support and will attempt to put mechanisms in place to address a number of the concerns raised ahead of the HEIW visit.

With regard to all the risks are included as part of the register, the Medical Education Teams work closely with educational and clinical supervisors, service leads and managers to offer support in raising the standards of education offered to trainees and reducing the risk scores.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- **NOTE** the outcome of the targeted visits and subsequent recommendations.
- **TAKE ASSURANCE** from the attached action plan which outlines the completed and planned work to address the identified areas for improvement.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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 Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 3. Data to knowledge 4. Learning, improvement and research

Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Promoting excellence - GMC (gmc-uk.org)
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Not applicable

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

GIG CYMRU NHS WALES

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

HEIW TARGETED VISIT REPORT

General Surgery

Glangwili Hospital

Hywel Dda University Health Board

18th October 2023

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Section One: Visit Remit

Health Board	Hywel Dda University Health Board	**Site**	Glangwili Hospital
Visit Date	18th October 2023	**Risk Rating (Pre visit)**	**9**
Specialty	General Surgery	**Grade(s)**	Foundation, Core, GP & ST
Visit Panel	• Lee Wisby, Associate Dean Quality (Chair) • Sarah Davidson, Faculty Lead, Trainers • Ilona Schmidt, Faculty Lead, Trainees • Samy Ramadan Mohamed Salem, Faculty Lead, Quality • John Newton, Lay Representative • Mandy Martin, Quality Manager		
LEP Representatives	• Lisa Gostling, Director of Workforce • Anand Ganesan AMD (Education & Training) • Mark Henwood, Deputy Medical Director for Acute Hospital Services • Owain Ennis, Clinical Lead for Trauma & Orthopaedics • Andrew Deans, Clinical Lead for General Surgery • Antony Howarth, ENT Consultant • Carly Hill, Assistant Director		
Evidence Considered	• Evidence Timeline • Targeted Visit Report, 26th April 2023 • Health Board Action Plan • GMC National Training Survey Results 2019 - 2023		
Trainees Present	9 x Trainees (All grades, i.e., Foundation, Core and ST)	**Trainers Present**	3
Status Summary	• The last visit to this department was undertaken on 26th April 2023 • This concern is **not** in Enhanced Monitoring status with the GMC		

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 visit to Surgery at Glangwili Hospital was initiated as part of a follow up to a previous visit undertaken in April 2023. At that visit the recommendations outlined below were made.

1) The Health Board must ensure that the trainees receive an 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.

2) 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, (Such

as outline the duties expected of different trainees). Co-production with the educational team and current trainees is likely to be very useful when planning a suitable programme.

3) 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.

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.

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.

6) The following processes around EDT, (Educational Development Time) should be put in place:

   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.

   b) An exception reporting system that monitors when EDT cannot be taken.

   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.

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.

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.

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.

Recent Developments

A summary of the action taken by the Health Board following the visit is outlined in the points below.

- Formal handovers had been introduced and there were plans to obtain feedback from the trainees on how they were working.

- The sites quality improvement lead was to champion a no blame culture through teaching sessions and Grand Rounds. Information was to be included in the induction handbook. In addition, a presentation to provide details on how to raise concerns was incorporated. Adverse events were to be treated as learning opportunities. Psychological Safety and Human Factors would be promoted through teaching sessions and Grand Rounds.

- Regular meetings would be held to ensure training needs were being met and learning opportunities identified. The trainees would be encouraged to work together to ensure all current training opportunities were utilised, and there was to be the compartmentalising of major procedures to enable trainees to perform partial cases.

- The role of the Junior Doctor Advocate was to be introduced on each of the main hospital sites to enhance the junior doctor voice and support the quality and governance processes. A formal process for recruitment would be undertaken. The format of the Junior Doctor Forum meeting was to be reviewed to ensure that juniors felt confident to discuss issues.

- Recruitment initiatives had been successful with several new starters imminent. In addition, the recruitment process had been improved with longer term contracts and start dates far enough in the future to allow overseas candidates time to join for the start of their contract. Work to address rota gaps in the junior tier was reported to be ongoing.
- Increased responsibility to arrange cover for leave, (Internal rota cover), and rigorous co-ordination for leave approval to ensure adequate staffing at all times. There were plans to create a bank of doctors willing to cover extra duties.
- An intranet/SharePoint page dedicated to raising concerns has been developed.
- People Culture and Engagement Plan was being used as part of a strategic response to improve workplace culture.
- 'Civility Saves Lives' presentation at the Annual Medical Conference, In addition, links to provide further information on this topic had been uploaded on to SharePoint.
- Leadership Training arranged for next Trainer Forum.
- Medical Education Teaching Fellow role for Surgery has been introduced and an experienced clinician had been appointed into the role to support teaching and training of medical students and junior doctors.
- Junior Doctor Advocates appointed on each site and would represent the trainee voice at the Junior Doctor Forum.

Section Two: Summary Findings

Overall, the evidence obtained highlighted that progress has been made in addressing the concerns raised at the previous visit in April 2023. In line with the previous recommendations, there was an additional lead for induction, making delivery more sustainable. The induction process has also been enhanced with additional content such as handover arrangements included. A Junior Doctor Forum is also in place.

The teaching programme was noted to have been improved and whilst work to ensure access to EDT was still being taken forward, increased accessibility in comparison to the previous visit was evident. The trainees were not aware of an EDT exception reporting system with some being unaware of the process for raising concerns if they are not able to access it. The trainers confirmed that the approach to accessing EDT varied across the different sub-specialties. Within Trauma and Orthopaedics there was an application process in place which helped the trainers to understand how the time would be utilised. The trainers considered that this formal process indirectly incorporated an exceptions approach as there was clarity around which applications had been approved or refused and the reasons for this. There was therefore an element of surprise around some of the feedback around EDT.

Handover was generally working well and since the previous visit a standard operating procedure had been developed. The exception was the 4pm handover where the daytime doctors (Particularly within Trauma and Orthopaedics) have been caring for sick ward patients but the doctors providing early evening cover are in the Emergency Department and therefore not accessible to handover patients and jobs to. Consequently, evening handover was felt to be inadequate as it was difficult to be in the right place at the right time. The panel noted that a handover audit has been undertaken to monitor its effectiveness with plans to use the data to support further improvements.

Whilst the feedback from those trainees based in General Surgery was noted to be generally positive, indicating a significant improvement in the training experience, this contrasted with the feedback for Trauma and Orthopaedics. The out of hours workload was reported as heavy due to both numbers and frailty of patients. There is also a requirement to review Emergency Department referrals quickly to manage patient flow which leads to a challenging working environment out of hours. This situation is exacerbated by the fact that many patients also have general medical issues which could take time to address. The demands placed upon trainees are leading to anxiety and burnout and are reported to have implications for patient safety. The trainees acknowledged that the Datix system would not verify the feedback around patient risk given that they had not reported such concerns through this mechanism. The lack of reporting was attributed to a heavy workload resulting in the trainees working late. The trainees considered that reporting through Datix would further extend the working day. Several suggestions for improvement were proposed by the trainees including an extra junior doctor to share the workload; a resident Trauma and Orthopaedics middle grade who could provide hands on support when called; utilising other healthcare professionals to support the workload or having another doctor to manage Emergency Department referrals. Overall, the need to urgently address the patient safety risk out of hours was acknowledged.

The trainers highlighted that they had worked hard to address the recommendations made at the previous visit. Whilst they were aware that further improvements with the handover process were required, concern was expressed that some of the issues raised during the visit hadn't been brought to their attention through the routine mechanisms in place to raise concerns particularly given that they considered that they had good working relationships with the trainees.

Areas Working Well	Areas for Improvement
• Teaching programme. • Shared leadership for induction. • Improved induction process. • General Surgery training experience. • Junior Doctor Forum	• Workload, (Trauma & Orthopaedics) • Out of hours cover, (Trauma & Orthopaedics) • Handover • EDT access • Access to clinics & theatre, (Junior tier) • Datix reporting

Requirements & Recommendations

The following recommendations were made in response to the findings of the visit process. An update on progress is required by **29th November 2023.**

Requirements:

1) The Health Board should ensure that the out of hours cover for Trauma and Orthopaedics is safer and provide HEIW with an update on the solutions implemented by 29th November 2023.

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.

2) The Faculty Team should meet with trainees to ensure that anyone impacted by the concerns raised within Trauma and Orthopaedics is signposted to sources of support. These discussions should also address the issue that processes for raisings concerns are not used with a view to empowering the trainees to utilise these mechanisms in the future.

GMC Requirement R1.11
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 improve the 4pm handover within Trauma and Orthopaedics to ensure that it occurs consistently, and that relevant information can be exchanged.

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.

Recommendations

4) The Health Board should repeat the handover audit and utilise the findings to address any challenges that are raised.

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.

5) The Health Board should review the uptake of Educational Development Time and address any challenges around trainee access to this.

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.

6) HEIW will maintain the current risk rating of nine but refine the entry so that it is specific to the challenges within Trauma and Orthopaedics.

7) HEIW will arrange a further visit to Trauma and Orthopaedics for 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.

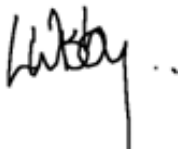
Next Steps

The Health Board is required provide **evidence of implementation** of recommendation one and an action plan outlining how the remaining recommendations will be addressed by **29th November 2023**. This should be sent to HEIW.QA@wales.nhs.uk In the event that you require clarification on any of these areas then please don't hesitate to get in touch and we would be happy to discuss this with you.

Risk Rating Review

The risk rating will remain at 9, (High) but be refocussed on Trauma and Orthopaedics.

Chair's Signature

Signature: 

Date: 22nd November 2023

Appendix One: Trainee & Trainer Meetings

Induction

The Trauma and Orthopaedics induction was noted to comprise an initial session to provide key information followed by a more specialist session facilitated by the Trauma Nurses. In addition, responsibility for ensuring induction delivery had been extended with an additional individual who had taken a lead on education. The ENT induction in August was noted to have included a two-day on-site induction followed by a specific skills session in Cardiff.

Rota & Adequate Experience

The workload was reported to be particularly heavy within Trauma and Orthopaedics with 50 – 70 inpatients and frequent new admissions being divided amongst whoever was on shift. The trainees considered that the lack of a team structure exacerbated the workload pressures. The trainees had been advised that a restructure was planned four months ago but had not noted any changes and the date for implementation kept changing. Access to theatre was reported to be limited within Trauma and Orthopaedics and the curriculum requirement for two theatre lists and one clinic per week was not being provided for the junior tier. This concern had been raised with the Training Programme Director and the relevant Educational Supervisor, but no progress had been made. The workload was reported to be too high to access relevant training opportunities and trainees were typically rostered to the ward and not to theatre or clinics. Weekend on calls were reported to be particularly stressful. Consultant ward rounds were not common except for the post take ward round further limiting the opportunity for experiential learning. Getting assessments signed off was reported to be difficult. The pressures within Trauma & Orthopaedics were leading to high stress levels and, whilst support structures such as Occupational Health were signposted, fundamentally the trainees were not aware of an improvement plan. The training experience for middle grade doctors was reported to be less of a challenge as access to theatre was possible.

The training experience in General Surgery was noted to be better with the trainees rotating through a variety of experiential learning opportunities which included theatre and clinics. Separate on call and ward teams were in place providing a more robust structure which was reported to work well. Similarly, ENT training was reported to be well organised with theatre and clinic scheduled as well as an admin day. The only issue raised by General Surgery trainees and those in associated sub-specialties were those that arose from cross covering Trauma and Orthopaedics. The panel was advised that between 4pm and 8 pm there was one person on shift with a large number of sick patients. Consequently, not all the jobs could be completed, and it felt unsafe for the patients and to a new doctor coming on shift. Whilst the nurses knew the patients well, there was an overall sense of patient risk. At the weekends there was only one doctor covering the wards whilst the middle grade doctor was in theatre. This presented a stressful situation and workload demands were exacerbated by bleeps from the Emergency Department as it is difficult to see the patients quickly enough.

Handover

Concerns with the Trauma and Orthopaedics handover were noted. On-call there wasn't a handover from the wards to the on-call doctor at 4pm and whilst there was a book, often it was lacking information. During the evening there was a junior doctor on call and nobody available to receive the handover as often people were in the Emergency Department. A normal working day ended at 4pm but often the ward doctors stayed till 6pm. The panel was advised that there isn't a set time and place to facilitate handover at 4pm,

Those trainees who were required to cross-cover Trauma and Orthopaedics overnight highlighted that there wasn't a handover or list of patients that they were responsible for and therefore they were unclear about which patients were critically unwell. The panel was advised that the middle grade doctors were on-call from home and wouldn't necessarily come in unless their surgical skills were needed. They would not be asked to help out with the generally high workload. Whilst there was a patient list, often this wasn't updated.

The trainees advised that the concerns around handover had been raised with management. Following this a meeting was arranged to discuss the handover arrangements and provide clarity around who the trainees needed to contact. The trainees reported that in the meeting they were advised to obtain a handover from Trauma and Orthopaedics and that they could contact the on-call middle grade doctor or the Medical Registrar for support. However, the Trauma & Orthopaedics on call middle grade was non-resident and wouldn't come in and the Medical Registrar could only help if it was a medical emergency.

The trainers confirmed that a standard operating procedure for handover was in place and that this had been explained during the induction. Additionally, a handover audit had recently been undertaken which included a range of questions to support improvement. The responses highlighted that ENT and Urology handover generally worked well but that there were challenges with the Trauma and Orthopaedics handover as they could not attend the cross-cover handover. An arrangement for telephone contact between specialties had been made and the audit highlighted that this happened with sufficient detail 25% to 30% of the time during the sample period. Arrangements had been made to ensure that the August 2023 induction was enhanced to include the handover arrangements for all specialties. The panel was advised that the initial intervention to address the handover issues was an enhanced induction package which included clarification of the handover arrangements and the development of the standard operating procedure. However, there was an awareness amongst the trainers that further improvement was necessary.

Access to Educational Development Time (EDT) was noted to be mixed. Those trainees within General Surgery, Urology and ENT were able to access it. However, difficulties accessing EDT as well as annual and study leave were reported within Trauma and Orthopaedics. The Foundation Trainees highlighted that Self Development Time was not rostered and there were no exception reporting system to monitor access. In addition, the trainees had no recollection of a discussion about how to access EDT.

The trainers highlighted that there had previously been difficulties providing access to EDT due to staffing challenges. Whilst improved staffing levels had enabled them to facilitate access, scheduling this was difficult and different ideas were being considered to address this. A virtual one hour weekly teaching session for General Surgery was provided across all sites within the Health Board. This session was reported to be generally well attended and trainees were given the option of registering this as teaching or as EDT. Within Trauma and Orthopaedics, there was some surprise at the trainee feedback around EDT given that there was an agreed application process in place to monitor access and support discussions around the appropriate use of this time. Of the two applications submitted, one had been granted and a proportion of the other was authorised. The panel noted that only two applications for EDT had been submitted, indicating either a lack of awareness or a lack of uptake on the part of the trainees.

The trainees confirmed that there was a Junior Doctor Forum which they could feed into. However, they were not aware of any regular departmental meetings that they could attend.

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

HEIW TARGETED VISIT REPORT

Trauma and Orthopaedics

Glangwili Hospital

Hywel Dda University Health Board

13th March 2024

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Section One: Visit Remit

Health Board	Hywel Dda University Health Board	**Site**	Glangwili Hospital
Visit Date	13th March 2024	**Risk Rating (Pre visit)**	**9**
Specialty	Trauma and Orthopaedics	**Grade(s)**	Foundation, Core & ST
Visit Panel	• Malcolm Gajraj, Director of Quality Management (Chair) • Sarah Davidson, Faculty Lead, Trainers • Ilona Schmidt, Faculty Lead, Trainees • Mandy Martin, Quality Manager • Garon Skyrme, Quality Officer • Lisa O'Leary, Lay Representative		
LEP Representatives	• Mark Henwood, Interim Medical Director • Anand Ganesan, Associate Medical Director (AMD) (Education & Training) • Stefan Bajada, College Tutor • Owain Ennis, Clinical Lead for Trauma & Orthopaedics • Carly Hill, Assistant Director • Nicky Pearce, Lead Medical Education Manager • Helen Thomas, Head of Medical Education & Professional Standards		
Evidence Considered	• Evidence Timeline • Plan • Previous Visit Report, 18th October 2023		
Trainees Present	1 x Foundation, 2 x Core Surgical	**Trainers Present**	2 x Trainers
Status Summary	• The last visit to this department was undertaken on 18th October 2023 • This concern is **not** in Enhanced Monitoring status with the GMC.		

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.

Whilst General Surgery was the initial focus of the visit process, good progress has been made in this area with the residual concerns identified within Trauma and Orthopaedics. Specifically heavy out of hours workload, pressure to review Emergency Department referrals quickly, limited theatre and clinic access, inefficient handovers, and difficulty accessing Educational Development Time (EDT) were impacting the experience. Therefore, the visit process was refocused onto Trauma and Orthopaedics after the Targeted Visit on 18th October 2023.

The following requirements and recommendations were set out at the visit on 18th October 2023.

Requirements

1. The Health Board should ensure that the out of hours cover for Trauma and Orthopaedics is safer and provide HEIW with an update on the solutions implemented by 29th November 2023.

2. The Faculty Team should meet with trainees to ensure that anyone impacted by the concerns raised within Trauma and Orthopaedics is signposted to sources of support. These discussions should also address the issue that processes for raising concerns are not used with a view to empower the trainees to utilise these mechanisms in the future.

3. The Health Board should improve the 4pm handover within Trauma and Orthopaedics to ensure that it occurs consistently, and that relevant information can be exchanged.

Recommendations

1. The Health Board should repeat the handover audit and utilise the findings to address any challenges that are raised.

2. The Health Board should review the uptake of Educational Development Time and address any challenges around trainee access to this.

3. HEIW will maintain the current risk rating of nine but refine the entry so that it is specific to the challenges within Trauma and Orthopaedics.

4. HEIW will arrange a further visit to Trauma and Orthopaedics for six months' time.

Below is a summary of the Health Board's action plan in response to the requirements and recommendations.

- Three rota templates were being reviewed with a plan to introduce additional shifts which would be filled by locums. In addition, a move to a team-based structure was planned. by the Clinical Lead and medical workforce.

- Meetings with the juniors had taken place to monitor the training experience which highlighted concerns regarding lack of out of hours medical middle grade assistance for acutely unwell patients. A document outlining junior doctor responsibilities, including raising concerns has been shared.

- An afternoon handover scheduled for 15:45 was embedded within the normal working day.

- A process for applying for EDT (Educational Development Time) has been developed, and a flow chart has been created which shows the procedure. There was also an EDT proposal form, and a list of EDT opportunities. EDT was a standing agenda item at the Junior Doctors Forum. A system of exception reporting continued with an anonymous survey sent to all trainees.

Section Two: Summary Findings

Several positive changes since the previous visit were identified through the feedback obtained. Transitioning from a ward-based to a team-based approach was highlighted, which both trainees and trainers appreciated for its improvement in working relationships and patient care. Additional weekend staffing and the introduction of a new twilight shift facilitated better workload distribution, enhancing patient safety and experience. These staffing improvements signified significant progress towards addressing the previous requirement to enhance out-of-hours cover.

Access to Educational Development Time (EDT) improved, and the leave system was functioning effectively. In addition, trainees were able to complete workplace-based assessments although having them signed off in a timely manner varied. Additionally, effective SHO-led teaching supervised by a Consultant who provided good feedback had recently restarted and was valued by the trainees.

Trainees could also raise patient safety concerns using Datix or directly within the department, signifying progress in addressing previous challenges in this area.

The trainees had received some information on starting their posts through a meeting with the Clinical Lead and a booklet. However, the trainees considered that overall, the induction process was lacking. In addition, not all trainees were clear about who their Educational Supervisor was upon starting their posts. However, where there was clarity, the quality of educational supervision was considered to be good.

The trainees found the opportunity to attend elective lists at Prince Phillip Hospital to be a positive training experience. However, they expressed concerns about accessing trauma lists at Glangwili Hospital due to service pressures on the ward. The trainers acknowledged these concerns and indicated that resolving the issue was feasible.

Overall, there was a perception that handovers lacked effectiveness, partly due to the fact that it was difficult for the juniors to attend. Whilst the importance of attending handovers had been emphasised and a procedure provided, further action was necessary to improve handover to address the previous requirement.

Staffing levels emerged as a recurrent issue during the visit, with the existing workforce unable to sustain the new rota, leading to reliance on locum staff. This shortage affected the trainees' ability to access training opportunities. Furthermore, the geographical spread of the department posed challenges to service delivery and training, although addressing this was recognised as complex.

The trainers were dedicated to enhancing training and implementing improvements, and it was acknowledged that a few individuals were shouldering numerous responsibilities.

Concerns about inappropriate behaviours were raised with instances of misogyny cited.

Areas Working Well	Areas for Improvement
• Overall, clinical supervision was well regarded. • Workplace-based assessments could be completed. • Theatre list access at Prince Phillip Hospital was well regarded. • Departmental teaching was well regarded and well attended. • The introduction of a twilight shift and additional cover over the weekend has been beneficial. • The new teams-based model received positive feedback. • Overall, access to Educational Development Time (EDT) had improved. • Study leave and annual leave were generally accessible. • The trainees knew how to report risks and incidents, utilising DATIX, and would also discuss concerns informally with middle grades during shifts and trauma meetings.	• The trainees perceived a lack of formal induction. • Educational Supervision arrangements were not clear for all. • Staffing issues impacted access to training opportunities. • Access to trauma lists was considered to be insufficient. • The trainees felt the post-on-call rest period was insufficient, leading to fatigue. • Handovers were not well attended. • Reports of misogynistic comments and behaviours.

Requirements & Recommendations

The following requirements and recommendations were made in response to the findings of the visit process. An update on progress is required by **25th April 2024.**

Requirements:

1. The Health Board must ensure that the departmental induction adequately prepares trainees for their roles in the department.

   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 they must follow.
   e) How to access clinical and learning resources.

2. The Health Board must ensure that Educational and Named Clinical Supervisors and trainees have timely and effective interactions to ensure support for education and curriculum delivery.

   GMC Requirement R1.21

   Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal adviser as frequently as required by their curriculum or training programme.

3. The Health Board must ensure that there are effective handovers.

   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.

4. The Health Board must ensure that trainees are able to access training opportunities including theatre time.

   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 Health Board must ensure that the rota continues to be delivered in its current format with twilight shifts and additional weekend cover, which will require further permanent roles to achieve that.

GMC Requirement R1.7

Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.

6. The Health Board must ensure there are effective means for staff to speak up safely if exposed to inappropriate behaviours, including misogyny. There also need to be effective mechanisms to address it.

GMC Requirement R3.3

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

7. The Health Board must ensure there this adequate support for trainers to enable them to effectively deliver their roles.

GMC Standard 4.2

Educators receive the support, resources, and time to meet their education and training responsibilities.

Recommendations:

1. The Health Board should consider how to amalgamate patients onto fewer wards.

2. HEIW will arrange a review visit within six months.

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 is required provide an update of progress against the requirements and recommendations by **25th April 2024**. This should be sent to HEIW.QA@wales.nhs.uk In the event that you require clarification on any of these areas then please do not hesitate to get in touch and we would be happy to discuss this with you.

Risk Rating Review

It was agreed that the risk rating would remain at 9 (High). A further review of the risk rating would be undertaken at the next HEIW Targeted Visit.

Chair's Signature

Signature: 

Malcolm Gajraj, Director of Quality Management

Date: 8th April 2024

Appendix One: Feedback

Induction

Junior trainees perceived that they lacked a formal induction upon starting. Although there was an informal meeting with the Clinical Lead, they were reliant upon other trainees to understand their roles particularly when working on-call. While they received an up-to-date information booklet, it was unclear if there was an electronic version available for reference, and some trainees received it several weeks after starting. The trainers confirmed that new Foundation and Core Surgical trainees had a meeting with the Clinical Lead who discussed aspects of their roles and the department, advising them to seek guidance from fellow trainees. The trainers have requested feedback from trainees, which has not been provided.

Educational Supervision

Whilst some of the junior trainees had met with their Educational Supervisors early in the post, others lacked clarity on who their Educational Supervisors were. The trainers were unsure about the uncertainty surrounding Educational Supervisors, as they believed this information had been communicated clearly on multiple occasions with further clarity being provided to one trainee on the day of the visit.

Clinical Supervision

Overall, there was good clinical support and supervision, notably improved by the new team-based model, which clarified support and escalation pathways. However, when attempting to escalate non-surgical matters, consultants typically directed trainees to contact the medical middle grade. The trainers recognised that the new model facilitated better interactions between trainees and seniors by assigning juniors and middle grades to specific consultants. This approach also made patient discussions more efficient due to increased familiarity among team members.

Workplace-based Assessments

Workplace-based assessments were conducted; however, there was variability among consultants and middle grades in terms of signing them off and providing feedback.

Training

Staffing issues have impacted the trainees' ability to engage in training as it could be difficult to leave the ward. In addition, the trainers acknowledged that the recent industrial action has affected trainee access to theatres and other training opportunities.

Theatre

Trainees found their elective theatre experience at Prince Philip Hospital to be beneficial as it allowed them to focus solely on the lists without being pulled to the wards. However, overall, junior trainees encountered difficulties attending theatre, particularly trauma lists at Glangwili Hospital due to difficulties leaving the ward. Although they were told they could attend theatre once ward tasks were completed, in reality, there was always more work to be done. Additionally, the trainees perceived that the high number of non-training

grades contributed to a lack of understanding of training requirements, with a greater emphasis on service provision. The trainers were not aware of the perceived struggles faced by trainees in accessing theatre, as a work plan had been developed to address their needs and interests.

Teaching

Departmental teaching sessions were well attended, featuring peer-to-peer teaching overseen by a consultant who provided valuable feedback.

Rota and Leave

Following the previous visit, it was determined that an additional SHO at weekends and the inclusion of a twilight shift were necessary. Although agreed upon, these shifts were not formally incorporated into the rota with locum staff being utilised in the short term. Nevertheless, the presence of extra staffing during weekends and twilight shifts enhanced continuity of care for patients and improved the ward experience overall.

The new team-based model was reported to be a significant improvement. With a reduced workload for each doctor, patient monitoring and care became more manageable. Additionally, there was increased senior presence and interaction with junior staff on the ward, enhancing efficiency. However, during periods of reduced staffing, the effectiveness of the team-based structure could be affected, as trainees could be stretched across multiple teams.

Overall, access to Educational Development Time (EDT) had improved, although some trainees still faced challenges in utilising it. Study leave and annual leave were generally accessible, but staffing issues occasionally impacted the ability to take leave.

The trainees felt the post-on-call rest period was insufficient, leading to fatigue. However, the trainers explained that the rota was compliant and that although the department was busy, the workload intensity was manageable.

Experience

The trainees were aware of instances where patients went without review for several days. This was partly attributed to new doctors lacking support and guidance upon starting, leading to unfamiliarity with their roles and local policies and processes. The trainees knew how to report risks and incidents, utilising DATIX, and would also discuss concerns informally with middle grades during shifts and at trauma meetings. The trainers provided a document outlining how to raise concerns and maintained an open-door policy for trainees.

When changes were made to the handover process, some SHOs and middle grades resisted which disrupted its implementation. Consequently, the 4pm handover sessions were often poorly attended and were deemed ineffective. The trainers have emphasised the importance of handover attendance and provided doctors with a Standard Operating Procedure (SOP) as guidance.

There was a Physician Assistant (PA) working on orthogeriatrics, alongside an Advanced Nurse Practitioner (ANP). The PA's presence alleviated some of the workload for the trainees and did not have a detrimental effect on the trainees' ability to access training opportunities.

The trainees present at the visit had not personally encountered instances of bullying. However, there were reports of misogynistic comments and behaviours, particularly questioning female doctors' abilities in Trauma and Orthopaedics. The trainees had not raised this locally as they considered that there were limited avenues to raise these types of concerns. The trainers were not previously aware of these issues but committed to addressing them.

The trainees highlighted that overall improvements in the department's workforce and support from the Health Board would enhance training quality and benefit the department as a whole. It was also highlighted that the fragmented service affected training quality and patient experience.

The trainees present at the visit would not recommend the post for training. However, they acknowledged the potential for the department to be a good training environment.

Action plan arising from the Health Education and Improvement Wales visit to Trauma and Orthopaedics, Glangwili Hospital

Update July 2024

Number	Requirements and recommendations	Actions to be taken	Timeline	Teams affected	Respon-sible Person	Progress / Current Status
Following the HEIW visit to the medical department at Glangwili Hospital (GGH)on the 13 March 2024, please find below the recommendations that were set out during the visit. A date for an update of progress will be set when the visit report is finalised and distributed.						
1.	The Health Board must ensure that the departmental induction adequately prepares trainees for their roles in the department.	Review current departmental induction arrangements to ensure that sufficient information is provided to prepare the trainees.	August 2024	Trauma and Ortho-paedic (T&O) Depart-ment	Mr Owain Enn, Mr Stefan Bajada and Medical Education	Departmental handbooks have been reviewed and amended appropriately. Information and processes for departmental induction has been sought from those departments where the system is effective. This will inform the review of the T&O departmental induction for August 2024. A quality improvement (QI) project has been instituted to improve the induction programme using QI measures. This project will be led by the junior doctors themselves to be sure we can achieve what they really require. Plan is to have Plan, Do, Study, Act (PDSA) cycles in August and October 2024.

2.	The Health Board must ensure that Educational and Named Clinical Supervisors and trainees have timely and effective interactions to ensure support for education and curriculum delivery.	A programme of meetings is to be scheduled in Educational Supervisor (ES) and Clinical Supervisor (CS) calendars so that the appointments are organised well in advance. Dates to be communicated with trainees when they start in the department.	August 2024	T&O Depart-ment	Mr Owain Ennis, Mr Stefan Bajada and Medical Education	All juniors have an ES and CS clearly identified. Pre-arranged dates are often challenging to organise due to clinical commitments and leave from both trainee and trainers' perspective, however the suggested system will be put in place from August 2024.

3.	The Health Board must ensure that there are effective handovers.	Establish clinical lead for cross-cover induction. Continue PDSA cycles to monitor adherence to Standard Operating Procedure (SOP).	Immed-iate / May 2024 Septem-ber 2024	Ear, Nose and Throat (ENT), Urology, General Surgery and T&O	TBC – Mr Owain Ennis Mr M Shafii Mr A Howarth	The clinical lead for the cross-cover induction is Mr Antony Howarth and the induction is facilitated by our Surgical Teaching Fellow who has much experience of the cross-cover on-calls. Cross cover induction agenda can be seen at Appendix 3.1. An SOP was created (January 2024) outlining the new format for cross-cover handover. This was introduced with the April rotation and will continue to be delivered as part of cross-cover induction going forward (ie August, December and April rotations plus General Practice Specialty Trainee/Core Trainee (GPST/CT) rotation in February). Attendees are required to sign a declaration confirming this. Attendance at handover is recorded. Preliminary audits (two cycles) have been completed (July 2023, Jan 2024). Further PDSA cycles to be conducted to monitor adherence following introduction of SOP and the new doctor changeover which will take place in August.
4.	The Health Board must ensure that trainees are able to access training opportunities including theatre time.	Timetable detailing clinical activity to be provided to the trainees so that they know what is available, when and who to contact to attend.	August 2024	T&O Depart-ment	Mr Owain Ennis and Mr Stefan Bajada	This is already scheduled for trainees with agreed sessional allocation and can be amended following further discussions. Current allocation provides three elective theatre sessions, one trauma theatre session and one fracture clinic session per week.

5.	The Health Board must ensure that the rota continues to be delivered in its current format with twilight shifts and additional weekend cover, which will require further permanent roles to achieve that.	This will need financial support for long term rota change and this will need to be approved at Executive Level.	June 2024	T&O Depart-ment	Scheduled Care Directorate Manage-ment Team.	Directorate to review its current resource allocation and proposals for reprioritisation to address this recommendation and (if applicable) Executive approval. The favoured option is a one in 16 covering both GGH and Prince Philip (PPH) sites. This would address not only the additional shifts at GGH, but also remove reliance on expensive locum shifts at PPH and enhance training opportunities for both elective and acute T&O on both sites, with allocation of a Senior House Officer (SHO) level doctor to elective theatre Monday-Friday at PPH. In addition to this, the dept has also proposed recruitment of a third trauma specialist Advanced Nurse Practitioner (ANP). The additional shifts remain in place and will do for the foreseeable future.

6.	The Health Board must ensure there are effective means for staff to speak up safely if exposed to inappropriate behaviours, including misogyny. There also need to be effective mechanisms to address it.	Educational film to be created which sets out scenarios which include unprofessional behaviours and will include misogyny. The film will include a signposting section and will provide information on speaking up safely. Ensure that the Speaking up Safely page on the intranet is included as part of the new doctor induction.	August 2024 August 2024	Health Board Health Board	Medical Education/ Professional Standards Team Medical Education	Scenarios have been collated, format for the film has been agreed and filming will start in June 2024. English language film has been created and we have confirmed a date in September for filming the Welsh version. There is a wealth of information on the Health Boards intranet/Sharepoint pages which relates to Speaking Up Safely and wellbeing. We have incorporated this information into the new doctor induction sessions.
7.	The Health Board must ensure there this adequate support for trainers to enable them to effectively deliver their roles.	Appropriate time to be allocated in job plans in accordance with job plan activity tariffs. Ensure that doctors have an up-to-date job plan.	August 2024 August 2024	Trainers, Clinical Leads and Service Delivery Manager	Mr Owain Ennis and Service Delivery Manager	A number of doctors within the department have time allocated for the Trainer role but a number of job plans require review. Service Delivery Manager position was vacant for some time pending the outcome of the recruitment process however, a new staff member is now in post. Work is ongoing to raise job planning compliance and this the % compliance had increased in July 2024 by 14% on the month prior and so progress is being realised.

8.	The Health Board should consider how to amalgamate patients onto fewer wards.		August 2024	T&O & other surgical specialities	Glangwili Hospital Manage-ment Team	The Glangwili Hospital Management Team is currently leading a review of the overall bed model for the site, which includes provision of appropriate bed capacity for Orthopaedic Trauma patients along with other specialities requirements. A target date for implementation is currently being assessed. To note, this action is a recommendation not a requirement and it is acknowledged that the distribution of the patients across the wards is not in the remit of HEIW to determine.

Appendix 3.1

CROSS-COVER INDUCTION - DRAFT
Thursday 8 August 2024
13:30 – 16:00
Medical Education Centre (IT room)

Time	**Topic**	**Speaker**
13:30 – 14:00 (30 mins)	Introduction - What is cross-cover? - Responsibilities - Handover format - Support from seniors	O Allon
14:00 – 14:45 (45 mins)	ENT on-call - What you need to know	O Allon
14:45 – 15:30 (45 mins)	Urology on-call - What you need to know	TBC (Urology Dr)
15:30 – 16:00	Skills Introduction to on-call skills - On-call box - Management of epistaxis	O Allon

GIG CYMRU NHS WALES

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

HEIW TARGETED VISIT REPORT

General Internal Medicine

Bronglais Hospital

Hywel Dda University Health Board

Monday 16th October 2023

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Table of Contents

Section One: Visit Remit

Health Board	Hywel Dda University Health Board	**Site**	Bronglais Hospital
Visit Date	16th October 2023	**Risk Rating (Pre visit)**	**9**
Specialty	General Internal Medicine	**Grade(s)**	Foundation
Visit Panel	• Malcolm Gajraj, Director of Quality Management (Chair) • Sarah Davidson, Faculty Lead for Trainers • Ilona Schmidt, Faculty Lead for Trainees • Alison Ingham, Deputy Foundation School Director • Simone Sebastiani, Foundation Programme Director • Mandy Martin, Quality Manager • Garon Skyrme, Quality Officer • Caryl Davies, Lay Representative		
LEP Representatives	• Philip Kloer, Medical Director • Anand Ganesan, Assistant Medical Director for Education and Training • Rita Stuart, Service Delivery Manager • Annette Snell, Hospital Director • Graham Boswell, Consultant • Matthew Willis, General Manager • Claire Davies, Hospital Service Manager for Unscheduled Care • Helen Williams, Head of Medical Education & Professional Standards • Hilary Edwards, Medical and Dental Education Manager • Nicky Pearce, Lead Medical Education Manager		
Evidence Considered	• Action Plan • Evidence Timeline • GMC National Training Surveys 2019 – 2023 • Previous Visit Report, January 2023		
Trainees Present	7 x Foundation Trainees	**Trainers Present**	7 x Trainers
Status Summary	• This was the second visit to the department. • This concern is not in Enhanced Monitoring status		

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, and Rota Design as below outliers.

HEIW were made aware of issues with access to teaching, supervision, the ability to raise concerns, recruitment issues and overall issues with the learning environment. HEIW have continued to liaise with

the Health Board around these training concerns and conducted meetings with the local team to monitor the department and gathered evidence of any changes to the training environment.

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, and Rota Design being reported as below outliers.

In January 2023, a Targeted Visit was conducted which highlighted several areas of concern including supervision of the junior trainees. The following recommendations were made at the visit.

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

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.

3. The Health Board should consider improving support for new International Medical Graduate (IMG) trainees.

4. The Health Board must ensure that all feedback is constructive, informative, and never undermining.

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.

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

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.

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

9. The Health Board must ensure that F1 trainees are not given inappropriate tasks, including communication.

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

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

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

Following the January 2023 Targeted Visit, the Health Board submitted an action plan based on the recommendations that were set out. Below is a summary of the actions planned.

- The Health Board were to consider changes to the rota to rebalance staffing levels to manage the workload and improve patient management. This would include a review of the annual leave process to ensure that consultants and SAS doctors were not on leave at the same time. In addition, a Clinical Fellow had been appointed to cover 9am to 5pm over the weekend to help patient management.

- The Health Board indicated that they would monitor induction attendance and review the handbook to ensure that it was up to date and available on SharePoint.

- The Health Board indicated that there was to be an extended period of shadowing for International Medical Graduates (IMGs), with key team members identified to support them. The Health Board had introduced scenario-based workshops, and the SharePoint site included dedicated pages for IMGs.

- The Health Board indicated that a trainer development programme had been developed, with sessions every two months to focus on topics such as feedback.

- The Health Board indicated that a quarterly event would be arranged to share key information relating to educational roles, curriculum, and the use of e-portfolio.

- The Health Board indicated that Supporting Professional Activity (SPA) time was allocated within job plans for Educational and Named Clinical Supervisors. In addition, seeking recognition from HEIW of long-term locums for training roles would be considered.

- The Health Board indicated that consultants were fully engaged and supportive of the improvements to the handover process. A robust and effective handover was undertaken every morning and consultant presence at the Friday afternoon and weekend handovers had been put in place.

- The Health Board indicated that senior clinicians would ensure that tasks allocated reflected training requirements and relevant support would be provided.

- The Health Board indicated that standard operating procedures for physicians involved with the transfer of patients were to be developed.

- The Health Board indicated that there was a plan to have regular meetings with training and education on the agenda.

- The Health Board indicated that there was a well-established Junior Doctor Forum which included management representation. Monthly meetings were reported to be taking place to enable concerns to be raised. SAS doctors and Junior Doctor Advocates were to be invited to the start of the monthly consultant meetings to share concerns with consultants.

Section Two: Summary Findings

The feedback from this visit was notably more positive than the previous visit in January 2023, and the HEIW panel collectively agreed that good progress had been made. All trainees who provided feedback during the visit would recommend their posts, while at the previous visit the majority would not.

Good progress was achieved in addressing the prior recommendation to enhance the induction, which was described as high-quality, welcoming, and included time to ensure access to IT systems. The induction also included a social component for the International Medical Graduates (IMGs) which helped them feel welcome in the local community and valued by the organisation. While the induction received very positive feedback, the trainees suggested an extended shadowing period would further enhance its effectiveness.

The trainees worked within their level of competence with support being accessed as needed. They were no longer tasked with patient transfers to other sites, reflecting positive progress in enhancing supervision and support and avoiding inappropriate requests for F1 trainees. The IMG trainees also confirmed that they were well supported. Whilst the trainees continued to communicate with other sites this was at an appropriate level and there were no instances of inappropriate comments from those they were speaking with. The trainers assured their support for trainees when liaising with other sites.

Previously, it was recommended that all feedback should be constructive and informative. While most feedback received by trainees was constructive, they found the environment during morning handovers uncomfortable. Feedback, at times, was perceived as unconstructive and undermining. The HEIW panel was informed that trainers and managers had already identified this as a concern and were taking active steps to address it including having a manager observing morning handovers to identify and address difficult interactions in a timely manner.

Friday evening handovers were well-structured, but evening handovers during the rest of the week were less informative, making it challenging to identify patients who required close monitoring. This feedback highlighted the need for further progress in addressing the recommendation from the previous visit to improve handovers.

In line with the recommendation from the previous visit, a functional Junior Doctor Forum was in place. The trainees reported that they felt listened to and that this mechanism was generally effective.

Formal and regular meetings between consultants, with training as a standing item, was also a previous recommendation. Positive progress was evident, with monthly consultant meetings enabling discussions with management.

The Health Board had conducted a 'trainers' month', providing sessions and training for those in educational roles. This, coupled with trainers feeling supported and sharing best practice, indicated progress in meeting the recommendation to offer education and training to educational role-holders and ensure trainers have adequate time for their roles.

The feedback showed progress in addressing the previous recommendation to balance staffing. While staffing and rota gaps were raised during the visit, they appeared less prominent than in the previous feedback. The trainees did not feel pressured to cover gaps, and locums were utilised where required. However, staffing challenges continued to hinder some trainees from taking their Educational Development Time (EDT).

Completing workplace-based assessments posed challenges for the trainees, and there was some uncertainty about who was authorised to complete these assessments for them.

Areas Working Well	Areas for Improvement
• The trainees received a well organised and informative induction. • IMG trainees felt supported, and the induction helped them settle in both socially and clinically. • Educational Supervisors were supportive and contactable. • The trainees had good access to clinical support and supervision. • The trainees were satisfied with the teaching programme. • The trainees were able to take both annual and study leave. • Friday evening handovers were well organised. • The trainees were no longer being asked to accompany patient transfers. • Overall, the atmosphere was described as friendly and supportive. • The Junior Doctor Forum was well regarded. • A monthly consultant meeting provided a mechanism for consultants to engage with management.	• The trainees on some wards sometimes struggled to get a timely response from seniors. • The trainees faced challenges with completing workplace-based assessments, as there was uncertainty about who could complete and sign off assessments for the trainees. • Apart from Fridays, evening handovers were seen to be less robust. • Morning handovers were percevied by the trainees to be uncomfortable at times, with feedback being unconstructive.

Requirements and Recommendations

The following requirement and recommendations were made in response to the findings of the visit process. An update on progress is required by 15th November 2023.

Requirements

1. The Health Board needs to ensure that the morning handover is conducted in a constructive and objective manner.

   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 capacity and support for the trainees to undertake the required workplace-based assessments in line with their curricula and portfolios.

   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.

Recommendations

1. The Health Board should take steps to ensure that all evening handovers are more robust and there is the appropriate transfer of patient information.

   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 should discuss how Educational Development Time (EDT) is delivered to ensure that it works for the department and the trainees.

   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.

3. The trainees need to be encouraged to identify those members at handover who are perceived to make the environment difficult, and that information should be used constructively with those individuals to address this.

   GMC Requirement R3.3

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

Given the progress made, HEIW do not consider the need to conduct a review visit and will liaise with local faculty who will continue to monitor the training environment and work with the department to make further improvements.

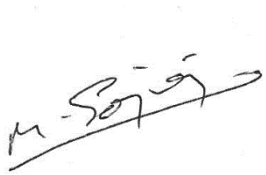
Next Steps

The Health Board is required to submit an action plan to HEIW in response to the recommendations provided with the report by 15th November 2023.

Risk Rating Recommendation

It is recommended that the current risk of nine (high) is lowered to six (medium).

Chair's Signature

Signature: 

Date: 24th November 2023

Appendix One: Trainee & Trainer Meetings

Induction

The trainees received a well-organised induction facilitating a smooth start in their roles. Initial arrangements, such as ID badges and hospital IT access, were organised promptly. The trainees desired a slightly extended shadowing period for Foundation trainees, especially shadowing someone on call, which they believed would have been beneficial. However, overall, they were positive about the process.

For IMG trainees, the induction process played a role in helping them settle into their roles and the local community. A social outing was arranged which was greatly appreciated and made them feel welcome. In addition, clinical skills sessions were conducted to refresh their knowledge. These sessions helped to boost the IMG trainees' confidence and made them feel more at ease when starting on the wards.

Educational Supervision

All the trainees in attendance had access to Educational Supervisors, although it was noted that some trainees initially faced challenges in contacting them. There was effective contact with Supervisors and Personal Development Plans were in place with support provided and arrangements to review progress.

The trainers clarified that they were making efforts to allocate dedicated time for updates and training sessions for Educational and Clinical Supervisors. While these meetings were irregular, they were actively working towards enhancing their frequency and effectiveness.

Clinical Supervision

Clinical supervision and support were generally appropriate, and the trainees confirmed that they were working within their level of competence. Support was readily available during the day, and both middle-grade doctors and consultants were accessible when required on-call. However, on some wards, trainees faced challenging decisions. While they could contact seniors, responses were not always timely, leaving junior trainees to make quick decisions independently. It was acknowledged that junior trainees might be hesitant to contact a consultant, preferring interactions with middle grades. There was a belief that accommodating middle-grade trainees could enhance both service and training.

Workplace Based Assessments

Some of the trainees faced challenges in completing and getting assessments signed off, partly because there was no registrar on some of the wards during the day. There was also confusion about who had the ability to sign off assessments for the trainees. In addition, senior supervision for assessment purposes was often lacking when undertaking specific procedures.

Teaching and Training

Generally, the trainees were satisfied with the teaching programme. In addition, feedback was usually constructive and educational. However, some trainees found it difficult to access some of the necessary clinical skills training.

Rota and Leave

The trainees were able to take both annual and study leave.

When there were gaps in the rota, trainees were contacted by the rota coordinator to fill these gaps, but they were not pressured into covering them.

Due to understaffing on certain wards, it was difficult to take rostered Educational Development Time (EDT), and some trainees felt guilty about taking it due to the staffing shortages. The possibility taking this time in one day blocks rather than half day was proposed to mitigate this.

Experience

The trainees appreciated the well-organised and effective Friday evening handover, which concentrated on necessary patient discussions. However, the other evening handovers were not as well structured. In some cases, patients whose conditions had deteriorated were not highlighted and the trainees considered that an appropriate handover would prevent this. A Quality Improvement project was noted to have been initiated to explore the digitisation of handover processes.

Trainees were confident in the nurses' ability to identify patients requiring review, and overall, the nurses' patient assessments were considered to be appropriate.

The trainees were no longer being asked to accompany patients during transfers to other hospitals with Clinical Fellows taking on this role on occasions instead. The trainers emphasised the explicit instruction that trainees were not to be involved in patient transfers.

The trainees effectively communicated and collaborated with other teams and hospitals, and interactions were seen to be well-mannered. The trainers were supportive of trainees making calls to other teams or sites if the trainees were well-prepared for the communication and received appropriate support.

The trainees had the opportunity to participate in the Junior Doctor Forum, which was considered to be effective with seniors listening to their concerns and taking action where necessary. The forum was attended by representatives from Medical Education, the Foundation Programme Director, Faculty Leads, and some managers.

The overall culture was friendly with positive interactions. However, during morning handover discussions around patients admitted during on-calls interactions were confrontational at times. The trainees found these interactions to be belittling and undermining at times. There were also occasional criticisms of absent colleagues and the trainees noted varying levels of constructiveness in seniors' feedback, a topic not yet raised in the Forum.

The trainees were aware of recent feedback requests about morning handovers, indicating awareness of the existing issues. The trainers confirmed their awareness of the issues and explained that a manager was observing morning handovers and addressing perceived inappropriate behaviours.

The trainees held the belief that, overall, patient care was of a good standard. However, they acknowledged that staffing shortages at times impacted the ideal patient experience, yet the overall environment remained was safe.

A monthly consultant meeting provided a mechanism for consultants to engage with management. Following the previous visit, a series of regular meetings were initiated to discuss feedback, recommendations, and the actions taken as a result.

All the trainees who attended the visit would recommend the post.